



2019 Part D

Formulary

(List of Covered Drugs)

with \$0 copay Select Generics
Anthem Medicare Preferred (PPO) with Senior Rx Plus

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

This *Formulary* was updated on November 1, 2019. For more recent information or other questions, please call us, Anthem Blue Cross Life and Health Insurance Company, at **1-877-411-1640** or, for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit www.anthem.com/ca.

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 *Formulary (Drug List)* refers to “we,” “us” or “our,” it means Anthem Blue Cross Life and Health Insurance Company. When it refers to “plan” or “your plan,” it means your 2019 group retiree drug plan.

This document includes a list of the covered Part D drugs for your plan which is current as of 12/1/2019. For updated *Formulary* information, please call us. Our contact information, along with the date we last updated the *Formulary*, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your *Formulary* and pharmacy network may change on January 1, 2020, and from time to time during the year. You will receive notice when necessary.

Depending on your group sponsor's renewal date, your benefits, copayments/coinsurance may also change on January 1, 2020. The benefit information provided is not a complete description of benefits. Limitations, copayments and restrictions may apply. Please refer to your *Evidence of Coverage* for information specific to your plan.

Our plan has free language interpreter services available to answer questions from non-English speaking members. Please call the Member Services number listed on the front and back covers to request interpreter services.

This document may be available in an alternate format, such as large print. Please call the Member Services number listed on the front and back covers for additional information.

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What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary*?

A *Formulary* is a list of covered Part D drugs selected by us 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.

Your plan will generally cover the drugs listed in the *Formulary* as long as you follow these basic rules:

- The drug is medically necessary.
- The prescription is filled at a network pharmacy and other plan rules are followed.
- The drug is a Medicare Part D-eligible drug. Medicare Part D-eligible drugs are all approved by the Food and Drug Administration (FDA) and if brand, the drug manufacturer has agreed to provide the Coverage Gap Discount.
- The drugs covered under your retiree drug coverage are listed in this document.

If your plan uses a *Closed Drug List (Closed Formulary)*, you have coverage for most, but not all, Medicare Part D-eligible drugs. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on the *Closed Formulary*.

If your plan uses an *Open Drug List (Open Formulary)*, you have coverage for almost all Medicare Part D-eligible drugs.

For both types of formularies, some drugs may sometimes be covered under the medical benefits of your plan rather than under the drug benefits of your plan. Some of the drugs that are covered under your medical benefits are marked with a B/D in this *Drug List*.

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as “*Extra Covered Drugs*” and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your *Extra Covered Drug List*.

To find out whether you have a *Closed or Open Formulary* benefit or if your plan includes coverage for additional drugs, please check the benefit chart located at the front of your *Evidence of Coverage*. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the *Part D Formulary (Drug List)* change?

Generally, if you are taking a drug on our 2019 *Formulary* that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug).

Below are changes to the *Drug List* that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand-name drug on our *Drug List* if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our *Drug List*, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *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.
- **Drugs that are no longer considered Part D-eligible.** If CMS changes the Part D status of a drug, CMS will notify us that the drug is no longer deemed eligible for coverage under your Part D plan. If this happens, we will immediately remove the drug from the Part D *Drug List*.
- **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 one-month supply of the drug.

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier or non-formulary designation. If a new Part D-eligible drug is designated as non-formulary following our review, this drug will not be covered on a *Closed Formulary*. You will have coverage for it only if your plan uses an *Open Formulary*. Please note that during the period between the time the drug is first available and our review, the drug will not be automatically covered on an *Open Formulary*. If your physician feels you should use the new drug, you or your physician may request a coverage exception.

This *Formulary* is current as of 12/1/2019. To get updated information about the drugs covered by your plan, please contact us. Our contact information appears on the front and back covers.

How do I use the *Part D Formulary*?

There are two ways to find your drug within the *Formulary*:

Medical condition

The *Formulary* begins on page 11. The drugs in this *Formulary* are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular, Hypertension / Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 11, 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 77. 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?

Your 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:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 11.

We have posted online the prior authorization and step therapy restrictions. You may also ask us to send you a copy by calling the Member Services number located on the front and back covers.

You can ask us 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 plan’s *Formulary*?” for information about how to request an exception.

What if my drug is not on the *Part D Formulary*?

If your drug is not included in this *Formulary* (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that access to your drug is limited, for any reason, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by your 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 your plan.
- You can ask your plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary*?

You can ask us 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 Part D-eligible drug even if it is not on our *Formulary*. If approved, this drug will be covered at a pre-determined 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 this drug is not on the specialty tier. 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, we limit 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, your plan will only approve your request for an exception if the alternative drug is included on the plan’s *Formulary*, the lower cost sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a *Formulary*, tiering or utilization restriction exception.

When you request a *Formulary*, tiering or utilization restriction exception, you should submit a statement from your prescribing provider supporting your request. Generally, we must make our decision within 72 hours of getting your provider’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 prescribing provider.

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 your 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 your 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 one-month supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary one-month transition supply consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of your plan. If you need a drug that is not on our *Formulary* or if your ability to get your drugs is limited, but you are past the first 90 days of membership in your plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a *Formulary* exception.

For more information

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

If you have questions about your plan, please contact us. Our contact information, along with the date we last updated this *Formulary*, appears on the front and back covers.

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 <https://www.medicare.gov>.

Your plan's Part D Formulary

The *Formulary* that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

The **first column** of the chart lists the drug name. Brand-name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lower-case italics (e.g., *enalapril*).

The **second column** of the chart identifies the tier placement of each medication covered in your *Formulary*. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find out what your copayment is for each drug tier, please

check the benefit chart located at the front of your *Evidence of Coverage*. Your drug plan benefit chart uses the following tier labels:

Tier Number	Tier Label
1	Generics
2	Preferred Brands
3	Non-Preferred Brands, including Specialty Drugs

The benefit chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$3,820. Please check your benefit chart and *Evidence of Coverage* for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The *Formulary* chart legend, located on page 11, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Select Generics for 2019

The following drugs are covered under your retiree drug plan at a \$0 copay.

Legend

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

MO - Mail Order: Prescription drugs available through mail order.

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
Antihypertensive Therapy		<i>captopril-hydrochlorothiazide oral tablet 25-25 mg</i>	MO
<i>atenolol oral tablet 100 mg</i>	MO	<i>captopril-hydrochlorothiazide oral tablet 50-15 mg</i>	MO
<i>atenolol oral tablet 25 mg</i>	MO	<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>	MO
<i>atenolol oral tablet 50 mg</i>	MO	<i>chlorthalidone oral tablet 25 mg</i>	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	MO	<i>chlorthalidone oral tablet 50 mg</i>	MO
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	MO	<i>enalapril maleate oral tablet 10 mg</i>	MO
<i>benazepril oral tablet 10 mg</i>	MO	<i>enalapril maleate oral tablet 2.5 mg</i>	MO
<i>benazepril oral tablet 20 mg</i>	MO	<i>enalapril maleate oral tablet 20 mg</i>	MO
<i>benazepril oral tablet 40 mg</i>	MO	<i>enalapril maleate oral tablet 5 mg</i>	MO
<i>benazepril oral tablet 5 mg</i>	MO	<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	MO	<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	MO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	MO	<i>hydrochlorothiazide oral capsule 12.5 mg</i>	MO; QLL (240 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 20-25 mg</i>	MO	<i>hydrochlorothiazide oral tablet 12.5 mg</i>	MO
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	MO	<i>hydrochlorothiazide oral tablet 25 mg</i>	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	MO	<i>hydrochlorothiazide oral tablet 50 mg</i>	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg</i>	MO	<i>irbesartan oral tablet 150 mg</i>	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 5-6.25 mg</i>	MO	<i>irbesartan oral tablet 300 mg</i>	MO
<i>captopril oral tablet 100 mg</i>	MO	<i>irbesartan oral tablet 75 mg</i>	MO
<i>captopril oral tablet 12.5 mg</i>	MO	<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	MO
<i>captopril oral tablet 25 mg</i>	MO	<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	MO
<i>captopril oral tablet 50 mg</i>	MO	<i>lisinopril oral tablet 10 mg</i>	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg</i>	MO	<i>lisinopril oral tablet 2.5 mg</i>	MO
		<i>lisinopril oral tablet 20 mg</i>	MO
		<i>lisinopril oral tablet 30 mg</i>	MO
		<i>lisinopril oral tablet 40 mg</i>	MO

Drug Name	Requirements/ Limits
<i>lisinopril oral tablet 5 mg</i>	<i>MO</i>
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	<i>MO</i>
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	<i>MO</i>
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	<i>MO</i>
<i>losartan oral tablet 100 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>losartan oral tablet 25 mg</i>	<i>MO; QLL (60 per 30 days)</i>
<i>losartan oral tablet 50 mg</i>	<i>MO; QLL (60 per 30 days)</i>
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>losartan-hydrochlorothiazide oral tablet 100-25 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>metoprolol tartrate oral tablet 100 mg</i>	<i>MO</i>
<i>metoprolol tartrate oral tablet 25 mg</i>	<i>MO</i>
<i>metoprolol tartrate oral tablet 50 mg</i>	<i>MO</i>
<i>ramipril oral capsule 1.25 mg</i>	<i>MO</i>
<i>ramipril oral capsule 10 mg</i>	<i>MO</i>
<i>ramipril oral capsule 2.5 mg</i>	<i>MO</i>
<i>ramipril oral capsule 5 mg</i>	<i>MO</i>
<i>valsartan oral tablet 160 mg</i>	<i>MO</i>
<i>valsartan oral tablet 320 mg</i>	<i>MO</i>
<i>valsartan oral tablet 40 mg</i>	<i>MO</i>
<i>valsartan oral tablet 80 mg</i>	<i>MO</i>
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg</i>	<i>MO</i>
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg</i>	<i>MO</i>
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg</i>	<i>MO</i>
<i>valsartan-hydrochlorothiazide oral tablet 320-25 mg</i>	<i>MO</i>
<i>valsartan-hydrochlorothiazide oral tablet 80-12.5 mg</i>	<i>MO</i>
Diabetes Therapy	
<i>glimepiride oral tablet 1 mg</i>	<i>MO; QLL (240 per 30 days)</i>

Drug Name	Requirements/ Limits
<i>glimepiride oral tablet 2 mg</i>	<i>MO; QLL (120 per 30 days)</i>
<i>glimepiride oral tablet 4 mg</i>	<i>MO; QLL (60 per 30 days)</i>
<i>glipizide oral tablet 10 mg</i>	<i>MO; QLL (120 per 30 days)</i>
<i>glipizide oral tablet 5 mg</i>	<i>MO; QLL (240 per 30 days)</i>
<i>glipizide oral tablet extended release 24hr 10 mg</i>	<i>MO; QLL (60 per 30 days)</i>
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	<i>MO; QLL (240 per 30 days)</i>
<i>glipizide oral tablet extended release 24hr 5 mg</i>	<i>MO; QLL (120 per 30 days)</i>
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	<i>MO; QLL (240 per 30 days)</i>
<i>glipizide-metformin oral tablet 2.5-500 mg</i>	<i>MO; QLL (120 per 30 days)</i>
<i>glipizide-metformin oral tablet 5-500 mg</i>	<i>MO; QLL (120 per 30 days)</i>
<i>metformin oral tablet 1,000 mg</i>	<i>MO; QLL (76 per 30 days)</i>
<i>metformin oral tablet 500 mg</i>	<i>MO; QLL (153 per 30 days)</i>
<i>metformin oral tablet 850 mg</i>	<i>MO; QLL (90 per 30 days)</i>
<i>metformin oral tablet extended release 24 hr 500 mg</i>	<i>MO; QLL (120 per 30 days)</i>
<i>metformin oral tablet extended release 24 hr 750 mg</i>	<i>MO; QLL (80 per 30 days)</i>
Lipid/Cholesterol Lowering Agents	
<i>lovastatin oral tablet 10 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>lovastatin oral tablet 20 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>lovastatin oral tablet 40 mg</i>	<i>MO; QLL (60 per 30 days)</i>
<i>pravastatin oral tablet 10 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>pravastatin oral tablet 20 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>pravastatin oral tablet 40 mg</i>	<i>MO; QLL (30 per 30 days)</i>

Drug Name	Requirements/ Limits
<i>pravastatin oral tablet 80 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>simvastatin oral tablet 10 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>simvastatin oral tablet 20 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>simvastatin oral tablet 40 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>simvastatin oral tablet 5 mg</i>	<i>MO; QLL (30 per 30 days)</i>

Drug Name	Requirements/ Limits
Osteoporosis Therapy	
<i>alendronate oral tablet 10 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>alendronate oral tablet 35 mg</i>	<i>MO; QLL (4 per 28 days)</i>
<i>alendronate oral tablet 40 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>alendronate oral tablet 5 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>alendronate oral tablet 70 mg</i>	<i>MO; QLL (4 per 28 days)</i>

Covered Medications by Therapeutic Category - Part D-Eligible Drugs

Legend

Generic drugs are shown in lowercase italics (e.g., *enalapril*)

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

QLL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is 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 drugs will treat your medical condition before your plan will cover another drug for that condition.

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

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Member Services. The phone numbers are listed on the front and back covers of this booklet.

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

MO - Mail Order: Prescription drugs available through mail order.

S - Specialty: Specialty drugs cost \$670 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefit chart in the front of your *Evidence of Coverage*.

Part D-Eligible Drugs

Drug Name	Drug Tier	Requirements /Limits
Anti - Infectives		
<i>abacavir oral solution</i>	1	MO; QLL (960 per 30 days)
<i>abacavir oral tablet</i>	1	MO; QLL (60 per 30 days)
<i>abacavir-lamivudine</i>	3	MO; S; QLL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	3	MO; S; QLL (60 per 30 days)
ABELCET	3	B/D PAR; MO; S
<i>acyclovir oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir oral suspension 200 mg/ 5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution 50mg/ml</i>	1	B/D PAR; MO
<i>adefovir</i>	1	PAR; MO
<i>albendazole</i>	1	MO
ALBENZA	3	MO; S
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	3	MO; QLL (6 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>amantadine hcl</i>	1	MO
AMBISOME	3	B/D PAR; MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>amphotericin b</i>	1	B/D PAR; MO
<i>ampicillin oral capsule 250 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	MO
<i>ampicillin sodium intravenous</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	1	MO
APTIVUS ORAL CAPSULE	3	MO; S; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	3	S; QLL (380 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	3	MO; S; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	3	MO; S; QLL (30 per 30 days)
<i>atovaquone</i>	3	PAR; MO; S
<i>atovaquone-proguanil</i>	1	MO
ATRIPLA	3	MO; S; QLL (30 per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
AZACTAM	2	MO
<i>azithromycin intravenous</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
AZITHROMYCIN ORAL PACKET	2	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg, 600 mg</i>	1	MO
<i>aztreonam</i>	1	MO
<i>bacitracin intramuscular</i>	1	MO
BARACLUDE ORAL SOLUTION	3	PAR; MO; S
BICILLIN C-R	2	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	2	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	3	MO
BIKTARVY	3	MO; S; QLL (30 per 30 days)
BILTRICIDE	3	MO
CAPASTAT	2	
CAYSTON	3	PAR; MO; LA; S
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	1	
<i>cefotetan injection 1 gram, 2 gram</i>	1	
<i>cefotetan intravenous soln</i>	1	
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
CEFTAZIDIME IN D5W	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone in dextrose,iso-os</i>	1	MO
<i>ceftriaxone intravenous solution</i>	1	MO
<i>ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg</i>	1	MO
<i>cefuroxime axetil oral tablet 500 mg</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral capsule 750 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cephalexin oral suspension for reconstitution 250 mg/5 ml</i>	1	MO
<i>cephalexin oral tablet</i>	1	MO
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>cidofovir</i>	3	B/D PAR; MO; S
CIMDUO	3	MO; S; QLL (30 per 30 days)
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	MO
<i>ciprofloxacin oral susp</i>	1	
<i>clarithromycin</i>	1	MO
CLEOCIN PEDIATRIC	3	MO
<i>clindamycin hcl capsule</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin oral soln</i>	1	MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
<i>clotrimazole mucous membrane</i>	1	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	1	MO
COLY-MYCIN M PARENTERAL	3	MO
COMBIVIR	3	MO; S; QLL (60 per 30 days)
COMPLERA	3	MO; S; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QLL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
CUBICIN	3	MO; S
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO; S
<i>daptomycin intravenous recon soln 500 mg</i>	3	MO; S
DARAPRIM	3	S
DELSTRIGO	3	MO; S; QLL (30 per 30 days)
<i>demeclocycline</i>	1	MO
DESCOVY	3	MO; S; QLL (30 per 30 days)
<i>dicloxacillin</i>	1	MO
<i>didanosine oral capsule, delayed release (dr/ec) 200 mg</i>	1	QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release (dr/ec) 250 mg, 400 mg</i>	1	MO; QLL (30 per 30 days)
DIFICID	3	PAR; MO; S
DOVATO	3	MO; S; QLL (30 per 30 days)
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES	3	MO; S
EDURANT	3	MO; S; QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	3	MO; S; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
EMTRIVA ORAL SOLUTION	3	MO; QLL (850 per 30 days)
<i>entecavir</i>	3	PAR; MO; S
EPCLUSA	3	PAR; MO; S; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPIVIR ORAL SOLUTION	3	MO; QLL (960 per 30 days)
EPIVIR ORAL TABLET 150 MG	3	MO; QLL (60 per 30 days)
EPIVIR ORAL TABLET 300 MG	3	MO; QLL (30 per 30 days)
EPZICOM	3	MO; S; QLL (30 per 30 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
ERYPED 200	3	MO; S
ERYPED 400	3	MO; S
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO
<i>ethambutol</i>	1	MO
EVOTAZ	3	MO; S; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	1	MO; QLL (21 per 7 days)
FLAGYL ORAL CAPSULE	3	MO
<i>fluconazole</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	
<i>flucytosine oral capsule 250 mg</i>	1	MO
<i>flucytosine oral capsule 500 mg</i>	3	MO; S
<i>fosamprenavir</i>	3	MO; S; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	3	MO; S; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	B/D PAR; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection</i>	1	MO
<i>gentamicin sulfate (ped) (pf)</i>	1	MO
GENVOYA	3	MO; S; QLL (30 per 30 days)
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
HARVONI ORAL TABLET 90-400 MG	3	PAR; MO; S; QLL (28 per 28 days)
HEPSERA	3	PAR; MO; S
HIPREX	3	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
INTELENCE ORAL TABLET 100 MG	3	MO; S; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	3	MO; S; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INTELENCE ORAL TABLET 25 MG	3	MO; QLL (480 per 30 days)
INVIRASE ORAL TABLET	3	MO; S; QLL (120 per 30 days)
ISENTRESS HD	3	MO; S; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	3	MO; S; QLL (180 per 30 days)
ISENTRESS ORAL TABLET	3	MO; S; QLL (120 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	3	MO; S; QLL (180 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	2	MO; QLL (720 per 30 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet 100 mg</i>	1	MO
<i>isoniazid oral tablet 300 mg</i>	1	MO
<i>itraconazole oral capsule</i>	1	PAR; MO
<i>ivermectin oral</i>	1	MO
JULUCA	3	MO; S; QLL (30 per 30 days)
KALETRA ORAL SOLUTION	3	MO; S; QLL (480 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	MO; S; QLL (120 per 30 days)
<i>ketoconazole oral</i>	1	MO
<i>lamivudine oral solution</i>	1	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	MO
<i>lamivudine oral tablet 150 mg</i>	1	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	MO; QLL (60 per 30 days)
LEDIPASVIR-SOFOSBUVIR	3	PAR; MO; S; QLL (28 per 28 days)
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	1	MO
<i>levofloxacin oral tablet 750 mg</i>	1	MO
LEXIVA ORAL SUSPENSION	3	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	3	MO; S; QLL (120 per 30 days)
LINCOCIN	3	MO
<i>lincomycin</i>	1	
<i>linezolid in dextrose 5%</i>	1	
<i>linezolid oral suspension for reconstitution</i>	1	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	3	PAR; MO; S; QLL (56 per 28 days)
<i>linezolid-0.9% sodium chloride</i>	3	
<i>lopinavir-ritonavir</i>	1	MO; QLL (480 per 30 days)
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
MAVYRET	3	PAR; MO; S; QLL (90 per 30 days)
<i>mefloquine</i>	1	MO
<i>meropenem intravenous solution</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>metro i.v.</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
MONUROL	3	MO
<i>morgidox</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
MYCAMINE	3	MO; S
MYCOBUTIN	3	MO; S
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	3	S
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	3	MO; S
<i>nafcillin intravenous recon soln 1 gram</i>	3	MO; S
<i>nafcillin intravenous recon soln 2 gram</i>	1	MO
NEBUPENT	2	B/D PAR; MO
<i>neomycin</i>	1	MO
<i>nevirapine oral suspension</i>	1	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	1	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO; QLL (30 per 30 days)
<i>nitrofurantoin</i>	1	PAR; MO
<i>nitrofurantoin macrocrystal</i>	1	PAR; MO
<i>nitrofurantoin monohydr/m-cryst</i>	1	PAR; MO
NORVIR ORAL POWDER IN PACKET	3	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	2	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	2	MO; QLL (360 per 30 days)
NOXAFIL ORAL	3	PAR; MO; S
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ODEFSEY	3	MO; S; QLL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
<i>okebo oral capsule 75 mg</i>	1	MO
ORACEA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oseltamivir</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	3	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO
<i>penicillin g potassium</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	1	
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
PENTAM	2	MO
<i>pentamidine injection</i>	1	
<i>pfizerpen-g</i>	1	
PIFELTRO	3	MO; S; QLL (30 per 30 days)
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO
<i>polymyxin b sulfate</i>	1	MO
POSACONAZOLE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PAR; MO; S
<i>praziquantel</i>	1	MO
PREZCOBIX	3	MO; S; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL SUSPENSION	3	MO; S; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	3	MO; S; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QLL (300 per 30 days)
PRIFTIN	2	MO
PRIMAQUINE	2	MO
<i>pyrazinamide</i>	1	MO
<i>quinine sulfate capsule</i>	1	PAR; MO
RELENZA DISKHALER	2	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	3	MO; QLL (180 per 30 days)
RETROVIR INTRAVENOUS	2	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	3	MO; S; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	3	MO; S; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	3	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	3	MO; S
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	3	S
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO; S
<i>rifabutin</i>	1	MO
RIFADIN	3	MO
RIFAMATE	3	MO
<i>rifampin</i>	1	MO
RIFATER	3	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	3	MO; S; QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	MO; S; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	MO; QLL (60 per 30 days)
SIRTURO	3	PAR; MO; LA; S
SOFOSBUVIR-VELPATASVIR	3	PAR; MO; S; QLL (30 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	MO; QLL (60 per 30 days)
STREPTOMYCIN	2	MO
STRIBILD	3	MO; S; QLL (30 per 30 days)
STROMEKTOL	3	MO
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	MO
SUPRAX ORAL TABLET, CHEWABLE	3	MO
SYMFI	3	MO; S; QLL (30 per 30 days)
SYMFI LO	3	MO; S; QLL (30 per 30 days)
SYMTUZA	3	MO; S; QLL (30 per 30 days)
SYNAGIS	3	PAR; MO; LA; S
SYNERCID	3	S
TAMIFLU	3	MO
TEFLARO	3	MO; S
TEMIXYS	3	MO; S; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tenofovir disoproxil fumarate</i>	3	MO; S; QLL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	MO
<i>tetracycline</i>	1	MO
TIGECYCLINE	3	S
<i>tinidazole</i>	1	MO
TIVICAY ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	3	MO; S; QLL (60 per 30 days)
TOBI SOLUTION FOR NEBULIZATION	3	B/D PAR; MO; S; QLL (280 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	3	B/D PAR; MO; S; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	3	S
<i>tobramycin sulfate injection solution</i>	1	MO
TRECATOR	3	MO
<i>trimethoprim</i>	1	MO
TRIUMEQ	3	MO; S; QLL (30 per 30 days)
TRIZIVIR	3	MO; S; QLL (60 per 30 days)
TROGARZO	3	MO; S; QLL (10.64 per 28 days)
TRUVADA	3	MO; S; QLL (30 per 30 days)
TYBOST	2	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)
VALCYTE ORAL RECON SOLN	3	MO; S
<i>valganciclovir</i>	3	MO; S
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	MO	VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 200 MG	3	MO; QLL (60 per 30 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	2		VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 250 MG, 400 MG	3	MO; QLL (30 per 30 days)
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	1	MO	VIRACEPT ORAL TABLET 250 MG	3	MO; S; QLL (300 per 30 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	1		VIRACEPT ORAL TABLET 625 MG	3	MO; S; QLL (120 per 30 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	2	B/D PAR; MO	VIRAMUNE ORAL SUSPENSION	3	MO; QLL (1200 per 30 days)
<i>vancomycin oral capsule 125 mg</i>	3	PAR; MO; S; QLL (40 per 10 days)	VIRAMUNE ORAL TABLET	3	MO; S; QLL (60 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	3	PAR; MO; S; QLL (80 per 10 days)	VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO; S; QLL (30 per 30 days)
VEMLIDY	3	PAR; MO; S; QLL (30 per 30 days)	VIREAD ORAL POWDER	3	MO; S; QLL (240 per 30 days)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PAR; MO; S	VIREAD ORAL TABLET	3	MO; S; QLL (30 per 30 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	PAR; S	<i>voriconazole intravenous</i>	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	MO	<i>voriconazole oral suspension for reconstitution</i>	3	PAR; MO; S
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO; S	<i>voriconazole oral tablet 200 mg</i>	3	PAR; MO; S
VIBRAMYCIN ORAL SYRUP	3	MO	<i>voriconazole oral tablet 50 mg</i>	1	PAR; MO
VIDEX 2 GRAM PEDIATRIC	3	MO; QLL (1200 per 30 days)	VOSEVI	3	PAR; MO; S; QLL (30 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	3	MO; QLL (90 per 30 days)	XIFAXAN ORAL TABLET 550 MG	3	PAR; MO; S; QLL (84 per 28 days)
			XOFLUZA	2	MO
			ZIAGEN ORAL SOLUTION	3	MO; QLL (960 per 30 days)
			<i>zidovudine oral capsule</i>	1	MO; QLL (180 per 30 days)
			<i>zidovudine oral syrup</i>	1	MO; QLL (1920 per 30 days)
			<i>zidovudine oral tablet</i>	1	MO; QLL (60 per 30 days)
			ZOVIRAX ORAL CAPSULE	3	MO
			ZOVIRAX ORAL SUSPENSION	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	3	S
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PAR; MO; S; QLL (1800 per 30 days)
Antineoplastic / Immunosuppressant Drugs		
<i>abiraterone</i>	3	PAR; MO; S; QLL (120 per 30 days)
ABRAXANE	3	PAR; MO; S
<i>adriamycin intravenous recon soln 10 mg</i>	1	B/D PAR; MO
<i>adriamycin intravenous solution</i>	1	B/D PAR
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	1	B/D PAR; MO
AFINITOR	3	PAR; MO; S
AFINITOR DISPERZ	3	PAR; MO; S
ALECENSA	3	PAR; MO; S; QLL (240 per 30 days)
ALIMTA	3	PAR; MO; S
ALIQOPA	3	PAR; MO; LA; S
ALKERAN	3	B/D PAR; MO
ALKERAN (AS HCL)	3	B/D PAR
ALUNBRIG ORAL TABLET 180 MG	3	PAR; MO; S; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PAR; MO; S; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	3	PAR; MO; S; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	3	PAR; MO; S; QLL (30 per 180 days)
<i>anastrozole</i>	1	MO; QLL (30 per 30 days)
ARRANON	2	B/D PAR

Drug Name	Drug Tier	Requirements /Limits
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	3	S
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	3	B/D PAR; S
ARZERRA	3	PAR; MO; S
AVASTIN	3	PAR; MO; S
<i>azacitidine</i>	3	PAR; MO; S
<i>azathioprine</i>	1	B/D PAR; MO
<i>azathioprine sodium solution for injection</i>	1	B/D PAR
BALVERSA ORAL TABLET 3 MG	3	PAR; MO; LA; S; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
BAVENCIO	3	PAR; MO; LA; S
BELEODAQ	3	PAR; MO; S
BENDEKA	3	B/D PAR; MO; S
BESPONSA	3	B/D PAR; MO; S
<i>bexarotene</i>	3	PAR; MO; S; QLL (300 per 30 days)
<i>bicalutamide</i>	1	MO; QLL (30 per 30 days)
BICNU	3	B/D PAR; MO; S
<i>bleomycin</i>	1	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	3	PAR; MO; S
BORTEZOMIB	3	PAR; MO; S
BOSULIF ORAL TABLET 100 MG	3	PAR; MO; S; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PAR; MO; S; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	3	PAR; MO; LA; S; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
BRAFTOVI ORAL CAPSULE 75 MG	3	PAR; MO; LA; S; QLL (180 per 30 days)
<i>busulfan</i>	1	B/D PAR
BUSULFEX	2	B/D PAR
CABOMETYX	3	PAR; MO; LA; S; QLL (30 per 30 days)
CALQUENCE	3	PAR; MO; LA; S
CAPRELSA ORAL TABLET 100 MG	3	PAR; LA; S; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	1	B/D PAR; MO
<i>carmustine</i>	3	B/D PAR; MO; S
CELLCEPT INTRAVENOUS	2	B/D PAR; MO
<i>cisplatin intravenous solution</i>	1	B/D PAR; MO
<i>cladribine</i>	3	B/D PAR; MO; S
<i>clofarabine</i>	3	B/D PAR; S
CLOLAR	3	B/D PAR; S
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	3	PAR; MO; S; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	3	PAR; MO; S; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	3	PAR; MO; S; QLL (84 per 28 days)
COPIKTRA	3	PAR; MO; LA; S; QLL (60 per 30 days)
COSMEGEN	3	B/D PAR; MO; S
COTELLIC	3	PAR; MO; LA; S; QLL (90 per 30 days)
<i>cyclophosphamide oral capsule</i>	1	B/D PAR; MO
<i>cyclosporine intravenous</i>	1	B/D PAR
<i>cyclosporine modified</i>	1	B/D PAR; MO
<i>cyclosporine oral capsule</i>	1	B/D PAR; MO
CYRAMZA	3	PAR; MO; S

Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PAR
<i>cytarabine injection solution 20mg/ml</i>	1	B/D PAR; MO
<i>dacarbazine</i>	1	B/D PAR; MO
DACOGEN	3	B/D PAR; MO; S
<i>dactinomycin</i>	3	B/D PAR; S
DARZALEX	3	PAR; MO; LA; S
<i>daunorubicin intravenous solution</i>	1	B/D PAR
DAURISMO ORAL TABLET 100 MG	3	PAR; MO; S; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PAR; MO; S; QLL (60 per 30 days)
<i>decitabine</i>	3	B/D PAR; MO; S
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	3	B/D PAR; S
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	3	B/D PAR; MO; S
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	3	B/D PAR; S
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PAR; MO; S
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	3	B/D PAR; S
DOXIL	3	PAR; MO; S
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PAR; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PAR; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	3	B/D PAR; MO; S
<i>doxorubicin, peg-liposomal</i>	3	PAR; MO; S
DROXIA	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ELIGARD (1 MONTH)	2	PAR; MO; QLL (1 per 28 days)	FIRMAGON KIT W DILUENT SYRINGE	2	PAR; MO; QLL (1 per 28 days)
ELIGARD (3 MONTH)	2	PAR; MO; QLL (1 per 84 days)	SUBCUTANEOUS RECON SOLN 80 MG		
ELIGARD (4 MONTH)	3	PAR; MO; QLL (1 per 112 days)	<i>fludarabine intravenous recon soln</i>	1	B/D PAR; MO
ELIGARD (6 MONTH)	3	PAR; MO; QLL (1 per 168 days)	<i>fludarabine intravenous solution</i>	3	B/D PAR; S
ELITEK	3	PAR; MO; S	<i>fluorouracil intravenous</i>	1	B/D PAR; MO
ELLEENCE	3	B/D PAR; MO	<i>flutamide</i>	1	MO
EMCYT	3	MO	FOLOTYN	3	B/D PAR; MO; S
EMPLICITI	3	PAR; MO; S	<i>fulvestrant</i>	3	PAR; MO; S
ENVARUSUS XR	3	B/D PAR; MO	FUSILEV	3	PAR; MO; S
<i>epirubicin intravenous solution</i>	1	B/D PAR; MO	GAZYVA	3	PAR; MO; S
ERBITUX	3	PAR; MO; S	<i>gemcitabine intravenous recon soln 1 gram</i>	1	B/D PAR; MO
ERIVEDGE	3	PAR; MO; S; QLL (30 per 30 days)	<i>gemcitabine intravenous recon soln 2 gram</i>	3	B/D PAR; S
ERLEADA	3	PAR; MO; S	<i>gemcitabine intravenous recon soln 200 mg</i>	3	B/D PAR; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	3	PAR; MO; S; QLL (30 per 30 days)	<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	3	B/D PAR; MO; S
<i>erlotinib oral tablet 25 mg</i>	3	PAR; MO; S; QLL (90 per 30 days)	GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PAR; S
ERWINAZE	3	PAR; MO; S	<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	3	B/D PAR; S
ETOPOPHOS	3	B/D PAR; MO; S	<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PAR; MO
<i>etoposide intravenous</i>	1	B/D PAR; MO	<i>gengraf oral solution</i>	1	B/D PAR; MO
EVOMELA	3	B/D PAR; MO; S	GILOTRIF	3	PAR; MO; S; QLL (30 per 30 days)
<i>exemestane</i>	1	MO; QLL (60 per 30 days)	GLEOSTINE	3	PAR; MO
FARESTON	3	MO; S; QLL (30 per 30 days)	HALAVEN	3	PAR; MO; S
FARYDAK ORAL CAPSULE 10 MG	3	PAR; MO; S; QLL (60 per 30 days)	HERCEPTIN HYLECTA	3	B/D PAR; MO; S
FARYDAK ORAL CAPSULE 15 MG, 20 MG	3	PAR; MO; S; QLL (30 per 30 days)	HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	3	B/D PAR; MO; S
FASLODEX	3	PAR; MO; S	<i>hydroxyurea</i>	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	3	PAR; MO; S; QLL (4 per 365 days)	IBRANCE	3	PAR; MO; S; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
ICLUSIG ORAL TABLET 15 MG	3	PAR; MO; S; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	3	PAR; MO; S; QLL (30 per 30 days)
IDAMYCIN PFS	3	B/D PAR; MO; S
<i>idarubicin</i>	3	B/D PAR; S
IDHIFA ORAL TABLET 100 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)
IFEX	3	B/D PAR; MO
<i>ifosfamide intravenous recon soln</i>	1	B/D PAR; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PAR; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PAR
<i>imatinib oral tablet 100 mg</i>	3	PAR; MO; S; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PAR; MO; S; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	3	PAR; MO; S; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	3	PAR; MO; S; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	3	PAR; MO; S; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	3	PAR; MO; S; QLL (30 per 30 days)
IMFINZI	3	PAR; MO; LA; S
INLYTA ORAL TABLET 1 MG	3	PAR; MO; S; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	3	PAR; MO; S; QLL (120 per 30 days)
INREBIC	3	PAR; MO; LA; S; QLL (120 per 30 days)
IRESSA	3	MO; S
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PAR; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	3	B/D PAR; MO; S
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	B/D PAR
ISTODAX	3	PAR; MO; S
IXEMPRA	3	PAR; MO; S
JAKAFI ORAL TABLET 10 MG	3	PAR; MO; S; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	3	PAR; MO; S; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	3	PAR; MO; S; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	3	PAR; MO; S; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	3	PAR; MO; S; QLL (300 per 30 days)
JEVTANA	3	PAR; MO; S
KADCYLA	3	PAR; MO; S
KEYTRUDA INTRAVENOUS SOLUTION	3	PAR; MO; S
KHAPZORY	3	PAR; S
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/ DAY(200 MG X 1)-2.5 MG	3	PAR; MO; S; QLL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/ DAY(200 MG X 2)-2.5 MG	3	PAR; MO; S; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG	3	PAR; MO; S; QLL (91 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PAR; MO; S; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PAR; MO; S; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PAR; MO; S; QLL (63 per 21 days)
KYPROLIS	3	PAR; MO; S
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PAR; MO; S; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PAR; MO; S; QLL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PAR; MO; S; QLL (60 per 30 days)
<i>letrozole</i>	1	MO; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	B/D PAR; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	B/D PAR
<i>leucovorin calcium oral</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	PAR; MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	3	PAR; S
LIBTAYO	3	PAR; MO; S
LONSURF	3	PAR; MO; S
LORBRENA ORAL TABLET 100 MG	3	PAR; MO; S; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PAR; MO; S; QLL (90 per 30 days)
LUMOXITI	3	PAR; MO; S

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	3	PAR; MO; S; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	3	PAR; MO; S; QLL (1 per 84 days)
LUPRON DEPOT (4 MONTH)	3	PAR; MO; S; QLL (1 per 112 days)
LUPRON DEPOT (6 MONTH)	3	PAR; MO; S; QLL (1 per 168 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	3	PAR; MO; S; QLL (1 per 28 days)
LYNPARZA ORAL TABLET	3	PAR; MO; S; QLL (120 per 30 days)
LYSODREN	2	MO
MARQIBO	3	MO; S
MATULANE	3	MO; S
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	1	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PAR; MO
<i>megestrol oral tablet</i>	1	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	3	PAR; MO; S; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	3	PAR; MO; S; QLL (30 per 30 days)
MEKTOVI	3	PAR; MO; LA; S; QLL (180 per 30 days)
<i>melphalan</i>	1	B/D PAR; MO
<i>melphalan hcl</i>	1	B/D PAR
<i>mercaptopurine</i>	1	MO
<i>mesna</i>	1	PAR; MO
MESNEX	3	PAR; MO
<i>methotrexate sodium</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium (pf) injection solution</i>	1	MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PAR; MO
<i>mitomycin intravenous recon soln 40 mg</i>	3	B/D PAR; MO; S
<i>mitoxantrone</i>	1	B/D PAR; MO
<i>mycophenolate mofetil hcl</i>	1	B/D PAR
<i>mycophenolate mofetil oral capsule</i>	1	B/D PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	B/D PAR; MO; S
<i>mycophenolate mofetil oral tablet</i>	1	B/D PAR; MO
<i>mycophenolate sodium</i>	1	B/D PAR; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG	3	B/D PAR; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 360 MG	3	B/D PAR; MO; S
MYLOTARG	3	PAR; MO; LA; S
NERLYNX	3	PAR; MO; LA; S; QLL (180 per 30 days)
NEXAVAR	3	PAR; MO; LA; S; QLL (120 per 30 days)
NILANDRON	3	MO; S; QLL (30 per 30 days)
<i>nilutamide</i>	3	MO; S; QLL (30 per 30 days)
NINLARO	3	PAR; MO; S; QLL (3 per 28 days)
NIPENT	3	B/D PAR; MO; S
NUBEQA	3	PAR; MO; LA; S; QLL (120 per 30 days)
NULOJIX	3	PAR; MO; S
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	3	PAR; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	3	PAR; MO; S
ODOMZO	3	PAR; MO; LA; S; QLL (30 per 30 days)
ONCASPAR	3	PAR; MO; S
OPDIVO	3	PAR; MO; S
<i>oxaliplatin intravenous recon soln 100 mg</i>	3	B/D PAR; MO; S
<i>oxaliplatin intravenous recon soln 50 mg</i>	3	B/D PAR; S
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	1	B/D PAR; MO
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	3	B/D PAR; MO
<i>paclitaxel</i>	1	B/D PAR; MO
PERJETA	3	PAR; MO; S
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PAR; MO; S; QLL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PAR; MO; S; QLL (56 per 28 days)
POLIVY	3	B/D PAR; MO; S
POMALYST ORAL CAPSULE 1 MG	3	PAR; MO; LA; S; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
PORTRAZZA	3	MO; S
POTELIGEO	3	B/D PAR; MO; S
PROGRAF INTRAVENOUS	3	B/D PAR; MO; S
PROGRAF ORAL GRANULES IN PACKET	3	B/D PAR; MO
PURIXAN	3	PAR; S

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
RAPAMUNE ORAL SOLUTION	3	B/D PAR; MO; S
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PAR; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	3	B/D PAR; MO; S
REVLIMID ORAL CAPSULE 10 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	3	PAR; MO; LA; S; QLL (150 per 30 days)
RITUXAN	3	B/D PAR; MO; S
RITUXAN HYCELA	3	B/D PAR; MO; S
ROMIDEPSIN	3	PAR; S
ROZLYTREK ORAL CAPSULE 100 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PAR; MO; LA; S; QLL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG	3	PAR; MO; LA; S; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	3	PAR; MO; LA; S; QLL (120 per 30 days)
RYDAPT	3	PAR; MO; S; QLL (240 per 30 days)
SANDIMMUNE ORAL CAPSULE 100 MG	3	B/D PAR; MO; S
SANDIMMUNE ORAL CAPSULE 25 MG	3	B/D PAR; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PAR; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	3	PAR; MO; S
SIGNIFOR	3	PAR; MO; S

Drug Name	Drug Tier	Requirements /Limits
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PAR; S
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PAR; MO; S
<i>sirolimus oral solution</i>	3	B/D PAR; MO; S
<i>sirolimus oral tablet</i>	1	B/D PAR; MO
SOLTAMOX	3	MO; S
SOMATULINE DEPOT	3	PAR; MO; S
SPRYCEL	3	PAR; MO; S; QLL (30 per 30 days)
STIVARGA	3	PAR; MO; S; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	3	PAR; MO; S; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	3	PAR; MO; S; QLL (30 per 30 days)
SYNRIBO	3	PAR; MO; S
TABLOID	3	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	B/D PAR; MO
<i>tacrolimus oral capsule 5 mg</i>	3	B/D PAR; MO; S
TAFINLAR	3	PAR; MO; S; QLL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PAR; MO; S; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PAR; MO; S; QLL (60 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	3	PAR; MO; S; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 25 MG	3	PAR; MO; S; QLL (90 per 30 days)
TARGRETIN ORAL	3	PAR; MO; S; QLL (300 per 30 days)
TARGRETIN TOPICAL	3	PAR; MO; S; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PAR; MO; S; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	3	PAR; MO; S; QLL (56 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	3	B/D PAR; MO; S
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	3	PAR; MO; LA; S; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	3	PAR; MO; S; QLL (28 per 30 days)
<i>temsirolimus</i>	3	PAR; MO; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PAR; MO; S; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PAR; MO; S; QLL (60 per 30 days)
<i>thiotepa</i>	1	B/D PAR; MO
TIBSOVO	3	PAR; MO; S; QLL (60 per 30 days)
<i>toposar</i>	1	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	3	B/D PAR; S
<i>topotecan intravenous solution</i>	3	B/D PAR; MO; S
<i>toremifene</i>	3	MO; S; QLL (30 per 30 days)
TORISEL	3	PAR; MO; S
TREANDA INTRAVENOUS RECON SOLN	3	B/D PAR; MO; S

Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	3	PAR; MO; S; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PAR; MO; S; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	3	PAR; MO; S; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	3	MO; S
TREXALL	3	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	B/D PAR; MO; S
TURALIO	3	PAR; MO; LA; S; QLL (120 per 30 days)
TYKERB	3	PAR; MO; LA; S; QLL (180 per 30 days)
UNITUXIN	3	B/D PAR; MO; S
VECTIBIX	3	PAR; MO; S
VELCADE	3	PAR; MO; S
VENCLEXTA ORAL TABLET 10 MG	3	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	3	PAR; MO; LA; S; QLL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	3	PAR; MO; LA; S; QLL (84 per 365 days)
VERZENIO	3	PAR; MO; LA; S; QLL (60 per 30 days)
VIDAZA	3	PAR; MO; S
<i>vinblastine intravenous solution 1mg/ml</i>	1	B/D PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>vincristine</i>	1	B/D PAR; MO	YONDELIS	3	B/D PAR; MO; S
<i>vinorelbine</i>	1	B/D PAR; MO	YONSA	3	PAR; MO; S; QLL (120 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)	ZALTRAP	3	PAR; MO; S
VITRAKVI ORAL CAPSULE 25 MG	3	PAR; MO; LA; S; QLL (180 per 30 days)	ZANOSAR	3	B/D PAR; MO; S
VITRAKVI ORAL SOLUTION	3	PAR; MO; LA; S; QLL (300 per 30 days)	ZEJULA	3	PAR; MO; LA; S; QLL (90 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	3	PAR; MO; S; QLL (90 per 30 days)	ZELBORAF	3	PAR; MO; S; QLL (240 per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	3	PAR; MO; S; QLL (30 per 30 days)	ZOLINZA	3	PAR; MO; S; QLL (120 per 30 days)
VOTRIENT	3	PAR; MO; S; QLL (120 per 30 days)	ZORTRESS	3	B/D PAR; MO; S
VYXEOS	3	B/D PAR; MO; S	ZYDELIG	3	PAR; MO; S; QLL (60 per 30 days)
XALKORI	3	PAR; MO; S; QLL (60 per 30 days)	ZYKADIA	3	PAR; MO; S; QLL (90 per 30 days)
XATMEP	3	MO	ZYTIGA ORAL TABLET 250 MG	3	PAR; MO; S; QLL (120 per 30 days)
XGEVA	3	PAR; MO; S; QLL (1.7 per 28 days)	ZYTIGA ORAL TABLET 500 MG	3	PAR; MO; S; QLL (60 per 30 days)
XOSPATA	3	PAR; MO; LA; S; QLL (90 per 30 days)	Autonomic / Cns Drugs, Neurology / Psych		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	3	PAR; MO; LA; S; QLL (20 per 28 days)	ABILIFY MAINTENA	3	MO; S; QLL (1 per 28 days)
XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	3	PAR; MO; LA; S; QLL (32 per 28 days)	ABSTRAL	3	PAR; MO; S; QLL (120 per 30 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	3	PAR; MO; LA; S; QLL (12 per 28 days)	<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	1	QLL (900 per 30 days)
XTANDI	3	PAR; MO; S; QLL (120 per 30 days)	<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QLL (900 per 30 days)
YERVOY	3	PAR; MO; S	<i>acetaminophen-codeine oral tablet</i>	1	MO; QLL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
ACTIQ	3	PAR; MO; S; QLL (120 per 30 days)
ADASUVE	3	QLL (30 per 30 days)
<i>almotriptan malate</i>	1	MO; QLL (9 per 30 days)
<i>alprazolam</i>	1	MO; QLL (120 per 30 days)
<i>alprazolam intensol</i>	1	MO; QLL (300 per 30 days)
AMERGE ORAL TABLET 1 MG	3	MO; QLL (9 per 30 days)
AMERGE ORAL TABLET 2.5 MG	3	MO; S; QLL (9 per 30 days)
<i>amitriptyline</i>	1	PAR; MO
<i>amitriptyline-chlordiazepoxide</i>	1	PAR; MO
<i>amoxapine</i>	1	PAR; MO
AMPYRA	3	PAR; MO; LA; S; QLL (60 per 30 days)
AMYTAL	2	PAR
APOKYN	3	PAR; MO; LA; S
APTIOM	3	ST; MO; S
<i>aripiprazole oral solution</i>	1	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	1	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	1	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	MO; S; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	1	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	3	MO; S; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	3	MO; S; QLL (60 per 30 days)
ARISTADA INITIO	3	MO; S; QLL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR	3	MO; S; QLL (3.9 per 60 days)

Drug Name	Drug Tier	Requirements /Limits
SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML		
ARISTADA INTRAMUSCULAR	3	MO; S; QLL (1.6 per 30 days)
SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML		
ARISTADA INTRAMUSCULAR	3	MO; S; QLL (2.4 per 30 days)
SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		
ARISTADA INTRAMUSCULAR	3	MO; S; QLL (3.2 per 30 days)
SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PAR; MO; QLL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	PAR; MO; QLL (30 per 30 days)
AUBAGIO	3	PAR; MO; S; QLL (30 per 30 days)
AZILECT	3	MO
<i>baclofen oral</i>	1	MO
BANZEL ORAL SUSPENSION	3	PAR; MO; S; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	3	PAR; MO; S; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	3	PAR; MO; S; QLL (240 per 30 days)
<i>benztropine injection</i>	3	MO; S
<i>benztropine oral</i>	1	PAR; MO
BRIVIACT INTRAVENOUS	3	PAR
BRIVIACT ORAL SOLUTION	3	PAR; MO; S; QLL (600 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL TABLET 10 MG	3	PAR; MO; S; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	3	PAR; MO; S; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	3	PAR; MO; S; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	3	PAR; MO; S; QLL (120 per 30 days)
<i>bromocriptine</i>	1	MO
BUPRENEX	3	MO; S; QLL (90 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	QLL (90 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	MO; QLL (60 per 30 days)
<i>buspirone</i>	1	MO
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PAR; MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>butalbital-acetaminophen-cafforal capsule</i>	1	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminophen-cafforal tablet 50-325-40 mg</i>	1	PAR; MO; QLL (180 per 30 days)
<i>butalbital-aspirin-caffeine</i>	1	PAR; MO; QLL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QLL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QLL (120 per 30 days)
<i>butorphanol tartrate nasal</i>	1	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
<i>carbidopa</i>	3	MO; S
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>carisoprodol</i>	1	PAR; MO
CELEBREX	3	PAR; MO
<i>celecoxib</i>	1	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>chlordiazepoxide hcl</i>	1	MO; QLL (120 per 30 days)
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>clobazam oral suspension</i>	3	PAR; MO; S; QLL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	3	PAR; MO; S; QLL (60 per 30 days)
<i>clomipramine</i>	1	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	1	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	1	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	1	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	1	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	1	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	1	MO
<i>clozapine oral tablet 100 mg</i>	1	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	1	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	MO; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	1	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	1	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	3	S; QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	3	S; QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	1	QLL (1080 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>codeine sulfate oral tablet</i>	1	MO; QLL (180 per 30 days)
COGENTIN	3	MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	PAR; MO; S; QLL (12 per 28 days)
<i>cyclobenzaprine oral tablet</i>	1	PAR; MO
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QLL (180 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QLL (120 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60 MG	3	MO; QLL (60 per 30 days)
<i>dalfampridine</i>	3	PAR; MO; S; QLL (60 per 30 days)
<i>dantrolene oral</i>	1	MO
DEPACON	3	MO
<i>desipramine</i>	1	PAR; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QLL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	MO; QLL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	MO; QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	1	MO; QLL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PAR; MO; QLL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PAR; MO; QLL (60 per 30 days)
DIASTAT	3	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	3	MO; S
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	3	MO
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	MO
<i>diazepam intensol</i>	1	MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	1	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QLL (1000 per 30 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>dihydroergotamine injection</i>	3	PAR; MO; S
<i>dihydroergotamine nasal</i>	3	MO; S; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	2	MO
DILANTIN-125	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>divalproex</i>	1	MO
DOLOPHINE ORAL	3	PAR; MO; QLL (180 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i>	1	ST; MO; QLL (30 per 30 days)
<i>donepezil oral tablet,disintegrating</i>	1	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	1	PAR; MO
<i>duloxetine oral capsule,delayed release(drlec) 20 mg</i>	1	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule,delayed release(drlec) 30 mg</i>	1	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule,delayed release(drlec) 40 mg</i>	1	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(drlec) 60 mg</i>	1	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QLL (180 per 30 days)
<i>ec-naproxen</i>	1	
<i>eletriptan</i>	1	MO; QLL (9 per 30 days)
EMSAM	3	PAR; MO; S; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QLL (180 per 30 days)
<i>entacapone</i>	1	MO
EPIDIOLEX	3	PAR; MO; LA; S
<i>epitol</i>	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	MO; QLL (180 per 30 days)
<i>ergoloid</i>	1	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits
ERGOMAR	3	MO
<i>escitalopram oxalate oral solution</i>	1	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>estazolam</i>	1	MO; QLL (30 per 30 days)
<i>eszopiclone</i>	1	PAR; MO; QLL (30 per 30 days)
<i>ethosuximide</i>	1	MO
<i>etodolac</i>	1	MO
EXELON TRANSDERMAL	3	MO; QLL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	3	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	3	ST; MO; S; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	ST; MO; S; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	3	ST; MO; S; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	3	ST; MO; S; QLL (90 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	3	ST; MO; QLL (16 per 365 days)
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG	3	QLL (270 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 12.5 MG	3	QLL (2160 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG	3	QLL (180 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 200 MG	3	S; QLL (120 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 25 MG	3	QLL (1080 per 30 days)
<i>felbamate</i>	1	MO
FELBATOL ORAL SUSPENSION	3	MO

Drug Name	Drug Tier	Requirements /Limits
FELBATOL ORAL TABLET	3	MO; S
FELDENE	3	MO
<i>fenopropfen oral tablet</i>	1	MO
<i>fentanyl citrate lozenge</i>	3	PAR; MO; S; QLL (120 per 30 days)
FENTANYL CITRATE LOZENGE BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PAR; S; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PAR; MO; QLL (15 per 30 days)
FENTORA	3	PAR; MO; S; QLL (120 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	3	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	3	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	3	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	3	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QLL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(drlec)</i>	1	MO; QLL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QLL (120 per 30 days)
FLUOXETINE ORAL TABLET 60 MG	3	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>flurazepam</i>	1	MO; QLL (30 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	1	MO
<i>frovatriptan</i>	1	MO; QLL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	3	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	3	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	3	MO; S; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	3	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	3	MO; S; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	1	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/ 5 ml</i>	1	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/ 5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	3	MO
GABITRIL ORAL TABLET 16 MG	3	MO; S

Drug Name	Drug Tier	Requirements /Limits
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	1	MO; QLL (180 per 30 days)
<i>galantamine oral tablet</i>	1	MO; QLL (60 per 30 days)
GEODON	2	MO; QLL (6 per 28 days)
INTRAMUSCULAR		
GILENYA ORAL CAPSULE 0.5 MG	3	PAR; MO; S; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	3	PAR; MO; S; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	3	PAR; MO; S; QLL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	3	PAR; MO; S; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	3	PAR; MO; S; QLL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr</i>	1	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral conc</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
HETLIOZ	3	PAR; MO; S; QLL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PAR; MO; QLL (120 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PAR; MO; QLL (60 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO; QLL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QLL (50 per 10 days)
<i>hydromorphone (pf) 10mg/ml injection solution</i>	1	MO
HYDROMORPHONE (PF) INJECTION INJECTION SOLUTION 1 MG/ML	1	QLL (180 per 30 days)
<i>hydromorphone (pf) injection injection solution 2 mg/ml</i>	1	QLL (180 per 30 days)
<i>hydromorphone (pf) injection injection solution 4 mg/ml</i>	1	QLL (60 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	1	QLL (180 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	1	MO; QLL (60 per 30 days)
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	2	QLL (180 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QLL (180 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO; QLL (60 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QLL (720 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QLL (180 per 30 days)
<i>ibu oral tablet 400 mg</i>	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-oxycodone</i>	1	MO; QLL (28 per 7 days)
<i>imipramine hcl</i>	1	PAR; MO
<i>indomethacin oral</i>	1	PAR; MO
<i>indomethacin sodium intravenous solution</i>	1	PAR

Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	3	MO; S; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; S; QLL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	3	MO; S; QLL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	MO; S; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	MO; S; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	MO; S; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	MO; S; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	3	MO; S; QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	3	MO; S; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	MO; S; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	3	MO; S; QLL (2.625 per 90 days)
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	1	MO
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac injection cartridge 30 mg/ml</i>	1	PAR; MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	PAR; MO
<i>ketorolac injection syringe 15 mg/ml</i>	1	
<i>ketorolac injection syringe 30 mg/ml</i>	1	PAR; MO
<i>ketorolac intramuscular solution</i>	1	PAR; MO
<i>ketorolac intramuscular syringe</i>	1	PAR
<i>ketorolac oral</i>	1	PAR; MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QLL (240 per 30 days)
KLONOPIN ORAL TABLET 0.5 MG	3	MO; QLL (1200 per 30 days)
KLONOPIN ORAL TABLET 1 MG	3	MO; QLL (600 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QLL (300 per 30 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	3	MO; S
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG, 25 MG, 50 MG	3	MO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 250 MG, 300 MG	3	MO; S
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO; S
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 120 MG, 60 MG	3	PAR; MO; S; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	3	PAR; MO; S; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	3	PAR; MO; S; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	3	PAR; MO; S; QLL (60 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	3	PAR; MO; S; QLL (30 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	3	PAR; S; QLL (30 per 30 days)
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO; S
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (120 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	3	MO; S; QLL (180 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
LITHIUM CITRATE ORAL SOLUTION 8 MEQ/5 ML	2	MO
LODOSYN	3	ST; MO; S
<i>lorazepam injection solution</i>	1	MO
<i>lorazepam injection syringe</i>	1	
<i>lorazepam intensol</i>	1	MO
<i>lorazepam oral</i>	1	MO
<i>lorcet (hydrocodone)</i>	1	MO; QLL (180 per 30 days)
<i>lorcet hd</i>	1	MO; QLL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO; QLL (180 per 30 days)
<i>loxapine succinate</i>	1	MO
LYRICA ORAL CAPSULE 100 MG	3	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	3	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	3	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	3	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	3	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	3	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	3	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	1	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	1	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	1	MO
MARPLAN	3	MO
MAXALT ORAL TABLET 10 MG	3	MO; QLL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QLL (12 per 30 days)
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral capsule,sprinkle, er 24hr</i>	1	PAR; MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	1	PAR; MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	3	MO; S
MESTINON TIMESPAN	3	MO; S
<i>methadone injection solution</i>	1	QLL (30 per 30 days)
<i>methadone intensol</i>	1	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	1	MO; QLL (180 per 30 days)
<i>methadone oral solution</i>	1	MO; QLL (900 per 30 days)
<i>methadone oral tablet</i>	1	MO; QLL (180 per 30 days)
<i>methadose oral concentrate</i>	1	MO; QLL (180 per 30 days)
<i>methocarbamol oral</i>	1	PAR; MO
<i>methylphenidate hcl oral tablet</i>	1	MO; QLL (90 per 30 days)
<i>midazolam (pf) injection cartridge</i>	1	
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	MO
<i>midazolam (pf) injection syringe</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	MO
<i>migergot</i>	3	MO; S
<i>mirtazapine oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	1	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QLL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	1	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	1	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	1	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	1	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QLL (180 per 30 days)
<i>morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	1	QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	1	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	QLL (180 per 30 days)
<i>morphine oral solution</i>	1	MO; QLL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	MO; QLL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QLL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QLL (90 per 30 days)
<i>naloxone</i>	1	MO
<i>naltrexone</i>	1	MO
NAMENDA XR ORAL CAP, SPRINKLE,ER 24HR DOSE PACK	2	PAR; MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
NAMZARIC	2	PAR; MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naratriptan</i>	1	MO; QLL (9 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	MO
NAYZILAM	3	S
<i>nefazodone oral tablet 100 mg</i>	1	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	1	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	1	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	1	MO; QLL (360 per 30 days)
NEUPRO	2	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	1	PAR; MO
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	1	PAR; MO
NORTRIPTYLINE ORAL SOLUTION	1	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
NUEDEXTA	2	PAR; MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	3	PAR; MO; S; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PAR; MO; S; QLL (30 per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	PAR; MO; QLL (30 per 30 days)
NUVIGIL ORAL TABLET 50 MG	3	PAR; MO; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	1	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	1	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	1	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	3	PAR; MO; S; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	3	PAR; MO; S; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	3	PAR; MO; S; QLL (60 per 30 days)
<i>oxaprozin</i>	1	MO

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
PERSERIS	3	MO; S; QLL (1 per 28 days)
PEXEVA ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QLL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QLL (45 per 30 days)
<i>phenelzine</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	1	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	1	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	1	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	1	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	1	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	1	PAR; MO; QLL (123 per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	PAR; MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	PAR
PHENYTEK	3	MO
<i>phenytoin oral suspension 100 mg/ 4 ml</i>	1	MO
<i>phenytoin oral suspension 125 mg/ 5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>pimozide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>piroxicam</i>	1	MO
<i>pramipexole oral tablet</i>	1	MO
<i>pregabalin oral capsule 100 mg</i>	1	PAR; MO; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>pregabalin oral capsule 25 mg</i>	1	PAR; MO; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	1	PAR; MO; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>pregabalin oral solution</i>	1	PAR; MO; QLL (900 per 30 days)
<i>primidone</i>	1	MO
<i>protriptyline</i>	1	PAR; MO
<i>pyridostigmine bromide oral syrup</i>	3	MO; S
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>quetiapine oral tablet 100 mg</i>	1	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	1	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	1	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	1	MO; QLL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	1	PAR; MO; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	PAR; MO; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	PAR; MO; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	PAR; MO; QLL (480 per 30 days)
<i>ramelteon</i>	1	MO; QLL (30 per 30 days)
<i>rasagiline</i>	1	MO
<i>regonol</i>	1	
RELPAK	3	MO; QLL (9 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	PAR; MO; S; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	3	PAR; MO; S; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML	2	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML	3	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	3	MO; S; QLL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	MO; QLL (1920 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	1	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal</i>	1	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	1	MO; QLL (12 per 30 days)
<i>ropinirole</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
ROZEREM	2	MO; QLL (30 per 30 days)
SABRIL ORAL POWDER IN PACKET	3	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	3	PAR; MO; LA; S; QLL (180 per 30 days)
<i>salsalate</i>	1	MO
SAPHRIS SUBLINGUAL TABLET 10 MG	3	MO; S; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	3	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	3	MO; QLL (120 per 30 days)
SARAFEM ORAL TABLET 10 MG	3	MO; S; QLL (240 per 30 days)
SARAFEM ORAL TABLET 20 MG	3	MO; QLL (120 per 30 days)
<i>seconal sodium</i>	1	PAR; QLL (14 per 30 days)
<i>selegiline hcl</i>	1	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PAR; MO; QLL (150 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	PAR; MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PAR; MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	PAR; MO; S; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	PAR; MO; QLL (480 per 30 days)
<i>sertraline oral concentrate</i>	1	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)
SINEMET CR	3	ST; MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	3	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PAR; MO; QLL (120 per 30 days)
SUBSYS	3	PAR; MO; S; QLL (120 per 30 days)
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>sumatriptan nasal spray</i>	1	MO
<i>sumatriptan succinate oral</i>	1	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO
<i>sumatriptan succinate subcutaneous solution</i>	1	MO
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMBYAX ORAL CAPSULE 3-25 MG	3	MO; QLL (90 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	3	PAR; MO; S; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PAR; MO; QLL (30 per 30 days)
TECFIDERA	3	PAR; MO; LA; S
TEGRETOL XR	3	MO
<i>temazepam</i>	1	MO; QLL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PAR; MO; S; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	3	PAR; MO; S; QLL (120 per 30 days)
<i>thioridazine</i>	1	ST; MO
<i>thiothixene</i>	1	MO
<i>tiagabine</i>	1	MO
<i>tizanidine</i>	1	MO
<i>tolcapone</i>	3	PAR; MO; S; QLL (180 per 30 days)
<i>tolmetin</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PAR; MO
<i>topiramate oral tablet 100 mg</i>	1	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	1	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	1	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	1	MO; QLL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	PAR; MO; QLL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PAR; MO; QLL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QLL (40 per 5 days)
<i>tranylcypromine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	1	MO
<i>triazolam</i>	1	MO; QLL (30 per 30 days)
<i>trifluoperazine</i>	1	MO
<i>trihexyphenidyl</i>	1	PAR; MO
<i>trimipramine</i>	1	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	3	ST; MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	3	ST; MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	3	ST; MO; QLL (120 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PAR; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PAR; MO; S
TYSABRI	3	PAR; MO; LA; S
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	MO
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	1	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	1	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	1	MO; QLL (225 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet 75 mg</i>	1	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	MO; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	1	MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	1	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	MO; QLL (90 per 30 days)
VERSACLOZ	3	QLL (600 per 30 days)
<i>vicodin es</i>	1	MO; QLL (180 per 30 days)
<i>vicodin hp</i>	1	MO; QLL (180 per 30 days)
<i>vigabatrin oral powder in packet</i>	3	PAR; MO; LA; S; QLL (180 per 30 days)
<i>vigabatrin oral tablet</i>	3	PAR; MO; S; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	3	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	3	ST; MO; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	3	MO; QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	3	MO; S; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	3	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	3	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 200 MG	3	MO; S; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QLL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)
VRAYLAR ORAL CAPSULE	3	PAR; MO; S; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	3	PAR; MO; QLL (14 per 365 days)
VYVANSE ORAL CAPSULE	2	MO; QLL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	3	PAR; MO; LA; S; QLL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	3	PAR; MO; LA; S; QLL (120 per 30 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	3	PAR; MO; LA; S; QLL (16 per 28 days)
XYREM	3	PAR; MO; LA; S; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	PAR; MO; QLL (30 per 30 days)
ZARONTIN ORAL CAPSULE	3	MO
ZELAPAR	3	MO; S
<i>zenzedi oral tablet 10 mg</i>	1	PAR; MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	MO; QLL (60 per 30 days)
<i>zolmitriptan</i>	1	MO; QLL (9 per 30 days)
<i>zolpidem oral</i>	1	PAR; MO; QLL (30 per 30 days)
ZOMIG NASAL	3	MO
ZOMIG ORAL	3	MO; S; QLL (9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZOMIG ZMT ORAL TABLET, DISINTEGRATING 2.5 MG	3	MO; QLL (9 per 30 days)
ZOMIG ZMT ORAL TABLET, DISINTEGRATING 5 MG	3	MO; S; QLL (9 per 30 days)
<i>zonisamide</i>	1	MO
ZYPREXA INTRAMUSCULAR	3	MO; QLL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	3	MO; S; QLL (2 per 28 days)
Cardiovascular, Hypertension / Lipids		
ACCUPRIL	3	MO
ACCURETIC	3	MO
<i>acebutolol</i>	1	MO
ADALAT CC	3	MO
AGGRENOX	3	ST; MO; QLL (60 per 30 days)
ALDACTAZIDE	3	MO
<i>aliskiren</i>	1	MO
ALTACE	3	MO
ALTOPREV	3	PAR; MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone intravenous solution</i>	1	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	1	B/D PAR
<i>amiodarone oral</i>	1	MO
<i>amlodipine besylate tablet</i>	1	MO
<i>amlodipine-atorvastatin</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	MO
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	3	MO; S; QLL (24 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO; S; QLL (15 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	3	MO; S; QLL (12 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	3	MO; S; QLL (18 per 30 days)
<i>aspirin-dipyridamole</i>	1	ST; MO; QLL (60 per 30 days)
ATACAND	3	MO
ATACAND HCT	3	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	1	MO
AVALIDE	3	MO
AVAPRO	3	MO
AZOR	3	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO; QLL (180 per 30 days)
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BRILINTA	2	MO; QLL (60 per 30 days)
<i>bumetanide</i>	1	MO
BYSTOLIC	3	ST; MO
CALAN ORAL TABLET 120 MG	3	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazide</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 420 MG	3	MO
CARDURA XL	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide oral tablet 250 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>chlorothiazide oral tablet 500 mg</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>cilostazol</i>	1	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch</i>	1	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	1	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QLL (30 per 30 days)
<i>colesevelam</i>	1	MO
<i>colestipol</i>	1	MO
CORGARD	3	MO
CORLANOR ORAL SOLUTION	3	PAR; QLL (560 per 28 days)
CORLANOR ORAL TABLET	3	PAR; MO; QLL (60 per 30 days)
COUMADIN ORAL	2	MO
COZAAR	3	MO
CRESTOR	3	MO
DEMSEER	3	MO; S
DIBENZYLINE	3	MO; S
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	1	MO
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	1	MO
<i>digox oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	1	MO
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO
DILATRATE-SR	3	MO
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
DIOVAN	3	MO
DIOVAN HCT	3	MO
<i>dofetilide</i>	1	MO
<i>doxazosin</i>	1	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	3	MO
EDARBYCLOR	3	MO
ELIQUIS ORAL TABLET 2.5 MG	2	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	MO; QLL (74 per 30 days)
ELIQUIS ORAL TABLETS, DOSE PACK	2	MO; QLL (74 per 180 days)
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO; QLL (16.8 per 28 days)
ENTRESTO	3	PAR; MO
<i>eplerenone</i>	1	MO
<i>eprosartan</i>	1	MO
EXFORGE	3	MO
EXFORGE HCT	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	PAR; MO; QLL (30 per 30 days)
<i>felodipine</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) dr capsules oral capsule, delayed release(dr/ec) 45 mg, 135mg</i>	1	MO
<i>fenofibric acid tablet 105 mg, 35 mg</i>	1	MO
<i>flecainide</i>	1	MO
<i>fluvastatin</i>	1	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	3	MO; S; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	3	MO; S; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	3	MO; S; QLL (18 per 30 days)
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO; S
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	3	MO; S
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
<i>furosemide injection</i>	1	MO
<i>furosemide oral solution 10 mg/ml</i>	1	MO
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gemfibrozil</i>	1	MO
<i>guanfacine oral tablet</i>	1	PAR; MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf)</i>	1	B/D PAR
<i>heparin (porcine) injection cartridge</i>	1	B/D PAR; MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	1	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	1	B/D PAR; MO
<i>heparin, porcine (pf) 1,000unit/ml, 5,000 unit/0.5ml injection</i>	1	MO
<i>heparin, porcine (pf) 1,000unit/ml, 5,000 unit/0.5ml injection</i>	1	MO
HEPARIN, PORCINE (PF) 1, 000UNIT/ML, 5,000 UNIT/ 0.5ML INJECTION INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
ISORDIL	3	MO; S
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet extended release</i>	1	
<i>isosorbide mononitrate</i>	1	MO
<i>isradipine</i>	1	MO
<i>jantoven</i>	1	MO
JUXTAPID	3	PAR; MO; LA; S; QLL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
LANOXIN ORAL TABLET 125 MCG (0.125 MG)	3	MO
LANOXIN ORAL TABLET 187.5 MCG (0.1875 MG)	2	PAR; MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	MO
LASIX	3	MO
LESCOL XL	3	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous syringe</i>	1	
LIPOFEN	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPID	3	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
<i>lovastatin</i>	1	MO
LOVENOX SUBCUTANEOUS SOLUTION	3	MO; QLL (84 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; S; QLL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; S; QLL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML	3	MO; QLL (8.4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QLL (11.2 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 60 MG/0.6 ML	3	MO; S; QLL (16.8 per 28 days)
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	PAR; MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide</i>	1	MO
<i>mexiletine</i>	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
MICROZIDE	3	MO
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
MULTAQ	3	MO; QLL (60 per 30 days)
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
NIACOR	2	MO

Drug Name	Drug Tier	Requirements /Limits
NIASPAN EXTENDED-RELEASE	3	MO
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	2	MO
TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		
<i>nitroglycerin intravenous</i>	1	B/D PAR
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
NITROSTAT	3	MO
NORPACE	3	PAR; MO
NORVASC	3	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PAR; MO; S
<i>osmitrol 15 %</i>	1	
<i>osmitrol 20 %</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>pentoxifylline</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	3	MO; S
<i>pindolol</i>	1	MO
PRADAXA	3	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PRALUENT PEN	3	PAR; MO; S; QLL (2 per 28 days)
<i>prasugrel</i>	1	MO; QLL (30 per 30 days)
<i>pravastatin</i>	1	MO
<i>prazosin</i>	1	MO
<i>prevalite</i>	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1	
PROCARDIA	3	PAR; MO
PROMACTA ORAL POWDER IN PACKET	3	PAR; MO; LA; S; QLL (90 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	3	PAR; MO; LA; S; QLL (90 per 30 days)
<i>propafenone oral tablet</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol oral tablet 60 mg</i>	1	MO
<i>propranolol-hydrochlorothiazide</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>ramipril</i>	1	MO
RANEXA	2	ST; MO
<i>ranolazine</i>	1	ST; MO
REMODULIN	3	PAR; MO; LA; S
REPATHA PUSHTRONEX	3	PAR; MO; S; QLL (3.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
REPATHA SURECLICK	3	PAR; MO; S; QLL (3 per 28 days)
REPATHA SYRINGE	3	PAR; MO; S; QLL (3 per 28 days)
<i>rosuvastatin</i>	1	MO
<i>simvastatin</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sorine oral tablet 80 mg</i>	1	MO
<i>sotalol af oral tablet 120 mg, 160 mg</i>	1	MO
<i>sotalol af oral tablet 80 mg</i>	1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
<i>sotalol oral tablet 80 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-hydrochlorothiazide</i>	1	MO
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	MO
<i>taztia xt</i>	1	MO
TEKTURNA	2	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazide</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
<i>terazosin capsule</i>	1	MO
TIAZAC	3	MO
TIKOSYN	3	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	3	PAR; MO; S
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TRIBENZOR	3	MO
TRILIPIX	3	MO
TWYNSTA	3	MO
UPTRAVI ORAL TABLET	3	PAR; MO; LA; S; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK	3	PAR; MO; LA; S; QLL (400 per 365 days)
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASCEPA	3	MO
VASERETIC	3	MO
VECAMYL	3	
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	MO
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release 120 mg</i>	1	MO
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>warfarin</i>	1	MO
WELCHOL ORAL POWDER IN PACKET	3	MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	2	MO; QLL (42 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QLL (60 per 30 days)
XARELTO ORAL TABLETS, DOSE PACK	2	MO; QLL (102 per 365 days)
ZESTORETIC	3	MO
ZIAC ORAL TABLET 2.5-6.25 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
Dermatologicals/Topical Therapy		
<i>acitretin oral capsule 10 mg</i>	1	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	3	MO; S
<i>acyclovir topical cream</i>	1	MO; QLL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	MO; QLL (30 per 30 days)
<i>adapalene topical cream</i>	1	MO
<i>adapalene topical gel</i>	1	MO
<i>adapalene topical gel with pump</i>	1	MO
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	3	MO; S
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	
<i>ammonium lactate</i>	1	MO
<i>amnesteem</i>	1	MO
<i>apexicon e</i>	1	MO
<i>avita topical cream</i>	1	PAR; MO; QLL (45 per 30 days)
<i>azelaic acid</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	1	MO; QLL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO
CAPEX	3	MO
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox</i>	1	MO
<i>claravis</i>	1	MO
CLINDAGEL	3	MO; S
<i>clindamycin phosphate topical foam</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical swab</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
<i>clindamycin-tretinoin</i>	1	MO
<i>clobetasol scalp</i>	1	MO
<i>clobetasol topical cream</i>	1	MO; QLL (120 per 30 days)
<i>clobetasol topical foam</i>	1	MO; QLL (100 per 30 days)
<i>clobetasol topical gel</i>	1	MO
<i>clobetasol topical lotion</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO; QLL (120 per 30 days)
<i>clobetasol topical shampoo</i>	1	MO
<i>clobetasol topical spray, non-aerosol</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO; QLL (120 per 30 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QLL (100 per 30 days)
CLOBEX TOPICAL LOTION	3	MO; S
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	MO
CLOCORTOLONE PIVALATE	3	MO
CLODERM	3	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
CONDYLOX TOPICAL GEL	3	MO
CORDRAN TAPE LARGE ROLL	3	MO
CORTISPORIN TOPICAL	3	MO
<i>crotan</i>	1	
DENAVIR	3	MO; S; QLL (5 per 30 days)
<i>desonide</i>	1	MO
<i>desoximetasone topical cream</i>	1	MO
<i>desoximetasone topical gel</i>	1	MO
<i>desoximetasone topical ointment</i>	1	MO
<i>diclofenac sodium topical gel 3 %</i>	3	PAR; MO; S; QLL (100 per 30 days)
<i>diflorasone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
DOVONEX TOPICAL CREAM	3	MO; QLL (120 per 30 days)
<i>doxepin topical</i>	3	MO; S
<i>econazole</i>	1	MO
ELIDEL	3	PAR; MO; QLL (100 per 90 days)
ELOCON TOPICAL CREAM	3	MO
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
EURAX	3	MO
EXELDERM	3	MO
FINACEA TOPICAL GEL	2	MO
<i>fluocinolone and shower cap</i>	1	MO; QLL (120 per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	1	MO
<i>fluocinolone topical cream 0.025 %</i>	1	MO; QLL (120 per 30 days)
<i>fluocinolone topical oil</i>	1	MO; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	1	MO; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	1	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	3	MO; S; QLL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QLL (240 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>fluticasone propionate topical</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin topical</i>	1	MO
<i>halcinonide</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
HALOG TOPICAL CREAM	3	MO; S
HALOG TOPICAL OINTMENT	3	MO
<i>hydrocortisone butyr-emollient</i>	1	MO
<i>hydrocortisone butyrate topical cream</i>	1	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>imiquimod topical cream in packet</i>	1	MO
KENALOG TOPICAL	3	MO; S
<i>ketoconazole topical cream</i>	1	MO
<i>ketoconazole topical shampoo</i>	1	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	MO
<i>lidocaine hcl injection solution</i>	1	MO
<i>lidocaine hcl laryngotracheal</i>	1	MO; QLL (300 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	1	PAR; MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PAR; MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch, medicated</i>	1	PAR; MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical ointment</i>	1	PAR; MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	1	PAR; MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QLL (30 per 30 days)
LIDODERM	3	PAR; MO; QLL (90 per 30 days)
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
<i>methoxsalen</i>	3	PAR; MO; S
METROGEL TOPICAL GEL WITH PUMP	3	MO
<i>metronidazole topical</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>mupirocin topical cream</i>	1	MO
<i>mupirocin topical ointment</i>	1	MO
<i>myorisan</i>	1	MO
<i>naftifine</i>	1	MO
NAFTIN TOPICAL CREAM 2 %	3	MO
NAFTIN TOPICAL GEL	3	MO
<i>nyamyc</i>	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
OXISTAT	3	MO
OXSORALEN ULTRA	3	PAR; MO; S
PANDEL	3	MO; S
PANRETIN	3	MO; S
<i>permethrin topical cream</i>	1	MO
PICATO	3	MO; S
<i>pimecrolimus</i>	1	PAR; MO; QLL (100 per 90 days)
<i>podofilox</i>	1	MO
<i>prednicarbate</i>	1	MO
PROTOPIC	3	PAR; MO; QLL (100 per 90 days)
<i>prudoxin</i>	1	MO
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
SANTYL	3	MO; QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
SILVADENE	3	MO
SILVER SULFADIAZINE	2	MO
SSD 1% TOPICAL CREAM	2	MO
STELARA INTRAVENOUS	3	PAR; MO; S
STELARA SUBCUTANEOUS	3	PAR; MO; S; QLL (1 per 28 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	3	MO
<i>tacrolimus topical</i>	1	PAR; MO; QLL (100 per 90 days)
<i>tazarotene</i>	1	PAR; MO
TAZORAC	3	PAR; MO
TEMOVATE TOPICAL CREAM	3	MO; S; QLL (120 per 30 days)
TEMOVATE TOPICAL OINTMENT	3	MO; QLL (120 per 30 days)
<i>tretinoin topical cream</i>	1	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PAR; MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical aerosol</i>	1	MO
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	MO
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	3	MO; S
<i>triderm topical cream</i>	1	MO
UVADEX	2	B/D PAR
VALCHLOR	3	PAR; MO; S
XERESE	3	MO; S; QLL (5 per 30 days)
<i>zenatane</i>	1	MO
ZIANA	3	PAR; MO
ZOVIRAX TOPICAL CREAM	3	MO; QLL (5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	1	MO; QLL (180 per 30 days)
<i>acetic acid irrigation</i>	1	MO
<i>acetylcysteine intravenous</i>	1	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>anagrelide</i>	1	MO
ANTABUSE	3	MO
ARALAST NP	3	PAR; MO; LA; S
BUPHENYL ORAL TABLET	3	PAR; MO; S
<i>bupropion hcl (smoking deter) 150 mg, 12 hr sustained-release</i>	1	MO; QLL (60 per 30 days)
CARBAGLU	3	PAR; MO; LA; S
<i>cevimeline</i>	1	MO
CHANTIX	3	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	3	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	3	PAR; MO; QLL (106 per 365 days)
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	2	B/D PAR
CLINIMIX N9G20E 2.75%-D10W(SF)	2	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox</i>	3	PAR; MO; S
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 20 % in water (d20w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 30 % in water (d30w)</i>	1	
<i>dextrose 40 % in water (d40w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>dextrose 70 % in water (d70w)</i>	1	MO
<i>dextrose with sodium chloride</i>	1	
<i>disulfiram</i>	1	MO
<i>etidronate disodium oral tablet 400 mg</i>	3	MO; S
EXJADE	3	PAR; MO; LA; S
FERRIPROX	3	PAR; MO; S
FOSRENOL ORAL TABLET, CHEWABLE	3	ST; MO; S
INCRELEX	3	PAR; MO; LA; S
<i>kionex (with sorbitol)</i>	1	MO
<i>lactated ringers irrigation</i>	1	MO
<i>lanthanum</i>	3	ST; MO; S
<i>levocarnitine (with sugar)</i>	1	B/D PAR; MO
<i>levocarnitine oral tablet</i>	1	MO
<i>midodrine</i>	1	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	1	MO
NICOTROL	3	MO
NICOTROL NS	2	MO; QLL (120 per 30 days)
<i>nitisinone</i>	3	PAR; MO; S
NORTHERA ORAL CAPSULE 100 MG	3	PAR; MO; S; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	3	PAR; MO; S; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	3	PAR; MO; S; QLL (180 per 30 days)
ORFADIN	3	PAR; MO; LA; S
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	3	PAR; LA; S
PROLASTIN-C INTRAVENOUS SOLUTION	3	PAR; MO; S
RAVICTI	3	PAR; MO; S; QLL (525 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RENAGEL ORAL TABLET 800 MG	3	ST; MO; S
REVELA ORAL TABLET	3	MO; S; QLL (540 per 30 days)
RILUTEK	3	MO; S
<i>riluzole</i>	1	MO
<i>ringer's irrigation</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	ST; MO; QLL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	3	MO; S; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	3	MO; S; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	1	MO; QLL (540 per 30 days)
<i>sevelamer hcl</i>	1	ST; MO
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	3	PAR; MO; S
<i>sodium polystyrene sulfonate oral</i>	1	MO
<i>sodium polystyrene sulfonate rectal</i>	1	
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
THIOLA	3	PAR; MO; S
<i>tis-u-sol pentalyte</i>	1	MO
<i>trientine</i>	3	MO; S
VELPHORO	3	ST; MO; S; QLL (180 per 30 days)
WATER FOR IRRIGATION, STERILE	2	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PAR; MO
Ear, Nose / Throat Medications		
<i>acetic acid otic (ear)</i>	1	MO
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QLL (30 per 25 days)
<i>azelastine nasal</i>	1	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
CORTISPORIN-TC	3	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluocinolone acetonide oil otic (ear)</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
<i>olopatadine nasal</i>	1	MO; QLL (31 per 30 days)
<i>oralone</i>	1	MO
<i>paroex oral rinse</i>	1	MO
PATANASE	3	MO; QLL (31 per 30 days)
<i>periogard</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>triamcinolone acetonide dental</i>	1	MO
Endocrine/Diabetes		
<i>acarbose oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)
ACTHAR	3	PAR; MO; S
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QLL (60 per 30 days)
<i>alcohol pads</i>	1	MO
ALDURAZYME	3	PAR; MO; S
AMARYL ORAL TABLET 1 MG	3	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QLL (60 per 30 days)
ANADROL-50	3	PAR; MO; S
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PAR; MO; QLL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM)	3	PAR; MO; S; QLL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PAR; MO; QLL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	2	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	2	PAR; MO; QLL (150 per 30 days)
<i>armour thyroid</i>	1	PAR; MO
BYDUREON BCISE	2	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	B/D PAR; MO
CERDELGA	3	PAR; MO; S
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PAR; MO; S
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	B/D PAR; MO; S; QLL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	3	B/D PAR; MO; S; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>cortisone tablet</i>	1	MO
CYCLOSET	3	ST; MO; QLL (180 per 30 days)
CYTOMEL	3	MO
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	1	MO
<i>dexamethasone sodium phos (pf)</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
DEXPAK 10 DAY	3	MO
DEXPAK 13 DAY	3	MO
DEXPAK 6 DAY	3	MO
<i>doxercalciferol intravenous</i>	1	
DUETACT	3	MO; QLL (30 per 30 days)
ELAPRASE	3	PAR; MO; S
FABRAZYME	3	PAR; MO; S
<i>fludrocortisone</i>	1	MO
<i>gauze pads 2 x 2</i>	1	MO; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QLL (60 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QLL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QLL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QLL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QLL (60 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QLL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	PAR; MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>glyburide oral tablet 1.25 mg</i>	1	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PAR; MO; QLL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)
HECTOROL INTRAVENOUS	3	MO
<i>hidex</i>	1	
HUMALOG JUNIOR	2	MO
KWIKPEN U-100		
HUMALOG KWIKPEN	2	MO
INSULIN		
HUMALOG MIX 50-50	2	MO
INSULN U-100		
HUMALOG MIX 50-50	2	MO
KWIKPEN		
HUMALOG MIX 75-25	2	MO
KWIKPEN		
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100	2	MO
INSULIN		
HUMULIN 70/30 U-100	2	MO
KWIKPEN		
HUMULIN N NPH INSULIN	2	MO
KWIKPEN		
HUMULIN N NPH U-100	2	MO
INSULIN		
HUMULIN R REGULAR U-100	2	MO
INSULN		
HUMULIN R U-500 (CONC)	3	PAR; MO; S
INSULIN		

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC)	3	PAR; MO; S
KWIKPEN		
<i>hydrocortisone oral</i>	1	MO
INSULIN LISPRO	2	MO
<i>insulin pen needle</i>	1	MO; QLL (200 per 30 days)
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	1	MO; QLL (200 per 30 days)
JANUMET	2	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	2	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	2	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	2	MO; QLL (60 per 30 days)
JARDIANCE	2	MO; QLL (30 per 30 days)
JENTADUETO	2	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QLL (30 per 30 days)
KORLYM	3	PAR; MO; S
KUVAN ORAL POWDER IN PACKET 500 MG	3	PAR; MO; S
KUVAN ORAL TABLET, SOLUBLE	3	PAR; MO; S
LANTUS SOLOSTAR U-100	2	MO
INSULIN		
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXTOUCH U-100	2	MO
INSULN		
LEVEMIR U-100 INSULIN	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levothyroxine oral</i>	1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
<i>liothyronine intravenous</i>	3	MO; S
<i>liothyronine oral</i>	1	MO
MEDROL ORAL TABLET 2 MG	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	3	MO; S; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	3	MO; S; QLL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>methylpred dp</i>	1	
<i>methylprednisolone</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	MO
MIACALCIN INJECTION	3	B/D PAR; MO; S
<i>miglitol oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)
<i>miglustat</i>	3	PAR; MO; LA; S
<i>millipred dp</i>	1	MO
<i>millipred oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
NAGLAZYME	3	PAR; MO; LA; S
<i>nateglinide oral tablet 120 mg</i>	1	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QLL (180 per 30 days)
NATPARA	3	PAR; MO; LA; S; QLL (2 per 28 days)
<i>needles, insulin disp.,safety</i>	1	MO; QLL (200 per 30 days)
NOVOPEN ECHO	2	MO
ORAPRED ODT	3	MO
<i>oxandrolone oral tablet 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PAR; MO; QLL (240 per 30 days)
OZEMPIC	2	MO
<i>pamidronate intravenous recon soln</i>	1	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	1	B/D PAR; MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	1	MO
<i>paricalcitol oral capsule 4 mcg</i>	3	MO; S
<i>pioglitazone oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	1	MO; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QLL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QLL (90 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QLL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; S; QLL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
PRECOSE ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	MO
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet 1 mg</i>	1	MO
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
PROGLYCEM	3	MO; S
<i>propylthiouracil</i>	1	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>repaglinide-metformin</i>	1	MO; QLL (150 per 30 days)
SAMSCA ORAL TABLET 15 MG	3	PAR; MO; S; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	3	PAR; MO; S; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	3	B/D PAR; MO; S; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	3	B/D PAR; MO; S; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SOMAVERT	3	PAR; MO; S
STIMATE	3	MO; S
SYMLINPEN 120	3	PAR; MO; S; QLL (11 per 30 days)
SYMLINPEN 60	3	PAR; MO; S; QLL (6 per 30 days)
SYNAREL	3	PAR; MO; S
SYNJARDY	2	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QLL (30 per 30 days)
SYNTHROID	2	MO
TAPAZOLE	3	MO
<i>testosterone cypionate</i>	1	PAR; MO
<i>testosterone enanthate</i>	1	PAR; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PAR; MO; QLL (112.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PAR; MO; QLL (180 per 30 days)
<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	1	PAR
<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	1	PAR; MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
THYROLAR-3	3	MO
TIROSINT	3	MO
<i>tolazamide oral tablet 250 mg</i>	1	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	1	MO; QLL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection</i>	1	MO
TRULICITY	2	MO; QLL (2 per 28 days)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
<i>unithroid oral tablet 137 mcg</i>	1	MO
VICTOZA 2-PAK	2	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	2	MO; QLL (9 per 30 days)
VPRIV	3	PAR; MO; S
ZEMPLAR ORAL CAPSULE 1 MCG	3	B/D PAR; MO
ZEMPLAR ORAL CAPSULE 2 MCG	3	B/D PAR; MO; S
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	PAR; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	PAR; MO
Gastroenterology		
<i>alosetron</i>	3	PAR; MO; S; QLL (60 per 30 days)
AMITIZA	2	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>aprepitant oral capsule 125 mg</i>	1	B/D PAR; MO; QLL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	1	B/D PAR; MO; QLL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	B/D PAR; MO; QLL (10 per 30 days)
<i>aprepitant oral capsule, dose pack</i>	1	B/D PAR; MO; QLL (15 per 30 days)
APRISO	3	MO
ASACOL HD	3	MO
<i>atropine injection solution 0.4 mg/ml</i>	1	MO
<i>atropine injection syringe 0.05 mg/ml</i>	1	MO
<i>atropine injection syringe 0.1 mg/ml</i>	1	MO
<i>balsalazide</i>	1	MO
<i>budesonide oral capsule, delayed, extend. release</i>	3	MO; S
<i>budesonide oral tablet, delayed and ext. release</i>	3	PAR; MO; S
CANASA	3	MO; S
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral soln</i>	1	MO
<i>colocort</i>	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	3	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	3	MO; S
CYTOTEC	3	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	MO
DEXILANT	3	MO; QLL (30 per 30 days)
<i>dicyclomine oral capsule</i>	1	PAR; MO
<i>dicyclomine oral solution</i>	1	PAR; MO
<i>dicyclomine oral tablet</i>	1	PAR; MO
DIPENTUM	3	MO; S

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>diphenoxylate-atropine oral liquid</i>	1	PAR; MO
<i>diphenoxylate-atropine oral tablet</i>	1	PAR; MO
<i>dronabinol oral capsule 10 mg</i>	3	B/D PAR; MO; S; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	B/D PAR; MO; QLL (120 per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)
EMEND ORAL CAPSULE, DOSE PACK	3	B/D PAR; MO; S; QLL (15 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PAR; MO; QLL (15 per 30 days)
<i>enulose</i>	1	MO
<i>esomeprazole magnesium</i>	1	ST; MO; QLL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>esomeprazole strontium oral capsule, delayed release(dr/ec) 49.3 mg</i>	1	ST; MO; QLL (30 per 30 days)
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
GATTEX 30-VIAL	3	PAR; MO; S
GATTEX ONE-VIAL	3	PAR; MO; S
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>generlac</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
GOLYTELY	3	MO
<i>granisetron (pf)</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	B/D PAR; MO; QLL (30 per 30 days)
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
KRISTALOSE	3	MO
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	MO; QLL (30 per 30 days)
LIALDA	2	MO
LINZESS	2	MO; QLL (30 per 30 days)
<i>loperamide oral capsule</i>	1	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	MO
MESALAMINE ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	1	MO
<i>mesalamine rectal enema</i>	1	MO
<i>mesalamine rectal suppository</i>	3	MO; S
<i>mesalamine with cleansing wipe</i>	1	MO
<i>methscopolamine</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>misoprostol</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
MOVANTIK	2	MO; QLL (30 per 30 days)
MOVIPREP	3	MO
<i>nizatidine oral capsule</i>	1	MO
NULYTELY WITH FLAVOR PACKS	3	MO
<i>omeprazole oral capsule, delayed release(dr/lec)</i>	1	MO; QLL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	3	MO; S; QLL (30 per 30 days)
<i>ondansetron disintegrating tablet</i>	1	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron hcl (pf)</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PAR; MO; QLL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PAR; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PAR; MO; QLL (90 per 30 days)
<i>opium tincture</i>	1	MO
OSMOPREP	3	MO
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral</i>	1	MO; QLL (30 per 30 days)
<i>paregoric</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	MO
<i>peg-electrolyte soln</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	MO; S
<i>polyethylene glycol 3350</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>prochlorperazine rectal supp</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline</i>	1	PAR; MO
PROTONIX ORAL	3	MO; QLL (30 per 30 days)
<i>ranitidine hcl injection</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
RECTIV	3	MO; QLL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	3	PAR; MO; S; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PAR; MO; S; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PAR; MO; S; QLL (12 per 30 days)
REMICADE	3	PAR; MO; S
SANCUSO	3	PAR; MO; S; QLL (4 per 28 days)
<i>scopolamine transdermal</i>	1	MO; QLL (10 per 28 days)
SUCRAID	3	MO; S
<i>sucralfate oral tablet</i>	1	MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	2	MO
TRANSDERM-SCOP	2	MO; QLL (10 per 28 days)
<i>trilyte with flavor packets</i>	1	MO
<i>ursodiol</i>	1	MO
VIOKACE ORAL TABLET 10, 440-39,150- 39,150 UNIT	3	MO
VIOKACE ORAL TABLET 20, 880-78,300- 78,300 UNIT	3	MO; S
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO; S; QLL (30 per 30 days)
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT		
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	2	MO
ACTIMMUNE	3	PAR; MO; S
ADACEL(TDAP ADOLESN/ ADULT)(PF)	2	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	3	PAR; MO; S
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	2	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/ 0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	3	PAR; MO; S
ARCALYST	3	PAR; MO; S
AVONEX (WITH ALBUMIN)	3	PAR; MO; S; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	3	PAR; MO; S; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	3	PAR; MO; S; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	2	MO

Drug Name	Drug Tier	Requirements /Limits
BETASERON SUBCUTANEOUS KIT	3	PAR; MO; S
BEXSERO	2	MO
BOOSTRIX TDAP	2	MO
BOTOX	3	PAR; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	3	PAR; MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	3	PAR; MO; S
ENGERIX-B (PF)	2	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D PAR; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PAR; MO
<i>fomepizole</i>	3	S
FULPHILA	3	PAR; MO; S; QLL (1.2 per 28 days)
GAMUNEX-C	3	PAR; MO; S
GARDASIL 9 (PF)	2	MO
GENOTROPIN	3	PAR; MO; S
GENOTROPIN MINIQUICK	3	PAR; MO; S
GRANIX	3	PAR; MO; S
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	MO
HIBERIX (PF)	3	PAR; MO; S
HUMATROPE	3	PAR; MO; S
ILARIS (PF) SUBCUTANEOUS SOLUTION	3	PAR; MO; LA; S
IMOVAX RABIES VACCINE (PF)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
INFANRIX (DTAP) (PF)	2	MO
INTRON A INJECTION	3	MO
RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)		
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	3	MO; S
INTRON A INJECTION SOLUTION	3	MO; S
IPOL SUSPENSION FOR INJECTION 40 UNIT-8 UNIT-32 UNIT/0.5 ML	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
LEUKINE INJECTION RECON SOLN 250MCG	3	PAR; MO; S
M-M-R II (PF)	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
MOZOBIL	3	PAR; MO; S
NEULASTA	3	PAR; MO; S; QLL (1.2 per 28 days)
NEUPOGEN	3	PAR; MO; S
NORDITROPIN FLEXPRO	3	PAR; MO; S
NUTROPIN AQ NUSPIN	3	PAR; MO; S
OCTAGAM	3	PAR; MO; S
OMNITROPE	3	PAR; MO; S
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	3	MO; S
PEGASYS SUBCUTANEOUS SYR	3	MO; S

Drug Name	Drug Tier	Requirements /Limits
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	3	MO; S
PENTACEL (PF)	2	MO
PLEGRIDY	3	PAR; MO; S; QLL (1 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML	3	PAR; MO
PROCRIT INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PAR; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	3	PAR; MO; S
PROLEUKIN	3	B/D PAR; MO; S
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	B/D PAR
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D PAR
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SAIZEN	3	PAR; MO; S
SAIZEN SAIZENPREP	3	PAR; MO; S
SHINGRIX (PF)	2	MO
STAMARIL (PF)	2	
SYLATRON	3	PAR; MO; S
TDVAX	2	MO
TENIVAC (PF)	2	MO
TETANUS, DIPHTHERIA TOX PED (PF)	2	MO
THYMOGLOBULIN	3	B/D PAR; S
TICE BCG	2	B/D PAR; MO
TRUMENBA	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF)	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	2	PAR; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	3	PAR; MO; S
YF-VAX (PF)	2	MO
ZARXIO	3	PAR; MO; S
ZORBTIVE	3	PAR; MO; S
ZOSTAVAX (PF)	2	MO
Miscellaneous Gastrointestinal Agents		
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
Musculoskeletal / Rheumatology		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QLL (1 per 28 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QLL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QLL (30 per 30 days)
<i>alendronate oral solution</i>	1	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QLL (4 per 28 days)
<i>allopurinol</i>	1	MO
<i>allopurinol intravenous solution</i>	1	
<i>aloprim</i>	1	
BENLYSTA	3	PAR; MO; S
BONIVA INTRAVENOUS	3	B/D PAR; MO
BONIVA ORAL	3	ST; MO; QLL (1 per 28 days)
COLCRYS	2	MO

Drug Name	Drug Tier	Requirements /Limits
DEPEN TITRATABS	3	MO; S
ENBREL MINI	3	PAR; MO; S; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	3	PAR; MO; S; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	3	PAR; MO; S; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	3	PAR; MO; S; QLL (8 per 28 days)
ENBREL SURECLICK	3	PAR; MO; S; QLL (8 per 28 days)
EVISTA	3	MO; QLL (30 per 30 days)
<i>febuxostat</i>	1	MO
FORTEO	3	PAR; MO; S; QLL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QLL (4 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PAR; MO; S; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	3	PAR; MO; S; QLL (12 per 365 days)
HUMIRA PEN	3	PAR; MO; S; QLL (4 per 28 days)
HUMIRA PEN CROHNS-UC- HS START	3	PAR; MO; S; QLL (12 per 365 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	3	PAR; MO; S; QLL (8 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PAR; MO; S; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PAR; MO; S; QLL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	3	PAR; MO; S; QLL (6 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	3	PAR; MO; S; QLL (4 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	3	PAR; MO; S; QLL (6 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	3	PAR; MO; S; QLL (6 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PAR; MO; S; QLL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	3	PAR; MO; S; QLL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PAR; MO; S; QLL (4 per 28 days)
<i>ibandronate intravenous</i>	1	B/D PAR; MO
<i>ibandronate oral</i>	1	MO; QLL (1 per 28 days)
<i>leflunomide</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
PROLIA	2	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	1	MO; QLL (30 per 30 days)
RIDAURA	3	MO; S
<i>risedronate oral tablet 150 mg</i>	1	ST; MO; QLL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	ST; MO; QLL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	ST; MO; QLL (30 per 30 days)
<i>risedronate oral tablet, delayed release (drlec)</i>	1	MO; QLL (4 per 28 days)
SAVELLA ORAL TABLET 100 MG	2	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	2	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	2	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	2	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK	2	MO; QLL (110 per 365 days)
ULORIC	2	ST; MO
XELJANZ	3	PAR; MO; S; QLL (60 per 30 days)
XELJANZ XR	3	PAR; MO; S; QLL (30 per 30 days)

Obstetrics / Gynecology

<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amabelz</i>	1	PAR; MO
<i>amethia</i>	1	MO
<i>amethia lo</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>balziva (28)</i>	1	MO
<i>bekyree (28)</i>	1	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>blisovi fe 1/20 (28)</i>	1	MO
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant (28)</i>	1	MO
CLEOCIN VAGINAL	3	MO
CLIMARA PRO	2	PAR; MO; QLL (4 per 28 days)
<i>clindamycin phosphate vaginal</i>	1	MO
COMBIPATCH	2	PAR; MO; QLL (8 per 28 days)
CRINONE	3	PAR; MO
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>deblitane</i>	1	MO
DELESTROGEN	3	MO
<i>delyla (28)</i>	1	
DEPO-ESTRADIOL	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>desog-e.estradiol/e.estradiol</i>	1	MO
DIVIGEL	2	PAR; MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>elinest</i>	1	MO
ELLA	2	
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	1	PAR; MO
<i>estradiol transdermal patch semiweekly</i>	1	PAR; MO; QLL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol-norethindrone acet</i>	1	PAR; MO
ESTRING	3	MO; QLL (1 per 90 days)
ESTROSTEP FE-28	3	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	1	
EVAMIST	2	PAR; MO
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO
FEMRING	3	MO; QLL (1 per 90 days)
<i>femynor</i>	1	MO
<i>fyavolv</i>	1	PAR; MO
<i>gianvi (28)</i>	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	3	PAR; MO; S; QLL (25 per 147 days)
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PAR; MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30 (21)</i>	1	MO
<i>junel 1/20 (21)</i>	1	MO
<i>junel fe 1.5/30 (28)</i>	1	MO
<i>junel fe 1/20 (28)</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
KYLEENA	2	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>leena 28</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorg-eth estrad triphasic</i>	1	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
<i>levora-28</i>	1	MO
LILETTA	2	MO
LO LOESTRIN FE	2	MO
<i>lo-zumandimine (28)</i>	1	
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lutura (28)</i>	1	MO
<i>lyza</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>medroxyprogesterone intramuscular</i>	1	MO
<i>medroxyprogesterone oral</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PAR; MO
<i>methylegonovine oral</i>	3	MO; S
<i>metronidazole vaginal</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mimvey</i>	1	PAR; MO
<i>mimvey lo</i>	1	PAR; MO
MIRENA	2	MO
<i>mono-linyah</i>	1	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>nora-be</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PAR; MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone-e.estradiol-iron</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>norbyda</i>	1	MO
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
NUVARING	2	MO
<i>ocella</i>	1	MO
<i>ogestrel (28)</i>	1	MO
<i>orsythia</i>	1	MO
ORTHO MICRONOR	3	MO
ORTHO TRI-CYCLEN (28)	2	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
OSPHERA	3	MO
<i>philiith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella</i>	1	MO
<i>portia 28</i>	1	MO
PREMARIN ORAL	2	PAR; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PAR; MO
PREMPRO	2	PAR; MO
<i>previfem</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>sharobel</i>	1	MO
<i>simpesse</i>	1	
SKYLA	2	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	MO
<i>terconazole</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
VANDAZOLE	2	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vienna</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>xulane</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>yuvafem</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zumandimine (28)</i>	1	
Ophthalmology		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium solution for injection</i>	1	MO
ACULAR	3	MO
ACULAR LS	3	MO
<i>ak-poly-bac</i>	1	MO
ALOCRIAL	3	MO
ALOMIDE	3	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	3	MO
ALREX	3	MO
<i>apraclonidine</i>	1	MO
ATROPINE OPTHALMIC (EYE) DROPS	2	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
AZOPT	3	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
BEPREVE	3	MO
<i>betaxolol ophthalmic (eye)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
BETIMOL	3	MO
BETOPTIC S	3	MO
<i>bimatoprost ophthalmic (eye)</i>	1	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>brimonidine</i>	1	MO
<i>carteolol</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	3	MO; S
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
DUREZOL	2	MO
<i>epinastine</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
FLAREX	3	MO
<i>fluorometholone</i>	1	MO
<i>flurbiprofen ophthalmic (eye)</i>	1	MO
FML FORTE	3	MO
FML S.O.P.	3	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>gentamicin ophthalmic (eye) ointment</i>	1	
ILEVRO	2	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	MO
ISOPTO CARPINE	3	MO
ISTALOL	3	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
LACRISERT	2	MO; QLL (60 per 30 days)
LASTACAFT	2	MO
<i>latanoprost</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	1	MO
LOTEMAX	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>loteprednol etabonate</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
MAXIDEX	3	MO
<i>methazolamide</i>	1	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
NATACYN	3	MO
<i>neo-polycin</i>	1	MO
<i>neo-polycin hc</i>	1	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
NEVANAC	2	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
PATADAY	2	MO
PATANOL	3	MO
PAZEO	2	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
PRED MILD	3	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SIMBRINZA	3	MO
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
TIMOPTIC-XE	3	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO
TOBRADEX ST	2	MO
<i>tobramycin</i>	1	MO
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	1	MO
TRAVATAN Z	2	MO
<i>trifluridine</i>	1	MO
XALATAN	3	MO
XIIDRA	2	PAR; MO; QLL (60 per 30 days)
ZIOPTAN (PF)	3	MO
ZIRGAN	3	MO
ZYLET	2	MO
Respiratory And Allergy		
<i>acetylcysteine</i>	1	B/D PAR; MO
ADCIRCA	3	PAR; MO; S; QLL (60 per 30 days)
ADEMPAS	3	PAR; MO; LA; S
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
ADVAIR DISKUS	2	MO; QLL (60 per 30 days)
ADVAIR HFA	2	MO; QLL (12 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION, 90 MCG/ACTUATION (NDA020983)	2	MO; QLL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	1	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
<i>ambrisentan</i>	3	PAR; MO; LA; S; QLL (30 per 30 days)
<i>aminophylline intravenous</i>	1	
ANORO ELLIPTA	2	MO; QLL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QLL (30 per 30 days)
ARNUITY ELLIPTA	2	MO; QLL (30 per 30 days)
ATROVENT HFA	3	MO; QLL (26 per 30 days)
<i>bosentan</i>	3	PAR; MO; LA; S; QLL (60 per 30 days)
BREO ELLIPTA	2	MO; QLL (60 per 30 days)
BROVANA	3	B/D PAR; MO; S; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PAR; MO; QLL (60 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CINRYZE	3	PAR; MO; S
<i>clemastine oral tablet 2.68 mg</i>	1	PAR; MO
COMBIVENT RESPIMAT	3	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PAR; MO; QLL (240 per 30 days)
<i>cyproheptadine</i>	1	PAR; MO
DALIRESP	3	PAR; MO; QLL (30 per 30 days)
<i>desloratadine</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
DULERA	2	MO; QLL (13 per 30 days)
DYMISTA	2	MO; QLL (23 per 28 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	1	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	3	PAR; MO; S; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	3	PAR; MO; S; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	3	PAR; MO; S; QLL (90 per 30 days)
FIRAZYR	3	PAR; MO; S
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QLL (75 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone propionate nasal</i>	1	MO; QLL (16 per 30 days)	PROAIR HFA	2	MO; QLL (18 per 30 days)
<i>hydroxyzine hcl intramuscular</i>	1	PAR; MO	PROAIR RESPICLICK	2	MO; QLL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PAR; MO	<i>promethazine injection solution</i>	1	PAR; MO
<i>hydroxyzine hcl oral tablet</i>	1	PAR; MO	<i>promethazine oral</i>	1	PAR; MO
<i>hydroxyzine pamoate</i>	1	PAR; MO	<i>promethazine rectal suppository 50 mg</i>	1	PAR
<i>icatibant</i>	3	PAR; MO; S	PROVENTIL HFA	2	MO; QLL (14 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PAR; MO	PULMOZYME	3	B/D PAR; MO; S
<i>ipratropium-albuterol inhalation</i>	1	B/D PAR; MO; QLL (540 per 30 days)	QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QLL (7 per 30 days)
KALYDECO ORAL TABLET	3	PAR; MO; S; QLL (60 per 30 days)	QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QLL (11 per 30 days)
LETAIRIS	3	PAR; MO; LA; S; QLL (30 per 30 days)	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QLL (11 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PAR; MO; QLL (270 per 30 days)	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QLL (22 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	1	B/D PAR; MO; QLL (540 per 30 days)	REVATIO INTRAVENOUS	3	PAR; MO; S; QLL (1125 per 30 days)
LEVALBUTEROL HFA	3	ST; MO; QLL (45 per 30 days)	SEREVENT DISKUS	2	MO; QLL (60 per 30 days)
<i>levocetirizine</i>	1	MO	<i>sildenafil (pulm.hypertension) intravenous</i>	3	PAR; S; QLL (1125 per 30 days)
<i>metaproterenol oral syrup</i>	1	MO	<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PAR; MO; S; QLL (90 per 30 days)
<i>mometasone nasal</i>	1	MO	SPIRIVA RESPIMAT	2	MO; QLL (4 per 30 days)
<i>montelukast</i>	1	MO	SPIRIVA WITH HANDIHALER	2	MO; QLL (30 per 30 days)
OFEV	3	PAR; MO; S; QLL (60 per 30 days)	STIOLTO RESPIMAT	2	MO; QLL (4 per 30 days)
OMNARIS	3	ST; MO; QLL (13 per 30 days)			
OPSUMIT	3	PAR; MO; LA; S; QLL (30 per 30 days)			
ORKAMBI ORAL TABLET	3	PAR; MO; S; QLL (120 per 30 days)			
PERFOROMIST	3	B/D PAR; MO; S; QLL (120 per 30 days)			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
SYMBICORT	2	MO; QLL (11 per 30 days)
SYMJEPI	2	MO; QLL (2 per 28 days)
<i>tadalafil (pulm. hypertension)</i>	3	PAR; MO; S; QLL (60 per 30 days)
<i>terbutaline</i>	1	MO
THEO-24	2	MO
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER ORAL TABLET	3	PAR; MO; LA; S; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	3	PAR; MO; LA; S; QLL (120 per 30 days)
TUDORZA PRESSAIR	3	MO; QLL (1 per 30 days)
TYVASO	3	PAR; MO; S; QLL (81.2 per 30 days)
TYVASO INSTITUTIONAL START KIT	3	PAR; S; QLL (1 per 365 days)
TYVASO REFILL KIT	3	PAR; MO; S; QLL (81.2 per 30 days)
TYVASO STARTER KIT	3	PAR; MO; S; QLL (1 per 365 days)
VENTAVIS	3	PAR; MO; S; QLL (270 per 30 days)
VENTOLIN HFA	3	ST; MO; QLL (36 per 30 days)
<i>wixela inhub</i>	1	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	3	PAR; MO; LA; S; QLL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>zafirlukast</i>	1	MO
ZETONNA	3	ST; MO; QLL (6.1 per 30 days)
<i>zileuton</i>	3	MO; S
ZYFLO	3	MO; S
Urologicals		
<i>alfuzosin</i>	1	MO
AVODART	3	MO; QLL (30 per 30 days)
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PAR; MO; QLL (30 per 30 days)
CYSTAGON	2	MO; LA
<i>darifenacin</i>	1	MO; QLL (30 per 30 days)
<i>dutasteride</i>	1	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	1	MO; QLL (30 per 30 days)
ELMIRON	3	MO
ENABLEX	3	ST; MO; QLL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	2	ST; MO; QLL (30 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; MO; QLL (30 per 30 days)
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
JALYN	3	MO; QLL (30 per 30 days)
MYRBETRIQ	3	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	1	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	1	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	1	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
OXYTROL	3	ST; MO; QLL (8 per 28 days)
<i>potassium citrate</i>	1	MO
<i>silodosin</i>	1	MO
<i>solifenacin</i>	1	MO; QLL (30 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PAR; MO; QLL (30 per 30 days)
<i>tamsulosin</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr</i>	1	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	1	MO; QLL (60 per 30 days)
TOVIAZ	3	MO; QLL (30 per 30 days)
<i>trospium oral capsule,extended release 24hr</i>	1	MO; QLL (30 per 30 days)
<i>trospium oral tablet</i>	1	MO; QLL (60 per 30 days)
VESICARE	3	MO; QLL (30 per 30 days)

Vitamins, Hematinics / Electrolytes

<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
AMINOSYN 10 %	2	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	2	B/D PAR
AMINOSYN 8.5 %	2	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	2	B/D PAR
AMINOSYN II 10 %	2	B/D PAR
AMINOSYN II 15 %	2	B/D PAR
AMINOSYN II 8.5 %	2	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	2	B/D PAR
AMINOSYN M 3.5 %	2	B/D PAR
AMINOSYN-HBC 7%	2	B/D PAR
AMINOSYN-PF 10 %	2	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	2	B/D PAR
AMINOSYN-RF 5.2 %	2	B/D PAR
<i>bal-care dha</i>	1	MO
<i>buminate 5 %</i>	3	S
<i>c-nate dha</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium chloride intravenous</i>	1	
<i>calcium gluconate intravenous</i>	1	MO
CLINIMIX 5%/D15W	2	B/D PAR
SULFITE FREE		
CLINIMIX 5%/D25W	2	B/D PAR
SULFITE-FREE		
CLINIMIX 4.25%-D25W	2	B/D PAR
SULF-FREE		
CLINIMIX 4.25%/D10W	2	B/D PAR
SULF FREE		
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PAR
CLINIMIX E 4.25%/D10W	2	B/D PAR
SUL FREE		
CLINIMIX E 4.25%/D5W	2	B/D PAR
SULF FREE		
CLINIMIX E 5%/D15W	2	B/D PAR
SULFIT FREE		
CLINIMIX E 5%/D20W	2	B/D PAR
SULFIT FREE		
CLINIMIX E 5%/D25W	2	B/D PAR
SULFIT FREE		
CLINIMIX N14G30E 4.25%-D15W SF	2	B/D PAR
CLINISOL SF 15 %	3	B/D PAR; MO
<i>complete natal dha</i>	1	MO
<i>completenate</i>	1	MO
<i>cysteine (l-cysteine) intravenous solution</i>	1	B/D PAR
<i>electrolyte-48 in d5w</i>	1	
<i>elite-ob</i>	1	MO
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>folivane-ob</i>	1	MO
<i>freamine iii 10 %</i>	1	B/D PAR
HEPATAMINE 8%	2	B/D PAR
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PAR

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PAR
IONOSOL-MB IN D5W	2	
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	2	MO
KLOR-CON 10	2	MO
KLOR-CON 8	2	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>m-natal plus</i>	1	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NEPHRAMINE 5.4 %	2	B/D PAR
NORMOSOL-M IN 5 % DEXTROSE	2	
NORMOSOL-R	2	MO
NORMOSOL-R IN 5 % DEXTROSE	2	
NORMOSOL-R PH 7.4	2	
PHOSLYRA	3	ST; MO
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	

Drug Name	Drug Tier	Requirements /Limits
<i>plasmanate</i>	1	
<i>pnv 29-1</i>	1	MO
<i>pnv-dha</i>	1	MO
<i>pnv-select</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	1	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous soln</i>	1	MO
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium phosphate m-/d-basic pr natal 400</i>	1	MO
<i>pr natal 400 ec</i>	1	MO
<i>pr natal 430</i>	1	MO
<i>pr natal 430 ec</i>	1	MO
<i>premasol 10 %</i>	1	B/D PAR; MO
<i>PREMASOL 6 %</i>	2	B/D PAR
<i>prenaissance</i>	1	MO
<i>prenaissance plus</i>	1	MO
<i>prenatal plus</i>	1	MO
<i>prenatal plus (calcium carb)</i>	1	MO
<i>prenatal vitamin plus low iron</i>	1	MO
<i>preplus</i>	1	MO
<i>pretab</i>	1	MO
<i>PROCALAMINE 3%</i>	2	B/D PAR
<i>PROSOL 20 %</i>	2	B/D PAR; MO
<i>ringer's intravenous</i>	1	
<i>se-natal 19</i>	1	MO
<i>se-natal 19 (with docusate)</i>	1	MO
<i>sodium acetate</i>	1	
<i>sodium bicarbonate 1meq/ml (8.4%) intravenous solution</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 3% intravenous injection solution</i>	1	MO
<i>sodium chloride 5% intravenous injection solution</i>	1	MO
<i>sodium chloride intravenous</i>	1	MO
<i>sodium lactate</i>	1	
<i>sodium phosphate</i>	1	MO
<i>taron-c dha</i>	1	MO
<i>taron-prex prenatal-dha</i>	1	MO
<i>TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION</i>	3	
<i>travasol 10 %</i>	1	B/D PAR; MO
<i>trinatal rx 1</i>	1	MO
<i>triveen-duo dha</i>	1	MO
<i>TROPHAMINE 10 %</i>	2	B/D PAR; MO
<i>TROPHAMINE 6%</i>	2	B/D PAR
<i>virt-c dha</i>	1	MO
<i>virt-nate dha</i>	1	MO
<i>virt-pn dha</i>	1	MO
<i>virt-pn plus</i>	1	MO
<i>vitafol-ob</i>	1	MO
<i>zatean-pn dha</i>	1	MO
<i>zatean-pn plus</i>	1	MO
<i>zingiber</i>	1	

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<i>ampicillin sodium intravenous</i>	12	<i>aripiprazole oral tablet 10 mg</i>	29
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	12	<i>aripiprazole oral tablet 15 mg</i>	29
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	12	<i>aripiprazole oral tablet 2 mg</i>	29
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	12	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	29
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	12	<i>aripiprazole oral tablet 5 mg</i>	29
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<i>apraclonidine</i>	69		
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<i>aprepitant oral capsule 40 mg</i>	60		
<i>aprepitant oral capsule 80 mg</i>	60		
<i>aprepitant oral capsule, dose pack</i>	60		
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<i>armodafinil oral tablet 50 mg</i>	29	<i>azathioprine</i>	20
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<i>ashlyna</i>	66	<i>azithromycin oral tablet 250 mg</i>	12
<i>aspirin-dipyridamole</i>	45	<i>azithromycin oral tablet 250 mg (6 pack), 500 mg,</i>	
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<i>atazanavir oral capsule 300 mg</i>	12	<i>azurette (28)</i>	66
<i>atenolol</i>	45	<i>bacitracin intramuscular</i>	12
<i>atenolol-chlorthalidone</i>	45	<i>bacitracin ophthalmic (eye)</i>	69
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40</i>		<i>bacitracin-polymyxin b ophthalmic (eye)</i>	69
<i>mg</i>	29	<i>baclofen oral</i>	29
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	29	<i>bal-care dha</i>	74
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AVAPRO.....	45	BENDEKA.....	20
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600,000 UNIT/ML.....	12	<i>buprenorphine hcl injection syringe</i>	30
BICNU.....	20	<i>buprenorphine hcl sublingual tablet 2 mg</i>	30
BIDIL.....	45	<i>buprenorphine hcl sublingual tablet 8 mg</i>	30
BIKTARVY.....	12	<i>buprenorphine-naloxone sublingual tablet 2-0.5</i>	
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<i>bimatoprost ophthalmic (eye)</i>	69	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	30
<i>bisoprolol fumarate</i>	45	<i>bupropion hcl (smoking deter) 150 mg, 12 hr</i>	
<i>bisoprolol-hydrochlorothiazide</i>	45	<i>sustained-release</i>	53
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<i>blisovi 24 fe</i>	66	<i>bupropion hcl oral tablet extended release 24 hr 300</i>	
<i>blisovi fe 1.5/30 (28)</i>	66	<i>mg</i>	30
<i>blisovi fe 1/20 (28)</i>	66	<i>bupropion hcl oral tablet sustained-release 12 hr 100</i>	
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BYETTA SUBCUTANEOUS PEN INJECTOR

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*cefaclor oral suspension for reconstitution 250 mg/5
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*cefazolin injection recon soln 10 gram, 100 gram, 20
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<i>cephalexin oral suspension for reconstitution 250 mg/ 5 ml</i>	13
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<i>chlorothiazide oral tablet 500 mg</i>	45
<i>chlorothiazide sodium</i>	45
<i>chlorthalidone</i>	30
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<i>citalopram oral tablet 10 mg</i>	30
<i>citalopram oral tablet 20 mg</i>	30
<i>citalopram oral tablet 40 mg</i>	30
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<i>clindamycin pediatric</i>	13
<i>clindamycin phosphate injection solution 150 mg/ ml</i>	13
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<i>clindamycin phosphate topical foam</i>	50
<i>clindamycin phosphate topical gel</i>	50
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<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	76	<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	59
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	76	<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	59
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TYSABRI.....	43	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML.....	19	VARIVAX (PF).....	65
TYVASO.....	73	<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	19	VARIZIG INTRAMUSCULAR SOLUTION.....	65
TYVASO INSTITUTIONAL START KIT.....	73	VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG.....	19	VASCEPA.....	50
TYVASO REFILL KIT.....	73	VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG.....	19	VASERETIC.....	50
TYVASO STARTER KIT.....	73	<i>vancomycin oral capsule 125 mg</i>	19	VECAMEYL.....	50
ULORIC.....	66	<i>vancomycin oral capsule 250 mg</i>	19	VECTIBIX.....	27
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG.....	60			VELCADE.....	27
<i>unithroid oral tablet 137 mcg</i>	60			<i>velivet triphasic regimen (28)</i>	69
UNITUXIN.....	27			VELPHORO.....	54
UPTRAVI ORAL TABLET.....	50			VEMLIDY.....	19
UPTRAVI ORAL TABLETS,DOSE PACK.....	50			VENCLEXTA ORAL TABLET 10 MG.....	27
<i>ursodiol</i>	62			VENCLEXTA ORAL TABLET 100 MG.....	27
UVADEX.....	53			VENCLEXTA ORAL TABLET 50 MG.....	27
<i>valacyclovir oral tablet 1 gram</i>	18			VENCLEXTA STARTING PACK.....	27
<i>valacyclovir oral tablet 500 mg</i>	18			<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	43
VALCHLOR.....	53			<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	43
VALCYTE ORAL RECON SOLN.....	18			<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	43
<i>valganciclovir</i>	18			<i>venlafaxine oral tablet 100 mg</i>	43
<i>valproate sodium</i>	43			<i>venlafaxine oral tablet 25 mg</i>	43
<i>valproic acid</i>	43			<i>venlafaxine oral tablet 37.5 mg</i>	43
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	43			<i>venlafaxine oral tablet 50 mg</i>	43
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	43			<i>venlafaxine oral tablet 75 mg</i>	43
<i>valsartan</i>	50			<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	43
<i>valsartan-hydrochlorothiazide</i>	50			<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	43
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK.....	18			<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	43
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML.....	19			<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	43
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML.....	19			<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	43
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	19			VENTAVIS.....	73
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG.....	19			VENTOLIN HFA.....	73
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG.....	19			<i>verapamil intravenous solution</i>	50
<i>vancomycin oral capsule 125 mg</i>	19			<i>verapamil intravenous syringe</i>	50
<i>vancomycin oral capsule 250 mg</i>	19			<i>verapamil oral capsule, 24 hr er pellet ct</i>	50
				<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	50
				VERAPAMIL ORAL CAPSULE,EXT REL. PELLETS 24 HR 360 MG.....	50
				<i>verapamil oral tablet</i>	50
				<i>verapamil oral tablet extended release 120 mg</i>	50
				<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	50

VERSACLOZ.....	43	VIRAMUNE ORAL TABLET.....	19
VERZENIO.....	27	VIRAMUNE XR ORAL TABLET EXTENDED	
VESICARE.....	74	RELEASE 24 HR 400 MG.....	19
VFEND ORAL SUSPENSION FOR		VIREAD ORAL POWDER.....	19
RECONSTITUTION.....	19	VIREAD ORAL TABLET.....	19
VIBATIV INTRAVENOUS RECON SOLN 750		<i>virt-c dha</i>	76
MG.....	19	<i>virt-nate dha</i>	76
VIBRAMYCIN ORAL CAPSULE 100 MG.....	19	<i>virt-pn dha</i>	76
VIBRAMYCIN ORAL SUSPENSION FOR		<i>virt-pn plus</i>	76
RECONSTITUTION.....	19	<i>vitafol-ob</i>	76
VIBRAMYCIN ORAL SYRUP.....	19	VITRAKVI ORAL CAPSULE 100 MG.....	28
<i>vicodin es</i>	43	VITRAKVI ORAL CAPSULE 25 MG.....	28
<i>vicodin hp</i>	43	VITRAKVI ORAL SOLUTION.....	28
VICTOZA 2-PAK.....	60	VIZIMPRO ORAL TABLET 15 MG.....	28
VICTOZA 3-PAK.....	60	VIZIMPRO ORAL TABLET 30 MG, 45 MG.....	28
VIDAZA.....	27	VOLTAREN TOPICAL.....	44
VIDEX 2 GRAM PEDIATRIC.....	19	<i>voriconazole intravenous</i>	19
VIDEX EC ORAL CAPSULE,DELAYED		<i>voriconazole oral suspension for reconstitution</i>	19
RELEASE(DR/EC) 125 MG.....	19	<i>voriconazole oral tablet 200 mg</i>	19
VIDEX EC ORAL CAPSULE,DELAYED		<i>voriconazole oral tablet 50 mg</i>	19
RELEASE(DR/EC) 200 MG.....	19	VOSEVI.....	19
VIDEX EC ORAL CAPSULE,DELAYED		VOTRIENT.....	28
RELEASE(DR/EC) 250 MG, 400 MG.....	19	VPRIV.....	60
<i>vienna</i>	69	VRAYLAR ORAL CAPSULE.....	44
<i>vigabatrin oral powder in packet</i>	43	VRAYLAR ORAL CAPSULE,DOSE PACK.....	44
<i>vigabatrin oral tablet</i>	43	<i>vyfemla (28)</i>	69
VIIBRYD ORAL TABLET 10 MG.....	43	VYVANSE ORAL CAPSULE.....	44
VIIBRYD ORAL TABLET 20 MG.....	43	VYXEOS.....	28
VIIBRYD ORAL TABLET 40 MG.....	43	<i>warfarin</i>	50
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG		WATER FOR IRRIGATION, STERILE.....	54
(7)- 20 MG (23).....	43	WELCHOL ORAL POWDER IN PACKET.....	50
VIMPAT INTRAVENOUS.....	43	<i>wixela inhub</i>	73
VIMPAT ORAL SOLUTION.....	43	<i>wymzya fe</i>	69
VIMPAT ORAL TABLET 100 MG.....	43	XALATAN.....	70
VIMPAT ORAL TABLET 150 MG.....	43	XALKORI.....	28
VIMPAT ORAL TABLET 200 MG.....	43	XARELTO ORAL TABLET 10 MG, 20 MG.....	50
VIMPAT ORAL TABLET 50 MG.....	43	XARELTO ORAL TABLET 15 MG.....	50
<i>vinblastine intravenous solution 1mg/ml</i>	27	XARELTO ORAL TABLET 2.5 MG.....	50
<i>vincristine</i>	28	XARELTO ORAL TABLETS,DOSE PACK.....	50
<i>vinorelbine</i>	28	XATMEP.....	28
VIOKACE ORAL TABLET 10,440-39,150- 39,		XELJANZ.....	66
150 UNIT.....	62	XELJANZ XR.....	66
VIOKACE ORAL TABLET 20,880-78,300- 78,		XENAZINE ORAL TABLET 12.5 MG.....	44
300 UNIT.....	62	XENAZINE ORAL TABLET 25 MG.....	44
<i>viorele (28)</i>	69	XEOMIN INTRAMUSCULAR RECON SOLN	
VIRACEPT ORAL TABLET 250 MG.....	19	100 UNIT, 50 UNIT.....	65
VIRACEPT ORAL TABLET 625 MG.....	19	XEOMIN INTRAMUSCULAR RECON SOLN	
VIRAMUNE ORAL SUSPENSION.....	19	200 UNIT.....	65

XERESE.....	53	126,000- 168,000 UNIT, 5,000-17,000- 24,000	
XGEVA.....	28	UNIT.....	62–63
XIFAXAN ORAL TABLET 550 MG.....	19	<i>zenzedi oral tablet 10 mg</i>	44
XIIDRA.....	70	<i>zenzedi oral tablet 5 mg</i>	44
XOFLUZA.....	19	ZESTORETIC.....	50
XOLAIR SUBCUTANEOUS RECON SOLN.....	73	ZETONNA.....	73
XOSPATA.....	28	ZIAC ORAL TABLET 2.5-6.25 MG.....	50
XPOVIO ORAL TABLET 100 MG/WEEK (20		ZIAGEN ORAL SOLUTION.....	19
MG X 5).....	28	ZIANA.....	53
XPOVIO ORAL TABLET 160 MG/WEEK (20		<i>zidovudine oral capsule</i>	19
MG X 8).....	28	<i>zidovudine oral syrup</i>	19
XPOVIO ORAL TABLET 60 MG/WEEK (20		<i>zidovudine oral tablet</i>	19
MG X 3).....	28	<i>zileuton</i>	73
XPOVIO ORAL TABLET 80 MG/WEEK (20		<i>zingiber</i>	76
MG X 4).....	44	ZIOPTAN (PF).....	70
XTANDI.....	28	<i>ziprasidone hcl oral capsule 20 mg</i>	44
<i>xulane</i>	69	<i>ziprasidone hcl oral capsule 40 mg</i>	44
XYREM.....	44	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	44
YASMIN (28).....	69	ZIRGAN.....	70
YAZ (28).....	69	<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	60
YERVOY.....	28	<i>zoledronic acid-mannitol-water intravenous piggyback</i>	
YF-VAX (PF).....	65	<i>4 mg/100 ml</i>	60
YONDELIS.....	28	<i>zoledronic acid-mannitol-water intravenous piggyback</i>	
YONSA.....	28	<i>5 mg/100 ml</i>	54
<i>yuvafem</i>	69	ZOLINZA.....	28
<i>zafirlukast</i>	73	<i>zolmitriptan</i>	44
<i>zaleplon oral capsule 10 mg</i>	44	<i>zolpidem oral</i>	44
<i>zaleplon oral capsule 5 mg</i>	44	ZOMIG NASAL.....	44
ZALTRAP.....	28	ZOMIG ORAL.....	44
ZANOSAR.....	28	ZOMIG ZMT ORAL TABLET,	
<i>zarah</i>	69	DISINTEGRATING 2.5 MG.....	44
ZARONTIN ORAL CAPSULE.....	44	ZOMIG ZMT ORAL TABLET,	
ZARXIO.....	65	DISINTEGRATING 5 MG.....	44
<i>zatean-pn dha</i>	76	<i>zonisamide</i>	44
<i>zatean-pn plus</i>	76	ZORBTIVE.....	65
ZEGERID ORAL CAPSULE 40-1.1 MG-		ZORTRESS.....	28
GRAM.....	62	ZOSTAVAX (PF).....	65
ZEJULA.....	28	<i>zovia 1/35e (28)</i>	69
ZELAPAR.....	44	ZOVIRAX ORAL CAPSULE.....	19
ZELBORAF.....	28	ZOVIRAX ORAL SUSPENSION.....	19
ZEMPLAR ORAL CAPSULE 1 MCG.....	60	ZOVIRAX TOPICAL CREAM.....	53
ZEMPLAR ORAL CAPSULE 2 MCG.....	60	<i>zumandimine (28)</i>	69
<i>zenatane</i>	53	ZYDELIG.....	28
ZENPEP ORAL CAPSULE, DELAYED		ZYFLO.....	73
RELEASE(DR/EC) 10,000-32,000 -42,000		ZYKADIA.....	28
UNIT, 15,000-47,000 -63,000 UNIT, 20,000-		ZYLET.....	70
63,000- 84,000 UNIT, 25,000-79,000- 105,000		ZYPREXA INTRAMUSCULAR.....	44
UNIT, 3,000-10,000 -14,000-UNIT, 40,000-			

ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG.....	44
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG.....	44
ZYTIGA ORAL TABLET 250 MG.....	28

ZYTIGA ORAL TABLET 500 MG.....	28
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML.....	20
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML.....	20
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION.....	20

It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters. Interested in these services? Call Member Services for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services number on the back of your ID card.

English: You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY: 711)

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY: 711)

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY: 711).

Armenian: Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY: 711)

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY: 711)

Farsi:

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY: 711)

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY: 711)

Haitian: Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY: 711)

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY: 711)

Japanese: この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY: 711)

Korean: 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY: 711)

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY: 711)

Portuguese-Europe: Tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o número dos Serviços para Membros indicado no seu cartão de identificação para obter ajuda. (TTY: 711)

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY: 711)

Tagalog: May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY: 711)

Vietnamese: Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY: 711)



This *Formulary* was updated on November 1, 2019. For more recent information or other questions, please contact us, Anthem Blue Cross Life and Health Insurance Company, at **1-877-411-1640** or, for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit www.anthem.com/ca.

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