



2019 Part D

Formulary

(List of Covered Drugs)

**with \$0 copay Select Generics
Senior Secure (HMO) 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, at **1-800-225-2273** 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. 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 Senior Secure (HMO) 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 Senior Secure (HMO) 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 Senior Secure (HMO) 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			
atenolol oral tablet 100 mg	MO	captopril-hydrochlorothiazide oral tablet 25-25 mg	MO
atenolol oral tablet 25 mg	MO	captopril-hydrochlorothiazide oral tablet 50-15 mg	MO
atenolol oral tablet 50 mg	MO	captopril-hydrochlorothiazide oral tablet 50-25 mg	MO
atenolol-chlorthalidone oral tablet 100-25 mg	MO	chlorthalidone oral tablet 25 mg	MO
atenolol-chlorthalidone oral tablet 50-25 mg	MO	chlorthalidone oral tablet 50 mg	MO
benazepril oral tablet 10 mg	MO	enalapril maleate oral tablet 10 mg	MO
benazepril oral tablet 20 mg	MO	enalapril maleate oral tablet 2.5 mg	MO
benazepril oral tablet 40 mg	MO	enalapril maleate oral tablet 20 mg	MO
benazepril oral tablet 5 mg	MO	enalapril maleate oral tablet 5 mg	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	MO	enalapril-hydrochlorothiazide oral tablet 10-25 mg	MO
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg	MO	enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	MO
benazepril-hydrochlorothiazide oral tablet 20-25 mg	MO	hydrochlorothiazide oral capsule 12.5 mg	MO; QLL (240 per 30 days)
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	MO	hydrochlorothiazide oral tablet 12.5 mg	MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	MO	hydrochlorothiazide oral tablet 25 mg	MO
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg	MO	hydrochlorothiazide oral tablet 50 mg	MO
bisoprolol-hydrochlorothiazide oral tablet 5-6.25 mg	MO	irbesartan oral tablet 150 mg	MO
captopril oral tablet 100 mg	MO	irbesartan oral tablet 300 mg	MO
captopril oral tablet 12.5 mg	MO	irbesartan oral tablet 75 mg	MO
captopril oral tablet 25 mg	MO	irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	MO
captopril oral tablet 50 mg	MO	irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	MO
captopril-hydrochlorothiazide oral tablet 25-15 mg	MO	lisinopril oral tablet 10 mg	MO
		lisinopril oral tablet 2.5 mg	MO
		lisinopril oral tablet 20 mg	MO
		lisinopril oral tablet 30 mg	MO
		lisinopril oral tablet 40 mg	MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
<i>pravastatin oral tablet 80 mg</i>	<i>MO; QLL (30 per 30 days)</i>	Osteoporosis Therapy	
<i>simvastatin oral tablet 10 mg</i>	<i>MO; QLL (30 per 30 days)</i>	<i>alendronate 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>alendronate oral tablet 35 mg</i>	<i>MO; QLL (4 per 28 days)</i>
<i>simvastatin oral tablet 40 mg</i>	<i>MO; QLL (30 per 30 days)</i>	<i>alendronate 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>	<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	Drug Name	Drug Tier	Requirements /Limits
<i>amantadine hcl</i>	1	MO	AZITHROMYCIN ORAL PACKET	2	MO
AMBISOME	3	B/D PAR; MO	<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO	<i>azithromycin oral tablet 250 mg</i>	1	MO
<i>amoxicillin oral capsule</i>	1	MO	<i>azithromycin oral tablet 250 mg (6 pack), 500 mg, 600 mg</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO	<i>aztreonam</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO	<i>bacitracin intramuscular</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg</i>	1	MO	BARACLODE ORAL SOLUTION	3	PAR; MO; S
<i>amoxicillin oral tablet, chewable 250 mg</i>	1	MO	BICILLIN C-R	2	MO
<i>amoxicillin-pot clavulanate</i>	1	MO	BICILLIN L-A	2	MO
<i>amphotericin b</i>	1	B/D PAR; MO	INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML		
<i>ampicillin oral capsule 250 mg</i>	1		BICILLIN L-A	3	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO	INTRAMUSCULAR SYRINGE 600,000 UNIT/ML		
<i>ampicillin sodium injection</i>	1	MO	BIKTARVY	3	MO; S; QLL (30 per 30 days)
<i>ampicillin sodium intravenous</i>	1		BILTRICIDE	3	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO	CAPASTAT	2	
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1		CAYSTON	3	PAR; MO; LA; S
<i>ampicillin-sulbactam intravenous 1 recon soln 1.5 gram</i>	1		<i>cefaclor oral capsule</i>	1	MO
<i>ampicillin-sulbactam intravenous 1 recon soln 3 gram</i>	1	MO	<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
APTIVUS ORAL CAPSULE	3	MO; S; QLL (120 per 30 days)	<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
APTIVUS ORAL SOLUTION	3	S; QLL (380 per 30 days)	<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>atazanavir oral capsule 150 mg, 200 mg</i>	3	MO; S; QLL (60 per 30 days)	<i>cefadroxil oral capsule</i>	1	MO
<i>atazanavir oral capsule 300 mg</i>	3	MO; S; QLL (30 per 30 days)	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>atovaquone</i>	3	PAR; MO; S	<i>cefadroxil oral tablet</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO	<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
ATRIPLA	3	MO; S; QLL (30 per 30 days)	<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO	<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	1	
AZACTAM	2	MO			
<i>azithromycin intravenous</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous</i>	1		<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefdinir</i>	1	MO	<i>cephalexin oral capsule 750 mg</i>	1	MO
<i>cefpeme in dextrose, iso-osm</i>	1		<i>cephalexin oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>intravenous piggyback 1 gram/50 ml</i>			<i>cephalexin oral suspension for reconstitution 250 mg/5 ml</i>	1	MO
<i>cefpeme in dextrose, iso-osm</i>	1	MO	<i>cephalexin oral tablet</i>	1	MO
<i>intravenous piggyback 2 gram/100 ml</i>			<i>chloramphenicol sod succinate</i>	1	
<i>cefpeme injection</i>	1	MO	<i>chloroquine phosphate</i>	1	MO
<i>cefixime</i>	1	MO	<i>cidofovir</i>	3	B/D PAR; MO; S
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	1		<i>CIMDUO</i>	3	MO; S; QLL (30 per 30 days)
<i>cefotetan injection 1 gram, 2 gram</i>	1		<i>CIPRO ORAL SUSPENSION, MICROCAPSULE RECON</i>	3	MO
<i>cefotetan intravenous soln</i>	1		<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1		<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO	<i>ciprofloxacin in 5 % dextrose</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1		<i>ciprofloxacin oral susp</i>	1	
<i>cefpodoxime</i>	1	MO	<i>clarithromycin</i>	1	MO
<i>ceprozil</i>	1	MO	<i>CLEOCIN PEDIATRIC</i>	3	MO
<i>CEFTAZIDIME IN D5W</i>	2		<i>clindamycin hcl capsule</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO	<i>clindamycin in 5 % dextrose</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1		<i>clindamycin oral soln</i>	1	MO
<i>ceftriaxone in dextrose, iso-os</i>	1	MO	<i>clindamycin pediatric</i>	1	MO
<i>ceftriaxone intravenous solution</i>	1	MO	<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	MO
<i>ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1		<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
<i>ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram</i>	1		<i>clotrimazole mucous membrane</i>	1	MO
<i>cefuroxime axetil oral tablet 250 mg</i>	1	MO	<i>COARTEM</i>	3	MO
<i>cefuroxime axetil oral tablet 500 mg</i>	1	MO	<i>colistin (colistimethate na)</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO	<i>COLY-MYCIN M PARENTERAL</i>	3	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO	<i>COMBIVIR</i>	3	MO; S; QLL (60 per 30 days)
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1		<i>COMPLERA</i>	3	MO; S; QLL (30 per 30 days)
			<i>CRIXIVAN ORAL CAPSULE 200 MG</i>	3	MO; QLL (360 per 30 days)
			<i>CRIXIVAN ORAL CAPSULE 400 MG</i>	3	MO; QLL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CUBICIN	3	MO; S	EMTRIVA ORAL SOLUTION	3	MO; QLL (850 per 30 days)
<i>dapsone oral</i>	1	MO	entecavir	3	PAR; MO; S
DAPTOMYCIN	3	MO; S	EPCLUSA	3	PAR; MO; S; QLL (30 per 30 days)
INTRAVENOUS RECON SOLN 350 MG			EPIVIR HBV ORAL SOLUTION	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	3	MO; S	EPIVIR HBV ORAL TABLET	3	MO
DARAPRIM	3	S	EPIVIR ORAL SOLUTION	3	MO; QLL (960 per 30 days)
DELSTRIGO	3	MO; S; QLL (30 per 30 days)	EPIVIR ORAL TABLET 150 MG	3	MO; QLL (60 per 30 days)
<i>demeclacycline</i>	1	MO	EPIVIR ORAL TABLET 300 MG	3	MO; QLL (30 per 30 days)
DESCOVY	3	MO; S; QLL (30 per 30 days)	EPZICOM	3	MO; S; QLL (30 per 30 days)
<i>dicloxacillin</i>	1	MO	<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	1	QLL (60 per 30 days)	ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO; QLL (30 per 30 days)	ERYPED 200	3	MO; S
DIFICID	3	PAR; MO; S	ERYPED 400	3	MO; S
DOVATO	3	MO; S; QLL (30 per 30 days)	<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
<i>doxy-100</i>	1	MO	ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>doxycycline hyclate intravenous</i>	1		<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>doxycycline hyclate oral capsule</i>	1	MO	<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	MO	<i>erythromycin oral</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO	<i>ethambutol</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO	EVOTAZ	3	MO; S; QLL (30 per 30 days)
<i>doxycycline monohydrate oral tablet</i>	1	MO	<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	MO; QLL (60 per 30 days)
<i>e.e.s. 400 oral tablet</i>	1	MO	<i>famciclovir oral tablet 500 mg</i>	1	MO; QLL (21 per 7 days)
E.E.S. GRANULES	3	MO; S	FLAGYL ORAL CAPSULE	3	MO
EDURANT	3	MO; S; QLL (30 per 30 days)	<i>fluconazole</i>	1	MO
<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)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fluconazole in nacl (iso-osm)</i>	1	MO	INTELENCE ORAL TABLET	3	MO; QLL (480 per 30 days)
<i>intravenous piggyback 200 mg/100 ml</i>			INVIRASE ORAL TABLET	3	MO; S; QLL (120 per 30 days)
<i>fluconazole in nacl (iso-osm)</i>	1		ISENTRESS HD	3	MO; S; QLL (60 per 30 days)
<i>intravenous piggyback 400 mg/200 ml</i>			ISENTRESS ORAL POWDER IN PACKET	3	MO; S; QLL (180 per 30 days)
<i>flucytosine oral capsule 250 mg</i>	1	MO	ISENTRESS ORAL TABLET	3	MO; S; QLL (120 per 30 days)
<i>flucytosine oral capsule 500 mg</i>	3	MO; S	ISENTRESS ORAL TABLET, CHEWABLE 100 MG	3	MO; S; QLL (180 per 30 days)
<i>fosamprenavir</i>	3	MO; S; QLL (120 per 30 days)	ISENTRESS ORAL TABLET, CHEWABLE 25 MG	2	MO; QLL (720 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	3	MO; S; QLL (60 per 30 days)	<i>isoniazid injection</i>	1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	B/D PAR; MO	<i>isoniazid oral solution</i>	1	MO
<i>gentamicin in nacl (iso-osm)</i>	1	MO	<i>isoniazid oral tablet 100 mg</i>	1	MO
<i>intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>			<i>isoniazid oral tablet 300 mg</i>	1	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	MO	<i>itraconazole oral capsule</i>	1	PAR; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2		<i>ivermectin oral</i>	1	MO
<i>gentamicin in nacl (iso-osm)</i>	1		JULUCA	3	MO; S; QLL (30 per 30 days)
<i>intravenous piggyback 80 mg/100 ml</i>			KALETRA ORAL SOLUTION	3	MO; S; QLL (480 per 30 days)
<i>gentamicin injection</i>	1	MO	KALETRA ORAL TABLET	3	MO; QLL (300 per 30 days)
<i>gentamicin sulfate (ped) (pf)</i>	1	MO	KALETRA ORAL TABLET	3	MO; S; QLL (120 per 30 days)
GENVOYA	3	MO; S; QLL (30 per 30 days)	<i>ketoconazole oral</i>	1	MO
<i>griseofulvin microsize</i>	1	MO	<i>lamivudine oral solution</i>	1	MO; QLL (960 per 30 days)
<i>griseofulvin ultramicrosize</i>	1	MO	<i>lamivudine oral tablet 100 mg</i>	1	MO
HARVONI ORAL TABLET 90-400 MG	3	PAR; MO; S; QLL (28 per 28 days)	<i>lamivudine oral tablet 150 mg</i>	1	MO; QLL (60 per 30 days)
HEPSERA	3	PAR; MO; S	<i>lamivudine oral tablet 300 mg</i>	1	MO; QLL (30 per 30 days)
HIPREX	3	MO	<i>lamivudine-zidovudine</i>	1	MO; QLL (60 per 30 days)
<i>hydroxychloroquine</i>	1	MO	LEDIPASVIR-SOFOSBUVIR	3	PAR; MO; S; QLL (28 per 28 days)
<i>imipenem-cilastatin</i>	1	MO	LEVAQUIN ORAL TABLET	3	MO
INTELENCE ORAL TABLET 100 MG	3	MO; S; QLL (120 per 30 days)	500 MG, 750 MG		
INTELENCE ORAL TABLET 200 MG	3	MO; S; QLL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1		MYCAMINE	3	MO; S
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO	MYCOBUTIN	3	MO; S
<i>levofloxacin oral solution</i>	1	MO	<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	3	S
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	1	MO	<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>levofloxacin oral tablet 750 mg</i>	1	MO	<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
LEXIVA ORAL SUSPENSION	3	MO; QLL (1800 per 30 days)	<i>nafcillin injection recon soln 10 gram</i>	3	MO; S
LEXIVA ORAL TABLET	3	MO; S; QLL (120 per 30 days)	<i>nafcillin intravenous recon soln 1 gram</i>	3	MO; S
LINCOCIN	3	MO	<i>nafcillin intravenous recon soln 2 gram</i>	1	MO
<i>lincomycin</i>	1		NEBUPENT	2	B/D PAR; MO
<i>linezolid in dextrose 5%</i>	1		<i>neomycin</i>	1	MO
<i>linezolid oral suspension for reconstitution</i>	1	PAR; MO; QLL (1800 per 30 days)	<i>nevirapine oral suspension</i>	1	QLL (1200 per 30 days)
<i>linezolid oral tablet</i>	3	PAR; MO; S; QLL (56 per 28 days)	<i>nevirapine oral tablet</i>	1	MO; QLL (60 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	3		<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	MO
<i>lopinavir-ritonavir</i>	1	MO; QLL (480 per 30 days)	<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO; QLL (30 per 30 days)
MALARONE	3	MO	<i>nitrofurantoin</i>	1	PAR; MO
MALARONE PEDIATRIC	3	MO	<i>nitrofurantoin macrocrystal</i>	1	PAR; MO
MAVYRET	3	PAR; MO; S; QLL (90 per 30 days)	<i>nitrofurantoin monohyd/m-cryst</i>	1	PAR; MO
<i>mefloquine</i>	1	MO	NORVIR ORAL POWDER IN PACKET	3	MO; QLL (360 per 30 days)
<i>meropenem intravenous solution</i>	1	MO	NORVIR ORAL SOLUTION	2	MO; QLL (480 per 30 days)
<i>methenamine hippurate</i>	1	MO	NORVIR ORAL TABLET	2	MO; QLL (360 per 30 days)
<i>methenamine mandelate</i>	1	MO	NOXAFIL ORAL	3	PAR; MO; S
<i>metro i.v.</i>	1	MO	<i>nystatin oral suspension</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO	<i>nystatin oral tablet</i>	1	MO
<i>metronidazole oral</i>	1	MO	ODEFSEY	3	MO; S; QLL (30 per 30 days)
<i>minocycline oral capsule</i>	1	MO	<i>ofloxacin oral tablet 300 mg</i>	1	
<i>minocycline oral tablet</i>	1	MO	<i>ofloxacin oral tablet 400 mg</i>	1	MO
MONUROL	3	MO	<i>okebo oral capsule 75 mg</i>	1	MO
<i>morgidox</i>	1	MO	ORACEA	3	MO
<i>moxifloxacin oral</i>	1	MO			
MYAMBUTOL ORAL TABLET 400 MG	3	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>oseltamivir</i>	1	MO	PREZISTA ORAL SUSPENSION	3	MO; S; QLL (400 per 30 days)
<i>oxacillin in dextrose(iso-osm)</i>	1		PREZISTA ORAL TABLET	3	MO; QLL (180 per 30 days)
<i>intravenous piggyback 1 gram/50 ml</i>			PREZISTA ORAL TABLET	3	MO; QLL (60 per 30 days)
<i>oxacillin in dextrose(iso-osm)</i>	1	MO	PREZISTA ORAL TABLET 75	3	MO; QLL (300 per 30 days)
<i>intravenous piggyback 2 gram/50 ml</i>			PRIFTIN	2	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3		PRIMAQUINE	2	MO
<i>oxacillin injection recon soln 2 gram</i>	1	MO	<i>pyrazinamide</i>	1	MO
<i>paromomycin</i>	1	MO	<i>quinine sulfate capsule</i>	1	PAR; MO
PASER	3	MO	RELENZA DISKHALER	2	MO; QLL (60 per 180 days)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3		RESCRIPTOR ORAL TABLET	3	MO; QLL (180 per 30 days)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO	RETROVIR INTRAVENOUS	2	MO
<i>penicillin g potassium</i>	1	MO	REYATAZ ORAL CAPSULE	3	MO; S; QLL (60 per 30 days)
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO	REYATAZ ORAL CAPSULE	3	MO; S; QLL (30 per 30 days)
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	1		REYATAZ ORAL POWDER IN PACKET	3	MO; QLL (240 per 30 days)
<i>penicillin g sodium</i>	1	MO	<i>ribaspHERE oral capsule</i>	1	MO
<i>penicillin v potassium</i>	1	MO	<i>ribaspHERE oral tablet 600 mg</i>	3	MO; S
PENTAM	2	MO	<i>ribaspHERE ribapak oral tablets,dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	3	S
<i>pentamidine injection</i>	1		<i>ribavirin oral capsule</i>	1	MO
<i>pFizerpen-g</i>	1		<i>ribavirin oral tablet 200 mg</i>	3	MO; S
PIFELTRO	3	MO; S; QLL (30 per 30 days)	<i>rifabutin</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO	RIFADIN	3	MO
<i>polymyxin b sulfate</i>	1	MO	RIFAMATE	3	MO
POSACONAZOLE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PAR; MO; S	<i>rifampin</i>	1	MO
<i>praziquantel</i>	1	MO	RIFATER	3	MO
PREZCOBIX	3	MO; S; QLL (30 per 30 days)	<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	3	MO; S; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)	<i>tenofovir disoproxil fumarate</i>	3	MO; S; QLL (30 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	MO; QLL (60 per 30 days)	<i>terbinafine hcl oral</i>	1	MO
SIRTURO	3	PAR; MO; LA; S	<i>tetracycline</i>	1	MO
SOFOSBUVIR-VELPATASVIR	3	PAR; MO; S; QLL (30 per 30 days)	TIGECYCLINE	3	S
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	MO; QLL (120 per 30 days)	<i>tinidazole</i>	1	MO
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	MO; QLL (60 per 30 days)	TIVICAY ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
STREPTOMYCIN	2	MO	TIVICAY ORAL TABLET 25 MG, 50 MG	3	MO; S; QLL (60 per 30 days)
STRIBILD	3	MO; S; QLL (30 per 30 days)	TOBI SOLUTION FOR NEBULIZATION	3	B/D PAR; MO; S; QLL (280 per 28 days)
STROMECTOL	3	MO	<i>tobramycin in 0.225 % nacl soln</i>	3	B/D PAR; MO; S; QLL (280 per 28 days)
<i>sulfadiazine</i>	1	MO	<i>tobramycin sulfate injection recon solution</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	MO	TRECATOR	3	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO	<i>trimethoprim</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO	TRIUMEQ	3	MO; S; QLL (30 per 30 days)
SUPRAX ORAL CAPSULE	3	MO	TRIZIVIR	3	MO; S; QLL (60 per 30 days)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO	TROGARZO	3	MO; S; QLL (10.64 per 28 days)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	MO	TRUVADA	3	MO; S; QLL (30 per 30 days)
SUPRAX ORAL TABLET, CHEWABLE	3	MO	TYBOST	2	MO; QLL (30 per 30 days)
SYMFI	3	MO; S; QLL (30 per 30 days)	<i>valacyclovir oral tablet 1 gram</i>	1	MO; QLL (30 per 30 days)
SYMFI LO	3	MO; S; QLL (30 per 30 days)	<i>valacyclovir oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)
SYMTUZA	3	MO; S; QLL (30 per 30 days)	VALCYTE ORAL RECON SOLN	3	MO; S
SYNAGIS	3	PAR; MO; LA; S	<i>valganciclovir</i>	3	MO; S
SYNERCID	3	S	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
TAMIFLU	3	MO			
TEFLARO	3	MO; S			
TEMIXYS	3	MO; S; QLL (30 per 30 days)			

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ZYVOX INTRAVENOUS	3	S	ARSENIC TRIOXIDE INTRAVENOUS SOLUTION	3	S
PIGGYBACK 200 MG/100 ML			1 MG/ML		
ZYVOX INTRAVENOUS	3	MO	<i>arsenic trioxide intravenous solution 2 mg/ml</i>	3	B/D PAR; S
PIGGYBACK 600 MG/300 ML					
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PAR; MO; S; QLL (1800 per 30 days)	ARZERRA	3	PAR; MO; S
			AVASTIN	3	PAR; MO; S
Antineoplastic / Immunosuppressant Drugs			<i>azacitidine</i>	3	PAR; MO; S
abiraterone	3	PAR; MO; S; QLL (120 per 30 days)	<i>azathioprine</i>	1	B/D PAR; MO
ABRAXANE	3	PAR; MO; S	<i>azathioprine sodium solution for injection</i>	1	B/D PAR
<i>adriamycin intravenous recon soln 10 mg</i>	1	B/D PAR; MO	BALVERSA ORAL TABLET	3	PAR; MO; LA; S; QLL (90 per 30 days)
<i>adriamycin intravenous solution</i>	1	B/D PAR	BALVERSA ORAL TABLET	4	PAR; MO; LA; S; QLL (60 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PAR	BALVERSA ORAL TABLET	5	PAR; MO; LA; S; QLL (30 per 30 days)
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	1	B/D PAR; MO	BAVENCIO	3	PAR; MO; LA; S
AFINITOR	3	PAR; MO; S	BELEODAQ	3	PAR; MO; S
AFINITOR DISPERZ	3	PAR; MO; S	BENDEKA	3	B/D PAR; MO; S
ALECensa	3	PAR; MO; S; QLL (240 per 30 days)	BESPONSA	3	B/D PAR; MO; S
ALIMTA	3	PAR; MO; S	<i>bexarotene</i>	3	PAR; MO; S; QLL (300 per 30 days)
ALIQOPA	3	PAR; MO; LA; S	<i>bicalutamide</i>	1	MO; QLL (30 per 30 days)
ALKERAN	3	B/D PAR; MO	BICNU	3	B/D PAR; MO; S
ALKERAN (AS HCL)	3	B/D PAR	<i>bleomycin</i>	1	B/D PAR; MO
ALUNBRIG ORAL TABLET 180 MG	3	PAR; MO; S; QLL (30 per 30 days)	BLINCYTO INTRAVENOUS KIT	3	PAR; MO; S
ALUNBRIG ORAL TABLET 30 MG	3	PAR; MO; S; QLL (180 per 30 days)	BORTEZOMIB	3	PAR; MO; S
ALUNBRIG ORAL TABLET 90 MG	3	PAR; MO; S; QLL (60 per 30 days)	BOSULIF ORAL TABLET 100 MG	3	PAR; MO; S; QLL (120 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	3	PAR; MO; S; QLL (30 per 180 days)	BOSULIF ORAL TABLET 400 MG, 500 MG	3	PAR; MO; S; QLL (30 per 30 days)
<i>anastrozole</i>	1	MO; QLL (30 per 30 days)	BRAFTOVI ORAL CAPSULE 50 MG	3	PAR; MO; LA; S; QLL (120 per 30 days)
ARRANON	2	B/D PAR			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BRAFTOVI ORAL CAPSULE 75 MG	3	PAR; MO; LA; S; QLL (180 per 30 days)	<i>cytarabine (pf) injection solution</i> <i>100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PAR; MO
<i>busulfan</i>	1	B/D PAR	<i>cytarabine (pf) injection solution</i> <i>20 mg/ml</i>	1	B/D PAR
BUSULFEX	2	B/D PAR	<i>cytarabine injection solution 20mg/ ml</i>	1	B/D PAR; MO
CABOMETYX	3	PAR; MO; LA; S; QLL (30 per 30 days)	<i>dacarbazine</i>	1	B/D PAR; MO
CALQUENCE	3	PAR; MO; LA; S	DACOGEN	3	B/D PAR; MO; S
CAPRELSA ORAL TABLET 100 MG	3	PAR; LA; S; QLL (90 per 30 days)	<i>dactinomycin</i>	3	B/D PAR; S
CAPRELSA ORAL TABLET 300 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)	DARZALEX	3	PAR; MO; LA; S
<i>carboplatin intravenous solution</i> <i>10 mg/ml</i>	1	B/D PAR; MO	<i>daunorubicin intravenous solution</i>	1	B/D PAR
<i>carmustine</i>	3	B/D PAR; MO; S	DAURISMO ORAL TABLET 100 MG	3	PAR; MO; S; QLL (30 per 30 days)
CELLCEPT INTRAVENOUS	2	B/D PAR; MO	DAURISMO ORAL TABLET 25 MG	3	PAR; MO; S; QLL (60 per 30 days)
<i>cisplatin intravenous solution</i>	1	B/D PAR; MO	<i>decitabine</i>	3	B/D PAR; MO; S
<i>cladribine</i>	3	B/D PAR; MO; S	<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	3	B/D PAR; S
<i>clofarabine</i>	3	B/D PAR; S	<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	3	B/D PAR; MO; S
CLOLAR	3	B/D PAR; 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
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	3	PAR; MO; S; QLL (56 per 28 days)	<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
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	3	PAR; MO; S; QLL (112 per 28 days)	DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	3	B/D PAR; S
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	3	PAR; MO; S; QLL (84 per 28 days)	DOXIL	3	PAR; MO; S
COPIKTRA	3	PAR; MO; LA; S; QLL (60 per 30 days)	<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PAR; MO
COSMEGEN	3	B/D PAR; MO; S	<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PAR; MO
COTELLIC	3	PAR; MO; LA; S; QLL (90 per 30 days)	<i>doxorubicin intravenous solution 2 mg/ml</i>	3	B/D PAR; MO; S
<i>cyclophosphamide oral capsule</i>	1	B/D PAR; MO	<i>doxorubicin, peg-liposomal</i>	3	PAR; MO; S
<i>cyclosporine intravenous</i>	1	B/D PAR	DROXIA	2	MO
<i>cyclosporine modified</i>	1	B/D PAR; MO			
<i>cyclosporine oral capsule</i>	1	B/D PAR; MO			
CYRAMZA	3	PAR; MO; S			

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ICLUSIG ORAL TABLET 15 MG	3	PAR; MO; S; QLL (60 per 30 days)	INLYTA ORAL TABLET 5 MG	3	PAR; MO; S; QLL (120 per 30 days)
ICLUSIG ORAL TABLET 45 MG	3	PAR; MO; S; QLL (30 per 30 days)	INREBIC	3	PAR; MO; LA; S; QLL (120 per 30 days)
IDAMYCIN PFS <i>idarubicin</i>	3	B/D PAR; MO; S	IRESSA <i>irinotecan intravenous solution 100 mg/5 ml</i>	3	MO; S
IDHIFA ORAL TABLET 100 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)	<i>irinotecan intravenous solution 40 mg/2 ml</i>	3	B/D PAR; MO; S
IDHIFA ORAL TABLET 50 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)	<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	B/D PAR
IFEX <i>ifosfamide intravenous recon soln</i>	3	B/D PAR; MO	ISTODAX	3	PAR; MO; S
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PAR; MO	IXEMPRA	3	PAR; MO; S
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PAR	JAKAFI ORAL TABLET 10 MG	3	PAR; MO; S; QLL (150 per 30 days)
<i>imatinib oral tablet 100 mg</i>	3	PAR; MO; S; QLL (240 per 30 days)	JAKAFI ORAL TABLET 15 MG	3	PAR; MO; S; QLL (100 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PAR; MO; S; QLL (60 per 30 days)	JAKAFI ORAL TABLET 20 MG	3	PAR; MO; S; QLL (75 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	3	PAR; MO; S; QLL (90 per 30 days)	JAKAFI ORAL TABLET 25 MG	3	PAR; MO; S; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	3	PAR; MO; S; QLL (30 per 30 days)	JAKAFI ORAL TABLET 5 MG	3	PAR; MO; S; QLL (300 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	3	PAR; MO; S; QLL (90 per 30 days)	JEVTANA	3	PAR; MO; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	3	PAR; MO; S; QLL (30 per 30 days)	KADCYLA	3	PAR; MO; S
IMFINZI	3	PAR; MO; LA; S	KEYTRUDA INTRAVENOUS SOLUTION	3	PAR; MO; S
INLYTA ORAL TABLET 1 MG	3	PAR; MO; S; QLL (240 per 30 days)	KHAPZORY	3	PAR; S
			KISQALI FEMARA CO-PACK	3	PAR; MO; S;
			ORAL TABLET 200 MG/ DAY(200 MG X 1)-2.5 MG		QLL (49 per 28 days)
			KISQALI FEMARA CO-PACK	3	PAR; MO; S;
			ORAL TABLET 400 MG/ DAY(200 MG X 2)-2.5 MG		QLL (70 per 28 days)
			KISQALI FEMARA CO-PACK	3	PAR; MO; S;
			ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG		QLL (91 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits	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)	LUPRON DEPOT	3	PAR; MO; S; QLL (1 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PAR; MO; S; QLL (42 per 21 days)	LUPRON DEPOT (3 MONTH)	3	PAR; MO; S; QLL (1 per 84 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PAR; MO; S; QLL (63 per 21 days)	LUPRON DEPOT (4 MONTH)	3	PAR; MO; S; QLL (1 per 112 days)
KYPROLIS	3	PAR; MO; S	LUPRON DEPOT (6 MONTH)	3	PAR; MO; S; QLL (1 per 168 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PAR; MO; S; QLL (30 per 30 days)	LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	3	PAR; MO; S; QLL (1 per 28 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)	LYNPARZA ORAL TABLET	3	PAR; MO; S; QLL (120 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)	LYSODREN	2	MO
letrozole	1	MO; QLL (30 per 30 days)	MARQIBO	3	MO; S
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	1	B/D PAR; MO	MATULANE	3	MO; S
leucovorin calcium injection recon soln 500 mg	1	B/D PAR	megestrol oral suspension 400 mg/ 10 ml (10 ml), 800 mg/20 ml (20 ml)	1	PAR
leucovorin calcium oral	1	MO	megestrol oral suspension 400 mg/ 10 ml (40 mg/ml)	1	PAR; MO
LEUKERAN	2	MO	megestrol oral tablet	1	PAR; MO
leuprolide subcutaneous kit	1	PAR; MO	MEKINIST ORAL TABLET 0.5 MG	3	PAR; MO; S; QLL (90 per 30 days)
levoleucovorin calcium intravenous recon soln 50 mg	3	PAR; S	MEKINIST ORAL TABLET 2 MG	3	PAR; MO; S; QLL (30 per 30 days)
LIBTAYO	3	PAR; MO; S	MEKTOVI	3	PAR; MO; LA; S; QLL (180 per 30 days)
LONSURF	3	PAR; MO; S	melphalan	1	B/D PAR; MO
LORBRENA ORAL TABLET 100 MG	3	PAR; MO; S; QLL (30 per 30 days)	melphalan hcl	1	B/D PAR
LORBRENA ORAL TABLET 25 MG	3	PAR; MO; S; QLL (90 per 30 days)	mercaptopurine	1	MO
LUMOXITI	3	PAR; MO; S	mesna	1	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium (pf) injection solution</i>	1	MO	<i>octreotide acetate injection syringe</i>	1	PAR; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PAR; MO	<i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>		
<i>mitomycin intravenous recon soln 40 mg</i>	3	B/D PAR; MO; S	<i>octreotide acetate injection syringe</i>	3	PAR; MO; S
<i>mitoxantrone</i>	1	B/D PAR; MO	<i>500 mcg/ml (1 ml)</i>		
<i>mycophenolate mofetil hcl</i>	1	B/D PAR	ODOMZO	3	PAR; MO; LA; S; QLL (30 per 30 days)
<i>mycophenolate mofetil oral capsule</i>	1	B/D PAR; MO	ONCASPAR	3	PAR; MO; S
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	B/D PAR; MO; S	OPDIVO	3	PAR; MO; S
<i>mycophenolate mofetil oral tablet</i>	1	B/D PAR; MO	<i>oxaliplatin intravenous recon soln 100 mg</i>	3	B/D PAR; MO; S
<i>mycophenolate sodium</i>	1	B/D PAR; MO	<i>oxaliplatin intravenous recon soln 50 mg</i>	3	B/D PAR; S
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG	3	B/D PAR; MO	<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	1	B/D PAR; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 360 MG	3	B/D PAR; MO; S	<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	3	B/D PAR; MO
MYLOTARG	3	PAR; MO; LA; S	<i>paclitaxel</i>	1	B/D PAR; MO
NERLYNX	3	PAR; MO; LA; S; QLL (180 per 30 days)	PERJETA	3	PAR; MO; S
NEXAVAR	3	PAR; MO; LA; S; QLL (120 per 30 days)	PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PAR; MO; S; QLL (28 per 28 days)
NILANDRON	3	MO; S; QLL (30 per 30 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)
<i>nilutamide</i>	3	MO; S; QLL (30 per 30 days)	POLIVY	3	B/D PAR; MO; S
NINLARO	3	PAR; MO; S; QLL (3 per 28 days)	POMALYST ORAL CAPSULE 1 MG	3	PAR; MO; LA; S; QLL (120 per 30 days)
NIPENT	3	B/D PAR; MO; S	POMALYST ORAL CAPSULE 2 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)
NUBEQA	3	PAR; MO; LA; S; QLL (120 per 30 days)	POMALYST ORAL CAPSULE 3 MG, 4 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
NULOJIX	3	PAR; MO; S	PORTRAZZA	3	MO; S
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	3	PAR; MO	POTELIGEO	3	B/D PAR; MO; S
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PAR; MO	PROGRAF INTRAVENOUS IN PACKET	3	B/D PAR; MO
			PURIXAN	3	PAR; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
RAPAMUNE ORAL SOLUTION	3	B/D PAR; MO; S	SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PAR; S
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PAR; MO	SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PAR; MO; S
RAPAMUNE ORAL TABLET 1 MG, 2 MG	3	B/D PAR; MO; S	<i>sirolimus oral solution</i>	3	B/D PAR; MO; S
REVLIMID ORAL CAPSULE 10 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)	<i>sirolimus oral tablet</i>	1	B/D PAR; MO
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)	SOLTAMOX	3	MO; S
REVLIMID ORAL CAPSULE 5 MG	3	PAR; MO; LA; S; QLL (150 per 30 days)	SOMATULINE DEPOT	3	PAR; MO; S
RITUXAN	3	B/D PAR; MO; S	SPRYCEL	3	PAR; MO; S; QLL (30 per 30 days)
RITUXAN HYCELA	3	B/D PAR; MO; S	STIVARGA	3	PAR; MO; S; QLL (120 per 30 days)
ROMIDEPSIN	3	PAR; S	SUTENT ORAL CAPSULE 12.5 MG	3	PAR; MO; S; QLL (90 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)	SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	3	PAR; MO; S; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PAR; MO; LA; S; QLL (90 per 30 days)	SYNRIBO	3	PAR; MO; S
RUBRACA ORAL TABLET 200 MG	3	PAR; MO; LA; S; QLL (180 per 30 days)	TABLOID	3	MO
RUBRACA ORAL TABLET 250 MG, 300 MG	3	PAR; MO; LA; S; QLL (120 per 30 days)	<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	B/D PAR; MO
RYDAPT	3	PAR; MO; S; QLL (240 per 30 days)	<i>tacrolimus oral capsule 5 mg</i>	3	B/D PAR; MO; S
SANDIMMUNE ORAL CAPSULE 100 MG	3	B/D PAR; MO; S	TAFINLAR	3	PAR; MO; S; QLL (120 per 30 days)
SANDIMMUNE ORAL CAPSULE 25 MG	3	B/D PAR; MO	TAGRISSO ORAL TABLET 40 MG	3	PAR; MO; LA; S; QLL (60 per 30 days)
SANDIMMUNE ORAL SOLUTION	3	B/D PAR; MO	TAGRISSO ORAL TABLET 80 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PAR; MO; S	TALZENNA ORAL CAPSULE 0.25 MG	3	PAR; MO; S; QLL (180 per 30 days)
SIGNIFOR	3	PAR; MO; S	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)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 25 MG	3	PAR; MO; S; QLL (90 per 30 days)	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	3	PAR; MO; S; QLL (1 per 84 days)
TARGRETIN ORAL	3	PAR; MO; S; QLL (300 per 30 days)	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PAR; MO; S; QLL (1 per 168 days)
TARGRETIN TOPICAL	3	PAR; MO; S; QLL (60 per 30 days)	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	3	PAR; MO; S; QLL (1 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PAR; MO; S; QLL (112 per 28 days)	<i>tretinoin (chemotherapy)</i>	3	MO; S
TASIGNA ORAL CAPSULE 50 MG	3	PAR; MO; S; QLL (56 per 28 days)	TREXALL	3	MO
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	3	B/D PAR; MO; S	TRISENOX INTRAVENOUS SOLUTION 2 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)	TURALIO	3	PAR; MO; LA; S; QLL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	3	PAR; MO; S; QLL (28 per 30 days)	TYKERB	3	PAR; MO; LA; S; QLL (180 per 30 days)
<i>temsirolimus</i>	3	PAR; MO; S	UNITUXIN	3	B/D PAR; MO; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PAR; MO; S; QLL (30 per 30 days)	VECTIBIX	3	PAR; MO; S
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PAR; MO; S; QLL (60 per 30 days)	VELCADE	3	PAR; MO; S
<i>thiotepa</i>	1	B/D PAR; MO	VENCLEXTA ORAL TABLET 10 MG	3	PAR; MO; LA; QLL (60 per 30 days)
TIBSOVO	3	PAR; MO; S; QLL (60 per 30 days)	VENCLEXTA ORAL TABLET 100 MG	3	PAR; MO; LA; S; QLL (180 per 30 days)
<i>toposar</i>	1	B/D PAR; MO	VENCLEXTA ORAL TABLET 50 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)
<i>topotecan intravenous recon soln</i>	3	B/D PAR; S	VENCLEXTA STARTING PACK	3	PAR; MO; LA; S; QLL (84 per 365 days)
<i>topotecan intravenous solution</i>	3	B/D PAR; MO; S	VERZENIO	3	PAR; MO; LA; S; QLL (60 per 30 days)
<i>toremifene</i>	3	MO; S; QLL (30 per 30 days)	VIDAZA	3	PAR; MO; S
TORISEL	3	PAR; MO; S	<i>vinblastine intravenous solution</i>	1	B/D PAR; MO 1mg/ml
TREANDA INTRAVENOUS RECON SOLN	3	B/D PAR; MO; S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
vincristine	1	B/D PAR; MO	YONDELIS	3	B/D PAR; MO; S
vinorelbine	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)	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	1	QLL (900 per 30 days)
XTANDI	3	PAR; MO; S; QLL (120 per 30 days)	acetaminophen-codeine oral	1	MO; QLL (900 per 30 days)
YERVOY	3	PAR; MO; S	acetaminophen-codeine oral tablet	1	MO; QLL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ACTIQ	3	PAR; MO; S; QLL (120 per 30 days)	SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML		
ADASUVE	3	QLL (30 per 30 days)	ARISTADA INTRAMUSCULAR	3	MO; S; QLL (1.6 per 30 days)
<i>almotriptan malate</i>	1	MO; QLL (9 per 30 days)	SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML		
<i>alprazolam</i>	1	MO; QLL (120 per 30 days)	ARISTADA INTRAMUSCULAR	3	MO; S; QLL (2.4 per 30 days)
<i>alprazolam intensol</i>	1	MO; QLL (300 per 30 days)	SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		
AMERGE ORAL TABLET 1 MG	3	MO; QLL (9 per 30 days)	ARISTADA INTRAMUSCULAR	3	MO; S; QLL (3.2 per 30 days)
AMERGE ORAL TABLET 2.5 MG	3	MO; S; QLL (9 per 30 days)	SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		
<i>amitriptyline</i>	1	PAR; MO	<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PAR; MO; QLL (30 per 30 days)
<i>amitriptyline-chlordiazepoxide</i>	1	PAR; MO	<i>armodafinil oral tablet 50 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>amoxapine</i>	1	PAR; MO	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	PAR; MO; QLL (60 per 30 days)
AMPYRA	3	PAR; MO; LA; S; QLL (60 per 30 days)	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	PAR; MO; QLL (30 per 30 days)
AMYTAL	2	PAR	AUBAGIO	3	PAR; MO; S; QLL (30 per 30 days)
APOKYN	3	PAR; MO; LA; S	AZILECT	3	MO
APTIOM	3	ST; MO; S	<i>baclofen oral</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO; QLL (900 per 30 days)	BANZEL ORAL SUSPENSION	3	PAR; MO; S; QLL (2400 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	1	MO; QLL (90 per 30 days)	BANZEL ORAL TABLET 200 MG	3	PAR; MO; S; QLL (480 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	1	MO; QLL (60 per 30 days)	BANZEL ORAL TABLET 400 MG	3	PAR; MO; S; QLL (240 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	MO; QLL (450 per 30 days)	<i>benztropine injection</i>	3	MO; S
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	MO; S; QLL (30 per 30 days)	<i>benztropine oral</i>	1	PAR; MO
<i>aripiprazole oral tablet 5 mg</i>	1	MO; QLL (180 per 30 days)	BRIVIACT INTRAVENOUS	3	PAR
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	3	MO; S; QLL (90 per 30 days)	BRIVIACT ORAL SOLUTION	3	PAR; MO; S; QLL (600 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)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL TABLET 10 MG	3	PAR; MO; S; QLL (600 per 30 days)	<i>butalbital-acetaminophen-caff oral capsule</i>	1	PAR; MO; QLL (180 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	3	PAR; MO; S; QLL (60 per 30 days)	<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PAR; MO; QLL (180 per 30 days)
BRIVIACT ORAL TABLET 25 MG	3	PAR; MO; S; QLL (240 per 30 days)	<i>butalbital-aspirin-caffeine</i>	1	PAR; MO; QLL (180 per 30 days)
BRIVIACT ORAL TABLET 50 MG	3	PAR; MO; S; QLL (120 per 30 days)	<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QLL (240 per 30 days)
<i>bromocriptine</i>	1	MO	<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QLL (120 per 30 days)
BUPRENEX	3	MO; S; QLL (90 per 30 days)	<i>butorphanol tartrate nasal</i>	1	MO; QLL (5 per 28 days)
<i>buprenorphine hcl injection solution</i>	1	MO; QLL (90 per 30 days)	<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>buprenorphine hcl injection syringe</i>	1	QLL (90 per 30 days)	<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	MO; QLL (240 per 30 days)	<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	MO; QLL (60 per 30 days)	<i>carbamazepine oral tablet</i>	1	MO
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QLL (360 per 30 days)	<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QLL (90 per 30 days)	<i>carbamazepine oral tablet, chewable</i>	1	MO
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QLL (135 per 30 days)	<i>carbidopa</i>	3	MO; S
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QLL (180 per 30 days)	<i>carbidopa-levodopa</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QLL (90 per 30 days)	<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QLL (30 per 30 days)	<i>carisoprodol</i>	1	PAR; MO
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	MO; QLL (120 per 30 days)	<i>CELEBREX</i>	3	PAR; MO
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	MO; QLL (60 per 30 days)	<i>celecoxib</i>	1	PAR; MO
<i>buspirone</i>	1	MO	<i>CELONTIN ORAL CAPSULE 300 MG</i>	3	MO
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PAR; MO; QLL (180 per 30 days)	<i>chlordiazepoxide hcl</i>	1	MO; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
clobazam oral suspension	3	PAR; MO; S; QLL (480 per 30 days)	codeine sulfate oral tablet	1	MO; QLL (180 per 30 days)
clobazam oral tablet 10 mg	1	PAR; MO; QLL (120 per 30 days)	COGENTIN	3	MO
clobazam oral tablet 20 mg	3	PAR; MO; S; QLL (60 per 30 days)	COPAXONE	3	PAR; MO; S; SUBCUTANEOUS SYRINGE 40 MG/ML
clomipramine	1	PAR; MO	cyclobenzaprine oral tablet	1	PAR; MO
clonazepam oral tablet 0.5 mg	1	MO; QLL (1200 per 30 days)	CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QLL (180 per 30 days)
clonazepam oral tablet 1 mg	1	MO; QLL (600 per 30 days)	CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QLL (120 per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg	1	MO; QLL (4800 per 30 days)	CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60 MG	3	MO; QLL (60 per 30 days)
clonazepam oral tablet, disintegrating 0.25 mg	1	MO; QLL (2400 per 30 days)	dalfampridine	3	PAR; MO; S; QLL (60 per 30 days)
clonazepam oral tablet, disintegrating 0.5 mg	1	MO; QLL (1200 per 30 days)	dantrolene oral	1	MO
clonazepam oral tablet, disintegrating 1 mg	1	MO; QLL (600 per 30 days)	DEPACON	3	MO
clonazepam oral tablet, disintegrating 2 mg	1	MO; QLL (300 per 30 days)	desipramine	1	PAR; MO
clorazepate dipotassium	1	MO	DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 per 30 days)
clozapine oral tablet 100 mg	1	MO; QLL (270 per 30 days)	DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
clozapine oral tablet 200 mg	1	MO; QLL (120 per 30 days)	DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (120 per 30 days)
clozapine oral tablet 25 mg	1	MO; QLL (1080 per 30 days)	DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QLL (240 per 30 days)
clozapine oral tablet 50 mg	1	MO; QLL (540 per 30 days)	desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1	MO; QLL (120 per 30 days)
clozapine oral tablet,disintegrating 100 mg	1	QLL (270 per 30 days)	desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	1	MO; QLL (480 per 30 days)
clozapine oral tablet,disintegrating 12.5 mg	1	QLL (2160 per 30 days)	desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	1	MO; QLL (240 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	3	S; QLL (180 per 30 days)	dextroamphetamine oral tablet 10 mg	1	MO; QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	3	S; QLL (120 per 30 days)	dextroamphetamine oral tablet 5 mg	1	MO; QLL (90 per 30 days)
clozapine oral tablet,disintegrating 25 mg	1	QLL (1080 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	PAR; MO; QLL (30 per 30 days)	divalproex	1	MO
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PAR; MO; QLL (90 per 30 days)	DOLOPHINE ORAL	3	PAR; MO; QLL (180 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	1	PAR; MO; QLL (60 per 30 days)	donepezil oral tablet 10 mg, 5 mg	1	MO; QLL (30 per 30 days)
DIASTAT	3	MO	donepezil oral tablet 23 mg	1	ST; MO; QLL (30 per 30 days)
DIASTAT ACUDIAL RECTAL	3	MO; S	donepezil oral tablet,disintegrating	1	MO; QLL (30 per 30 days)
KIT 12.5-15-17.5-20 MG			doxepin oral	1	PAR; MO
DIASTAT ACUDIAL RECTAL	3	MO	duloxetine oral capsule,delayed release(dr/ec) 20 mg	1	MO; QLL (180 per 30 days)
KIT 5-7.5-10 MG			duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QLL (120 per 30 days)
diazepam injection solution	1		duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QLL (90 per 30 days)
diazepam injection syringe	1	MO	duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	MO; QLL (60 per 30 days)
diazepam intensol	1	MO; QLL (240 per 30 days)	duramorph (pf) injection solution 0.5 mg/ml	1	MO; QLL (180 per 30 days)
diazepam oral concentrate	1	MO; QLL (240 per 30 days)	duramorph (pf) injection solution 1 mg/ml	1	QLL (180 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	MO; QLL (1200 per 30 days)	ec-naproxen	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	QLL (1200 per 30 days)	eletriptan	1	MO; QLL (9 per 30 days)
diazepam oral tablet 10 mg	1	MO; QLL (120 per 30 days)	EMSAM	3	PAR; MO; S; QLL (30 per 30 days)
diazepam oral tablet 2 mg	1	MO; QLL (600 per 30 days)	endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QLL (180 per 30 days)
diazepam oral tablet 5 mg	1	MO; QLL (240 per 30 days)	entacapone	1	MO
diazepam rectal	1	MO	EPIDIOLEX	3	PAR; MO; LA; S
diclofenac potassium	1	MO	epitol	1	MO
diclofenac sodium oral	1	MO	EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	MO; QLL (480 per 30 days)
diclofenac sodium topical gel 1 %	1	MO; QLL (1000 per 30 days)	EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	MO; QLL (240 per 30 days)
diclofenac-misoprostol	1	MO	EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	MO; QLL (180 per 30 days)
diflunisal	1	MO	ergoloid	1	PAR; MO
dihydroergotamine injection	3	PAR; MO; S			
dihydroergotamine nasal	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			

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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
<i>FELDENE</i>	3	MO
<i>fenoprofen 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	3	PAR; S; QLL (120 per 30 days)
<i>100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>		
<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	3	PAR; MO; QLL (30 per 30 days)
<i>120 MG, 80 MG</i>		
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	PAR; MO; QLL (180 per 30 days)
<i>20 MG</i>		
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	PAR; MO; QLL (90 per 30 days)
<i>40 MG</i>		
<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(dr/ec)</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)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine decanoate</i>	1	MO	<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	MO; QLL (30 per 30 days)
<i>fluphenazine hcl</i>	1	MO	<i>galantamine oral solution</i>	1	MO; QLL (180 per 30 days)
<i>flurazepam</i>	1	MO; QLL (30 per 30 days)	<i>galantamine oral tablet</i>	1	MO; QLL (60 per 30 days)
<i>flurbiprofen</i>	1	MO	GEODON INTRAMUSCULAR	2	MO; QLL (6 per 28 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)	GILENYA ORAL CAPSULE	3	PAR; MO; S; 0.5 MG
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)	<i>glatiramer subcutaneous syringe 20 mg/ml</i>	3	PAR; MO; S; QLL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)	<i>glatiramer subcutaneous syringe 40 mg/ml</i>	3	PAR; MO; S; QLL (12 per 28 days)
<i>fosphenytoin</i>	1	MO	<i>glatopa subcutaneous syringe 20 mg/ml</i>	3	PAR; MO; S; QLL (30 per 30 days)
<i>frovatriptan</i>	1	MO; QLL (12 per 30 days)	<i>glatopa subcutaneous syringe 40 mg/ml</i>	3	PAR; MO; S; QLL (12 per 28 days)
FYCOMPA ORAL SUSPENSION	3	MO; QLL (720 per 30 days)	<i>guanfacine oral tablet extended release 24 hr</i>	1	PAR; MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	3	MO; QLL (30 per 30 days)	<i>guanidine</i>	1	MO
FYCOMPA ORAL TABLET 2 MG	3	MO; QLL (180 per 30 days)	<i>haloperidol decanoate</i>	1	MO
FYCOMPA ORAL TABLET 4 MG	3	MO; S; QLL (90 per 30 days)	<i>haloperidol lactate injection</i>	1	MO
FYCOMPA ORAL TABLET 6 MG	3	MO; QLL (60 per 30 days)	<i>haloperidol lactate intramuscular</i>	1	
FYCOMPA ORAL TABLET 8 MG	3	MO; S; QLL (45 per 30 days)	<i>haloperidol lactate oral conc</i>	1	MO
<i>gabapentin oral capsule 100 mg</i>	1	MO; QLL (1080 per 30 days)	<i>haloperidol oral tablet</i>	1	MO
<i>gabapentin oral capsule 300 mg</i>	1	MO; QLL (360 per 30 days)	HETLIOZ	3	PAR; MO; S; QLL (30 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; QLL (270 per 30 days)	HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PAR; MO; QLL (120 per 30 days)
<i>gabapentin oral solution 250 mg/ 5 ml</i>	1	MO; QLL (2160 per 30 days)	HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PAR; MO; QLL (60 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>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)
<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			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	MO; QLL (50 per 10 days)	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QLL (240 per 30 days)
hydromorphone (pf) 10mg/ml injection solution	1	MO	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	3	MO; S; QLL (120 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	1	QLL (180 per 30 days)	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; S; QLL (60 per 30 days)
hydromorphone (pf) injection solution 2 mg/ml	1	QLL (180 per 30 days)	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	3	MO; S; QLL (30 per 30 days)
hydromorphone (pf) injection solution 4 mg/ml	1	QLL (60 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	MO; S; QLL (0.75 per 28 days)
hydromorphone injection solution 1 mg/ml	1	QLL (180 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	MO; S; QLL (1 per 28 days)
hydromorphone injection solution 2 mg/ml	1	MO; QLL (180 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	MO; S; QLL (1.5 per 28 days)
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	2	QLL (180 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QLL (0.25 per 28 days)
hydromorphone injection syringe 1 mg/ml	1	MO; QLL (180 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	MO; S; QLL (0.5 per 28 days)
hydromorphone injection syringe 2 mg/ml	1	QLL (180 per 30 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	3	MO; S; QLL (0.875 per 90 days)
hydromorphone injection syringe 4 mg/ml	1	MO; QLL (60 per 30 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	3	MO; S; QLL (1.315 per 90 days)
hydromorphone oral liquid	1	MO; QLL (720 per 30 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	MO; S; QLL (1.75 per 90 days)
hydromorphone oral tablet	1	MO; QLL (180 per 30 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	3	MO; S; QLL (2.625 per 90 days)
ibu oral tablet 400 mg	1	MO	ketoprofen oral capsule 25 mg, 75 mg	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO	ketoprofen oral capsule 50 mg	1	
ibuprofen oral suspension	1	MO	ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO			
ibuprofen-oxycodone	1	MO; QLL (28 per 7 days)			
imipramine hcl	1	PAR; MO			
indomethacin oral	1	PAR; MO			
indomethacin sodium intravenous solution	1	PAR			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac injection cartridge 30 mg/ml</i>	1	PAR; MO	LATUDA ORAL TABLET 120 MG, 60 MG	3	PAR; MO; S; QLL (30 per 30 days)
<i>ketorolac injection solution 15 mg/ ml, 30 mg/ml (1 ml)</i>	1	PAR; MO	LATUDA ORAL TABLET 20 MG	3	PAR; MO; S; QLL (240 per 30 days)
<i>ketorolac injection syringe 15 mg/ ml</i>	1		LATUDA ORAL TABLET 40 MG	3	PAR; MO; S; QLL (120 per 30 days)
<i>ketorolac injection syringe 30 mg/ ml</i>	1	PAR; MO	LATUDA ORAL TABLET 80 MG	3	PAR; MO; S; QLL (60 per 30 days)
<i>ketorolac intramuscular solution</i>	1	PAR; MO	LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/ SPRAY, 400 MCG/SPRAY	3	PAR; MO; S; QLL (30 per 30 days)
<i>ketorolac intramuscular syringe</i>	1	PAR	LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/ SPRAY	3	PAR; S; QLL (30 per 30 days)
<i>ketorolac oral</i>	1	PAR; MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/ 100 ml, 1,500 mg/100 ml</i>	1	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QLL (120 per 30 days)	<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO; S
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QLL (240 per 30 days)	<i>levetiracetam intravenous</i>	1	MO
KLONOPIN ORAL TABLET 0.5 MG	3	MO; QLL (1200 per 30 days)	<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
KLONOPIN ORAL TABLET 1 MG	3	MO; QLL (600 per 30 days)	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
KLONOPIN ORAL TABLET 2 MG	3	MO; QLL (300 per 30 days)	<i>levetiracetam oral tablet</i>	1	MO
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	3	MO; S	<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (180 per 30 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG, 25 MG, 50 MG	3	MO	<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (120 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 250 MG, 300 MG	3	MO; S	<i>levorphanol tartrate oral tablet 2 mg</i>	3	MO; S; QLL (180 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	3	MO	<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
LAMICTAL XR STARTER (GREEN)	3	MO; S	<i>lithium carbonate oral capsule 600 mg</i>	1	MO
<i>lamotrigine oral tablet</i>	1	MO	<i>lithium carbonate oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO	<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LITHIUM CITRATE ORAL SOLUTION 8 MEQ/5 ML	2	MO	<i>memantine oral capsule,sprinkle, er 24hr</i>	1	PAR; MO; QLL (30 per 30 days)
LODOSYN	3	ST; MO; S	<i>memantine oral solution</i>	1	PAR; MO; QLL (300 per 30 days)
<i>lorazepam injection solution</i>	1	MO	<i>memantine oral tablet 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>lorazepam injection syringe</i>	1		<i>memantine oral tablet 5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>lorazepam intensol</i>	1	MO	MESTINON ORAL SYRUP	3	MO; S
<i>lorazepam oral</i>	1	MO	MESTINON TIMESPAN	3	MO; S
<i>loracet (hydrocodone)</i>	1	MO; QLL (180 per 30 days)	<i>methadone injection solution</i>	1	QLL (30 per 30 days)
<i>loracet hd</i>	1	MO; QLL (180 per 30 days)	<i>methadone intensol</i>	1	MO; QLL (180 per 30 days)
<i>loracet plus oral tablet 7.5-325 mg</i>	1	MO; QLL (180 per 30 days)	<i>methadone oral concentrate</i>	1	MO; QLL (180 per 30 days)
<i>loxapine succinate</i>	1	MO	<i>methadone oral solution</i>	1	MO; QLL (900 per 30 days)
LYRICA ORAL CAPSULE 100 MG	3	PAR; MO; QLL (180 per 30 days)	<i>methadone oral tablet</i>	1	MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	3	PAR; MO; QLL (120 per 30 days)	<i>methadose oral concentrate</i>	1	MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 200 MG	3	PAR; MO; QLL (90 per 30 days)	<i>methocarbamol oral</i>	1	PAR; MO
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PAR; MO; QLL (60 per 30 days)	<i>methylphenidate hcl oral tablet</i>	1	MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 25 MG	3	PAR; MO; QLL (720 per 30 days)	<i>midazolam (pf) injection cartridge</i>	1	
LYRICA ORAL CAPSULE 50 MG	3	PAR; MO; QLL (360 per 30 days)	<i>midazolam (pf) injection solution 1 mg/ml</i>	1	
LYRICA ORAL CAPSULE 75 MG	3	PAR; MO; QLL (240 per 30 days)	<i>midazolam (pf) injection solution 5 mg/ml</i>	1	MO
LYRICA ORAL SOLUTION	3	PAR; MO; QLL (900 per 30 days)	<i>midazolam (pf) injection syringe</i>	1	
<i>maprotiline oral tablet 25 mg</i>	1	MO; QLL (270 per 30 days)	<i>midazolam injection</i>	1	
<i>maprotiline oral tablet 50 mg</i>	1	MO; QLL (135 per 30 days)	<i>midazolam oral syrup 10 mg/5 ml</i>	1	
<i>maprotiline oral tablet 75 mg</i>	1	MO	<i>midazolam oral syrup 2 mg/ml</i>	1	MO
MARPLAN	3	MO	<i>migergot</i>	3	MO; S
MAXALT ORAL TABLET 10 MG	3	MO; QLL (12 per 30 days)	<i>mirtazapine oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QLL (12 per 30 days)	<i>mirtazapine oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>meclofenamate</i>	1	MO	<i>mirtazapine oral tablet 45 mg</i>	1	MO; QLL (30 per 30 days)
<i>mefenamic acid</i>	1	MO	<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QLL (180 per 30 days)
<i>meloxicam oral tablet</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
mirtazapine oral tablet, disintegrating 15 mg	1	MO; QLL (90 per 30 days)	nabumetone	1	MO
mirtazapine oral tablet, disintegrating 30 mg	1	MO; QLL (45 per 30 days)	nalbuphine injection solution 10 mg/ml	1	MO; QLL (60 per 30 days)
mirtazapine oral tablet, disintegrating 45 mg	1	MO; QLL (30 per 30 days)	nalbuphine injection solution 20 mg/ml	1	MO; QLL (90 per 30 days)
modafinil oral tablet 100 mg	1	PAR; MO; QLL (30 per 30 days)	naloxone	1	MO
modafinil oral tablet 200 mg	1	PAR; MO; QLL (60 per 30 days)	naltrexone	1	MO
molindone	1	MO	NAMENDA XR ORAL CAP, SPRINKLE,ER 24HR DOSE PACK	2	PAR; MO; QLL (56 per 365 days)
morphine (pf) injection solution 0.5 mg/ml	1	QLL (180 per 30 days)	NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
morphine (pf) injection solution 1 mg/ml	1	MO; QLL (180 per 30 days)	NAMZARIC	2	PAR; MO
morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml	1	MO; QLL (30 per 30 days)	naproxen oral suspension	1	MO
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml	1	QLL (180 per 30 days)	naproxen oral tablet	1	MO
morphine concentrate oral solution	1	MO; QLL (180 per 30 days)	naproxen oral tablet,delayed release (dr/ec)	1	MO
morphine injection solution 10 mg/ ml, 5 mg/ml, 8 mg/ml	1	QLL (180 per 30 days)	naproxen sodium oral tablet 275 mg, 550 mg	1	MO
MORPHINE INJECTION SOLUTION 4 MG/ML	1	QLL (180 per 30 days)	naratriptan	1	MO; QLL (9 per 30 days)
morphine injection syringe 10 mg/ ml, 2 mg/ml, 4 mg/ml	1	MO; QLL (180 per 30 days)	NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ ACTUATION	2	MO
morphine injection syringe 5 mg/ ml, 8 mg/ml	1	QLL (180 per 30 days)	NAYZILAM	3	S
morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	1	MO; QLL (180 per 30 days)	nefazodone oral tablet 100 mg	1	MO; QLL (180 per 30 days)
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ ml	1	QLL (180 per 30 days)	nefazodone oral tablet 150 mg	1	MO; QLL (120 per 30 days)
morphine oral solution	1	MO; QLL (900 per 30 days)	nefazodone oral tablet 200 mg	1	MO; QLL (90 per 30 days)
morphine oral tablet	1	MO; QLL (180 per 30 days)	nefazodone oral tablet 250 mg	1	MO; QLL (72 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	1	MO; QLL (60 per 30 days)	nefazodone oral tablet 50 mg	1	MO; QLL (360 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	1	MO; QLL (90 per 30 days)	NEUPRO	2	PAR; MO; QLL (30 per 30 days)
			nortriptyline oral capsule 10 mg, 25 mg	1	PAR; MO
			nortriptyline oral capsule 50 mg, 75 mg	1	PAR; MO
			NORTRIPTYLINE ORAL SOLUTION	1	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NUEDEXTA	2	PAR; MO; QLL (60 per 30 days)	<i>oxazepam</i>	1	MO; QLL (120 per 30 days)
NUPLAZID ORAL CAPSULE 3		PAR; MO; S; QLL (30 per 30 days)	<i>oxcarbazepine</i>	1	MO
NUPLAZID ORAL TABLET 10 MG	3	PAR; MO; S; QLL (30 per 30 days)	<i>oxycodone oral capsule</i>	1	MO; QLL (180 per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	PAR; MO; QLL (30 per 30 days)	<i>oxycodone oral concentrate</i>	1	MO; QLL (180 per 30 days)
NUVIGIL ORAL TABLET 50 MG	3	PAR; MO; QLL (60 per 30 days)	<i>oxycodone oral solution</i>	1	MO; QLL (900 per 30 days)
<i>olanzapine intramuscular</i>	1	MO; QLL (60 per 30 days)	<i>oxycodone oral tablet</i>	1	MO; QLL (180 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	1	MO; QLL (60 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>olanzapine oral tablet 15 mg</i>	1	MO; QLL (40 per 30 days)	<i>oxycodone-aspirin</i>	1	MO; QLL (180 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QLL (240 per 30 days)	<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QLL (30 per 30 days)	<i>paliperidone oral tablet extended release 24hr 3 mg</i>	1	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 5 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>olanzapine oral tablet 7.5 mg</i>	1	MO; QLL (80 per 30 days)	<i>paliperidone oral tablet extended release 24hr 9 mg</i>	3	MO; S; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QLL (60 per 30 days)	PAMELOR	3	PAR; MO; S
<i>olanzapine oral tablet, disintegrating 15 mg</i>	1	MO; QLL (40 per 30 days)	<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	1	MO; QLL (30 per 30 days)	<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QLL (90 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QLL (120 per 30 days)	<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QLL (60 per 30 days)
ONFI ORAL SUSPENSION	3	PAR; MO; S; QLL (480 per 30 days)	<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QLL (45 per 30 days)
ONFI ORAL TABLET 10 MG	3	PAR; MO; S; QLL (120 per 30 days)	<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	MO; QLL (180 per 30 days)
ONFI ORAL TABLET 20 MG	3	PAR; MO; S; QLL (60 per 30 days)	<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	MO; QLL (90 per 30 days)
<i>oxaprozin</i>	1	MO	<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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PERSERIS	3	MO; S; QLL (1 per 28 days)	<i>piroxicam</i>	1	MO
PEXEVA ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)	<i>pramipexole oral tablet</i>	1	MO
PEXEVA ORAL TABLET 20 MG	3	MO; QLL (90 per 30 days)	<i>pregabalin oral capsule 100 mg</i>	1	PAR; MO; QLL (180 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)	<i>pregabalin oral capsule 150 mg</i>	1	PAR; MO; QLL (120 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QLL (45 per 30 days)	<i>pregabalin oral capsule 200 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>phenelzine</i>	1	MO	<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>phenobarbital oral elixir</i>	1	PAR; MO; QLL (3000 per 30 days)	<i>pregabalin oral capsule 25 mg</i>	1	PAR; MO; QLL (720 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	1	PAR; MO; QLL (120 per 30 days)	<i>pregabalin oral capsule 50 mg</i>	1	PAR; MO; QLL (360 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	1	PAR; MO; QLL (800 per 30 days)	<i>pregabalin oral capsule 75 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	1	PAR; MO; QLL (741 per 30 days)	<i>pregabalin oral solution</i>	1	PAR; MO; QLL (900 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	PAR; MO; QLL (400 per 30 days)	<i>primidone</i>	1	MO
<i>phenobarbital oral tablet 32.4 mg</i>	1	PAR; MO; QLL (370 per 30 days)	<i>protriptyline</i>	1	PAR; MO
<i>phenobarbital oral tablet 60 mg</i>	1	PAR; MO; QLL (200 per 30 days)	<i>pyridostigmine bromide oral syrup</i>	3	MO; S
<i>phenobarbital oral tablet 64.8 mg</i>	1	PAR; MO; QLL (185 per 30 days)	PYRIDOSTIGMINE	1	MO
<i>phenobarbital oral tablet 97.2 mg</i>	1	PAR; MO; QLL (123 per 30 days)	BROMIDE ORAL TABLET 30 MG		
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	PAR; MO	<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	PAR	<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
PHENYTEK	3	MO	<i>quetiapine oral tablet 100 mg</i>	1	MO; QLL (240 per 30 days)
<i>phenytoin oral suspension 100 mg/ 4 ml</i>	1	MO	<i>quetiapine oral tablet 200 mg</i>	1	MO; QLL (120 per 30 days)
<i>phenytoin oral suspension 125 mg/ 5 ml</i>	1	MO	<i>quetiapine oral tablet 25 mg</i>	1	MO; QLL (960 per 30 days)
<i>phenytoin oral tablet, chewable</i>	1	MO	<i>quetiapine oral tablet 300 mg</i>	1	MO; QLL (80 per 30 days)
<i>phenytoin sodium extended</i>	1	MO	<i>quetiapine oral tablet 400 mg</i>	1	MO; QLL (60 per 30 days)
<i>phenytoin sodium intravenous solution</i>	1	MO	<i>quetiapine oral tablet 50 mg</i>	1	MO; QLL (480 per 30 days)
<i>pimozide</i>	1	MO	<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)

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Drug Name	Drug Tier	Requirements /Limits	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>risperidone oral tablet, disintegrating 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	PAR; MO; QLL (60 per 30 days)	<i>risperidone oral tablet, disintegrating 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	PAR; MO; QLL (480 per 30 days)	<i>risperidone oral tablet, disintegrating 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>ramelteon</i>	1	MO; QLL (30 per 30 days)	<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QLL (150 per 30 days)
<i>rasagiline</i>	1	MO	<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QLL (120 per 30 days)
<i>regonol</i>	1		<i>rivastigmine tartrate</i>	1	MO; QLL (60 per 30 days)
<i>RELPAX</i>	3	MO; QLL (9 per 30 days)	<i>rivastigmine transdermal</i>	1	MO; QLL (30 per 30 days)
<i>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	3	PAR; MO; S; QLL (60 per 30 days)	<i>rizatriptan</i>	1	MO; QLL (12 per 30 days)
<i>REXULTI ORAL TABLET 3 MG, 4 MG</i>	3	PAR; MO; S; QLL (30 per 30 days)	<i>ropinirole</i>	1	MO
<i>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML</i>	2	MO; QLL (2 per 28 days)	<i>roweepra oral tablet 500 mg</i>	1	MO
<i>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML</i>	3	MO; QLL (2 per 28 days)	<i>ROZEREM</i>	2	MO; QLL (30 per 30 days)
<i>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML</i>	3	MO; S; QLL (2 per 28 days)	<i>SABRIL ORAL POWDER IN PACKET</i>	3	PAR; MO; LA; QLL (180 per 30 days)
<i>risperidone oral solution</i>	1	MO; QLL (480 per 30 days)	<i>SABRIL ORAL TABLET</i>	3	PAR; MO; LA; S; QLL (180 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QLL (1920 per 30 days)	<i>salsalate</i>	1	MO
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QLL (960 per 30 days)	<i>SAPHRIS SUBLINGUAL TABLET 10 MG</i>	3	MO; S; QLL (60 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QLL (480 per 30 days)	<i>SAPHRIS SUBLINGUAL TABLET 2.5 MG</i>	3	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QLL (240 per 30 days)	<i>SAPHRIS SUBLINGUAL TABLET 5 MG</i>	3	MO; QLL (120 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QLL (150 per 30 days)	<i>SARAFEM ORAL TABLET 10 MG</i>	3	MO; S; QLL (240 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QLL (120 per 30 days)	<i>SARAFEM ORAL TABLET 20 MG</i>	3	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	MO; QLL (1920 per 30 days)	<i>seconal sodium</i>	1	PAR; QLL (14 per 30 days)
			<i>selegiline hcl</i>	1	MO
			<i>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG</i>	3	PAR; MO; QLL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	PAR; MO; QLL (120 per 30 days)	SYMBYAX ORAL CAPSULE 3-25 MG	3	MO; QLL (90 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PAR; MO; QLL (80 per 30 days)	SYMPAZAN ORAL FILM 10 MG, 20 MG	3	PAR; MO; S; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	PAR; MO; S; QLL (60 per 30 days)	SYMPAZAN ORAL FILM 5 MG	3	PAR; MO; QLL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	PAR; MO; QLL (480 per 30 days)	TECFIDERA	3	PAR; MO; LA; S
<i>sertraline oral concentrate</i>	1	MO; QLL (300 per 30 days)	TEGRETOL XR	3	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)	<i>temazepam</i>	1	MO; QLL (30 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)	<i>tetrabenazine oral tablet 12.5 mg</i>	3	PAR; MO; S; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)	<i>tetrabenazine oral tablet 25 mg</i>	3	PAR; MO; S; QLL (120 per 30 days)
SINEMET CR	3	ST; MO	<i>thioridazine</i>	1	ST; MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	3	PAR; MO; QLL (60 per 30 days)	<i>thiothixene</i>	1	MO
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PAR; MO; QLL (120 per 30 days)	<i>tiagabine</i>	1	MO
SUBSYS	3	PAR; MO; S; QLL (120 per 30 days)	<i>tizanidine</i>	1	MO
<i>sulindac oral tablet 150 mg</i>	1	MO	<i>tolcapone</i>	3	PAR; MO; S; QLL (180 per 30 days)
<i>sulindac oral tablet 200 mg</i>	1	MO	<i>tolmetin</i>	1	MO
<i>sumatriptan nasal spray</i>	1	MO	<i>topiramate oral capsule, sprinkle</i>	1	PAR; MO
<i>sumatriptan succinate oral</i>	1	MO; QLL (9 per 30 days)	<i>topiramate oral tablet 100 mg</i>	1	PAR; MO; QLL (480 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO	<i>topiramate oral tablet 200 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO	<i>topiramate oral tablet 25 mg</i>	1	PAR; MO; QLL (1920 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO	<i>topiramate oral tablet 50 mg</i>	1	PAR; MO; QLL (960 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO	<i>tramadol oral tablet</i>	1	MO; QLL (240 per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	3	MO; QLL (30 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	Drug Name	Drug Tier	Requirements /Limits
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	MO	venlafaxine oral tablet 75 mg	1	MO; QLL (150 per 30 days)
trazodone oral tablet 300 mg	1	MO	venlafaxine oral tablet extended release 24hr 150 mg	1	MO; QLL (60 per 30 days)
triazolam	1	MO; QLL (30 per 30 days)	venlafaxine oral tablet extended release 24hr 225 mg	1	MO; QLL (30 per 30 days)
trifluoperazine	1	MO	venlafaxine oral tablet extended release 24hr 37.5 mg	1	MO; QLL (180 per 30 days)
tribexyphenidyl	1	PAR; MO	venlafaxine oral tablet extended release 24hr 75 mg	1	MO; QLL (90 per 30 days)
trimipramine	1	PAR; MO	VERSACLOZ	3	QLL (600 per 30 days)
TRINTELLIX ORAL TABLET 10 MG	3	ST; MO; QLL (60 per 30 days)	vicodin es	1	MO; QLL (180 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	3	ST; MO; QLL (30 per 30 days)	vicodin hp	1	MO; QLL (180 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	3	ST; MO; QLL (120 per 30 days)	vigabatrin oral powder in packet	3	PAR; MO; LA; S; QLL (180 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PAR; MO	vigabatrin oral tablet	3	PAR; MO; S; QLL (180 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PAR; MO; S	VIIBRYD ORAL TABLET 10 MG	3	ST; MO; QLL (120 per 30 days)
TYSABRI	3	PAR; MO; LA; S	VIIBRYD ORAL TABLET 20 MG	3	ST; MO; QLL (60 per 30 days)
valproate sodium	1	MO	VIIBRYD ORAL TABLET 40 MG	3	ST; MO; QLL (30 per 30 days)
valproic acid	1	MO	VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; MO; QLL (30 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO	VIMPAT INTRAVENOUS	3	MO; QLL (1200 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	PAR; MO; LA; S			
venlafaxine oral capsule,extended release 24hr 150 mg	1	MO; QLL (60 per 30 days)			
venlafaxine oral capsule,extended release 24hr 37.5 mg	1	MO; QLL (180 per 30 days)			
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QLL (90 per 30 days)			
venlafaxine oral tablet 100 mg	1	MO; QLL (113 per 30 days)			
venlafaxine oral tablet 25 mg	1	MO; QLL (450 per 30 days)			
venlafaxine oral tablet 37.5 mg	1	MO; QLL (300 per 30 days)			
venlafaxine oral tablet 50 mg	1	MO; QLL (225 per 30 days)			
venlafaxine oral tablet 75 mg	1	MO; QLL (120 per 30 days)			
venlafaxine oral tablet 150 mg	1	MO; QLL (60 per 30 days)			
venlafaxine oral tablet 225 mg	1	MO; QLL (30 per 30 days)			
venlafaxine oral tablet 37.5 mg	1	MO; S; QLL (1200 per 30 days)			
venlafaxine oral tablet 75 mg	1	MO; QLL (120 per 30 days)			
venlafaxine oral tablet 150 mg	1	MO; QLL (60 per 30 days)			
venlafaxine oral tablet 225 mg	1	MO; S; QLL (60 per 30 days)			
venlafaxine oral tablet 50 mg	1	MO; QLL (240 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)	ZOMIG ZMT ORAL TABLET, 3 DISINTEGRATING 2.5 MG	3	MO; QLL (9 per 30 days)
VRAYLAR ORAL CAPSULE	3	PAR; MO; S; QLL (30 per 30 days)	ZOMIG ZMT ORAL TABLET, 3 DISINTEGRATING 5 MG	3	MO; S; QLL (9 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	3	PAR; MO; QLL (14 per 365 days)	<i>zonisamide</i>	1	MO
VYVANSE ORAL CAPSULE	2	MO; QLL (30 per 30 days)	ZYPREXA INTRAMUSCULAR 3 INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QLL (60 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	3	PAR; MO; LA; S; QLL (240 per 30 days)	ZYPREXA RELPREVV 3 INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	3	MO; QLL (2 per 28 days)
XENAZINE ORAL TABLET 25 MG	3	PAR; MO; LA; S; QLL (120 per 30 days)	Cardiovascular, Hypertension / Lipids		
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	3	PAR; MO; LA; S; QLL (16 per 28 days)	ACCUPRIL	3	MO
XYREM	3	PAR; MO; LA; S; QLL (540 per 30 days)	ACCURETIC	3	MO
<i>zaleplon oral capsule 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)	<i>acebutolol</i>	1	MO
<i>zaleplon oral capsule 5 mg</i>	1	PAR; MO; QLL (30 per 30 days)	ADALAT CC	3	MO
ZARONTIN ORAL CAPSULE	3	MO	AGGRENOX	3	ST; MO; QLL (60 per 30 days)
ZELAPAR	3	MO; S	ALDACTAZIDE	3	MO
<i>zenzedi oral tablet 10 mg</i>	1	PAR; MO; QLL (180 per 30 days)	<i>aliskiren</i>	1	MO
<i>zenzedi oral tablet 5 mg</i>	1	PAR; MO; QLL (90 per 30 days)	ALTACE	3	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QLL (240 per 30 days)	ALTOPREV	3	PAR; MO
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QLL (120 per 30 days)	<i>amiloride</i>	1	MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	MO; QLL (60 per 30 days)	<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>zolmitriptan</i>	1	MO; QLL (9 per 30 days)	<i>amiodarone intravenous solution</i>	1	B/D PAR; MO
<i>zolpidem oral</i>	1	PAR; MO; QLL (30 per 30 days)	<i>amiodarone intravenous syringe</i>	1	B/D PAR
ZOMIG NASAL	3	MO	<i>amiodarone oral</i>	1	MO
ZOMIG ORAL	3	MO; S; QLL (9 per 30 days)	<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
			ARIIXTRA SUBCUTANEOUS 3 SYRINGE 10 MG/0.8 ML	3	MO; S; QLL (24 per 30 days)
			ARIIXTRA SUBCUTANEOUS 3 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	Drug Name	Drug Tier	Requirements /Limits
ARIXTA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	3	MO; S; QLL (12 per 30 days)	<i>chlorothiazide oral tablet 500 mg</i>	1	MO
ARIXTA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	3	MO; S; QLL (18 per 30 days)	<i>chlorothiazide sodium</i>	1	MO
<i>aspirin-dipyridamole</i>	1	ST; MO; QLL (60 per 30 days)	<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
ATACAND	3	MO	<i>cholestyramine (with sugar)</i>	1	MO
ATACAND HCT	3	MO	<i>cholestyramine light</i>	1	MO
<i>atenolol</i>	1	MO	<i>cilostazol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO	<i>clonidine hcl oral tablet</i>	1	MO
<i>atorvastatin</i>	1	MO	<i>clonidine transdermal patch</i>	1	MO; QLL (4 per 28 days)
AVALIDE	3	MO	<i>clopidogrel oral tablet 300 mg</i>	1	MO; QLL (1 per 30 days)
AVAPRO	3	MO	<i>clopidogrel oral tablet 75 mg</i>	1	MO; QLL (30 per 30 days)
AZOR	3	MO	<i>colesevelam</i>	1	MO
<i>benazepril</i>	1	MO	<i>colestipol</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO	CORGARD	3	MO
BENICAR	3	MO	CORLANOR ORAL SOLUTION	3	PAR; QLL (560 per 28 days)
BENICAR HCT	3	MO	CORLANOR ORAL TABLET	3	PAR; MO; QLL (60 per 30 days)
<i>betaxolol oral</i>	1	MO	COUMADIN ORAL	2	MO
BIDIL	2	MO; QLL (180 per 30 days)	COZAAR	3	MO
<i>bisoprolol fumarate</i>	1	MO	CRESTOR	3	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO	DEMSER	3	MO; S
BRILINTA	2	MO; QLL (60 per 30 days)	DIBENZYLINE	3	MO; S
<i>bumetanide</i>	1	MO	<i>digitek oral tablet 125 mcg (0.125 mg)</i>	1	MO
BYSTOLIC	3	ST; MO	<i>digitek oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO
CALAN ORAL TABLET 120 MG	3	MO	<i>digox oral tablet 125 mcg (0.125 mg)</i>	1	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	MO	<i>digox oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO
<i>candesartan</i>	1	MO	<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>candesartan-hydrochlorothiazide</i>	1	MO	<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	1	MO
<i>captopril</i>	1	MO	<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO
<i>captopril-hydrochlorothiazide</i>	1	MO	DILATRATE-SR	3	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 420 MG	3	MO	<i>dilt-xr</i>	1	MO
CARDURA XL	3	MO	<i>diltiazem hcl intravenous</i>	1	
<i>cartia xt</i>	1	MO			
<i>carvedilol</i>	1	MO			
<i>chlorothiazide oral tablet 250 mg</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg	1		ezetimibe	1	MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO	ezetimibe-simvastatin	1	PAR; MO; QLL (30 per 30 days)
diltiazem hcl oral capsule,extended release 24 hr	1	MO	felodipine	1	MO
diltiazem hcl oral capsule,extended release 24hr	1	MO	fenofibrate micronized	1	MO
diltiazem hcl oral tablet	1	MO	fenofibrate nanocrystallized 48 mg, 145 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr	1	MO	fenofibrate oral tablet 160 mg, 54 mg	1	MO
DIOVAN	3	MO	fenofibric acid (choline) dr capsules oral capsule,delayed release(dr/ec)	1	MO
DIOVAN HCT	3	MO	45 mg, 135mg		
dofetilide	1	MO	fenofibric acid tablet 105 mg, 35 mg	1	MO
doxazosin	1	MO	flecainide	1	MO
DYAZIDE	3	MO	fluvastatin	1	MO
DYRENIUM	3	MO	fondaparinux subcutaneous syringe 10 mg/0.8 ml	3	MO; S; QLL (24 per 30 days)
EDARBI	3	MO	fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO; QLL (15 per 30 days)
EDARBYCLOR	3	MO	fondaparinux subcutaneous syringe 5 mg/0.4 ml	3	MO; S; QLL (12 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	MO; QLL (60 per 30 days)	fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	3	MO; S; QLL (18 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	MO; QLL (74 per 30 days)	fosinopril	1	MO
ELIQUIS ORAL TABLETS, DOSE PACK	2	MO; QLL (74 per 180 days)	fosinopril-hydrochlorothiazide	1	MO
enalapril maleate	1	MO	FRAGMIN SUBCUTANEOUS SOLUTION	3	MO; S
enalapril-hydrochlorothiazide	1	MO	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
enoxaparin subcutaneous solution	1	MO; QLL (84 per 28 days)	FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QLL (28 per 28 days)	furosemide injection	1	MO
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QLL (22.4 per 28 days)	furosemide oral solution 10 mg/ml	1	MO
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1	MO; QLL (8.4 per 28 days)	furosemide oral solution 40 mg/5 ml (8 mg/ml)	1	MO
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QLL (11.2 per 28 days)	furosemide oral tablet	1	MO
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1	MO; QLL (16.8 per 28 days)			
ENTRESTO	3	PAR; MO			
eplerenone	1	MO			
eprosartan	1	MO			
EXFORGE	3	MO			
EXFORGE HCT	3	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</i>	1	
<i>intravenous parenteral solution 20, 000 unit/500 ml (40 unit/ml)</i>		
<i>heparin (porcine) in 5 % dex</i>	1	MO
<i>intravenous parenteral solution 25, 000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>		
<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	B/D PAR; 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</i>	1	MO
<i>intravenous parenteral solution 25, 000 unit/250 ml</i>		
<i>heparin(porcine) in 0.45% nacl</i>	1	B/D PAR; MO
<i>intravenous parenteral solution 25, 000 unit/500 ml</i>		
<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 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
JUXTAPIID	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	Drug Name	Drug Tier	Requirements /Limits
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QLL (11.2 per 28 days)	NIASPAN EXTENDED-RELEASE	3	MO
LOVENOX SUBCUTANEOUS SYRINGE 60 MG/0.6 ML	3	MO; S; QLL (16.8 per 28 days)	<i>nicardipine intravenous solution</i>	1	MO
<i>mannitol 20 %</i>	1		<i>nicardipine oral</i>	1	MO
<i>mannitol 25 % intravenous solution</i>	1	MO	<i>nifedipine oral tablet extended release</i>	1	MO
<i>matzim la</i>	1	MO	<i>nifedipine oral tablet extended release 24hr</i>	1	MO
MAXZIDE	3	MO	<i>nimodipine</i>	1	MO
MAXZIDE-25MG	3	MO	<i>nitro-bid</i>	1	MO
<i>methyclothiazide</i>	1	MO	NITRO-DUR	2	MO
<i>methyldopa</i>	1	PAR; MO	TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		
<i>metolazone</i>	1	MO	<i>nitroglycerin intravenous</i>	1	B/D PAR
<i>metoprolol succinate</i>	1	MO	<i>nitroglycerin sublingual</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO	<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1		NITROSTAT	3	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO	NORPACE	3	PAR; MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	MO	NORVASC	3	MO
<i>metoprolol tartrate-hydrochlorothiazide</i>	1	MO	<i>olmesartan</i>	1	MO
<i>mexiletine</i>	1	MO	<i>olmesartan-amloclidine-hydrochlorothiazide</i>	1	MO
MICARDIS	3	MO	<i>olmesartan-hydrochlorothiazide</i>	1	MO
MICARDIS HCT	3	MO	<i>omega-3 acid ethyl esters</i>	1	MO
MICROZIDE	3	MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PAR; MO
MINIPRESS	3	MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PAR; MO; S
<i>minoxidil oral</i>	1	MO	<i>osmitrol 15 %</i>	1	
<i>moexipril</i>	1	MO	<i>osmitrol 20 %</i>	1	
MULTAQ	3	MO; QLL (60 per 30 days)	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>nadolol</i>	1	MO	<i>pentoxifylline</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1		<i>perindopril erbumine</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO	<i>phenoxybenzamine</i>	3	MO; S
<i>niacin oral tablet 500 mg</i>	1	MO	<i>pindolol</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO	PRADAXA	3	MO; QLL (60 per 30 days)
NIACOR	2	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PRALUENT PEN	3	PAR; MO; S; QLL (2 per 28 days)	REPATHA SURECLICK	3	PAR; MO; S; QLL (3 per 28 days)
<i>prasugrel</i>	1	MO; QLL (30 per 30 days)	REPATHA SYRINGE	3	PAR; MO; S; QLL (3 per 28 days)
<i>pravastatin</i>	1	MO	<i>rosuvastatin</i>	1	MO
<i>prazosin</i>	1	MO	<i>simvastatin</i>	1	MO
<i>prevalite</i>	1	MO	<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG	3	MO	<i>sorine oral tablet 240 mg</i>	1	
<i>procainamide injection solution 100 mg/ml</i>	1	MO	<i>sorine oral tablet 80 mg</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1		<i>sotalol af oral tablet 120 mg, 160 mg</i>	1	MO
PROCARDIA	3	PAR; MO	<i>sotalol af oral tablet 80 mg</i>	1	MO
PROMACTA ORAL POWDER IN PACKET	3	PAR; MO; LA; S; QLL (90 per 30 days)	<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG	3	PAR; MO; LA; S; QLL (30 per 30 days)	<i>sotalol oral tablet 80 mg</i>	1	MO
PROMACTA ORAL TABLET 50 MG	3	PAR; MO; LA; S; QLL (90 per 30 days)	<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO
<i>propafenone oral tablet</i>	1	MO	<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>propranolol intravenous</i>	1		<i>spironolactone-hydrochlorothiazide</i>	1	MO
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO	TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	MO
<i>propranolol oral solution</i>	1	MO	<i>taztia xt</i>	1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO	TEKTURNA	2	MO
<i>propranolol oral tablet 60 mg</i>	1	MO	TEKTURNA HCT	2	MO
<i>propranolol-hydrochlorothiazide</i>	1	MO	<i>telmisartan</i>	1	MO
<i>quinapril</i>	1	MO	<i>telmisartan-amlodipine</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO	<i>telmisartan-hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO	TENORETIC 100	3	MO
<i>ramipril</i>	1	MO	TENORETIC 50	3	MO
RANEXA	2	ST; MO	<i>terazosin capsule</i>	1	MO
<i>ranolazine</i>	1	ST; MO	TIAZAC	3	MO
REMODULIN	3	PAR; MO; LA; S	TIKOSYN	3	MO
REPATHA PUSHTRONEX	3	PAR; MO; S; QLL (3.5 per 28 days)	<i>timolol maleate oral</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>cyclodan 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	Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical swab</i>	1	MO	DOVONEX TOPICAL CREAM	3	MO; QLL (120 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO	<i>doxepin topical</i>	3	MO; S
<i>clindamycin-tretinooin</i>	1	MO	<i>econazole</i>	1	MO
<i>clobetasol scalp</i>	1	MO	ELIDEL	3	PAR; MO; QLL (100 per 90 days)
<i>clobetasol topical cream</i>	1	MO; QLL (120 per 30 days)	ELOCON TOPICAL CREAM	3	MO
<i>clobetasol topical foam</i>	1	MO; QLL (100 per 30 days)	<i>ery pads</i>	1	MO
<i>clobetasol topical gel</i>	1	MO	<i>erythromycin with ethanol topical gel</i>	1	MO
<i>clobetasol topical lotion</i>	1	MO	<i>erythromycin with ethanol topical solution</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO; QLL (120 per 30 days)	<i>erythromycin-benzoyl peroxide</i>	1	MO
<i>clobetasol topical shampoo</i>	1	MO	EURAX	3	MO
<i>clobetasol topical spray, non-aerosol</i>	1	MO	EXELDERM	3	MO
<i>clobetasol-emollient topical cream</i>	1	MO; QLL (120 per 30 days)	FINACEA TOPICAL GEL	2	MO
<i>clobetasol-emollient topical foam</i>	1	MO; QLL (100 per 30 days)	<i>fluocinolone and shower cap</i>	1	MO; QLL (120 per 30 days)
CLOBEX TOPICAL LOTION	3	MO; S	<i>fluocinolone topical cream 0.01 %</i>	1	MO
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	MO	<i>fluocinolone topical cream 0.025 %</i>	1	MO; QLL (120 per 30 days)
CLOCORTOLONE PIVALATE	3	MO	<i>fluocinolone topical oil</i>	1	MO; QLL (120 per 30 days)
CLODERM	3	MO	<i>fluocinolone topical ointment</i>	1	MO; QLL (120 per 30 days)
<i>clotrimazole topical</i>	1	MO	<i>fluocinolone topical solution</i>	1	MO; QLL (120 per 30 days)
<i>clotrimazole-betamethasone</i>	1	MO	<i>fluocinonide topical cream 0.05 %</i>	1	MO; QLL (240 per 30 days)
CONDYLOX TOPICAL GEL	3	MO	<i>fluocinonide topical cream 0.1 %</i>	3	MO; S; QLL (120 per 30 days)
CORDRAN TAPE LARGE ROLL	3	MO	<i>fluocinonide topical gel</i>	1	MO; QLL (240 per 30 days)
CORTISPORIN TOPICAL	3	MO	<i>fluocinonide topical ointment</i>	1	MO; QLL (240 per 30 days)
<i>crotan</i>	1		<i>fluocinonide topical solution</i>	1	MO; QLL (240 per 30 days)
DENAVIR	3	MO; S; QLL (5 per 30 days)	<i>fluocinonide-e</i>	1	MO; QLL (240 per 30 days)
<i>desonide</i>	1	MO	<i>fluocinonide-emollient</i>	1	MO; QLL (240 per 30 days)
<i>desoximetasone topical cream</i>	1	MO	<i>fluorouracil topical cream 5 %</i>	1	MO
<i>desoximetasone topical gel</i>	1	MO	<i>fluorouracil topical solution</i>	1	MO
<i>desoximetasone topical ointment</i>	1	MO	<i>fluticasone propionate topical</i>	1	MO
<i>diclofenac sodium topical gel 3 %</i>	3	PAR; MO; S; QLL (100 per 30 days)			
<i>diflorasone</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin topical</i>	1	MO	<i>lidocaine topical ointment</i>	1	PAR; MO; QLL (150 per 30 days)
<i>halcinonide</i>	1	MO	<i>lidocaine viscous</i>	1	PAR; MO
<i>halobetasol propionate topical cream</i>	1	MO	<i>lidocaine-prilocaine topical cream</i>	1	MO; QLL (30 per 30 days)
<i>halobetasol propionate topical ointment</i>	1	MO	LIDODERM	3	PAR; MO; QLL (90 per 30 days)
HALOG TOPICAL CREAM	3	MO; S	<i>lindane topical shampoo</i>	1	MO
HALOG TOPICAL OINTMENT	3	MO	<i>malathion</i>	1	MO
<i>hydrocortisone butyr-emollient</i>	1	MO	<i>methoxsalen</i>	3	PAR; MO; S
<i>hydrocortisone butyrate topical cream</i>	1	MO	METROGEL TOPICAL GEL WITH PUMP	3	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO	<i>metronidazole topical</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO	<i>mometasone topical</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO	<i>mupirocin topical cream</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO	<i>mupirocin topical ointment</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO	<i>myorisan</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO	<i>naftifine</i>	1	MO
<i>imiquimod topical cream in packet</i>	1	MO	NAFTIN TOPICAL CREAM 2 %	3	MO
KENALOG TOPICAL	3	MO; S	NAFTIN TOPICAL GEL	3	MO
<i>ketoconazole topical cream</i>	1	MO	<i>nyamyc</i>	1	MO
<i>ketoconazole topical shampoo</i>	1	MO	<i>nystatin topical</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>nystatin-triamcinolone</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	MO	<i>nystop</i>	1	MO
<i>lidocaine hcl injection solution</i>	1	MO	<i>oxiconazole</i>	1	MO
<i>lidocaine hcl laryngotracheal</i>	1	MO; QLL (300 per 30 days)	OXISTAT	3	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	PAR; MO	OXSORALEN ULTRA	3	PAR; MO; S
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO	PANDEL	3	MO; S
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PAR; MO; QLL (300 per 30 days)	PANRETIN	3	MO; S
<i>lidocaine topical adhesive patch, medicated</i>	1	PAR; MO; QLL (90 per 30 days)	<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

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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
SULFAMYLYON 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>tretinooin topical cream</i>	1	PAR; MO; QLL (45 per 30 days)
<i>tretinooin 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	Drug Name	Drug Tier	Requirements /Limits
dextrose 50 % in water (d50w)	1	MO	RENAGEL ORAL TABLET	3	ST; MO; S
dextrose 70 % in water (d70w)	1	MO	800 MG		
dextrose with sodium chloride	1		RENVELA ORAL TABLET	3	MO; S; QLL (540 per 30 days)
disulfiram	1	MO	RILUTEK	3	MO; S
etidronate disodium oral tablet 400 mg	3	MO; S	riluzole	1	MO
EXJADE	3	PAR; MO; LA; S	ringer's irrigation	1	MO
FERRIPROX	3	PAR; MO; S	risedronate oral tablet 30 mg	1	ST; MO; QLL (30 per 30 days)
FOSRENOL ORAL TABLET, CHEWABLE	3	ST; MO; S	sevelamer carbonate oral powder in packet 0.8 gram	3	MO; S; QLL (540 per 30 days)
INCRELEX	3	PAR; MO; LA; S	sevelamer carbonate oral powder in packet 2.4 gram	3	MO; S; QLL (180 per 30 days)
kionex (with sorbitol)	1	MO	sevelamer carbonate oral tablet	1	MO; QLL (540 per 30 days)
lactated ringers irrigation	1	MO	sevelamer hcl	1	ST; MO
lanthanum	3	ST; MO; S	sodium chloride 0.9 % intravenous	1	MO
levocarnitine (with sugar)	1	B/D PAR; MO	sodium chloride irrigation	1	MO
levocarnitine oral tablet	1	MO	sodium phenylbutyrate	3	PAR; MO; S
midodrine	1	MO	sodium polystyrene sulfonate oral	1	MO
neomycin-polymyxin b gu irrigation solution	1	MO	sodium polystyrene sulfonate rectal	1	
NICOTROL	3	MO	sps (with sorbitol) oral	1	MO
NICOTROL NS	2	MO; QLL (120 per 30 days)	sps (with sorbitol) rectal	1	
nitisinone	3	PAR; MO; S	THIOLA	3	PAR; MO; S
NORTHERA ORAL CAPSULE 100 MG	3	PAR; MO; S; QLL (540 per 30 days)	tis-u-sol pentalyte	1	MO
NORTHERA ORAL CAPSULE 200 MG	3	PAR; MO; S; QLL (270 per 30 days)	trientine	3	MO; S
NORTHERA ORAL CAPSULE 300 MG	3	PAR; MO; S; QLL (180 per 30 days)	VELPHORO	3	ST; MO; S; QLL (180 per 30 days)
ORFADIN	3	PAR; MO; LA; S	WATER FOR IRRIGATION, STERILE	2	MO
PHYSIOLYTE	3		zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PAR; MO
PHYSIOSOL IRRIGATION	3				
pilocarpine hcl oral	1	MO			
PROLASTIN-C	3	PAR; LA; S			
INTRAVENOUS RECON SOLN					
PROLASTIN-C	3	PAR; MO; S	Ear, Nose / Throat Medications		
INTRAVENOUS SOLUTION			acetic acid otic (ear)	1	MO
RAVICTI	3	PAR; MO; S; QLL (525 per 30 days)	ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QLL (30 per 25 days)
			azelastine nasal	1	MO; QLL (30 per 25 days)
			chlorhexidine gluconate mucous membrane	1	MO
			CIPRO HC	3	MO
			CIPRODEX	2	MO
			COLY-MYCIN S	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CORTISPORIN-TC	3	MO	ANDROGEL	3	PAR; MO; S;
denta 5000 plus	1	MO	TRANSDERMAL GEL IN PACKET 1 % (25 MG/ 2.5GRAM)		QLL (300 per 30 days)
dentagel	1	MO	ANDROGEL	3	PAR; MO; QLL
fluocinolone acetonide oil otic (ear)	1	MO	TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)		(300 per 30 days)
hydrocortisone-acetic acid	1	MO	ANDROGEL	2	PAR; MO; QLL
ipratropium bromide nasal	1	MO; QLL (30 per 30 days)	TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/ 1.25 GRAM)		(112.5 per 30 days)
neomycin-polymyxin-hc otic (ear)	1	MO	ANDROGEL	2	PAR; MO; QLL
ofloxacin otic (ear)	1	MO	TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)		(150 per 30 days)
olopatadine nasal	1	MO; QLL (31 per 30 days)	armour thyroid	1	PAR; MO
oralone	1	MO	BYDUREON BCISE	2	MO; QLL (4 per 28 days)
paroex oral rinse	1	MO	BYDUREON	2	MO; QLL (4 per 28 days)
PATANASE	3	MO; QLL (31 per 30 days)	SUBCUTANEOUS PEN INJECTOR		
periogard	1	MO	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML	2	MO; QLL (2.4 per 30 days)
sf5000 plus	1	MO	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/ DOSE (250 MCG/ML) 1.2 ML	2	MO; QLL (1.2 per 30 days)
sodium fluoride 5000 plus	1		cabergoline	1	MO
triamcinolone acetonide dental	1	MO	calcitonin (salmon)	1	MO; QLL (4 per 30 days)
Endocrine/Diabetes					
acarbose oral tablet 100 mg	1	MO; QLL (90 per 30 days)	calcitriol intravenous solution 1 mcg/ml	1	MO
acarbose oral tablet 25 mg	1	MO; QLL (360 per 30 days)	calcitriol oral capsule	1	MO
acarbose oral tablet 50 mg	1	MO; QLL (180 per 30 days)	calcitriol oral solution	1	B/D PAR; MO
ACTHAR	3	PAR; MO; S	CERDELGA	3	PAR; MO; S
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QLL (60 per 30 days)	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PAR; MO; S
alcohol pads	1	MO	cinacalcet oral tablet 30 mg, 60 mg	3	B/D PAR; MO; S; QLL (60 per 30 days)
ALDURAZYME	3	PAR; MO; S	cinacalcet oral tablet 90 mg	3	B/D PAR; MO; S; QLL (120 per 30 days)
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)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
cortisone tablet	1	MO	glipizide oral tablet extended release 24hr 10 mg	1	MO; QLL (60 per 30 days)
CYCLOSET	3	ST; MO; QLL (180 per 30 days)	glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QLL (240 per 30 days)
CYTOMEL	3	MO	glipizide oral tablet extended release 24hr 5 mg	1	MO; QLL (120 per 30 days)
danazol	1	MO	glipizide-metformin oral tablet 2.5-250 mg	1	MO; QLL (240 per 30 days)
desmopressin injection	1	MO	glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QLL (120 per 30 days)
desmopressin nasal spray with pump	1	MO	GLUCAGEN HYPOKIT	2	MO
desmopressin nasal spray, non-aerosol	1	MO	GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
desmopressin oral	1	MO	GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QLL (60 per 30 days)
dexamethasone intensol	1	MO	GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QLL (150 per 30 days)
dexamethasone oral elixir	1	MO	GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QLL (90 per 30 days)
dexamethasone oral solution	1	MO	GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QLL (120 per 30 days)
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO	GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QLL (60 per 30 days)
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	1	MO	GLUCOTROL ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
dexamethasone oral tablets, dose pack	1	MO	GLUCOTROL ORAL TABLET 5 MG	3	MO; QLL (240 per 30 days)
dexamethasone sodium phos (pf)	1	MO	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QLL (60 per 30 days)
dexamethasone sodium phosphate injection	1	MO	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QLL (120 per 30 days)
DEXPAK 10 DAY	3	MO	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QLL (240 per 30 days)
DEXPAK 13 DAY	3	MO	glyburide micronized oral tablet 1.5 mg	1	PAR; MO; QLL (240 per 30 days)
DEXPAK 6 DAY	3	MO	glyburide micronized oral tablet 3 mg	1	PAR; MO; QLL (120 per 30 days)
doxercalciferol intravenous	1		glyburide micronized oral tablet 6 mg	1	PAR; MO; QLL (60 per 30 days)
DUETACT	3	MO; QLL (30 per 30 days)			
ELAPRASE	3	PAR; MO; S			
FABRAZYME	3	PAR; MO; S			
fludrocortisone	1	MO			
gauze pads 2 x 2	1	MO; QLL (200 per 30 days)			
glimepiride oral tablet 1 mg	1	MO; QLL (240 per 30 days)			
glimepiride oral tablet 2 mg	1	MO; QLL (120 per 30 days)			
glimepiride oral tablet 4 mg	1	MO; QLL (60 per 30 days)			
glipizide oral tablet 10 mg	1	MO; QLL (120 per 30 days)			
glipizide oral tablet 5 mg	1	MO; QLL (240 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
glyburide oral tablet 1.25 mg	1	PAR; MO; QLL (480 per 30 days)	HUMULIN R U-500 (CONC)	3	PAR; MO; S
glyburide oral tablet 2.5 mg	1	PAR; MO; QLL (240 per 30 days)	KWIKPEN		
glyburide oral tablet 5 mg	1	PAR; MO; QLL (120 per 30 days)	hydrocortisone oral	1	MO
glyburide-metformin oral tablet 1.25-250 mg	1	PAR; MO; QLL (240 per 30 days)	INSULIN LISPRO	2	MO
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	PAR; MO; QLL (120 per 30 days)	insulin pen needle	1	MO; QLL (200 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)	insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml	1	MO; QLL (200 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)	JANUMET	2	MO; QLL (60 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QLL (30 per 30 days)
HECTOROL INTRAVENOUS	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QLL (60 per 30 days)
hidex	1		JANUVIA ORAL TABLET 100 MG	2	MO; QLL (30 per 30 days)
HUMALOG JUNIOR	2	MO	JANUVIA ORAL TABLET 25 MG	2	MO; QLL (120 per 30 days)
KWIKPEN U-100			JANUVIA ORAL TABLET 50 MG	2	MO; QLL (60 per 30 days)
HUMALOG KWIKPEN	2	MO	JARDIANCE	2	MO; QLL (30 per 30 days)
INSULIN			JENTADUETO	2	MO; QLL (60 per 30 days)
HUMALOG MIX 50-50	2	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QLL (60 per 30 days)
INSULN U-100			JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QLL (30 per 30 days)
HUMALOG MIX 50-50	2	MO	KORLYM	3	PAR; MO; S
KWIKPEN			KUVAN ORAL POWDER IN PACKET 500 MG	3	PAR; MO; S
HUMALOG MIX 75-25	2	MO	KUVAN ORAL TABLET, SOLUBLE	3	PAR; MO; S
KWIKPEN			LANTUS SOLOSTAR U-100 INSULIN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO	LANTUS U-100 INSULIN	2	MO
HUMALOG U-100 INSULIN	2	MO	LEVEMIR FLEXTOUCH U-100 INSULN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO	LEVEMIR U-100 INSULIN	2	MO
HUMULIN 70/30 U-100	2	MO			
KWIKPEN					
HUMULIN N NPH INSULIN	2	MO			
KWIKPEN					
HUMULIN N NPH U-100 INSULIN	2	MO			
HUMULIN R REGULAR U-100 INSULN	2	MO			
HUMULIN R U-500 (CONC) INSULIN	3	PAR; MO; S			

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Drug Name	Drug Tier	Requirements /Limits
<i>levothyroxine oral</i>	1	MO
LEVOXYL ORAL TABLET 100	2	MO
MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		
<i>liothyronine intravenous</i>	3	MO; S
<i>liothyronine oral</i>	1	MO
MEDROL ORAL TABLET 2	2	MO
MG		
<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</i>	1	MO
mg		
<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</i>	1	MO
mg		
<i>methylprednisolone sodium succ</i>	1	MO
<i>intravenous recon soln 1,000 mg</i>		
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>milglustat</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</i>	1	MO
30 mg/10 ml (3 mg/ml), 90 mg/ 10 ml (9 mg/ml)		
<i>pamidronate intravenous solution</i>	1	B/D PAR; MO
60 mg/10 ml (6 mg/ml)		
<i>paricalcitol oral capsule 1 mcg, 2</i>	1	MO
mcg		
<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	3	MO; QLL (480 per 30 days)
MG		
PRANDIN ORAL TABLET 2	3	MO; S; QLL (240 per 30 days)
PRECOSE ORAL TABLET 100	3	MO; QLL (90 per 30 days)
MG		

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PRECOSE ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)	SOMAVERT	3	PAR; MO; S
PRECOSE ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)	STIMATE	3	MO; S
<i>prednisolone oral solution 15 mg/ 5 ml</i>	1	MO	SYMLINPEN 120	3	PAR; MO; S; QLL (11 per 30 days)
<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	SYMLINPEN 60	3	PAR; MO; S; QLL (6 per 30 days)
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	MO	SYNAREL	3	PAR; MO; S
<i>prednisone intensol</i>	1	MO	SYNJARDY	2	MO; QLL (60 per 30 days)
<i>prednisone oral solution</i>	1	MO	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC	2	MO; QLL (60 per 30 days)
<i>prednisone oral tablet 1 mg</i>	1	MO	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC	2	MO; QLL (30 per 30 days)
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO	24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG		
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	MO	SYNTHROID	2	MO
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO	TAPAZOLE	3	MO
PROGLYCEM	3	MO; S	<i>testosterone cypionate</i>	1	PAR; MO
<i>propylthiouracil</i>	1	MO	<i>testosterone enanthate</i>	1	PAR; MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QLL (960 per 30 days)	<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>repaglinide oral tablet 1 mg</i>	1	MO; QLL (480 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>repaglinide oral tablet 2 mg</i>	1	MO; QLL (240 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>repaglinide-metformin</i>	1	MO; QLL (150 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)
SAMSCA ORAL TABLET 15 MG	3	PAR; MO; S; QLL (30 per 30 days)	<i>testosterone transdermal solution in metered pump w/app</i>	1	PAR; MO; QLL (180 per 30 days)
SAMSCA ORAL TABLET 30 MG	3	PAR; MO; S; QLL (60 per 30 days)	<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	1	PAR
SENSIPAR ORAL TABLET 30 MG, 60 MG	3	B/D PAR; MO; S; QLL (60 per 30 days)	<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	1	PAR; MO
SENSIPAR ORAL TABLET 90 MG	3	B/D PAR; MO; S; QLL (120 per 30 days)	THYROLAR-1	3	MO
			THYROLAR-1/2	3	MO
			THYROLAR-1/4	3	MO
			THYROLAR-2	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
THYROLAR-3	3	MO	<i>aprepitant oral capsule 125 mg</i>	1	B/D PAR; MO; QLL (5 per 30 days)
TIROSINT	3	MO	<i>aprepitant oral capsule 40 mg</i>	1	B/D PAR; MO; QLL (1 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QLL (120 per 30 days)	<i>aprepitant oral capsule 80 mg</i>	1	B/D PAR; MO; QLL (10 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)	<i>aprepitant oral capsule,dose pack</i>	1	B/D PAR; MO; QLL (15 per 30 days)
<i>tolbutamide</i>	1	MO; QLL (180 per 30 days)	APRISO	3	MO
TOUJEO MAX U-300	2	MO	ASACOL HD	3	MO
SOLOSTAR			<i>atropine injection solution 0.4 mg/</i>	1	MO
TOUJEO SOLOSTAR U-300	2	MO	<i>ml</i>		
INSULIN			<i>atropine injection syringe 0.05 mg/</i>	1	
TRADJENTA	2	MO; QLL (30 per 30 days)	<i>ml</i>		
<i>triamcinolone acetonide injection</i>	1	MO	<i>atropine injection syringe 0.1 mg/</i>	1	MO
TRULICITY	2	MO; QLL (2 per 28 days)	<i>ml</i>		
UNITHROID ORAL TABLET	2	MO	<i>balsalazide</i>	1	MO
100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG			<i>budesonide oral capsule,delayed,</i>	3	MO; S extend.release
<i>uniithroid oral tablet 137 mcg</i>	1	MO	<i>budesonide oral tablet,delayed and</i>	3	PAR; MO; S ext.release
VICTOZA 2-PAK	2	MO; QLL (9 per 30 days)	CANASA	3	MO; S
VICTOZA 3-PAK	2	MO; QLL (9 per 30 days)	<i>cimetidine</i>	1	MO
VPRI	3	PAR; MO; S	<i>cimetidine hcl oral soln</i>	1	MO
ZEMPLAR ORAL CAPSULE	1	B/D PAR; MO	<i>colocort</i>	1	MO
MCG			<i>compro</i>	1	MO
ZEMPLAR ORAL CAPSULE	2	B/D PAR; MO; S	<i>constulose</i>	1	MO
MCG			CORTIFOAM	3	MO
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	PAR; MO	CREON	2	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	PAR; MO	<i>cromolyn oral</i>	1	MO
Gastroenterology			CYSTADANE	3	MO; S
<i>alosetron</i>	3	PAR; MO; S; QLL (60 per 30 days)	CYTOTEC	3	MO
AMITIZA	2	MO; QLL (60 per 30 days)	DELZICOL ORAL CAPSULE	2	MO (WITH DEL REL TABLETS)
			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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
diphenoxylate-atropine oral liquid	1	PAR; MO	generlac	1	MO
diphenoxylate-atropine oral tablet	1	PAR; MO	glycopyrrolate injection	1	MO
dronabinol oral capsule 10 mg	3	B/D PAR; MO; S; QLL (120 per 30 days)	glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
dronabinol oral capsule 2.5 mg, 5 mg	1	B/D PAR; MO; QLL (120 per 30 days)	GOLYTELY	3	MO
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)	granisetron (pf)	1	MO
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)	granisetron hcl intravenous	1	MO
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)	granisetron hcl oral	1	B/D PAR; MO; QLL (30 per 30 days)
EMEND ORAL CAPSULE, DOSE PACK	3	B/D PAR; MO; S; QLL (15 per 30 days)	hydrocortisone rectal	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PAR; MO; QLL (15 per 30 days)	hydrocortisone topical cream with perineal applicator 1 %	1	MO
enulose	1	MO	hydrocortisone topical cream with perineal applicator 2.5 %	1	MO
esomeprazole magnesium	1	ST; MO; QLL (30 per 30 days)	KRISTALOSE	3	MO
esomeprazole sodium intravenous recon soln 20 mg	1		lactulose oral packet	1	
esomeprazole sodium intravenous recon soln 40 mg	1	MO	lactulose oral solution	1	MO
esomeprazole strontium oral capsule,delayed release(dr/ec) 49.3 mg	1	ST; MO; QLL (30 per 30 days)	lansoprazole oral capsule,delayed release(dr/ec)	1	MO; QLL (30 per 30 days)
famotidine (pf)	1	MO	LIALDA	2	MO
famotidine (pf)-nacl (iso-os)	1	MO	LINZESS	2	MO; QLL (30 per 30 days)
famotidine intravenous solution	1	MO	loperamide oral capsule	1	MO
famotidine oral suspension	1	MO	meclizine oral tablet 12.5 mg, 25 mg	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO	mesalamine oral capsule (with del rel tablets)	1	MO
GATTEX 30-VIAL	3	PAR; MO; S	mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	MO
GATTEX ONE-VIAL	3	PAR; MO; S	MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	1	MO
gavilyte-c	1	MO	mesalamine rectal enema	1	MO
gavilyte-g	1	MO	mesalamine rectal suppository	3	MO; S
gavilyte-n	1	MO	mesalamine with cleansing wipe	1	MO
			methscopolamine	1	MO
			metoclopramide hcl injection solution	1	MO
			metoclopramide hcl injection syringe	1	
			metoclopramide hcl oral solution	1	MO
			metoclopramide hcl oral tablet	1	MO
			misoprostol	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MOVANTIK	2	MO; QLL (30 per 30 days)	<i>procto-med hc</i>	1	MO
MOVIPREP	3	MO	<i>procto-pak</i>	1	MO
<i>nizatidine oral capsule</i>	1	MO	<i>proctosol hc topical</i>	1	MO
NULYTELY WITH FLAVOR PACKS	3	MO	<i>proctozone-hc</i>	1	MO
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	MO; QLL (30 per 30 days)	<i>propantheline</i>	1	PAR; MO
<i>omeprazole-sodium bicarbonate oral packet</i>	3	MO; S; QLL (30 per 30 days)	PROTONIX ORAL	3	MO; QLL (30 per 30 days)
<i>ondansetron disintegrating tablet</i>	1	B/D PAR; MO; QLL (90 per 30 days)	<i>ranitidine hcl injection</i>	1	MO
<i>ondansetron hcl (pf)</i>	1	MO	<i>ranitidine hcl oral syrup</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PAR; MO; QLL (450 per 30 days)	RECTIV	3	MO; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PAR; QLL (30 per 30 days)	RELISTOR SUBCUTANEOUS SOLUTION	3	PAR; MO; S; QLL (18 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PAR; MO; QLL (90 per 30 days)	RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PAR; MO; S; QLL (18 per 30 days)
<i>opium tincture</i>	1	MO	RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PAR; MO; S; QLL (12 per 30 days)
OSMOPREP	3	MO	REMICADE	3	PAR; MO; S
<i>pantoprazole intravenous</i>	1	MO	SANCUSO	3	PAR; MO; S; QLL (4 per 28 days)
<i>pantoprazole oral</i>	1	MO; QLL (30 per 30 days)	<i>scopolamine transdermal</i>	1	MO; QLL (10 per 28 days)
<i>paregoric</i>	1	MO	SUCRAID	3	MO; S
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO	<i>sucralfate oral tablet</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1		<i>sulfasalazine</i>	1	MO
<i>peg-electrolyte soln</i>	1		SUPREP BOWEL PREP KIT	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO	TRANSDERM-SCOP	2	MO; QLL (10 per 28 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	MO; S	<i>trilyte with flavor packets</i>	1	MO
<i>polyethylene glycol 3350</i>	1	MO	<i>ursodiol</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO	VIOKACE ORAL TABLET 10, 440-39,150- 39,150 UNIT	3	MO
<i>prochlorperazine maleate oral</i>	1	MO	VIOKACE ORAL TABLET 20, 880-78,300- 78,300 UNIT	3	MO; S
<i>prochlorperazine rectal supp</i>	1	MO	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	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			BETASERON	3	PAR; MO; S
			SUBCUTANEOUS KIT		
			BEXSERO	2	MO
			BOOSTRIX TDAP	2	MO
			BOTOX	3	PAR; MO
			DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
			DYSPORT	3	PAR; MO
			EGRIFTA SUBCUTANEOUS	3	PAR; MO; S
			RECON SOLN 1 MG		
			ENGERIX-B (PF)	2	B/D PAR; MO
			ENGERIX-B PEDIATRIC (PF)	2	B/D PAR; MO
			INTRAMUSCULAR SYRINGE		
			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)	2	MO
			INTRAMUSCULAR SUSPENSION		
			HAVRIX (PF)	2	MO
			INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML		
			HAVRIX (PF)	2	
			INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML		
			HIBERIX (PF)	2	MO
			HUMATROPE	3	PAR; MO; S
			ILARIS (PF)	3	PAR; MO; LA; S
			SUBCUTANEOUS SOLUTION		
			IMOVAZ RABIES VACCINE (PF)	2	MO
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			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INFANRIX (DTAP) (PF)	2	MO	PEGINTRON	3	MO; S
INTRON A INJECTION	3	MO	SUBCUTANEOUS KIT 50		
RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)			MCG/0.5 ML		
INTRON A INJECTION	3	MO; S	PENTACEL (PF)	2	MO
RECON SOLN 50 MILLION UNIT (1 ML)			PLEGRIDY	3	PAR; MO; S; QLL (1 per 28 days)
INTRON A INJECTION	3	MO; S	PROCRI T INJECTION	3	PAR; MO
SOLUTION			SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML		
IPOL SUSPENSION FOR INJECTION 40 UNIT-8 UNIT-32 UNIT/0.5 ML	2	MO	PROCRI T INJECTION	2	PAR; MO
IXIARO (PF)	2	MO	SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		
KINRIX (PF)	2		PROCRI T INJECTION	3	PAR; MO; S
INTRAMUSCULAR SUSPENSION			SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML		
KINRIX (PF)	2	MO	PROLEUKIN	3	B/D PAR; MO; S
INTRAMUSCULAR SYRINGE			PROQUAD (PF)	2	MO
LEUKINE INJECTION	3	PAR; MO; S	QUADRACEL (PF)	2	MO
RECON SOLN 250MCG			RABAVERT (PF)	2	MO
M-M-R II (PF)	2	MO	RECOMBIVAX HB (PF)	2	B/D PAR; MO
MENACTRA (PF)	2	MO	INTRAMUSCULAR SUSPENSION		
INTRAMUSCULAR SOLUTION			RECOMBIVAX HB (PF)	2	B/D PAR; MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO	INTRAMUSCULAR SYRINGE		
MOZOBIL	3	PAR; MO; S	10 MCG/ML		
NEULASTA	3	PAR; MO; S; QLL (1.2 per 28 days)	RECOMBIVAX HB (PF)	2	B/D PAR
NEUPOGEN	3	PAR; MO; S	INTRAMUSCULAR SYRINGE		
NORDITROPIN FLEXPRO	3	PAR; MO; S	5 MCG/0.5 ML		
NUTROPIN AQ NUSPIN	3	PAR; MO; S	ROTARIX	2	
OCTAGAM	3	PAR; MO; S	ROTATEQ VACCINE	2	MO
OMNITROPE	3	PAR; MO; S	SAIZEN	3	PAR; MO; S
PEDIARIX (PF)	2	MO	SAIZEN SAIZENPREP	3	PAR; MO; S
PEDVAX HIB (PF)	2	MO	SHINGRIX (PF)	2	MO
PEGASYS PROCLICK	3	MO; S	STAMARIL (PF)	2	
SUBCUTANEOUS PEN			SYLATRON	3	PAR; MO; S
INJECTOR 180 MCG/0.5 ML			TDVAX	2	MO
PEGASYS SUBCUTANEOUS SYR	3	MO; S	TENIVAC (PF)	2	MO
			TETANUS,DIPHTHERIA	2	MO
			TOX PED(PF)		
			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)	2	MO
INTRAMUSCULAR SYRINGE		
TYPHIM VI	2	
INTRAMUSCULAR SOLUTION		
TYPHIM VI	2	MO
INTRAMUSCULAR SYRINGE		
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		
hydrocortisone-pramoxine rectal cream 1-1 %	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)
alendronate oral solution	1	MO; QLL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QLL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QLL (4 per 28 days)
allopurinol	1	MO
allopurinol intravenous solution	1	
aloprim	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)
febuxostat	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)

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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 (dr/ec)</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	Drug Name	Drug Tier	Requirements /Limits
<i>camrese</i>	1	MO	<i>estradiol-norethindrone acet</i>	1	PAR; MO
<i>camrese lo</i>	1	MO	ESTRING	3	MO; QLL (1 per 90 days)
<i>caziant (28)</i>	1	MO	ESTROSTEP FE-28	3	MO
CLEOCIN VAGINAL	3	MO	<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	1	
CLIMARA PRO	2	PAR; MO; QLL (4 per 28 days)	EVAMIST	2	PAR; MO
<i>clindamycin phosphate vaginal</i>	1	MO	<i>falmina (28)</i>	1	MO
COMBIPATCH	2	PAR; MO; QLL (8 per 28 days)	<i>fayosim</i>	1	MO
CRINONE	3	PAR; MO	FEMRING	3	MO; QLL (1 per 90 days)
<i>cryselle (28)</i>	1	MO	<i>femynor</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO	<i>fyavolv</i>	1	PAR; MO
<i>cyclafem 7/7/7 (28)</i>	1	MO	<i>gianvi (28)</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO	<i>heather</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO	<i>hydroxyprogesterone caproate</i>	3	PAR; MO; S; QLL (25 per 147 days)
<i>deblitane</i>	1	MO	<i>introvale</i>	1	MO
DELESTROGEN	3	MO	<i>isibloom</i>	1	MO
<i>delyla (28)</i>	1		<i>jencycla</i>	1	MO
DEPO-ESTRADIOL	2	MO	<i>jintel</i>	1	PAR; MO
DEPO-PROVERA	3	MO	<i>jolessa</i>	1	MO
INTRAMUSCULAR SUSPENSION 400 MG/ML			<i>juleber</i>	1	MO
DEPO-SUBQ PROVERA 104	2	MO	<i>junel 1.5/30 (21)</i>	1	MO
<i>desog-e.estradiol/e.estriadiol</i>	1	MO	<i>junel 1/20 (21)</i>	1	MO
DIVIGEL	2	PAR; MO	<i>junel fe 1.5/30 (28)</i>	1	MO
<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	MO	<i>junel fe 1/20 (28)</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO	<i>junel fe 24</i>	1	MO
<i>elinest</i>	1	MO	<i>kaitlib fe</i>	1	MO
ELLA	2		<i>kariva (28)</i>	1	MO
<i>emoquette</i>	1	MO	<i>kelnor 1/35 (28)</i>	1	MO
<i>enpresse</i>	1	MO	KYLEENA	2	MO
<i>enskyce</i>	1	MO	<i>l norgest/e.estriadiol-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>errin</i>	1	MO	<i>larin 1.5/30 (21)</i>	1	MO
<i>estarrylla</i>	1	MO	<i>larin 1/20 (21)</i>	1	MO
ESTRACE VAGINAL	3	MO	<i>larin 24 fe</i>	1	MO
<i>estradiol oral</i>	1	PAR; MO	<i>larin fe 1.5/30 (28)</i>	1	MO
<i>estradiol transdermal patch semiweekly</i>	1	PAR; MO; QLL (8 per 28 days)	<i>larin fe 1/20 (28)</i>	1	MO
<i>estradiol transdermal patch weekly</i>	1	PAR; MO; QLL (4 per 28 days)	<i>larissia</i>	1	MO
<i>estradiol vaginal</i>	1	MO	<i>layolis fe</i>	1	MO
<i>estradiol valerate intramuscular oil</i>	1	MO			
<i>20 mg/ml, 40 mg/ml</i>					

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
leena 28	1	MO	norgestimate-ethinyl estradiol	1	MO
lessina	1	MO	norlyda	1	MO
levonest (28)	1	MO	norlyroc	1	
levonorg-eth estrad triphasic	1	MO	nortrel 0.5/35 (28)	1	MO
levonorgestrel-ethinyl estrad	1	MO	nortrel 1/35 (21)	1	MO
levora-28	1	MO	nortrel 1/35 (28)	1	MO
LILETTA	2	MO	nortrel 7/7/7 (28)	1	MO
LO LOESTRIN FE	2	MO	NUVARING	2	MO
lo-zumandimine (28)	1		ocella	1	MO
loryna (28)	1	MO	ogestrel (28)	1	MO
low-ogestrel (28)	1	MO	orsythia	1	MO
lutera (28)	1	MO	ORTHO MICRONOR	3	MO
lyza	1	MO	ORTHO TRI-CYCLEN (28)	2	MO
marlissa (28)	1	MO	ORTHO TRI-CYCLEN LO (28)	3	MO
medroxyprogesterone intramuscular	1	MO	OSPHENA	3	MO
medroxyprogesterone oral	1	MO	philith	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PAR; MO	pimtrea (28)	1	MO
methylergonovine oral	3	MO; S	pirmella	1	MO
metronidazole vaginal	1	MO	portia 28	1	MO
mibelas 24 fe	1	MO	PREMARIN ORAL	2	PAR; MO
miconazole-3 vaginal suppository	1	MO	PREMARIN VAGINAL	2	MO
microgestin 1.5/30 (21)	1	MO	PREMPHASE	2	PAR; MO
microgestin 1/20 (21)	1	MO	PREMPRO	2	PAR; MO
microgestin fe 1.5/30 (28)	1	MO	previfem	1	MO
microgestin fe 1/20 (28)	1	MO	progesterone micronized	1	MO
mimvey	1	PAR; MO	reclipsen (28)	1	MO
mimvey lo	1	PAR; MO	rivilsa	1	MO
MIRENA	2	MO	setlakin	1	MO
mono-linyah	1	MO	sharobel	1	MO
necon 0.5/35 (28)	1	MO	simpesse	1	
nikki (28)	1	MO	SKYLA	2	MO
nora-be	1	MO	sprintec (28)	1	MO
noreth-ethinyl estradiol-iron	1	MO	sronyx	1	MO
norethindrone (contraceptive)	1	MO	syeda	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PAR; MO	tarina fe 1-20 eq (28)	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO	tarina fe 1/20 (28)	1	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1	MO	terconazole	1	MO
norethindrone acetate	1	MO	tilia fe	1	MO
norethindrone-e.estradiol-iron	1	MO	tranexamic acid oral	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>tri-lo-mili</i>	1		BETIMOL	3	MO
<i>tri-lo-sprintec</i>	1	MO	BETOPTIC S	3	MO
<i>tri-previfem (28)</i>	1	MO	<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO	BLEPHAMIDE	3	MO
<i>trivora (28)</i>	1	MO	BLEPHAMIDE S.O.P.	3	MO
VANDAZOLE	2	MO	<i>brimonidine</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO	<i>carteolol</i>	1	MO
<i>vienva</i>	1	MO	<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>viorele (28)</i>	1	MO	COMBIGAN	2	MO
<i>vyfemla (28)</i>	1	MO	COSOPT	3	MO
<i>wymzya fe</i>	1	MO	<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>xulane</i>	1	MO	CYSTARAN	3	MO; S
YASMIN (28)	3	MO	<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
YAZ (28)	3	MO	<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>yuvafem</i>	1	MO	<i>dorzolamide</i>	1	MO
<i>zarah</i>	1	MO	<i>dorzolamide-timolol</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO	DUREZOL	2	MO
<i>zumandimine (28)</i>	1		<i>epinastine</i>	1	MO
Ophthalmology					
<i>acetazolamide</i>	1	MO	<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>acetazolamide sodium solution for injection</i>	1	MO	FLAREX	3	MO
ACULAR	3	MO	<i>fluorometholone</i>	1	MO
ACULAR LS	3	MO	<i>flurbiprofen ophthalmic (eye)</i>	1	MO
<i>ak-poly-bac</i>	1	MO	FML FORTE	3	MO
ALOCRIL	3	MO	FML S.O.P.	3	MO
ALOMIDE	3	MO	<i>gatifloxacin</i>	1	MO
ALPHAGAN P	2	MO	<i>gentak ophthalmic (eye) ointment</i>	1	MO
OPHTHALMIC (EYE) DROPS					
0.1 %			<i>gentamicin ophthalmic (eye) drops</i>	1	MO
ALPHAGAN P	3	MO	<i>gentamicin ophthalmic (eye) ointment</i>	1	
OPHTHALMIC (EYE) DROPS					
0.15 %			ILEVRO	2	MO
ALREX	3	MO	IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
<i>apraclonidine</i>	1	MO	ISOPTO CARPINE	3	MO
ATROPINE OPHTHALMIC (EYE) DROPS	2	MO	ISTALOL	3	MO
<i>azelastine ophthalmic (eye)</i>	1	MO	<i>ketorolac ophthalmic (eye)</i>	1	MO
AZOPT	3	MO	LACRISERT	2	MO; QLL (60 per 30 days)
<i>bacitracin ophthalmic (eye)</i>	1	MO	LASTACAFT	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO	<i>latanoprost</i>	1	MO
BEPREVE	3	MO	<i>levobunolol ophthalmic (eye) drops</i>	1	MO
<i>betaxolol ophthalmic (eye)</i>	1	MO	0.5 %		
			<i>levofloxacin ophthalmic (eye)</i>	1	MO
			LOTEMAX	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>loteprednol etabonate</i>	1	MO	TIMOPTIC-XE	3	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO	TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
MAXIDEX	3	MO	TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO
<i>methazolamide</i>	1	MO	TOBRADEX ST	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO	<i>tobramycin</i>	1	MO
NATACYN	3	MO	<i>tobramycin-dexamethasone ophthalmic (eye)</i>	1	MO
<i>neo-polycin</i>	1	MO	TRAVATAN Z	2	MO
<i>neo-polycin hc</i>	1	MO	<i>trifluridine</i>	1	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO	XALATAN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO	XiIDRA	2	PAR; MO; QLL (60 per 30 days)
<i>neomycin-polymyxin b-dexameth</i>	1	MO	ZIOPTAN (PF)	3	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO	ZIRGAN	3	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO	ZYLET	2	MO
NEVANAC	2	MO	Respiratory And Allergy		
<i>ofloxacin ophthalmic (eye)</i>	1	MO	<i>acetylcysteine</i>	1	B/D PAR; MO
<i>olopatadine ophthalmic (eye)</i>	1	MO	ADCIRCA	3	PAR; MO; S; QLL (60 per 30 days)
PATADAY	2	MO	ADEMPAS	3	PAR; MO; LA; S
PATANOL	3	MO	<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
PAZEO	2	MO	ADVAIR DISKUS	2	MO; QLL (60 per 30 days)
PHOSPHOLINE IODIDE	3	MO	ADVAIR HFA	2	MO; QLL (12 per 30 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO	ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION, 90 MCG/ACTUATION (NDA020983)	2	MO; QLL (36 per 30 days)
<i>polycin</i>	1	MO	<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>polymyxin b sulf-trimethoprim</i>	1	MO	<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)
PRED MILD	3	MO	<i>albuterol sulfate oral syrup</i>	1	MO
PRED-G	3	MO	<i>albuterol sulfate oral tablet</i>	1	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			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO	DULERA	2	MO; QLL (13 per 30 days)
<i>ambrisentan</i>	3	PAR; MO; LA; S; QLL (30 per 30 days)	DYMISTA	2	MO; QLL (23 per 28 days)
<i>aminophylline intravenous</i>	1		ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MO
<i>ANORO ELLIPTA</i>	2	MO; QLL (60 per 30 days)	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/ 0.3 ML, 0.3 MG/0.3 ML	1	MO; QLL (2 per 28 days)
<i>ARCAPTA NEOHALER</i>	3	MO; QLL (30 per 30 days)	ESBRIET ORAL CAPSULE	3	PAR; MO; S; QLL (270 per 30 days)
<i>ARNUTITY ELLIPTA</i>	2	MO; QLL (30 per 30 days)	ESBRIET ORAL TABLET 267 MG	3	PAR; MO; S; QLL (270 per 30 days)
<i>ATROVENT HFA</i>	3	MO; QLL (26 per 30 days)	ESBRIET ORAL TABLET 801 MG	3	PAR; MO; S; QLL (90 per 30 days)
<i>bosentan</i>	3	PAR; MO; LA; S; QLL (60 per 30 days)	FIRAZYR	3	PAR; MO; S
<i>BREO ELLIPTA</i>	2	MO; QLL (60 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ ACTUATION	2	MO; QLL (60 per 30 days)
<i>BROVANA</i>	3	B/D PAR; MO; S; QLL (120 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	2	MO; QLL (240 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)	FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QLL (12 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PAR; MO; QLL (60 per 30 days)	FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QLL (24 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO	FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QLL (11 per 30 days)
<i>CINRYZE</i>	3	PAR; MO; S	<i>desloratadine</i>	1	MO
<i>clemastine oral tablet 2.68 mg</i>	1	PAR; MO	<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO; QLL (75 25 mcg (0.025 %))
<i>COMBIVENT RESPIMAT</i>	3	MO; QLL (8 per 30 days)	<i>diphenhydramine hcl injection syringe</i>	1	MO; QLL (60 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PAR; MO; QLL (240 per 30 days)	<i>flunisolide nasal spray, non-aerosol</i>	1	MO; QLL (75 per 30 days)
<i>cypheptadine</i>	1	PAR; MO	<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QLL (60 per 30 days)
<i>DALIRESP</i>	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			

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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	3	ST; MO; QLL (7 per 30 days)
KALYDECO ORAL TABLET	3	PAR; MO; S; QLL (60 per 30 days)	AEROSOL INHALER 40 MCG/ACTUATION		
LETAIRIS	3	PAR; MO; LA; S; QLL (30 per 30 days)	QNASL NASAL HFA	3	ST; 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)	AEROSOL INHALER 80 MCG/ACTUATION		
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	1	B/D PAR; MO; QLL (540 per 30 days)	QVAR REDIHALER INHALATION HFA	2	MO; QLL (11 per 30 days)
LEVALBUTEROL HFA	3	ST; MO; QLL (45 per 30 days)	AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION		
<i>levocetirizine</i>	1	MO	QVAR REDIHALER INHALATION HFA	2	MO; QLL (22 per 30 days)
<i>metaproterenol oral syrup</i>	1	MO	AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION		
<i>mometasone nasal</i>	1	MO	REVATIO INTRAVENOUS	3	PAR; MO; S; QLL (1125 per 30 days)
<i>montelukast</i>	1	MO	SEREVENT DISKUS	2	MO; QLL (60 per 30 days)
OFEV	3	PAR; MO; S; QLL (60 per 30 days)	<i>sildenafil (pulm.hypertension) intravenous</i>	3	PAR; S; QLL (1125 per 30 days)
OMNARIS	3	ST; MO; QLL (13 per 30 days)	<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PAR; MO; S; QLL (90 per 30 days)
OPSUMIT	3	PAR; MO; LA; S; QLL (30 per 30 days)	SPIRIVA RESPIMAT	2	MO; QLL (4 per 30 days)
ORKAMBI ORAL TABLET	3	PAR; MO; S; QLL (120 per 30 days)	SPIRIVA WITH HANDIHALER	2	MO; QLL (30 per 30 days)
PERFOROMIST	3	B/D PAR; MO; S; QLL (120 per 30 days)	STIOLTO RESPIMAT	2	MO; QLL (4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
SYMBICORT	2	MO; QLL (11 per 30 days)	<i>zafirlukast</i>	1	MO	
SYMJEPI	2	MO; QLL (2 per 28 days)	ZETONNA	3	ST; MO; QLL (6.1 per 30 days)	
<i>tadalafil (pulm. hypertension)</i>	3	PAR; MO; S; QLL (60 per 30 days)	<i>zileuton</i>	3	MO; S	
<i>terbutaline</i>	1	MO	ZYFLO	3	MO; S	
THEO-24	2	MO	Urologicals			
<i>theophylline oral elixir</i>	1		<i>alfuzosin</i>	1	MO	
<i>theophylline oral solution</i>	1	MO	AVODART	3	MO; QLL (30 per 30 days)	
<i>theophylline oral tablet extended release 12 hr</i>	1	MO	<i>bethanechol chloride</i>	1	MO	
<i>theophylline oral tablet extended release 24 hr</i>	1	MO	CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PAR; MO; QLL (30 per 30 days)	
TRACLEER ORAL TABLET FOR SUSPENSION	3	PAR; MO; LA; S; QLL (60 per 30 days)	CYSTAGON	2	MO; LA	
TUDORZA PRESSAIR	3	MO; QLL (1 per 30 days)	<i>darifenacin</i>	1	MO; QLL (30 per 30 days)	
TYVASO	3	PAR; MO; S; QLL (81.2 per 30 days)	dutasteride	1	MO; QLL (30 per 30 days)	
TYVASO INSTITUTIONAL START KIT	3	PAR; S; QLL (1 per 365 days)	<i>dutasteride-tamsulosin</i>	1	MO; QLL (30 per 30 days)	
TYVASO REFILL KIT	3	PAR; MO; S; QLL (81.2 per 30 days)	ELMIRON	3	MO	
TYVASO STARTER KIT	3	PAR; MO; S; QLL (1 per 365 days)	ENABLEX	3	ST; MO; QLL (30 per 30 days)	
VENTAVIS	3	PAR; MO; S; QLL (270 per 30 days)	<i>finasteride oral tablet 5 mg</i>	1	MO	
VENTOLIN HFA	3	ST; MO; QLL (36 per 30 days)	<i>flavoxate</i>	1	MO	
<i>wixela inhub</i>	1	MO; QLL (60 per 30 days)	GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	2	ST; MO; QLL (30 per 30 days)	
XOLAIR SUBCUTANEOUS RECON SOLN	3	PAR; MO; LA; S; QLL (6 per 28 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)	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OXYTROL	3	ST; MO; QLL (8 per 28 days)	<i>calcium acetate oral capsule</i>	1	MO
<i>potassium citrate</i>	1	MO	<i>calcium chloride intravenous</i>	1	
<i>silodosin</i>	1	MO	<i>calcium gluconate intravenous</i>	1	MO
<i>solifenacin</i>	1	MO; QLL (30 per 30 days)	CLINIMIX 5%/D15W	2	B/D PAR
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PAR; MO; QLL (30 per 30 days)	SULFITE FREE		
<i>tamsulosin</i>	1	MO	CLINIMIX 5%/D25W	2	B/D PAR
<i>tolterodine oral capsule, extended release 24hr</i>	1	MO; QLL (30 per 30 days)	SULF-FREE		
<i>tolterodine oral tablet</i>	1	MO; QLL (60 per 30 days)	CLINIMIX 4.25%/D10W	2	B/D PAR
TOVIAZ	3	MO; QLL (30 per 30 days)	SULF FREE		
<i>trospium oral capsule, extended release 24hr</i>	1	MO; QLL (30 per 30 days)	CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PAR
<i>trospium oral tablet</i>	1	MO; QLL (60 per 30 days)	CLINIMIX E 4.25%/D10W	2	B/D PAR
VESICARE	3	MO; QLL (30 per 30 days)	SULF FREE		
Vitamins, Hematinics / Electrolytes					
<i>albutein 25 %</i>	1		CLINIMIX E 4.25%/D5W	2	B/D PAR
<i>albutein 5 %</i>	1		SULF FREE		
AMINOSYN 10 %	2	B/D PAR	CLINIMIX E 5%/D15W	2	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	2	B/D PAR	SULFIT FREE		
AMINOSYN 8.5 %	2	B/D PAR	CLINIMIX E 5%/D20W	2	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	2	B/D PAR	SULFIT FREE		
AMINOSYN II 10 %	2	B/D PAR	CLINIMIX E 5%/D25W	2	B/D PAR
AMINOSYN II 15 %	2	B/D PAR	SULFIT FREE		
AMINOSYN II 8.5 %	2	B/D PAR	CLINIMIX N14G30E 4.25%-D15W SF	2	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	2	B/D PAR	CLINISOL SF 15 %	3	B/D PAR; MO
AMINOSYN M 3.5 %	2	B/D PAR	<i>complete natal dha</i>	1	MO
AMINOSYN-HBC 7%	2	B/D PAR	<i>completenate</i>	1	MO
AMINOSYN-PF 10 %	2	B/D PAR	<i>cysteine (l-cysteine) intravenous solution</i>	1	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	2	B/D PAR	<i>electrolyte-48 in d5w</i>	1	
AMINOSYN-RF 5.2 %	2	B/D PAR	<i>elite-ob</i>	1	MO
<i>bal-care dha</i>	1	MO	<i>fluoride (sodium) oral tablet</i>	1	MO
<i>buminate 5 %</i>	3	S	<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>c-nate dha</i>	1	MO	<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO

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INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PAR	<i>plasmanate</i>	1	
IONOSOL-MB IN D5W	2		<i>pnv 29-1</i>	1	MO
ISOLYTE S PH 7.4	2		<i>pnv-dha</i>	1	MO
ISOLYTE-P IN 5 %	2		<i>pnv-select</i>	1	MO
DEXTROSE			<i>potassium chlorid-d5-0.45%nacl</i>	1	
ISOLYTE-S	2		<i>intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>		
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	2	MO	<i>potassium chlorid-d5-0.45%nacl</i>	1	MO
KLOR-CON 10	2	MO	<i>intravenous parenteral solution 20 meq/l</i>		
KLOR-CON 8	2	MO	<i>potassium chloride in 0.9%nacl</i>	1	
<i>klor-con m10</i>	1	MO	<i>intravenous parenteral solution 20 meq/l, 40 meq/l</i>		
<i>klor-con m15</i>	1	MO	<i>potassium chloride in 5 % dex</i>	1	
<i>klor-con m20</i>	1	MO	<i>intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>		
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	1	MO	<i>potassium chloride in lr-d5</i>	1	MO
<i>klor-con/ef</i>	1	MO	<i>intravenous parenteral solution 20 meq/l</i>		
<i>lactated ringers intravenous</i>	1	MO	<i>potassium chloride in lr-d5</i>	1	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO	<i>intravenous parenteral solution 40 meq/l</i>		
<i>m-natal plus</i>	1	MO	<i>potassium chloride in water</i>	1	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	1		<i>intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>		
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1		<i>potassium chloride in water</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO	<i>intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>		
<i>magnesium sulfate injection solution</i>	1	MO	<i>potassium chloride intravenous soln</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1		<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	MO
NEPHRAMINE 5.4 %	2	B/D PAR	<i>potassium chloride oral liquid</i>	1	MO
NORMOSOL-M IN 5 %	2		<i>meq/15 ml, 40 meq/15 ml</i>		
DEXTROSE			<i>potassium chloride oral tablet</i>	1	MO
NORMOSOL-R	2	MO	<i>extended release 10 meq, 20 meq, 8 meq</i>		
NORMOSOL-R IN 5 %	2		<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
DEXTROSE			<i>10 meq, 20 meq</i>		
NORMOSOL-R PH 7.4	2		<i>potassium chloride-0.45 % nacl</i>	1	
PHOSLYRA	3	ST; MO	<i>potassium chloride-d5-0.2%nacl</i>	1	MO
PLASMA-LYTE 148	2		<i>intravenous parenteral solution 20 meq/l</i>		
PLASMA-LYTE A	2				

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.2%nacl</i>	1		<i>sodium chloride 3% intravenous injection solution</i>	1	MO
<i>intravenous parenteral solution 30 meq/l, 40 meq/l</i>			<i>sodium chloride 5% intravenous injection solution</i>	1	MO
<i>potassium chloride-d5-0.3%nacl</i>	1		<i>sodium chloride intravenous</i>	1	MO
<i>intravenous parenteral solution 20 meq/l</i>			<i>sodium lactate</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	MO	<i>sodium phosphate</i>	1	MO
<i>intravenous parenteral solution 20 meq/l</i>			<i>taron-c dha</i>	1	MO
<i>potassium chloride-d5-0.9%nacl</i>	1		<i>taron-prex prenatal-dha</i>	1	MO
<i>intravenous parenteral solution 40 meq/l</i>			<i>TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION</i>	3	
<i>potassium phosphate m-/d-basic</i>	1		<i>travasol 10 %</i>	1	B/D PAR; MO
<i>pr natal 400</i>	1	MO	<i>trinatal rx 1</i>	1	MO
<i>pr natal 400 ec</i>	1	MO	<i>triveen-duo dha</i>	1	MO
<i>pr natal 430</i>	1	MO	<i>TROPHAMINE 10 %</i>	2	B/D PAR; MO
<i>pr natal 430 ec</i>	1	MO	<i>TROPHAMINE 6%</i>	2	B/D PAR
<i>premasol 10 %</i>	1	B/D PAR; MO	<i>virt-c dha</i>	1	MO
<i>PREMASOL 6 %</i>	2	B/D PAR	<i>virt-nate dha</i>	1	MO
<i>prenaissance</i>	1	MO	<i>virt-pn dha</i>	1	MO
<i>prenaissance plus</i>	1	MO	<i>virt-pn plus</i>	1	MO
<i>prenatal plus</i>	1	MO	<i>vitafol-ob</i>	1	MO
<i>prenatal plus (calcium carb)</i>	1	MO	<i>zatean-pn dha</i>	1	MO
<i>prenatal vitamin plus low iron</i>	1	MO	<i>zatean-pn plus</i>	1	MO
<i>preplus</i>	1	MO	<i>zingiber</i>	1	
<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				

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

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

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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 (711: TTY).

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 شناسایی تان 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, chiama 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 помочь 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, at **1-800-225-2273** 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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