



MedStar Medicare
Choice

MedStar Medicare Choice Dual Advantage (HMO SNP)

2017 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.

HPMS Approved Formulary File Submission ID: 00017201, Version Number 7.

This formulary was updated on 08/23/2016. For more recent information or other questions, please contact MedStar Medicare Choice Member Services at **855-222-1041** or, for TTY users, **855-250-5604** seven days a week from 8 a.m. to 8 p.m.,* or visit **MedStarMedicareChoice.com**.

Nondiscrimination Notice

MedStar Medicare Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MedStar Medicare Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. MedStar Medicare Choice:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Catherine Kajubi, JD.

If you believe that MedStar Medicare Choice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Catherine Kajubi, JD, Director of Medicare Compliance, 5233 King Ave., Suite 400, Baltimore, MD 21237-4001, Telephone Number: 202-243-5419, Fax Number: 410-350-7440, Catherine.M.Kajubi@medstar.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Catherine Kajubi, JD, Director of Medicare Compliance is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nondiscrimination Statement

English: MedStar Medicare Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: MedStar Medicare Choice cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

French: MedStar Medicare Choice respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

French Creole: MedStar Medicare Choice konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Italian: MedStar Medicare Choice è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.

Portuguese: MedStar Medicare Choice cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

German: MedStar Medicare Choice erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Norwegian: MedStar Medicare Choice overholder gjeldende føderale lover om borgerrettigheter og diskriminerer ikke på grunnlag av etnisitet, farge, nasjonal opprinnelse, alder, funksjonshemning eller kjønn.

Russian: MedStar Medicare Choice соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Persian:

MedStar Medicare Choice از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود.

Greek: MedStar Medicare Choice συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.

Serbo-Croatian: MedStar Medicare Choice pridržava se važećih saveznih zakona o građanskim pravima i ne pravi diskriminaciju po osnovu rase, boje kože, nacionalnog porijekla, godina starosti, invaliditeta ili pola.

Urdu:

MedStar Medicare Choice قابلِ اطلاق وفاقى شہرى حقوق كے قوانین كى تعمیل كرتا ہے اور یہ كہ نسل، رنگ، قومیت، عمر، معذوری یا جنس كى بنیاد پر امتیاز نہیں كرتا۔

Hindi: MedStar Medicare Choice लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Chinese: MedStar Medicare Choice 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Japanese: MedStar Medicare Choice は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

Korean: MedStar Medicare Choice 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Vietnamese: MedStar Medicare Choice tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Tagalog: Sumusunod ang MedStar Medicare Choice sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-222-1041 (TTY: 1-855-250-5604).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-222-1041 (TTY: 1-855-250-5604).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-222-1041 (ATS: 1-855-250-5604).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-222-1041 (TTY: 1-855-250-5604).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-222-1041 (TTY: 1-855-250-5604).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-222-1041 (TTY: 1-855-250-5604).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-222-1041 (TTY: 1-855-250-5604).

Norwegian: MERK: Hvis du snakker norsk, er gratis språkassistenttjenester tilgjengelige for deg. Ring 1-855-222-1041 (TTY: 1-855-250-5604).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-222-1041 (телетайп: 1-855-250-5604).

Persian:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-222-1041 (TTY: 1-855-250-5604) تماس بگیرید.

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-222-1041 (TTY: 1-855-250-5604).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-222-1041 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-855-250-5604).

Urdu:

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-222-1041 (TTY: 1-855-250-5604)۔

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-222-1041 (TTY: 1-855-250-5604) पर कॉल करें।

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-222-1041 (TTY: 1-855-250-5604)。

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-222-1041 (TTY: 1-855-250-5604) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-222-1041 (TTY: 1-855-250-5604) 번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-222-1041 (TTY: 1-855-250-5604).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-222-1041 (TTY: 1-855-250-5604).

Grievance Procedure

It is the policy of MedStar Medicare Choice not to discriminate on the basis of race, color, national origin, sex, age or disability. MedStar Medicare Choice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Catherine Kajubi, JD, Director of Medicare Compliance, 5233 King Ave., Suite 400, Baltimore, MD 21237-4001, Telephone Number: 202-243-5419, Fax Number: 410-350-7440, Catherine.M.Kajubi@medstar.net., who has been designated to coordinate the efforts of MedStar Medicare Choice to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for MedStar Medicare Choice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of MedStar Medicare Choice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Section 1557 Coordinator's decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of

Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

MedStar Medicare Choice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means MedStar Family Choice, Inc. When it refers to “plan” or “our plan,” it means MedStar Medicare Choice Dual Advantage (HMO SNP).

This document includes a list of the drugs (formulary) for our plan, which is current as of 08/23/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

This plan is available to anyone who has both Medical Assistance from the State and Medicare. MedStar Medicare Choice Dual Advantage (HMO SNP) has a contract with Medicare and a contract with the D.C. Department of Health Care Finance and the Maryland Department of Health and Mental Hygiene (Medicaid) programs. Enrollment in MedStar Medicare Choice Dual Advantage depends on contract renewal.

This document may be available in an alternative format such as Braille, large print or audio; please call Member Services, at **855-222-1041** or, for TTY users, **855-250-5604**, seven days a week from 8 a.m. to 8 p.m.*, or visit **MedStarMedicareChoice.com**.

The Formulary may change at any time. You will receive notice when necessary.

What is the MedStar Medicare Choice Dual Advantage (HMO SNP) Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access, for the remainder of the coverage year, to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of 08/23/2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

If our plan makes non-maintenance drug changes to this formulary that were approved by the Centers for Medicare & Medicaid Services (CMS), we will notify members by mailing errata sheets that list the prescription drug, change made, and the effective date. This will enable members to have the most up-to-date information regarding the covered drugs on our plan's formulary.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 2. 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 number 2. 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 117. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets a month per prescription for Lansoprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section "How do I request an exception to the MedStar Medicare Choice Dual Advantage (HMO SNP) formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the MedStar Medicare Choice Dual Advantage (HMO SNP) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day 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 our 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 our 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.

In addition, all members who experience a level-of-care change are eligible for a transition supply. A level-of-care change is when a member changes from one treatment setting to another. For example, if a member is discharged from an inpatient facility to home on a non-formulary medication, the member will be eligible for a transition supply of that non-formulary medication. You can receive up to a 30-day supply of the medication (unless you have a prescription written for fewer days) after being discharged, to allow time for you and your physician to switch to a formulary alternative or request an exception. After your first 30-day supply, we will not pay for the drug, unless an exception was approved. Our transition policy applies only to those drugs that are “Part D drugs.” The transition policy cannot be used to cover non-Part D drugs.

For more information

For more detailed information about your MedStar Medicare Choice Dual Advantage (HMO SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

MedStar Medicare Choice Dual Advantage (HMO SNP) Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 117.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

MedStar Medicare Choice Dual Advantage (HMO SNP) cost-sharing amounts after the annual deductible of \$400 for 2017:

MedStar Medicare Choice Dual Advantage (HMO SNP)

Drug Tier Number	Drug Tier Description	Member Cost-Sharing (30, 60, or 90-day supply) Retail	Member Cost-Sharing (30, 60, or 90-day supply) Mail-order
1	All Covered Formulary Drugs – Depending on your income and institutional status, you pay the following:	<p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0, \$1.20, \$3.30 copayment for a 30-day retail supply • \$0, \$1.20, \$3.30 copayment for a 60-day retail supply • \$0, \$1.20, \$3.30 copayment for a 90-day retail supply <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0, \$3.70, \$8.25 copayment for a 30-day retail supply • \$0, \$3.70, \$8.25 copayment for a 60-day retail supply • \$0, \$3.70, \$8.25 copayment for a 90-day retail supply 	<p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0, \$1.20, \$3.30 copayment for a 30-day mail-order supply • \$0, \$1.20, \$3.30 copayment for a 60-day mail-order supply • \$0, \$1.20, \$3.30 copayment for a 90-day mail-order supply <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0, \$3.70, \$8.25 copayment for a 30-day mail-order supply • \$0, \$3.70, \$8.25 copayment for a 60-day mail-order supply • \$0, \$3.70, \$8.25 copayment for a 90-day mail-order supply

NOTE: Drugs are provided in a Long-term Care Facility for up to a 31-day supply.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

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

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	1	B/D; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	1	B/D; MO
<i>amphotericin b injection recon soln</i>	1	B/D; MO
CANCIDAS INTRAVENOUS RECON SOLN	1	B/D; MO
<i>clotrimazole mucous membrane troche</i>	1	MO
CRESEMBA INTRAVENOUS RECON SOLN	1	
CRESEMBA ORAL CAPSULE	1	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	1	MO
<i>fluconazole in dextrose(iso-o) intravenous piggyback</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine oral capsule</i>	1	MO
<i>griseofulvin microsize oral suspension</i>	1	MO
<i>griseofulvin microsize oral tablet</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	1	PA; MO; QL (120 per 30 days)
<i>ketoconazole oral tablet</i>	1	MO
MYCAMINE INTRAVENOUS RECON SOLN	1	MO
NOXAFIL INTRAVENOUS SOLUTION	1	PA
NOXAFIL ORAL SUSPENSION	1	PA; MO
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	1	PA; MO; QL (93 per 30 days)
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ONMEL ORAL TABLET	1	PA; MO; QL (30 per 30 days)
<i>terbinafine hcl oral tablet</i>	1	MO
<i>voriconazole intravenous solution</i>	1	MO
<i>voriconazole oral suspension for reconstitution</i>	1	MO
<i>voriconazole oral tablet</i>	1	MO
ANTIVIRALS		
<i>abacavir oral tablet</i>	1	MO
<i>abacavir-lamivudine-zidovudine oral tablet</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D; MO
<i>adefovir oral tablet</i>	1	PA; MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
APTIVUS ORAL CAPSULE	1	MO
APTIVUS ORAL SOLUTION	1	
ATRIPLA ORAL TABLET	1	MO
BARACLUDE ORAL SOLUTION	1	PA; MO
<i>cidofovir intravenous solution</i>	1	B/D; MO
COMPLERA ORAL TABLET	1	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	MO
DESCOVY ORAL TABLET	1	
<i>didanosine oral capsule, delayed release(dr/ec)</i>	1	MO
EDURANT ORAL TABLET	1	MO
EMTRIVA ORAL CAPSULE	1	MO
EMTRIVA ORAL SOLUTION	1	MO
<i>entecavir oral tablet</i>	1	PA; MO
EPIVIR HBV ORAL SOLUTION	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
EPZICOM ORAL TABLET	1	MO
EVOTAZ ORAL TABLET	1	MO
<i>famciclovir oral tablet</i>	1	MO
<i>foscarnet intravenous solution</i>	1	B/D
FUZEON SUBCUTANEOUS RECON SOLN	1	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D; MO
GENVOYA ORAL TABLET	1	MO
HARVONI ORAL TABLET	1	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO
INVIRASE ORAL CAPSULE	1	MO
INVIRASE ORAL TABLET	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO
ISENTRESS ORAL TABLET,CHEWABLE	1	MO
KALETRA ORAL SOLUTION	1	MO
KALETRA ORAL TABLET 100-25 MG	1	MO
KALETRA ORAL TABLET 200-50 MG	1	MO
<i>lamivudine oral solution</i>	1	MO
<i>lamivudine oral tablet 100 mg</i>	1	PA; MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	MO
<i>lamivudine-zidovudine oral tablet</i>	1	MO
LEXIVA ORAL SUSPENSION	1	MO
LEXIVA ORAL TABLET	1	MO
<i>moderiba dose pack oral tablets,dose pack</i>	1	MO
<i>moderiba oral tablet</i>	1	MO
<i>nevirapine oral suspension</i>	1	MO
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL CAPSULE	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION	1	MO
NORVIR ORAL TABLET	1	MO
ODEFSEY ORAL TABLET	1	
PREZCOBIX ORAL TABLET	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	1	MO
REBETOL ORAL SOLUTION	1	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	1	MO; QL (120 per 365 days)
RESCRIPTOR ORAL TABLET	1	MO
RESCRIPTOR ORAL TABLET, DISPERSIBLE	1	MO
RETROVIR INTRAVENOUS SOLUTION	1	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	1	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine oral tablet</i>	1	MO
SELZENTRY ORAL TABLET	1	MO
SOVALDI ORAL TABLET	1	PA; MO; QL (30 per 30 days)
<i>stavudine oral capsule</i>	1	MO
<i>stavudine oral recon soln</i>	1	MO
STRIBILD ORAL TABLET	1	MO
SUSTIVA ORAL CAPSULE	1	MO
SUSTIVA ORAL TABLET	1	MO
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	1	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL CAPSULE 30 MG	1	MO; QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	1	MO; QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	1	MO; QL (525 per 180 days)
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG	1	
TIVICAY ORAL TABLET 50 MG	1	MO
TRIUMEQ ORAL TABLET	1	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	1	
TRUVADA ORAL TABLET 200-300 MG	1	MO
TYBOST ORAL TABLET	1	MO
TYZEKA ORAL TABLET	1	PA; MO
<i>valacyclovir oral tablet</i>	1	MO
VALCYTE ORAL RECON SOLN	1	MO
<i>valganciclovir oral tablet</i>	1	MO
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	1	MO
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	1	MO
VIRACEPT ORAL TABLET	1	MO
VIRAZOLE INHALATION RECON SOLN	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET	1	MO
VITEKTA ORAL TABLET	1	MO
ZIAGEN ORAL SOLUTION	1	MO
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	1	
<i>ceftazidime oral capsule</i>	1	MO
<i>ceftazidime oral tablet extended release 12 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	1	
<i>cefazolin intravenous recon soln</i>	1	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	1	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>cefepime injection recon soln</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram</i>	1	MO
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	1	
<i>cefotetan injection recon soln</i>	1	
<i>cefotetan intravenous recon soln</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefoxitin intravenous recon soln 1 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	1	MO
<i>cefpodoxime oral tablet</i>	1	MO
<i>cefprozil oral suspension for reconstitution</i>	1	MO
<i>cefprozil oral tablet</i>	1	MO
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftibuten oral capsule</i>	1	MO
<i>ceftibuten oral suspension for reconstitution</i>	1	MO
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone intravenous recon soln</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	1	MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral capsule 750 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	1	MO
FORTAZ IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	1	
FORTAZ INJECTION RECON SOLN 1 GRAM, 2 GRAM	1	MO
FORTAZ INTRAVENOUS RECON SOLN	1	
SUPRAX ORAL CAPSULE	1	MO
SUPRAX ORAL TABLET,CHEWABLE	1	MO
TEFLARO INTRAVENOUS RECON SOLN 400 MG	1	MO
TEFLARO INTRAVENOUS RECON SOLN 600 MG	1	MO
ZERBAXA INTRAVENOUS RECON SOLN	1	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	1	ST; MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	MO
<i>erythromycin oral tablet</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA ORAL TABLET	1	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	1	MO
ALINIA ORAL TABLET	1	MO; QL (40 per 30 days)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
<i>atovaquone oral suspension</i>	1	MO
<i>atovaquone-proguanil oral tablet</i>	1	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	1	
AZACTAM INJECTION RECON SOLN 2 GRAM	1	MO
<i>aztreonam injection recon soln</i>	1	MO
<i>baciim intramuscular recon soln</i>	1	
<i>bacitracin intramuscular recon soln</i>	1	MO
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	1	B/D; MO; QL (224 per 56 days)
BILTRICIDE ORAL TABLET	1	MO
CAPASTAT INJECTION RECON SOLN	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	1	MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	MO
<i>clindamycin hcl oral capsule</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	1	MO
<i>clindamycin palmitate hcl oral recon soln</i>	1	MO
<i>clindamycin pediatric oral recon soln</i>	1	
COARTEM ORAL TABLET	1	MO
<i>colistin (colistimethate na) injection recon soln</i>	1	MO
CUBICIN INTRAVENOUS RECON SOLN	1	MO
DALVANCE INTRAVENOUS SOLUTION	1	MO
DAPSONE ORAL TABLET	1	MO
DARAPRIM ORAL TABLET	1	MO
DORIBAX INTRAVENOUS RECON SOLN 500 MG	1	
<i>ethambutol oral tablet</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	1	MO
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>hydroxychloroquine oral tablet</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	1	MO
INVANZ INJECTION RECON SOLN	1	MO
INVANZ INTRAVENOUS RECON SOLN	1	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	1	MO
LINCOCIN INJECTION SOLUTION	1	MO
<i>lincomycin injection solution</i>	1	
<i>linezolid intravenous parenteral solution</i>	1	
<i>linezolid oral suspension for reconstitution</i>	1	MO
<i>linezolid oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	
<i>mefloquine oral tablet</i>	1	MO
<i>meropenem intravenous recon soln</i>	1	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	
<i>metro i.v. intravenous piggyback</i>	1	MO
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	MO
<i>metronidazole oral capsule</i>	1	MO
<i>metronidazole oral tablet</i>	1	MO
NEBUPENT INHALATION RECON SOLN	1	B/D; MO
<i>neomycin oral tablet</i>	1	MO
ORBACTIV INTRAVENOUS RECON SOLN	1	MO
<i>paromomycin oral capsule</i>	1	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	1	MO
PENTAM INJECTION RECON SOLN	1	MO
<i>polymyxin b sulfite injection recon soln</i>	1	MO
PRIFTIN ORAL TABLET	1	MO
PRIMAQUINE ORAL TABLET	1	MO
<i>pyrazinamide oral tablet</i>	1	MO
<i>quinine sulfate oral capsule</i>	1	PA; MO
<i>rifabutin oral capsule</i>	1	MO
RIFAMATE ORAL CAPSULE	1	MO
<i>rifampin intravenous recon soln</i>	1	MO
<i>rifampin oral capsule</i>	1	MO
RIFATER ORAL TABLET	1	MO
SIRTURO ORAL TABLET	1	PA; MO; LA
SIVEXTRO INTRAVENOUS RECON SOLN	1	QL (6 per 30 days)
SIVEXTRO ORAL TABLET	1	MO; QL (6 per 30 days)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	1	MO
SYNERCID INTRAVENOUS RECON SOLN	1	
<i>tinidazole oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE	1	QL (224 per 56 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	1	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	1	B/D; MO; QL (280 per 56 days)
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR ORAL TABLET	1	MO
TYGACIL INTRAVENOUS RECON SOLN	1	MO
XIFAXAN ORAL TABLET 200 MG	1	MO; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule</i>	1	MO
<i>ampicillin oral suspension for reconstitution</i>	1	MO
<i>ampicillin sodium injection recon soln</i>	1	MO
<i>ampicillin sodium intravenous recon soln</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	1	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	1	MO
<i>dicloxacillin oral capsule</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	1	MO
<i>nafcillin intravenous recon soln</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>oxacillin injection recon soln 10 gram</i>	1	MO
<i>oxacillin intravenous recon soln</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	1	
<i>penicillin g potassium injection recon soln</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	1	
<i>penicillin g sodium injection recon soln</i>	1	MO
<i>penicillin v potassium oral recon soln</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfizerpen-g injection recon soln</i>	1	
<i>piperacillin-tazobactam intravenous recon soln</i>	1	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 4.5 GRAM/100 ML	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	1	MO
ZOSYN INTRAVENOUS RECON SOLN 2.25 GRAM, 3.375 GRAM	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
QUINOLONES		
AVELOX IN NA _{CL} (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	1	MO
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	1	MO; QL (14 per 30 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	1	MO; QL (28 per 30 days)
<i>ciprofloxacin hcl oral tablet</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	MO
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml</i>	1	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin intravenous solution</i>	1	MO
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral tablet</i>	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>doxy-100 intravenous recon soln</i>	1	MO
<i>doxycycline hyclate intravenous recon soln</i>	1	
<i>doxycycline hyclate oral capsule 100 mg</i>	1	MO
<i>doxycycline hyclate oral capsule 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg, 50 mg</i>	1	MO
<i>morgidox oral capsule 100 mg</i>	1	MO
<i>tetracycline oral capsule</i>	1	MO
VIBRAMYCIN ORAL SYRUP	1	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	1	MO
<i>methenamine mandelate oral tablet</i>	1	MO
MONUROL ORAL PACKET	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	1	MO; QL (90 per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	MO; QL (180 per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	MO; QL (90 per 365 days)
<i>trimethoprim oral tablet</i>	1	MO
VANCOMYCIN		
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	1	
<i>vancomycin intravenous recon soln</i>	1	MO
<i>vancomycin oral capsule</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline intravenous recon soln</i>	1	MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	1	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	1	MO
ELITEK INTRAVENOUS RECON SOLN	1	MO
FUSILEV INTRAVENOUS RECON SOLN	1	MO
KEPIVANCE INTRAVENOUS RECON SOLN	1	LA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	
<i>leucovorin calcium oral tablet</i>	1	MO
LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION	1	
<i>mesna intravenous solution</i>	1	MO
MESNEX ORAL TABLET	1	MO
XGEVA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (1.7 per 28 days)
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	1	MO
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	1	B/D; MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	1	PA; MO
AFINITOR ORAL TABLET 10 MG	1	PA; MO; QL (30 per 30 days)
AFINITOR ORAL TABLET 2.5 MG	1	PA; MO; QL (120 per 30 days)
AFINITOR ORAL TABLET 5 MG, 7.5 MG	1	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALECENSA ORAL CAPSULE	1	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	1	MO
ALKERAN ORAL TABLET	1	B/D; MO
<i>anastrozole oral tablet</i>	1	MO
ARRANON INTRAVENOUS SOLUTION	1	
ARZERRA INTRAVENOUS SOLUTION	1	B/D; MO
AVASTIN INTRAVENOUS SOLUTION	1	MO
<i>azacitidine injection recon soln</i>	1	MO
<i>azathioprine oral tablet</i>	1	B/D; MO
<i>azathioprine sodium injection recon soln</i>	1	B/D
BELEODAQ INTRAVENOUS RECON SOLN	1	MO
BENDEKA INTRAVENOUS SOLUTION	1	MO
<i>bexarotene oral capsule</i>	1	PA; MO
<i>bicalutamide oral tablet</i>	1	MO
BICNU INTRAVENOUS RECON SOLN	1	MO
<i>bleomycin injection recon soln</i>	1	B/D; MO
BLINCYTO INTRAVENOUS KIT	1	MO
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	1	PA; MO; QL (60 per 30 days)
BUSULFEX INTRAVENOUS SOLUTION	1	
CABOMETYX ORAL TABLET 20 MG	1	PA; LA; QL (90 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA; LA; QL (60 per 30 days)
CABOMETYX ORAL TABLET 60 MG	1	PA; LA; QL (30 per 30 days)
CAMPATH INTRAVENOUS SOLUTION	1	
CAPRELSA ORAL TABLET 100 MG	1	PA; MO; LA; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	1	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	MO
CELLCEPT INTRAVENOUS RECON SOLN	1	B/D; MO
<i>cisplatin intravenous solution</i>	1	MO
<i>cladribine intravenous solution</i>	1	B/D; MO
CLOLAR INTRAVENOUS SOLUTION	1	MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (252 per 28 days)
COTELLIC ORAL TABLET	1	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	MO
CYCLOPHOSPHAMIDE ORAL CAPSULE	1	B/D; MO
<i>cyclosporine intravenous solution</i>	1	B/D
<i>cyclosporine modified oral capsule</i>	1	B/D; MO
<i>cyclosporine modified oral solution</i>	1	B/D; MO
<i>cyclosporine oral capsule</i>	1	B/D; MO
CYRAMZA INTRAVENOUS SOLUTION	1	B/D; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D
<i>cytarabine injection solution</i>	1	B/D; MO
<i>dacarbazine intravenous recon soln</i>	1	MO
DARZALEX INTRAVENOUS SOLUTION	1	MO; LA
<i>daunorubicin intravenous solution</i>	1	
<i>decitabine intravenous recon soln</i>	1	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	1	
<i>docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	MO
<i>doxorubicin intravenous recon soln</i>	1	
<i>doxorubicin intravenous solution</i>	1	MO
<i>doxorubicin, peg-liposomal intravenous suspension</i>	1	MO
ELIGARD SUBCUTANEOUS SYRINGE 22.5 MG (3 MONTH)	1	PA; MO; QL (1 per 84 days)
ELIGARD SUBCUTANEOUS SYRINGE 30 MG (4 MONTH)	1	PA; MO; QL (1 per 112 days)
ELIGARD SUBCUTANEOUS SYRINGE 45 MG (6 MONTH)	1	PA; MO; QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA; MO; QL (1 per 28 days)
EMCYT ORAL CAPSULE	1	PA; MO
EMPLICITI INTRAVENOUS RECON SOLN	1	B/D; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
<i>epirubicin intravenous solution 50 mg/25 ml</i>	1	MO
ERBITUX INTRAVENOUS SOLUTION	1	MO
ERIVEDGE ORAL CAPSULE	1	PA; MO; QL (30 per 30 days)
ERWINAZE INJECTION RECON SOLN	1	MO
ETOPOPHOS INTRAVENOUS RECON SOLN	1	MO
<i>etoposide intravenous solution</i>	1	MO
<i>exemestane oral tablet</i>	1	MO
FARESTON ORAL TABLET	1	PA; MO
FARYDAK ORAL CAPSULE 10 MG, 15 MG	1	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 20 MG	1	PA; MO; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO; QL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO; QL (12 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>floxuridine injection recon soln</i>	1	
<i>fludarabine intravenous recon soln</i>	1	MO
<i>fludarabine intravenous solution</i>	1	
<i>fluorouracil intravenous solution</i>	1	B/D; MO
<i>flutamide oral capsule</i>	1	MO
FOLOTYN INTRAVENOUS SOLUTION	1	MO
GAZYVA INTRAVENOUS SOLUTION	1	MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D; MO
<i>gengraf oral solution</i>	1	B/D; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG	1	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 40 MG	1	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	1	PA; MO; QL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	1	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE	1	PA; MO
HALAVEN INTRAVENOUS SOLUTION	1	MO
HERCEPTIN INTRAVENOUS RECON SOLN	1	MO
HEXALEN ORAL CAPSULE	1	MO
<i>hydroxyurea oral capsule</i>	1	MO
IBRANCE ORAL CAPSULE 100 MG, 75 MG	1	PA; MO; QL (42 per 28 days)
IBRANCE ORAL CAPSULE 125 MG	1	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	1	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 45 MG	1	PA; MO; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	1	
<i>ifosfamide intravenous recon soln</i>	1	MO
<i>ifosfamide intravenous solution</i>	1	
IMBRUVICA ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (600 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
IRESSA ORAL TABLET	1	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	
ISTODAX INTRAVENOUS RECON SOLN	1	MO
IXEMPRA INTRAVENOUS RECON SOLN	1	MO
JAKAFI ORAL TABLET 10 MG	1	PA; MO; QL (180 per 30 days)
JAKAFI ORAL TABLET 15 MG, 20 MG	1	PA; MO; QL (120 per 30 days)
JAKAFI ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	1	PA; MO; QL (300 per 30 days)
JEVTANA INTRAVENOUS SOLUTION	1	MO
KADCYLA INTRAVENOUS RECON SOLN	1	MO
KEYTRUDA INTRAVENOUS RECON SOLN	1	MO
KEYTRUDA INTRAVENOUS SOLUTION	1	MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2)	1	PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	1	PA; QL (180 per 30 days)
<i>letrozole oral tablet</i>	1	MO
LEUKERAN ORAL TABLET	1	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LONSURF ORAL TABLET	1	PA; MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	1	PA; MO; QL (1 per 28 days)
LYNPARZA ORAL CAPSULE	1	PA; MO; QL (480 per 30 days)
LYSODREN ORAL TABLET	1	MO
MATULANE ORAL CAPSULE	1	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30 per 30 days)
<i>melphalan hcl intravenous recon soln</i>	1	
<i>mercaptopurine oral tablet</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D
<i>methotrexate sodium (pf) injection solution</i>	1	B/D; MO
<i>methotrexate sodium injection solution</i>	1	B/D; MO
<i>methotrexate sodium oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin intravenous recon soln</i>	1	MO
<i>mitoxantrone intravenous concentrate</i>	1	MO
MUSTARGEN INJECTION RECON SOLN	1	MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D; MO
<i>mycophenolate mofetil oral tablet</i>	1	B/D; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	B/D; MO
NEXAVAR ORAL TABLET	1	PA; MO; LA; QL (120 per 30 days)
NILANDRON ORAL TABLET	1	MO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG	1	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 4 MG	1	PA; MO; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN	1	MO
NULOJIX INTRAVENOUS RECON SOLN	1	PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	MO
ODOMZO ORAL CAPSULE	1	PA; MO; LA; QL (30 per 30 days)
OPDIVO INTRAVENOUS SOLUTION	1	MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	
<i>oxaliplatin intravenous solution</i>	1	MO
<i>paclitaxel intravenous concentrate</i>	1	MO
PERJETA INTRAVENOUS SOLUTION	1	MO
POMALYST ORAL CAPSULE 1 MG	1	PA; MO; QL (84 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 2 MG, 3 MG	1	PA; MO; QL (42 per 28 days)
POMALYST ORAL CAPSULE 4 MG	1	PA; MO; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION	1	B/D; MO
PROGRAF INTRAVENOUS SOLUTION	1	B/D; MO
PURIXAN ORAL SUSPENSION	1	PA; MO
RAPAMUNE ORAL SOLUTION	1	PA; MO
REVLIMID ORAL CAPSULE 10 MG	1	PA; MO; LA; QL (63 per 28 days)
REVLIMID ORAL CAPSULE 15 MG, 20 MG	1	PA; MO; LA; QL (42 per 28 days)
REVLIMID ORAL CAPSULE 2.5 MG	1	PA; MO; LA; QL (210 per 28 days)
REVLIMID ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (21 per 28 days)
REVLIMID ORAL CAPSULE 5 MG	1	PA; MO; LA; QL (105 per 28 days)
RITUXAN INTRAVENOUS CONCENTRATE	1	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	1	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	1	PA; MO
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO; QL (1 per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	1	PA; MO; QL (60 per 30 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG	1	B/D
SIMULECT INTRAVENOUS RECON SOLN 20 MG	1	B/D; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	PA; MO
<i>sirolimus oral tablet 2 mg</i>	1	PA; MO
SOLTAMOX ORAL SOLUTION	1	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	1	PA; MO; QL (0.4 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	1	PA; MO; QL (0.6 per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG	1	PA; MO; QL (60 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA; MO; QL (270 per 30 days)
SPRYCEL ORAL TABLET 50 MG	1	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 70 MG, 80 MG	1	PA; MO; QL (90 per 30 days)
STIVARGA ORAL TABLET	1	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	1	PA; MO; QL (210 per 30 days)
SUTENT ORAL CAPSULE 25 MG	1	PA; MO; QL (120 per 30 days)
SUTENT ORAL CAPSULE 37.5 MG	1	PA; MO; QL (90 per 30 days)
SUTENT ORAL CAPSULE 50 MG	1	PA; MO; QL (60 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN	1	PA; MO
SYNRIBO SUBCUTANEOUS RECON SOLN	1	MO
TABLOID ORAL TABLET	1	PA; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	B/D; MO
<i>tacrolimus oral capsule 5 mg</i>	1	B/D; MO
TAFINLAR ORAL CAPSULE 50 MG	1	PA; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	1	PA; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG	1	PA; MO; LA; QL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	1	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
TARCEVA ORAL TABLET 100 MG	1	PA; MO; QL (150 per 30 days)
TARCEVA ORAL TABLET 150 MG	1	PA; MO; QL (90 per 30 days)
TARCEVA ORAL TABLET 25 MG	1	PA; MO
TARGRETIN TOPICAL GEL	1	MO
TASIGNA ORAL CAPSULE 150 MG	1	PA; MO; QL (180 per 30 days)
TASIGNA ORAL CAPSULE 200 MG	1	PA; MO; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION	1	LA
TEMODAR INTRAVENOUS RECON SOLN	1	MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO
THALOMID ORAL CAPSULE 150 MG	1	PA; MO; QL (90 per 30 days)
THALOMID ORAL CAPSULE 200 MG	1	PA; MO; QL (60 per 30 days)
<i>thiotepa injection recon soln</i>	1	MO
<i>toposar intravenous solution</i>	1	MO
<i>topotecan intravenous recon soln</i>	1	
<i>topotecan intravenous solution</i>	1	MO
TORISEL INTRAVENOUS RECON SOLN	1	MO
TREANDA INTRAVENOUS RECON SOLN	1	MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	1	PA; MO; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	1	PA; MO; QL (1 per 28 days)
<i>tretinoin (chemotherapy) oral capsule</i>	1	MO
TRISENOX INTRAVENOUS SOLUTION	1	MO
TYKERB ORAL TABLET	1	PA; MO; LA; QL (180 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	1	MO
VALSTAR INTRAVESICAL SOLUTION	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
VECTIBIX INTRAVENOUS SOLUTION	1	B/D; MO
VELCADE INJECTION RECON SOLN	1	MO
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (1200 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (240 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	1	PA; LA; QL (42 per 30 days)
<i>vinblastine intravenous solution</i>	1	B/D; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	1	B/D; MO
<i>vincristine intravenous solution</i>	1	B/D; MO
<i>vinorelbine intravenous solution</i>	1	MO
VOTRIENT ORAL TABLET	1	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 250 MG	1	PA; MO; QL (60 per 30 days)
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION	1	MO
YONDELIS INTRAVENOUS RECON SOLN	1	MO
ZALTRAP INTRAVENOUS SOLUTION	1	MO
ZANOSAR INTRAVENOUS RECON SOLN	1	MO
ZELBORAF ORAL TABLET	1	PA; MO; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	1	PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
ZYDELIG ORAL TABLET 150 MG	1	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE	1	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET	1	PA; MO; QL (120 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	1	PA; MO
APTIOM ORAL TABLET 400 MG, 600 MG, 800 MG	1	PA; MO
BANZEL ORAL SUSPENSION	1	PA; MO
BANZEL ORAL TABLET 200 MG	1	PA; MO
BANZEL ORAL TABLET 400 MG	1	PA; MO
BRIVIACT INTRAVENOUS SOLUTION	1	PA
BRIVIACT ORAL SOLUTION	1	PA
BRIVIACT ORAL TABLET	1	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	1	MO
<i>clonazepam oral tablet 0.5 mg</i>	1	MO; QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	MO; QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	1	ST; MO; QL (4800 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	1	ST; MO; QL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	1	ST; MO; QL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	1	ST; MO; QL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	ST; MO; QL (300 per 30 days)
<i>diazepam rectal kit</i>	1	MO
DILANTIN 30 MG ORAL CAPSULE	1	MO
<i>divalproex oral capsule, sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol oral tablet</i>	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	1	MO
<i>ethosuximide oral capsule</i>	1	MO
<i>ethosuximide oral solution</i>	1	MO
<i>felbamate oral suspension</i>	1	MO
<i>felbamate oral tablet</i>	1	MO
<i>fosphenytoin injection solution</i>	1	MO
FYCOMPA ORAL SUSPENSION	1	PA
FYCOMPA ORAL TABLET	1	PA; MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	1	MO
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	1	PA; MO; QL (156 per 365 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	1	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i>	1	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	1	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	MO
<i>levetiracetam intravenous solution</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	1	PA; MO; QL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG	1	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 25 MG	1	PA; MO; QL (720 per 30 days)
LYRICA ORAL CAPSULE 300 MG	1	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 50 MG	1	PA; MO; QL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	1	PA; MO; QL (240 per 30 days)
LYRICA ORAL SOLUTION	1	PA; MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	1	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	1	PA; MO
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
PEGANONE ORAL TABLET	1	MO
<i>phenobarbital oral elixir</i>	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>phenytoin sodium intravenous syringe</i>	1	
POTIGA ORAL TABLET 200 MG	1	PA; MO
POTIGA ORAL TABLET 300 MG, 400 MG, 50 MG	1	PA; MO
<i>primidone oral tablet</i>	1	MO
<i>roweepra oral tablet</i>	1	
SABRIL ORAL POWDER IN PACKET	1	PA; MO; LA; QL (180 per 30 days)
SABRIL ORAL TABLET	1	PA; MO; LA; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION	1	PA
<i>tiagabine oral tablet</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	MO
<i>topiramate oral tablet</i>	1	MO
<i>valproate sodium intravenous solution</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	MO
VIMPAT INTRAVENOUS SOLUTION	1	PA
VIMPAT ORAL SOLUTION	1	PA; MO
VIMPAT ORAL TABLET	1	PA; MO
<i>zonisamide oral capsule</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	1	PA; MO; LA; QL (90 per 30 days)
AZILECT ORAL TABLET	1	MO
<i>benztropine injection solution</i>	1	MO
<i>benztropine oral tablet</i>	1	MO
<i>bromocriptine oral capsule</i>	1	MO
<i>bromocriptine oral tablet</i>	1	MO
<i>carbidopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	1	PA; MO
<i>entacapone oral tablet</i>	1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	1	PA; MO; QL (30 per 30 days)
<i>pramipexole oral tablet</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
<i>trihexyphenidyl oral elixir</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
ZELAPAR ORAL TABLET, DISINTEGRATING	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection solution</i>	1	MO
<i>dihydroergotamine nasal spray, non-aerosol</i>	1	MO
<i>migergot rectal suppository</i>	1	MO
<i>naratriptan oral tablet</i>	1	MO; QL (9 per 28 days)
<i>rizatriptan oral tablet 10 mg</i>	1	MO; QL (12 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	1	MO; QL (24 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet, disintegrating 10 mg</i>	1	MO; QL (12 per 28 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (12 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (9 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>zolmitriptan oral tablet</i>	1	MO; QL (6 per 28 days)
<i>zolmitriptan oral tablet, disintegrating</i>	1	MO; QL (6 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	1	PA; MO; LA; QL (60 per 30 days)
AUBAGIO ORAL TABLET	1	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	1	MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	MO; QL (12 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE	1	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE	1	PA; MO; QL (60 per 30 days)
KEVEYIS ORAL TABLET	1	PA; MO; QL (120 per 30 days)
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MEMANTINE ORAL TABLETS,DOSE PACK	1	PA; MO; QL (49 per 28 days)
NUEDEXTA ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule</i>	1	MO
<i>rivastigmine transdermal patch 24 hour</i>	1	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	PA; MO; QL (120 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	1	PA; MO; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYSABRI INTRAVENOUS SOLUTION	1	PA; MO; LA; QL (15 per 28 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	MO
<i>carisoprodol oral tablet 350 mg</i>	1	PA; MO
<i>carisoprodol-asa-codeine oral tablet</i>	1	PA; MO; QL (240 per 30 days)
<i>carisoprodol-aspirin oral tablet</i>	1	PA; MO
<i>chlorzoxazone oral tablet</i>	1	PA; MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene oral capsule</i>	1	MO
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML)	1	B/D; MO
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)	1	B/D; MO
GABLOFEN INTRATHECAL SYRINGE	1	B/D; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	1	B/D; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	B/D
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	1	B/D; MO

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

Drug Name	Drug Tier	Requirements/Limits
MESTINON ORAL SYRUP	1	MO
<i>methocarbamol oral tablet</i>	1	PA; MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	1	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	1	
<i>orphenadrine citrate injection solution</i>	1	PA; MO
<i>orphenadrine citrate oral tablet extended release</i>	1	PA; MO
<i>pyridostigmine bromide oral tablet</i>	1	MO
<i>regonol injection solution</i>	1	
<i>tizanidine oral tablet</i>	1	MO
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG	1	PA; MO; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 400 MCG	1	PA; MO; QL (116 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG	1	PA; MO; QL (77 per 30 days)
ABSTRAL SUBLINGUAL TABLET 800 MCG	1	PA; MO; QL (58 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
<i>ascomp with codeine oral capsule</i>	1	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO; QL (267 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	QL (267 per 30 days)
<i>buprenorphine hcl sublingual tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>butalbital compound w/codeine oral capsule</i>	1	MO; QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	MO; QL (180 per 30 days)
<i>codeine sulfate oral tablet</i>	1	MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>codeine-butalbital-asa-caff oral capsule</i>	1	QL (180 per 30 days)
<i>diskets oral tablet,soluble</i>	1	QL (50 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	1	MO; QL (1600 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	1	PA; MO; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	1	PA; MO; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	1	PA; MO; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	1	PA; MO; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	1	PA; MO; QL (58 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	MO; QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	1	PA; MO; QL (120 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	1	PA; MO; QL (116 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	1	PA; MO; QL (77 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	1	PA; MO; QL (58 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)</i>	1	QL (9000 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution</i> 7.5-325 mg/15 ml	1	MO; QL (3600 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i> 7.5-200 mg	1	MO; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml</i>	1	QL (300 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 10 (MG/ML) (5 ML), 10 MG/ML	1	MO; QL (30 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	1	MO; QL (75 per 30 days)
<i>hydromorphone injection solution</i>	1	MO; QL (150 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	QL (300 per 30 days)
HYDROMORPHONE INJECTION SYRINGE 2 MG/ML	1	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO; QL (75 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	1	MO; QL (180 per 30 days)
<i>ibuprofen-oxycodone oral tablet</i>	1	MO; QL (120 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY	1	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	1	PA; QL (16 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	1	PA; MO; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet</i>	1	MO; QL (240 per 30 days)
<i>lorcet (hydrocodone) oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lorcet hd oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>lortab 10-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lortab 5-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lortab 7.5-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	1	QL (160 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone intensol oral concentrate</i>	1	MO; QL (200 per 30 days)
<i>methadone oral concentrate</i>	1	MO; QL (200 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	MO; QL (1000 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	MO; QL (2000 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	MO; QL (200 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	MO; QL (90 per 30 days)
<i>methadone oral tablet, soluble</i>	1	QL (50 per 30 days)
<i>methadose oral concentrate</i>	1	MO; QL (200 per 30 days)
<i>methadose oral tablet, soluble</i>	1	MO; QL (50 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i>	1	MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>	1	QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (300 per 30 days)
<i>morphine intravenous cartridge 15 mg/ml</i>	1	QL (134 per 30 days)
<i>morphine intravenous cartridge 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous cartridge 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	MO; QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	1	MO; QL (30 per 30 days)
OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG	1	MO; QL (50 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (900 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	1	MO; QL (134 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	1	QL (1800 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; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO; QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	1	MO; QL (50 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2)	1	PA; MO; QL (77 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,600 MCG (800 MCG/SPRAY X 2)	1	PA; MO; QL (58 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	1	PA; MO; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	1	PA; MO; QL (84 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 600 MCG/SPRAY	1	PA; MO; QL (56 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 800 MCG/SPRAY	1	PA; MO; QL (42 per 30 days)
<i>vicodin es oral tablet</i>	1	MO; QL (390 per 30 days)
<i>vicodin hp oral tablet</i>	1	MO; QL (390 per 30 days)
<i>vicodin oral tablet</i>	1	MO; QL (390 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (720 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal spray, non-aerosol</i>	1	MO; QL (40 per 30 days)
<i>celecoxib oral capsule</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	B/D
<i>diclofenac potassium oral tablet</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 per 30 days)
<i>diflunisal oral tablet</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
<i>flurbiprofen oral tablet</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule</i>	1	MO
<i>meclofenamate oral capsule</i>	1	MO
<i>meloxicam oral suspension</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO
<i>nabumetone oral tablet</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naltrexone oral tablet</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule</i>	1	MO
PRIALT INTRATHECAL SOLUTION	1	MO
<i>salsalate oral tablet</i>	1	MO
SUBOXONE SUBLINGUAL FILM	1	PA; MO; QL (60 per 30 days)
<i>sulindac oral tablet</i>	1	MO
<i>tolmetin oral capsule</i>	1	MO
<i>tolmetin oral tablet 200 mg</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	1	MO
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	MO; QL (40 per 5 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	1	PA; MO; QL (180 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	1	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	1	PA; MO; QL (120 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG	1	PA; MO; QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	PA; MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	MO; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG	1	MO; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	1	MO; QL (1 per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	1	MO; QL (30 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i>	1	MO; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	1	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline oral tablet</i>	1	PA; MO
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	MO
<i>amoxapine oral tablet</i>	1	MO
<i>aripiprazole oral solution</i>	1	PA; MO; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	PA; MO; QL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg</i>	1	PA; MO; QL (45 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	1	PA; MO; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML, 882 MG/3.2 ML	1	PA; MO; QL (3.2 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	1	PA; MO; QL (4.8 per 28 days)
<i>armodafinil oral tablet</i>	1	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	MO
<i>bupirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	MO
<i>bupirone oral tablet 30 mg</i>	1	MO
<i>bupirone oral tablet 7.5 mg</i>	1	MO
<i>chlorpromazine injection solution</i>	1	MO
<i>chlorpromazine oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram oral solution</i>	1	MO; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	1	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA; MO; QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	MO; QL (720 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	ST
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	1	ST; QL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	1	ST; QL (150 per 30 days)
<i>desipramine oral tablet</i>	1	MO
<i>dexmethylphenidate oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>dextroamphetamine oral tablet</i>	1	PA; MO; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 30 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol oral concentrate</i>	1	MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	MO; QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>doxepin oral capsule</i>	1	PA; MO
<i>doxepin oral concentrate</i>	1	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	1	MO
<i>ergoloid oral tablet</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG	1	PA; MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG	1	PA; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	1	PA; MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	1	PA; MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	1	PA; MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	1	PA; MO; QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	1	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLETS,DOSE PACK	1	PA; MO; QL (8 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	1	PA; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	1	PA; MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	1	PA; MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	1	PA; MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	1	PA; MO; QL (60 per 30 days)
<i>fluoxetine oral capsule</i>	1	MO
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	MO
<i>fluphenazine decanoate injection solution</i>	1	MO
<i>fluphenazine hcl injection solution</i>	1	MO
<i>fluphenazine hcl oral concentrate</i>	1	MO
<i>fluphenazine hcl oral elixir</i>	1	MO
<i>fluphenazine hcl oral tablet</i>	1	MO
<i>fluvoxamine oral tablet</i>	1	MO
GEODON INTRAMUSCULAR RECON SOLN	1	MO
<i>guanidine oral tablet</i>	1	MO
<i>haloperidol decanoate intramuscular solution</i>	1	MO
<i>haloperidol lactate injection solution</i>	1	MO
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
HETLIOZ ORAL CAPSULE	1	PA; MO; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	1	PA; MO
<i>imipramine pamoate oral capsule</i>	1	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML	1	MO; QL (1.5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (2 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (1.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 819 MG/2.625 ML	1	MO; QL (2.625 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	1	MO; QL (2.63 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (3.5 per 84 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	1	ST; MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	1	ST; MO; QL (240 per 30 days)
LATUDA ORAL TABLET 120 MG, 80 MG	1	MO; QL (60 per 30 days)
LATUDA ORAL TABLET 20 MG	1	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	1	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG	1	MO; QL (90 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml (5 ml)</i>	1	
<i>lorazepam injection solution</i>	1	MO
<i>lorazepam injection syringe</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	1	MO; QL (600 per 30 days)
<i>lorazepam oral tablet 1 mg</i>	1	MO; QL (300 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	1	MO
<i>maprotiline oral tablet</i>	1	MO
MARPLAN ORAL TABLET	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metadate er oral tablet extended release</i>	1	PA; MO; QL (90 per 30 days)
<i>methamphetamine oral tablet</i>	1	MO; QL (150 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral capsule,er biphasic 50-50</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml</i>	1	PA; MO; QL (900 per 30 days)
<i>methylphenidate oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1800 per 30 days)
<i>methylphenidate oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>methylphenidate oral tablet 20 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>methylphenidate oral tablet extended release</i>	1	PA; MO; QL (90 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 36 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet</i>	1	PA
<i>nefazodone oral tablet</i>	1	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUPLAZID ORAL TABLET	1	PA; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln</i>	1	MO
<i>olanzapine oral tablet 10 mg, 15 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (90 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QL (120 per 30 days)
<i>oxazepam oral capsule</i>	1	MO; QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg, 9 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO
PAXIL ORAL SUSPENSION	1	MO
<i>perphenazine oral tablet</i>	1	MO
<i>perphenazine-amitriptyline oral tablet</i>	1	MO
<i>phenelzine oral tablet</i>	1	MO
<i>pimozide oral tablet</i>	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	1	ST; MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	1	ST; MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	1	ST; MO; QL (240 per 30 days)
<i>protriptyline oral tablet</i>	1	MO
<i>quetiapine oral tablet 100 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	PA; MO; QL (960 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 50 mg</i>	1	PA; MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.25 MG	1	PA; MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	1	PA; MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	1	PA; MO; QL (120 per 30 days)
REXULTI ORAL TABLET 2 MG	1	PA; MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	1	PA; MO; QL (45 per 30 days)
REXULTI ORAL TABLET 4 MG	1	PA; MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML	1	MO; QL (8 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML	1	MO; QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML	1	MO; QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	1	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (180 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet,disintegrating 2 mg</i>	1	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QL (180 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
ROZEREM ORAL TABLET	1	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	1	PA; MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	1	PA; MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	1	PA; MO; QL (180 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	1	PA; MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; MO; QL (90 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	1	PA; MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	1	PA; MO; QL (480 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet</i>	1	MO
SILENOR ORAL TABLET	1	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 40 MG, 60 MG, 80 MG	1	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 18 MG	1	MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 25 MG	1	MO; QL (90 per 30 days)
<i>thioridazine oral tablet</i>	1	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	1	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	1	MO
<i>trifluoperazine oral tablet</i>	1	MO
<i>trimipramine oral capsule</i>	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG	1	PA; QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	1	PA; QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	1	PA; QL (120 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	MO; QL (300 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (150 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO
VERSACLOZ ORAL SUSPENSION	1	PA; QL (540 per 30 days)
VIIIBRYD ORAL TABLET 10 MG	1	PA; MO; QL (120 per 30 days)
VIIIBRYD ORAL TABLET 20 MG	1	PA; MO; QL (60 per 30 days)
VIIIBRYD ORAL TABLET 40 MG	1	PA; MO; QL (30 per 30 days)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	PA; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	1	PA; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG	1	PA; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	1	PA; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	1	PA; QL (7 per 30 days)
XYREM ORAL SOLUTION	1	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule</i>	1	ST; MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QL (300 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QL (150 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	1	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	1	MO; QL (90 per 30 days)
<i>zolpidem oral tablet</i>	1	ST; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 405 MG	1	QL (3 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	MO; QL (3 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution</i>	1	B/D; MO
<i>amiodarone intravenous syringe</i>	1	B/D
<i>amiodarone oral tablet 100 mg, 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	MO
<i>disopyramide phosphate oral capsule</i>	1	MO
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	MO
<i>ibutilide fumarate intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous syringe</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	MO
MULTAQ ORAL TABLET	1	MO
<i>pacerone oral tablet 100 mg, 200 mg</i>	1	MO
<i>pacerone oral tablet 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate injection solution</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol oral tablet</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	1	MO
<i>afeditab cr oral tablet extended release</i>	1	MO
<i>amiloride oral tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	1	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	MO
<i>betaxolol oral tablet</i>	1	MO
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>bumetanide injection solution</i>	1	MO
<i>bumetanide oral tablet</i>	1	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	1	MO
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK	1	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	1	
<i>cartia xt oral capsule,extended release 24hr</i>	1	MO
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	1	MO
DEMSER ORAL CAPSULE	1	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 360 mg</i>	1	MO
<i>diltiazem hcl oral capsule, ext release degradable</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>dilt-xr oral capsule, ext release degradable</i>	1	MO
DIURIL ORAL SUSPENSION	1	MO
<i>doxazosin oral tablet</i>	1	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>eplerenone oral tablet</i>	1	MO
<i>epoprostenol (glycine) intravenous recon soln</i>	1	PA; MO
<i>eprosartan oral tablet</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril oral tablet</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide injection syringe</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine injection solution</i>	1	MO
<i>hydralazine oral tablet</i>	1	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isradipine oral capsule</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet</i>	1	MO
<i>lisinopril oral tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>losartan oral tablet</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>methyclothiazide oral tablet</i>	1	MO
<i>metolazone oral tablet</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral tablet</i>	1	MO
<i>moexipril oral tablet</i>	1	MO
<i>moexipril-hydrochlorothiazide oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet</i>	1	MO
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral capsule</i>	1	MO
<i>nifedical xl oral tablet extended release 24hr</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phenoxybenzamine oral capsule</i>	1	MO
<i>pindolol oral tablet</i>	1	MO
<i>prazosin oral capsule</i>	1	MO
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	MO
<i>quinapril oral tablet</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>ramipril oral capsule</i>	1	MO
REMODULIN INJECTION SOLUTION	1	PA; MO; LA
<i>reserpine oral tablet</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	MO
<i>taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>taztia xt oral capsule, extended release 360 mg</i>	1	MO
TEKTURNA HCT ORAL TABLET	1	ST; MO
TEKTURNA ORAL TABLET	1	ST; MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	MO
<i>terazosin oral capsule</i>	1	MO
<i>timolol maleate oral tablet</i>	1	MO
<i>torseamide oral tablet</i>	1	MO
<i>trandolapril oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (400 per 365 days)
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>veletri intravenous recon soln</i>	1	PA; MO
<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</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg</i>	1	MO
<i>digitek oral tablet 250 mcg</i>	1	MO
<i>digox oral tablet</i>	1	MO
<i>digoxin injection solution</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous solution</i>	1	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	1	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	1	
ARGATROBAN IN NAACL (ISO-OS) INTRAVENOUS SOLUTION	1	
ARGATROBAN INTRAVENOUS SOLUTION	1	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
BRILINTA ORAL TABLET	1	MO; QL (60 per 30 days)
<i>cilostazol oral tablet</i>	1	MO
<i>clopidogrel oral tablet</i>	1	MO
<i>dipyridamole oral tablet</i>	1	MO
EFFIENT ORAL TABLET	1	MO; QL (30 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	MO; QL (74 per 30 days)
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (360 per 365 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml</i>	1	MO; QL (120 per 365 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (96 per 365 days)
<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	1	MO; QL (120 per 365 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO; QL (36 per 365 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (48 per 365 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO; QL (72 per 365 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO; QL (48 per 365 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO; QL (30 per 365 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO; QL (24 per 365 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO; QL (36 per 365 days)
FRAGMIN SUBCUTANEOUS SOLUTION	1	MO; QL (60 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	1	MO; QL (60 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	1	MO; QL (30 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	1	MO; QL (36 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	1	MO; QL (43.2 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	1	MO; QL (12 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	1	MO; QL (18 per 365 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution</i>	1	MO
<i>heparin, porcine (pf) injection syringe</i>	1	MO
<i>jantoven oral tablet</i>	1	MO
<i>pentoxifylline oral tablet extended release</i>	1	MO
PRADAXA ORAL CAPSULE 110 MG	1	MO; QL (180 per 365 days)
PRADAXA ORAL CAPSULE 150 MG, 75 MG	1	MO; QL (60 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; MO; LA; QL (60 per 30 days)
<i>ticlopidine oral tablet</i>	1	MO
<i>tranexamic acid intravenous solution</i>	1	MO
<i>warfarin oral tablet</i>	1	MO
XARELTO ORAL TABLET 10 MG	1	MO; QL (70 per 365 days)
XARELTO ORAL TABLET 15 MG	1	MO; QL (42 per 30 days)
XARELTO ORAL TABLET 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	1	MO; QL (51 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
ZONTIVITY ORAL TABLET	1	PA; MO; QL (30 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin oral tablet</i>	1	MO
<i>cholestyramine (with sugar) oral powder</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO
<i>cholestyramine light oral powder in packet</i>	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
<i>fenofibrate micronized oral capsule 130 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 43 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibric acid oral tablet</i>	1	MO
<i>fluvastatin oral capsule</i>	1	MO
<i>gemfibrozil oral tablet</i>	1	MO
JUXTAPID ORAL CAPSULE	1	PA; MO; LA; QL (30 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE	1	PA; MO; LA; QL (4 per 28 days)
<i>lovastatin oral tablet</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters oral capsule</i>	1	MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days)
<i>pravastatin oral tablet</i>	1	MO
<i>prevalite oral powder</i>	1	MO
<i>prevalite oral powder in packet</i>	1	MO
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	1	PA; MO; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	1	PA
<i>simvastatin oral tablet</i>	1	MO
VASCEPA ORAL CAPSULE	1	MO
WELCHOL ORAL POWDER IN PACKET	1	MO
WELCHOL ORAL TABLET	1	MO
ZETIA ORAL TABLET	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	1	PA; MO; QL (60 per 30 days)
ENTRESTO ORAL TABLET	1	PA; MO; QL (60 per 30 days)
ISUPREL INJECTION SOLUTION	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	1	MO; QL (60 per 30 days)
VECAMYL ORAL TABLET	1	PA
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	MO
<i>nitroglycerin intravenous solution</i>	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual aerosol,spray</i>	1	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	1	MO
NITROSTAT SUBLINGUAL TABLET	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	PA; MO
<i>calcipotriene scalp solution</i>	1	MO
<i>calcipotriene topical cream</i>	1	MO
<i>calcipotriene topical ointment</i>	1	MO
<i>calcitriol topical ointment</i>	1	MO; QL (800 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (3 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (3 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (3 per 28 days)
TALTZ SYRINGE (2 PACK) SUBCUTANEOUS SYRINGE	1	PA; QL (3 per 28 days)
TALTZ SYRINGE (3 PACK) SUBCUTANEOUS SYRINGE	1	PA; QL (3 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	1	PA; QL (3 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
BURN THERAPY		
<i>silver sulfadiazine topical cream</i>	1	MO
<i>ssd topical cream</i>	1	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP ORAL CAPSULE	1	PA; MO
<i>ammonium lactate topical cream</i>	1	MO
<i>ammonium lactate topical lotion</i>	1	MO
CONDYLOX TOPICAL GEL	1	MO
ELIDEL TOPICAL CREAM	1	PA; MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>imiquimod topical cream in packet</i>	1	MO
<i>methoxsalen rapid oral capsule</i>	1	PA; MO
PANRETIN TOPICAL GEL	1	PA; MO
PICATO TOPICAL GEL	1	PA; MO
<i>podofilox topical solution</i>	1	MO
REGRANEX TOPICAL GEL	1	PA; MO
<i>tacrolimus topical ointment</i>	1	PA; MO
UVADEX INJECTION SOLUTION	1	
VALCHLOR TOPICAL GEL	1	PA; MO
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel 0.1 %</i>	1	PA; MO
<i>avita topical cream</i>	1	PA; MO
<i>claravis oral capsule</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
<i>clindamycin phosphate topical swab</i>	1	MO
<i>ery pads topical swab</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>erygel topical gel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin with ethanol topical swab</i>	1	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	1	MO
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel 0.75 %</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO
<i>myorisan oral capsule 30 mg</i>	1	
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
TAZORAC TOPICAL CREAM	1	PA; MO
TAZORAC TOPICAL GEL	1	PA; MO
<i>tretinoin topical cream</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA; MO
<i>zenatane oral capsule</i>	1	MO
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
LIDOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %)	1	MO
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	MO
<i>lidocaine hcl laryngotracheal solution</i>	1	MO
<i>lidocaine hcl mucous membrane gel</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine hcl urethral gel</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine viscous mucous membrane solution</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 7.5 mg/ml (0.75 %)</i>	1	
<i>ropivacaine (pf) injection solution 5 mg/ml (0.5 %)</i>	1	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	1	MO
<i>gentamicin topical ointment</i>	1	MO
<i>mupirocin topical ointment</i>	1	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	1	MO
SULFAMYLON TOPICAL CREAM	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream</i>	1	MO
<i>ciclopirox topical cream</i>	1	MO
<i>ciclopirox topical gel</i>	1	MO
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO
<i>clotrimazole topical cream</i>	1	MO
<i>clotrimazole topical solution</i>	1	MO
<i>clotrimazole-betamethasone topical cream</i>	1	MO
<i>clotrimazole-betamethasone topical lotion</i>	1	MO
<i>econazole topical cream</i>	1	MO
<i>ketoconazole topical cream</i>	1	MO
<i>ketoconazole topical shampoo</i>	1	MO
<i>nyamyc topical powder</i>	1	MO
<i>nystatin topical cream</i>	1	MO
<i>nystatin topical ointment</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical powder</i>	1	MO
<i>nystatin-triamcinolone topical cream</i>	1	MO
<i>nystatin-triamcinolone topical ointment</i>	1	MO
<i>nystop topical powder</i>	1	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	MO
DENAVIR TOPICAL CREAM	1	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream</i>	1	MO
<i>alclometasone topical ointment</i>	1	MO
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	MO
<i>betamethasone dipropionate topical cream</i>	1	MO
<i>betamethasone dipropionate topical lotion</i>	1	MO
<i>betamethasone dipropionate topical ointment</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
<i>clobetasol scalp solution</i>	1	MO
<i>clobetasol topical cream</i>	1	MO
<i>clobetasol topical gel</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO
<i>cormax scalp solution</i>	1	
<i>desonide topical cream</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>desonide topical lotion</i>	1	MO
<i>desonide topical ointment</i>	1	MO
<i>desoximetasone topical cream</i>	1	MO
<i>desoximetasone topical gel</i>	1	MO
<i>desoximetasone topical ointment 0.25 %</i>	1	MO
<i>diflorasone topical cream</i>	1	MO
<i>diflorasone topical ointment</i>	1	MO
<i>fluocinolone and shower cap scalp oil</i>	1	MO
<i>fluocinolone topical cream</i>	1	MO
<i>fluocinolone topical oil</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO
<i>fluocinolone topical solution</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO
<i>fluocinonide topical gel</i>	1	MO
<i>fluocinonide topical ointment</i>	1	MO
<i>fluocinonide topical solution</i>	1	MO
<i>fluocinonide-e topical cream</i>	1	MO
<i>fluticasone topical cream</i>	1	MO
<i>fluticasone topical ointment</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream</i>	1	MO
<i>hydrocortisone valerate topical ointment</i>	1	MO
<i>hydrocortisone-min oil-wht pet topical ointment</i>	1	MO
<i>mometasone topical cream</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical ointment</i>	1	MO
<i>mometasone topical solution</i>	1	MO
<i>prednicarbate topical cream</i>	1	MO
<i>prednicarbate topical ointment</i>	1	MO
<i>triamcinolone acetonide topical cream</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>triderm topical cream</i>	1	MO
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	1	MO
<i>malathion topical lotion</i>	1	MO
<i>permethrin topical cream</i>	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	1	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	1	MO
PHYSIOLYTE IRRIGATION SOLUTION	1	
PHYSIOSOL IRRIGATION SOLUTION	1	
<i>ringers irrigation solution</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	MO
<i>acetic acid irrigation solution</i>	1	MO
ADAGEN INTRAMUSCULAR SOLUTION	1	PA; MO; LA
<i>alendronate oral tablet 40 mg</i>	1	MO
<i>anagrelide oral capsule</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	1	PA; MO; LA
AURYXIA ORAL TABLET	1	MO
BUPHENYL ORAL TABLET	1	PA; MO
CARBAGLU ORAL TABLET, DISPERSIBLE	1	PA; MO; LA
<i>cevimeline oral capsule</i>	1	MO
CHEMET ORAL CAPSULE	1	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>deferoxamine injection recon soln</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	1	MO
<i>dextrose 20 % in water (d20w) intravenous parenteral solution</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose with sodium chloride intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet</i>	1	MO
<i>etidronate disodium oral tablet</i>	1	MO
EXJADE ORAL TABLET, DISPERSIBLE	1	PA; MO; LA
FERRIPROX ORAL SOLUTION	1	PA
FERRIPROX ORAL TABLET	1	PA; MO
FOSRENOL ORAL POWDER IN PACKET	1	MO
FOSRENOL ORAL TABLET,CHEWABLE	1	MO
GLASSIA INTRAVENOUS SOLUTION	1	PA; MO; LA
INCRELEX SUBCUTANEOUS SOLUTION	1	PA; MO; LA
JADENU ORAL TABLET	1	PA; MO
<i>kionex oral powder</i>	1	MO
<i>kionex oral suspension</i>	1	MO
<i>levocarnitine (with sugar) oral solution</i>	1	MO
<i>levocarnitine intravenous solution</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LITHOSTAT ORAL TABLET	1	MO
<i>midodrine oral tablet</i>	1	MO
NORTHERA ORAL CAPSULE 100 MG	1	PA; MO; QL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	1	PA; MO; QL (360 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	1	PA; MO; QL (180 per 30 days)
ORFADIN ORAL CAPSULE	1	PA; LA
ORFADIN ORAL SUSPENSION	1	PA; LA
<i>pilocarpine hcl oral tablet</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	1	PA; LA
RAVICTI ORAL LIQUID	1	PA; MO; QL (525 per 30 days)
REVELA ORAL POWDER IN PACKET	1	MO
REVELA ORAL TABLET	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole oral tablet</i>	1	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO
<i>sodium chloride irrigation solution</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA; MO
<i>sodium polystyrene (sorb free) oral suspension</i>	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sodium polystyrene sulfonate oral suspension</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	1	
SOLIRIS INTRAVENOUS SOLUTION	1	PA; MO
<i>sps oral suspension</i>	1	MO
<i>sps rectal enema</i>	1	
SYPRINE ORAL CAPSULE	1	PA; MO
THIOLA ORAL TABLET	1	PA; MO
VELTASSA ORAL POWDER IN PACKET	1	PA; MO; QL (30 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	MO
ZEMAIRA INTRAVENOUS RECON SOLN	1	PA; MO; LA
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	1	QL (100 per 365 days)
<i>zoledronic acid-mannitol-water intravenous solution</i>	1	MO; QL (100 per 365 days)
SMOKING DETERRENTS		
<i>buproban oral tablet extended release</i>	1	
<i>bupropion hcl (smoking deter) oral tablet extended release</i>	1	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET	1	MO; QL (336 per 365 days)
CHANTIX ORAL TABLET	1	MO; QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	1	MO; QL (106 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALATION CARTRIDGE	1	MO
NICOTROL NS NASAL SPRAY, NON-AEROSOL	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg</i>	1	MO
BACTROBAN NASAL OINTMENT	1	MO
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
<i>denta 5000 plus dental cream</i>	1	MO
<i>dentagel dental gel</i>	1	MO
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	MO
<i>oralone dental paste</i>	1	MO
<i>paroex oral rinse mucous membrane mouthwash</i>	1	MO
<i>perio med dental solution</i>	1	MO
<i>periogard mucous membrane mouthwash</i>	1	MO
<i>sf 5000 plus dental cream</i>	1	MO
<i>sf dental gel</i>	1	MO
<i>triamcinolone acetonide dental paste</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetasol hc otic drops</i>	1	MO
<i>acetic acid otic solution</i>	1	MO
<i>acetic acid-aluminum acetate otic drops</i>	1	MO
<i>fluocinolone acetonide oil otic drops</i>	1	MO
<i>hydrocortisone-acetic acid otic drops</i>	1	MO
<i>ofloxacin otic drops</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC DROPS, SUSPENSION	1	MO
CIPRODEX OTIC DROPS, SUSPENSION	1	MO
COLY-MYCIN S OTIC DROPS, SUSPENSION	1	MO
<i>neomycin-polymyxin-hc otic drops, suspension</i>	1	MO
<i>neomycin-polymyxin-hc otic solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P. INJECTION GEL	1	PA; MO; QL (35 per 28 days)
<i>a-hydrocort injection recon soln</i>	1	MO
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION	1	MO
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION	1	
<i>betamethasone acet,sod phos injection suspension</i>	1	MO
<i>cortisone oral tablet</i>	1	MO
<i>deltasone oral tablet 20 mg</i>	1	MO
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	1	MO
<i>dexamethasone intensol oral drops</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	MO
<i>fludrocortisone oral tablet</i>	1	MO
<i>hydrocortisone oral tablet</i>	1	MO
<i>methylprednisolone acetate injection suspension</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	1	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisone intensol oral concentrate</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN	1	MO
SOLU-CORTEF INJECTION RECON SOLN	1	MO
SOLU-MEDROL (PF) INJECTION RECON SOLN	1	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	1	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN	1	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet</i>	1	MO
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT (60)/ 12 UNIT (30)	1	PA; MO
<i>alcohol pads topical pads, medicated</i>	1	MO
BYDUREON SUBCUTANEOUS PEN INJECTOR	1	ST; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	1	ST; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	ST; MO; QL (2.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	ST; MO; QL (1.2 per 28 days)
FARXIGA ORAL TABLET	1	ST; MO; QL (30 per 30 days)
GAUZE PADS 2 X 2	1	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	1	MO
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	1	MO
GLYXAMBI ORAL TABLET	1	MO; QL (30 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO; QL (45 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO; QL (30 per 30 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 per 30 days)
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION	1	MO; QL (50 per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 per 30 days)
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION	1	MO; QL (50 per 30 days)
HUMALOG SUBCUTANEOUS CARTRIDGE	1	MO; QL (45 per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION	1	MO; QL (50 per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	1	MO; QL (50 per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION	1	MO; QL (50 per 30 days)
HUMULIN R INJECTION SOLUTION	1	MO; QL (50 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	1	QL (36 per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	1	MO; QL (40 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
INSULIN PEN NEEDLE	1	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	1	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	1	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET	1	MO; QL (30 per 30 days)
JANUMET ORAL TABLET	1	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	1	MO
JANUVIA ORAL TABLET	1	MO
JARDIANCE ORAL TABLET 10 MG	1	MO; QL (60 per 30 days)
JARDIANCE ORAL TABLET 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	1	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	1	
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 per 30 days)
LANTUS SUBCUTANEOUS SOLUTION	1	MO; QL (50 per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION	1	MO; QL (50 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg (generic Glucophage XR)</i>	1	MO
<i>metformin oral tablet extended release 24 hr 750 mg (generic Glucophage XR)</i>	1	MO; QL (60 per 30 days)
<i>nateglinide oral tablet</i>	1	MO
NEEDLES, INSULIN DISP.,SAFETY	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	1	MO; QL (50 per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION	1	MO; QL (50 per 30 days)
NOVOLIN R INJECTION SOLUTION	1	MO; QL (50 per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 per 30 days)
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 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
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION	1	MO; QL (50 per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE	1	MO; QL (45 per 30 days)
NOVOLOG SUBCUTANEOUS SOLUTION	1	MO; QL (50 per 30 days)
<i>pioglitazone oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	1	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	1	MO
<i>repaglinide oral tablet</i>	1	MO
RIOMET ORAL SOLUTION	1	MO; QL (765 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	1	ST; MO; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	1	ST; MO; QL (12 per 28 days)
SYNJARDY ORAL TABLET	1	MO; QL (60 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>tolbutamide oral tablet</i>	1	MO; QL (180 per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN	1	MO; QL (9 per 30 days)
TRADJENTA ORAL TABLET	1	MO
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	1	MO; QL (45 per 30 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	1	MO; QL (27 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	1	MO; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	1	MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	1	MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	ST; MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG, 5-500 MG	1	ST; MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	1	PA; MO; LA
ANADROL-50 ORAL TABLET	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR	1	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	1	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	1	PA; MO
<i>androxy oral tablet</i>	1	MO
<i>cabergoline oral tablet</i>	1	MO
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	MO
CERDELGA ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; MO; LA
<i>chorionic gonadotropin, human intramuscular recon soln</i>	1	PA; MO
<i>danazol oral capsule</i>	1	MO
<i>desmopressin injection solution</i>	1	MO
<i>desmopressin nasal aerosol,spray</i>	1	MO
<i>desmopressin nasal solution</i>	1	MO
<i>desmopressin nasal spray,non-aerosol</i>	1	MO
<i>desmopressin oral tablet</i>	1	MO
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	1	MO
<i>doxercalciferol oral capsule 1 mcg</i>	1	MO
ELAPRASE INTRAVENOUS SOLUTION	1	PA; MO; LA
ELELYSO INTRAVENOUS RECON SOLN	1	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	1	PA; MO; LA
FABRAZYME INTRAVENOUS RECON SOLN 5 MG	1	PA; MO
<i>fortical nasal spray,non-aerosol</i>	1	MO
KANUMA INTRAVENOUS SOLUTION	1	PA; MO
KORLYM ORAL TABLET	1	PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KUVAN ORAL POWDER IN PACKET	1	PA; MO
KUVAN ORAL TABLET,SOLUBLE	1	PA; MO; LA
LUMIZYME INTRAVENOUS RECON SOLN	1	PA; MO
<i>methyltestosterone oral capsule</i>	1	PA; MO
MIACALCIN INJECTION SOLUTION	1	MO
MYALEPT SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (60 per 30 days)
MYOZYME INTRAVENOUS RECON SOLN	1	PA; MO
NAGLAZYME INTRAVENOUS SOLUTION	1	PA; MO; LA
NATPARA SUBCUTANEOUS CARTRIDGE	1	PA; MO; LA; QL (2 per 28 days)
<i>oxandrolone oral tablet</i>	1	PA; MO
<i>pamidronate intravenous recon soln</i>	1	MO
<i>pamidronate intravenous solution</i>	1	MO
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	1	
<i>paricalcitol oral capsule</i>	1	MO
SAMSCA ORAL TABLET 15 MG	1	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	1	PA; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	1	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	1	MO
SOMAVERT SUBCUTANEOUS RECON SOLN	1	PA; MO; QL (30 per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION	1	PA; MO; LA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR	1	PA; MO
SYNAREL NASAL SPRAY, NON-AEROSOL	1	PA; MO
TESTIM TRANSDERMAL GEL	1	PA; MO
<i>testosterone cypionate intramuscular oil</i>	1	PA; MO
<i>testosterone enanthate intramuscular oil</i>	1	PA; MO
TESTOSTERONE TRANSDERMAL GEL	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	1	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN PACKET	1	PA; MO
VPRIV INTRAVENOUS RECON SOLN	1	PA; MO
ZAVESCA ORAL CAPSULE	1	PA; MO; LA
ZEMPLAR INTRAVENOUS SOLUTION	1	MO
<i>zoledronic acid intravenous recon soln</i>	1	
<i>zoledronic acid intravenous solution</i>	1	MO
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	1	MO
THYROID HORMONES		
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	1	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>liothyronine intravenous solution</i>	1	MO
<i>liothyronine oral tablet</i>	1	MO
SYNTHROID ORAL TABLET	1	MO
<i>unithroid oral tablet</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
BENTYL INTRAMUSCULAR SOLUTION	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	1	MO
<i>glycopyrrolate injection solution</i>	1	MO
<i>glycopyrrolate oral tablet</i>	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine oral tablet</i>	1	MO
<i>propantheline oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO ORAL CAPSULE	1	B/D; MO; QL (2 per 30 days)
<i>alosetron oral tablet</i>	1	PA; MO
ALOXI INTRAVENOUS SOLUTION	1	MO
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	1	MO
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	1	MO
<i>balsalazide oral capsule</i>	1	MO
<i>budesonide oral capsule,delayed,extend.release</i>	1	MO
CANASA RECTAL SUPPOSITORY	1	MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	1	PA; MO; QL (3 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	1	PA; MO; QL (3 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	1	PA; MO; QL (3 per 28 days)
<i>compro rectal suppository</i>	1	MO
<i>constulose oral solution</i>	1	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	1	MO
<i>cromolyn oral concentrate</i>	1	MO
CYSTADANE ORAL POWDER	1	MO
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC)	1	MO
DIPENTUM ORAL CAPSULE	1	ST; MO
<i>dronabinol oral capsule 10 mg</i>	1	PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	PA; MO
EMEND INTRAVENOUS RECON SOLN	1	MO
EMEND ORAL CAPSULE 125 MG	1	B/D; MO; QL (2 per 30 days)
EMEND ORAL CAPSULE 40 MG	1	B/D; MO; QL (1 per 30 days)
EMEND ORAL CAPSULE 80 MG	1	B/D; MO; QL (4 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
EMEND ORAL CAPSULE,DOSE PACK	1	B/D; MO; QL (6 per 30 days)
<i>enulose oral solution</i>	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	1	PA; MO; QL (30 per 30 days)
GATTEX ONE-VIAL SUBCUTANEOUS KIT	1	PA; MO; QL (30 per 30 days)
<i>gavilyte-c oral recon soln</i>	1	MO
<i>gavilyte-g oral recon soln</i>	1	MO
<i>gavilyte-h and bisacodyl oral kit</i>	1	MO
<i>gavilyte-n oral recon soln</i>	1	MO
<i>generlac oral solution</i>	1	MO
<i>granisetron (pf) intravenous solution</i>	1	MO
<i>granisetron hcl intravenous solution</i>	1	MO
<i>granisetron hcl oral tablet</i>	1	B/D; ST; MO; QL (30 per 30 days)
<i>hydrocortisone rectal cream</i>	1	
<i>hydrocortisone rectal enema</i>	1	MO
<i>lactulose oral solution</i>	1	MO
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	1	ST; MO
LINZESS ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine rectal enema</i>	1	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK ORAL TABLET	1	MO; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral solution</i>	1	B/D; MO; QL (900 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D; MO; QL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating</i>	1	B/D; MO; QL (90 per 30 days)
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC)	1	ST; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-3350 with flavor packs oral recon soln</i>	1	
<i>peg-electrolyte soln oral recon soln</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	1	MO
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC)	1	ST; MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
<i>polyethylene glycol 3350 oral powder in packet</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	1	MO
<i>procto-med hc rectal cream</i>	1	
<i>procto-pak rectal cream</i>	1	MO
<i>proctosol hc rectal cream</i>	1	MO
<i>proctozone-hc rectal cream</i>	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	1	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE	1	PA; MO
REMICADE INTRAVENOUS RECON SOLN	1	PA; MO
SANCUSO TRANSDERMAL PATCH WEEKLY	1	ST; MO; QL (4 per 28 days)
SUCRAID ORAL SOLUTION	1	PA; MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN	1	MO
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	1	MO
<i>trilyte with flavor packets oral recon soln</i>	1	MO
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	1	PA; MO
UCERIS RECTAL FOAM	1	PA; MO
<i>ursodiol oral capsule</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VIBERZI ORAL TABLET	1	PA; MO; QL (60 per 30 days)
VIOKACE ORAL TABLET	1	ST; MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT	1	ST; MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000- 218,000 UNIT	1	ST; MO
ULCER THERAPY		
<i>carafate oral suspension</i>	1	MO
<i>cimetidine hcl oral solution</i>	1	MO
<i>cimetidine oral tablet</i>	1	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	1	ST; MO; QL (30 per 30 days)
<i>famotidine (pf) intravenous solution</i>	1	MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	MO; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg</i>	1	MO
<i>misoprostol oral tablet 200 mcg</i>	1	MO
<i>nizatidine oral capsule 150 mg</i>	1	MO
<i>nizatidine oral capsule 300 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine oral solution</i>	1	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous recon soln</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	MO; QL (60 per 30 days)
<i>ranitidine hcl injection solution 25 mg/ml</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	1	PA; MO; LA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	1	PA; 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, 60 MCG/0.3 ML	1	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	1	PA; MO; LA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	1	MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	1	ST; MO; QL (14 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN	1	PA; MO; QL (60 per 30 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE	1	PA; MO
GRANIX SUBCUTANEOUS SYRINGE	1	PA; MO
HUMATROPE INJECTION CARTRIDGE	1	PA; MO
HUMATROPE INJECTION RECON SOLN	1	PA; MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION RECON SOLN	1	MO
INTRON A INJECTION SOLUTION	1	MO
LEUKINE INJECTION RECON SOLN	1	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (9.6 per 4 days)
NEULASTA SUBCUTANEOUS SYRINGE	1	PA; MO
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	1	PA; MO
NEUPOGEN INJECTION SOLUTION	1	PA; MO
NEUPOGEN INJECTION SYRINGE	1	PA; MO
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR	1	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	1	PA; MO
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	1	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	1	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	1	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	1	PA; MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
PEGINTRON SUBCUTANEOUS KIT	1	PA; MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	1	MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE	1	MO; QL (1 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
PROLEUKIN INTRAVENOUS RECON SOLN	1	MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	1	ST; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	ST; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	ST; MO; QL (8.4 per 365 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	1	ST; MO; QL (8.4 per 365 days)
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE	1	PA; MO
SAIZEN SUBCUTANEOUS RECON SOLN	1	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; MO; LA
SYLATRON SUBCUTANEOUS KIT	1	MO
ZARXIO INJECTION SYRINGE	1	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	1	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	1	PA; MO
ZORBTIVE SUBCUTANEOUS RECON SOLN	1	PA; MO; LA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	1	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	1	MO
ATGAM INTRAVENOUS SOLUTION	1	B/D
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	MO
BEXSERO (PF) INTRAMUSCULAR SYRINGE	1	MO
BIVIGAM INTRAVENOUS SOLUTION	1	PA; MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	1	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	MO
BOTOX INJECTION RECON SOLN 100 UNIT	1	PA; MO; QL (4 per 84 days)
BOTOX INJECTION RECON SOLN 200 UNIT	1	PA; MO; QL (2 per 84 days)
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	1	PA; MO
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	1	MO
DYSPORT INTRAMUSCULAR RECON SOLN	1	PA; MO; QL (3 per 84 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	1	B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	1	PA; MO
<i>fomepizole intravenous solution</i>	1	MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION	1	PA; MO
GAMMAGARD LIQUID INJECTION SOLUTION	1	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	1	PA; MO
GAMMAKED INJECTION SOLUTION	1	PA; MO
GAMMAPLEX INTRAVENOUS SOLUTION	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION	1	PA; MO
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	1	PA; MO
GARDASIL (PF) INTRAMUSCULAR SYRINGE	1	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	PA; MO
GRASTEK SUBLINGUAL TABLET	1	PA; MO; QL (30 per 30 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	1	
HIZENTRA SUBCUTANEOUS SOLUTION	1	PA; MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	1	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	1	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	MO
IPOLE INJECTION SUSPENSION	1	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE	1	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN	1	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN	1	MO
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	1	MO
OCTAGAM INTRAVENOUS SOLUTION	1	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	1	PA; MO; QL (30 per 30 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	1	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INTRAVENOUS SOLUTION	1	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	MO
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	MO
RAGWITEK SUBLINGUAL TABLET	1	PA; MO; QL (30 per 30 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	1	B/D; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE ORAL SUSPENSION	1	MO
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	1	MO
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	1	MO
THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION	1	MO
THYMOGLOBULIN INTRAVENOUS RECON SOLN	1	B/D
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	1	MO
TRUMENBA INTRAMUSCULAR SYRINGE	1	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	1	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	1	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	1	

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

Drug Name	Drug Tier	Requirements/Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	1	PA; MO; QL (8 per 84 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	PA; MO; QL (1 per 365 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	MO
<i>colchicine-probenecid oral tablet</i>	1	MO
COLCRYS ORAL TABLET	1	MO
<i>probenecid oral tablet</i>	1	MO
ULORIC ORAL TABLET	1	ST; MO; QL (30 per 30 days)

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	MO
FORTEO SUBCUTANEOUS PEN INJECTOR	1	ST; MO; QL (2.4 per 28 days)
<i>ibandronate intravenous solution</i>	1	MO; QL (3 per 90 days)
<i>ibandronate intravenous syringe</i>	1	MO; QL (3 per 90 days)
<i>ibandronate oral tablet</i>	1	MO; QL (1 per 28 days)
PROLIA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (1 per 168 days)
<i>raloxifene oral tablet</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	ST; MO; QL (1 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack)</i>	1	ST; MO; QL (12 per 84 days)
<i>risedronate oral tablet 35 mg, 35 mg (4 pack)</i>	1	ST; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	ST; MO; QL (4 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA INTRAVENOUS SOLUTION	1	PA; MO; QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN	1	PA; MO
DEPEN TITRATABS ORAL TABLET	1	PA; MO
ENBREL SUBCUTANEOUS RECON SOLN	1	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT	1	PA; MO
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (12 per 365 days)
HUMIRA PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (8 per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (6 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; MO; QL (1 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (6 per 28 days)
KINERET SUBCUTANEOUS SYRINGE	1	PA; MO; QL (18.76 per 28 days)
<i>leflunomide oral tablet</i>	1	MO
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	1	PA; MO
ORENCIA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
OTEZLA ORAL TABLET	1	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK	1	PA; MO; QL (110 per 365 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.4 ML, 22.5 MG/0.4 ML	1	PA; QL (1.6 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	1	PA; MO; QL (0.8 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	1	PA; MO; QL (1 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	1	PA; MO; QL (1.2 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	1	PA; MO; QL (1.4 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	1	PA; MO; QL (1.8 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	1	PA; MO; QL (2 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 27.5 MG/0.55 ML	1	PA; MO; QL (2.2 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	1	PA; MO; QL (2.4 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	1	PA; MO; QL (0.6 per 28 days)
RIDAURA ORAL CAPSULE	1	MO
SAVELLA ORAL TABLET	1	PA; MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	PA; MO; QL (110 per 365 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; MO; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	1	PA; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila oral tablet</i>	1	MO
<i>deblitane oral tablet</i>	1	MO
DEPO-ESTRADIOL INTRAMUSCULAR OIL	1	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	1	MO; QL (0.65 per 84 days)
DIVIGEL TRANSDERMAL GEL IN PACKET	1	MO
DUAVEE ORAL TABLET	1	PA; MO
<i>errin oral tablet</i>	1	MO
ESTRACE VAGINAL CREAM	1	MO
<i>estradiol oral tablet</i>	1	MO
<i>estradiol transdermal patch semiweekly</i>	1	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	MO; QL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet oral tablet</i>	1	MO
ESTRING VAGINAL RING	1	MO
<i>estropipate oral tablet</i>	1	MO
FEMRING VAGINAL RING	1	MO
<i>fyavolv oral tablet 1-5 mg-mcg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>heather oral tablet</i>	1	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	1	PA
<i>jencycla oral tablet</i>	1	MO
<i>jinteli oral tablet</i>	1	MO
<i>jolivette oral tablet</i>	1	MO
<i>lyza oral tablet</i>	1	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML	1	PA; MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	1	PA
<i>medroxyprogesterone intramuscular suspension</i>	1	MO; QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe</i>	1	MO; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet</i>	1	MO
MENEST ORAL TABLET	1	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	1	MO; QL (4 per 28 days)
<i>mimvey lo oral tablet</i>	1	MO
<i>mimvey oral tablet</i>	1	MO
<i>nora-be oral tablet</i>	1	MO
<i>norethindrone (contraceptive) oral tablet</i>	1	MO
<i>norethindrone acetate oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	1	MO
<i>norlyroc oral tablet</i>	1	
PREMARIN INJECTION RECON SOLN	1	MO
PREMARIN ORAL TABLET	1	MO
PREMARIN VAGINAL CREAM	1	MO
PREMPHASE ORAL TABLET	1	MO
PREMPRO ORAL TABLET	1	MO
<i>progesterone micronized oral capsule</i>	1	MO
<i>sharobel oral tablet</i>	1	MO
VAGIFEM VAGINAL TABLET	1	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal cream</i>	1	MO
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	1	PA; MO; QL (1 per 28 days)
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	1	PA; MO; QL (1 per 84 days)
<i>metronidazole vaginal gel</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
NUVARING VAGINAL RING	1	MO; QL (1 per 28 days)
<i>terconazole vaginal cream</i>	1	MO
<i>terconazole vaginal suppository</i>	1	MO
<i>tranexamic acid oral tablet</i>	1	MO; QL (30 per 28 days)
<i>vandazole vaginal gel</i>	1	MO
<i>xulane transdermal patch weekly</i>	1	MO; QL (3 per 28 days)
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	1	MO
<i>alyacen 1/35 (28) oral tablet</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	1	MO
<i>amethia lo oral tablets,dose pack,3 month</i>	1	MO
<i>amethia oral tablets,dose pack,3 month</i>	1	MO
<i>amethyst oral tablet</i>	1	MO
<i>apri oral tablet</i>	1	MO
<i>aranelle (28) oral tablet</i>	1	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	1	MO
<i>aubra oral tablet</i>	1	MO
<i>aviane oral tablet</i>	1	MO
<i>azurette (28) oral tablet</i>	1	MO
<i>balziva (28) oral tablet</i>	1	MO
<i>bekyree (28) oral tablet</i>	1	MO
<i>blisovi 24 fe oral tablet</i>	1	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	1	MO
<i>blisovi fe 1/20 (28) oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>briellyn oral tablet</i>	1	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	1	MO
<i>camrese oral tablets,dose pack,3 month</i>	1	MO
<i>caziant (28) oral tablet</i>	1	MO
<i>chateal oral tablet</i>	1	MO
<i>cryselle (28) oral tablet</i>	1	MO
<i>cyclafem 1/35 (28) oral tablet</i>	1	MO
<i>cyclafem 7/7/7 (28) oral tablet</i>	1	MO
<i>cyred oral tablet</i>	1	MO
<i>dasetta 1/35 (28) oral tablet</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	1	MO
<i>daysee oral tablets,dose pack,3 month</i>	1	MO
<i>delyla (28) oral tablet</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	MO
<i>elinest oral tablet</i>	1	MO
ELLA ORAL TABLET	1	MO
<i>emoquette oral tablet</i>	1	MO
<i>enpresse oral tablet</i>	1	MO
<i>enskyce oral tablet</i>	1	MO
<i>estarylla oral tablet</i>	1	MO
<i>falmina (28) oral tablet</i>	1	MO
<i>gianvi (28) oral tablet</i>	1	MO
<i>gildagia oral tablet</i>	1	MO
<i>gildess 1.5/30 (21) oral tablet</i>	1	MO
<i>gildess 1/20 (21) oral tablet</i>	1	MO
<i>gildess 24 fe oral tablet</i>	1	MO
<i>gildess fe 1.5/30 (28) oral tablet</i>	1	MO
<i>gildess fe 1/20 (28) oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>introvale oral tablets,dose pack,3 month</i>	1	MO
<i>jolessa oral tablets,dose pack,3 month</i>	1	MO
<i>juleber oral tablet</i>	1	MO
<i>junel 1.5/30 (21) oral tablet</i>	1	MO
<i>junel 1/20 (21) oral tablet</i>	1	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	1	MO
<i>junel fe 1/20 (28) oral tablet</i>	1	MO
<i>junel fe 24 oral tablet</i>	1	MO
<i>kaitlib fe oral tablet,chewable</i>	1	
<i>kariva (28) oral tablet</i>	1	MO
<i>kelnor 1/35 (28) oral tablet</i>	1	MO
<i>kimidess (28) oral tablet</i>	1	MO
<i>kurvelo oral tablet</i>	1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet</i>	1	MO
<i>larin 1/20 (21) oral tablet</i>	1	MO
<i>larin 24 fe oral tablet</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>larin fe 1/20 (28) oral tablet</i>	1	MO
<i>layolis fe oral tablet,chewable</i>	1	MO
<i>leena 28 oral tablet</i>	1	MO
<i>lessina oral tablet</i>	1	MO
<i>levonest (28) oral tablet</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levora-28 oral tablet</i>	1	MO
<i>lomedina 24 fe oral tablet</i>	1	MO
<i>loryna (28) oral tablet</i>	1	MO
<i>low-ogestrel (28) oral tablet</i>	1	MO
<i>lutera (28) oral tablet</i>	1	MO
<i>marlissa oral tablet</i>	1	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	1	MO
<i>microgestin 1/20 (21) oral tablet</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	1	MO
<i>mono-lynyah oral tablet</i>	1	MO
<i>mononessa (28) oral tablet</i>	1	MO
<i>myzilra oral tablet</i>	1	MO
<i>necon 0.5/35 (28) oral tablet</i>	1	MO
<i>necon 1/35 (28) oral tablet</i>	1	MO
<i>necon 1/50 (28) oral tablet</i>	1	MO
<i>necon 10/11 (28) oral tablet</i>	1	MO
<i>necon 7/7/7 (28) oral tablet</i>	1	MO
<i>nikki (28) oral tablet</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	MO
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	1	MO
<i>nortrel 1/35 (21) oral tablet</i>	1	MO
<i>nortrel 1/35 (28) oral tablet</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	1	MO
<i>ocella oral tablet</i>	1	MO
<i>ogestrel (28) oral tablet</i>	1	MO
<i>orsythia oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>philith oral tablet</i>	1	MO
<i>pimtreea (28) oral tablet</i>	1	MO
<i>pirmella oral tablet</i>	1	MO
<i>portia oral tablet</i>	1	MO
<i>previfem oral tablet</i>	1	MO
<i>quasense oral tablets,dose pack,3 month</i>	1	MO
<i>reclipsen (28) oral tablet</i>	1	MO
<i>setlakin oral tablets,dose pack,3 month</i>	1	MO
<i>sprintec (28) oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	MO
<i>syeda oral tablet</i>	1	MO
<i>tarina fe 1/20 (28) oral tablet</i>	1	MO
<i>tilia fe oral tablet</i>	1	MO
<i>tri-estarylla oral tablet</i>	1	MO
<i>tri-legest fe oral tablet</i>	1	MO
<i>tri-linyah oral tablet</i>	1	MO
<i>tri-lo-estarylla oral tablet</i>	1	MO
<i>tri-lo-marzia oral tablet</i>	1	MO
<i>tri-lo-sprintec oral tablet</i>	1	MO
<i>trinessa (28) oral tablet</i>	1	MO
<i>trinessa lo oral tablet</i>	1	MO
<i>tri-previfem (28) oral tablet</i>	1	MO
<i>tri-sprintec (28) oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	MO
<i>velivet triphasic regimen (28) oral tablet</i>	1	MO
<i>vestura (28) oral tablet</i>	1	MO
<i>vienva oral tablet</i>	1	MO
<i>viorele (28) oral tablet</i>	1	MO
<i>vyfemla (28) oral tablet</i>	1	MO
<i>wera (28) oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>wymzya fe oral tablet,chewable</i>	1	MO
<i>zarah oral tablet</i>	1	MO
<i>zenchent (28) oral tablet</i>	1	MO
<i>zenchent fe oral tablet,chewable</i>	1	MO
<i>zovia 1/35e (28) oral tablet</i>	1	MO
<i>zovia 1/50e (28) oral tablet</i>	1	MO
OXYTOCICS		
<i>methergine oral tablet</i>	1	
<i>methylergonovine injection solution</i>	1	MO
<i>methylergonovine oral tablet</i>	1	MO
<i>oxytocin injection solution</i>	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC DROPS	1	MO
<i>bacitracin ophthalmic ointment</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1	MO
BESIVANCE OPHTHALMIC DROPS,SUSPENSION	1	MO
CILOXAN OPHTHALMIC OINTMENT	1	MO
<i>ciprofloxacin hcl ophthalmic drops</i>	1	MO
<i>erythromycin ophthalmic ointment</i>	1	MO
<i>gatifloxacin ophthalmic drops</i>	1	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic drops</i>	1	MO
<i>gentamicin ophthalmic ointment</i>	1	MO
<i>levofloxacin ophthalmic drops</i>	1	MO
MOXEZA OPHTHALMIC DROPS, VISCOUS	1	MO
NATACYN OPHTHALMIC DROPS,SUSPENSION	1	MO
<i>neomycin-bacitracin-polymyxin ophthalmic ointment</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic drops</i>	1	MO
<i>neo-polycin ophthalmic ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophthalmic drops</i>	1	MO
<i>polycin ophthalmic ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic drops</i>	1	MO
<i>tobramycin ophthalmic drops</i>	1	MO
TOBREX OPHTHALMIC OINTMENT	1	MO
VIGAMOX OPHTHALMIC DROPS	1	MO
ANTIVIRALS		
<i>trifluridine ophthalmic drops</i>	1	MO
ZIRGAN OPHTHALMIC GEL	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic drops</i>	1	MO
BETIMOL OPHTHALMIC DROPS	1	MO
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION	1	MO
<i>carteolol ophthalmic drops</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol ophthalmic drops</i>	1	
<i>timolol maleate ophthalmic drops</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC DROPS	1	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic drops</i>	1	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL OPHTHALMIC DROPS	1	MO
ALOMIDE OPHTHALMIC DROPS	1	MO
<i>azelastine ophthalmic drops</i>	1	MO
BEPREVE OPHTHALMIC DROPS	1	MO
<i>cromolyn ophthalmic drops</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CYSTARAN OPHTHALMIC DROPS	1	PA; MO
EMADINE OPHTHALMIC DROPS	1	MO
<i>epinastine ophthalmic drops</i>	1	MO
RESTASIS OPHTHALMIC DROPPERETTE	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPHTHALMIC DROPPERETTE	1	MO
<i>bromfenac ophthalmic drops</i>	1	MO
<i>diclofenac sodium ophthalmic drops</i>	1	MO
<i>flurbiprofen sodium ophthalmic drops</i>	1	MO
<i>ketorolac ophthalmic drops</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	MO
<i>acetazolamide oral tablet</i>	1	MO
<i>acetazolamide sodium injection recon soln</i>	1	MO
<i>methazolamide oral tablet</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic drops</i>	1	ST; MO
COMBIGAN OPHTHALMIC DROPS	1	MO
<i>dorzolamide ophthalmic drops</i>	1	MO
<i>dorzolamide-timolol ophthalmic drops</i>	1	MO
<i>latanoprost ophthalmic drops</i>	1	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	1	MO
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION	1	MO
TRAVATAN Z OPHTHALMIC DROPS	1	ST; MO
<i>travoprost (benzalkonium) ophthalmic drops</i>	1	ST; MO
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE	1	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic ointment</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic ointment</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic drops,suspension</i>	1	MO
<i>neo-polycin hc ophthalmic ointment</i>	1	
PRED-G OPHTHALMIC DROPS,SUSPENSION	1	MO
PRED-G S.O.P. OPHTHALMIC OINTMENT	1	MO
TOBRADEX OPHTHALMIC OINTMENT	1	MO
<i>tobramycin-dexamethasone ophthalmic drops,suspension</i>	1	MO
ZYLET OPHTHALMIC DROPS,SUSPENSION	1	MO
STEROIDS		
ALREX OPHTHALMIC DROPS,SUSPENSION	1	MO
<i>dexamethasone sodium phosphate ophthalmic drops</i>	1	MO
DUREZOL OPHTHALMIC DROPS	1	MO
<i>fluorometholone ophthalmic drops,suspension</i>	1	MO
FML FORTE OPHTHALMIC DROPS,SUSPENSION	1	MO
FML S.O.P. OPHTHALMIC OINTMENT	1	MO
LOTEMAX OPHTHALMIC DROPS,GEL	1	MO
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	1	MO
LOTEMAX OPHTHALMIC OINTMENT	1	MO
MAXIDEX OPHTHALMIC DROPS,SUSPENSION	1	MO
PRED MILD OPHTHALMIC DROPS,SUSPENSION	1	MO
<i>prednisolone acetate ophthalmic drops,suspension</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic drops</i>	1	MO
VEXOL OPHTHALMIC DROPS,SUSPENSION	1	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION	1	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	1	MO
<i>sulfacetamide-prednisolone ophthalmic drops</i>	1	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	1	MO
<i>apraclonidine ophthalmic drops</i>	1	MO
<i>brimonidine ophthalmic drops</i>	1	MO
IOPIDINE OPHTHALMIC DROPPERETTE	1	MO
VASOCONSTRICTOR DECONGESTANTS		
<i>naphazoline ophthalmic drops</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>arbinoxa oral liquid</i>	1	PA; MO
<i>arbinoxa oral tablet</i>	1	PA; MO
<i>carbinoxamine maleate oral liquid</i>	1	PA; MO
<i>carbinoxamine maleate oral tablet</i>	1	PA; MO
<i>clemastine oral tablet 2.68 mg</i>	1	PA; MO
<i>cyproheptadine oral syrup</i>	1	PA; MO
<i>cyproheptadine oral tablet</i>	1	PA; MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	1	PA
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	1	MO
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	1	MO
<i>hydroxyzine hcl intramuscular solution</i>	1	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA; MO
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>hydroxyzine pamoate oral capsule</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO
<i>phenadoz rectal suppository</i>	1	MO
<i>phenergan rectal suppository</i>	1	
<i>promethazine injection solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral syrup</i>	1	PA; MO
<i>promethazine oral tablet</i>	1	PA; MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethazine rectal suppository 50 mg</i>	1	
<i>promethegan rectal suppository</i>	1	MO
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	1	B/D; MO
ADCIRCA ORAL TABLET	1	PA; MO; QL (60 per 30 days)
ADEMPAS ORAL TABLET	1	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	1	MO
ADVAIR HFA INHALATION HFA AEROSOL INHALER	1	MO
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	1	MO
AMINOPHYLLINE INTRAVENOUS SOLUTION 500 MG/20 ML	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	1	MO
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	1	MO
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	1	MO
ASMANEX HFA INHALATION HFA AEROSOL INHALER	1	MO
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	1	MO
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
BERINERT INTRAVENOUS KIT	1	PA; MO
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	1	MO
BROVANA INHALATION SOLUTION FOR NEBULIZATION	1	B/D; MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D; MO
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D; MO
CINRYZE INTRAVENOUS RECON SOLN	1	PA; MO; QL (20 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST	1	MO
<i>cromolyn inhalation solution for nebulization</i>	1	B/D; MO
DALIRESP ORAL TABLET	1	PA; MO
DULERA INHALATION HFA AEROSOL INHALER	1	MO
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	1	MO
ESBRIET ORAL CAPSULE	1	PA; QL (270 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE	1	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	1	MO
FLOVENT HFA INHALATION HFA AEROSOL INHALER	1	MO
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO
<i>fluticasone nasal spray, suspension</i>	1	MO
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	1	MO
<i>ipratropium bromide inhalation solution</i>	1	B/D; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D; MO
KALYDECO ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	1	PA; MO; QL (60 per 30 days)
LETAIRIS ORAL TABLET	1	PA; MO; LA; QL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	B/D; MO
<i>metaproterenol oral syrup</i>	1	MO
<i>metaproterenol oral tablet</i>	1	MO
<i>montelukast oral granules in packet</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral tablet</i>	1	MO; QL (30 per 30 days)
<i>montelukast oral tablet, chewable</i>	1	MO; QL (30 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (1 per 28 days)
OFEV ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	1	PA; MO; LA; QL (30 per 30 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (120 per 30 days)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION	1	B/D; MO
PULMOZYME INHALATION SOLUTION	1	PA; MO; QL (150 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	1	PA; MO; QL (180 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN	1	PA; MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	1	MO
<i>sildenafil oral tablet</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	1	MO
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	1	MO
STIOLTO RESPIMAT INHALATION MIST	1	MO
STRIVERDI RESPIMAT INHALATION MIST	1	MO
<i>terbutaline oral tablet</i>	1	MO
<i>terbutaline subcutaneous solution</i>	1	MO
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
TRACLEER ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	1	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	1	PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	1	PA; MO
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	1	PA; MO
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	1	MO; QL (36 per 30 days)
VERAMYST NASAL SPRAY,SUSPENSION	1	MO
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (6 per 28 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER	1	ST; MO; QL (30 per 30 days)
<i>zafirlukast oral tablet</i>	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate oral tablet</i>	1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr</i>	1	MO
<i>tolterodine oral tablet</i>	1	MO
<i>trospium oral capsule,extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO
VESICARE ORAL TABLET	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
<i>dutasteride oral capsule</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin oral capsule,extended release 24hr</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	MO
MISCELLANEOUS UROLOGICALS		
AMMONIUM CHLORIDE INTRAVENOUS SOLUTION	1	
CYSTAGON ORAL CAPSULE	1	PA; MO; LA
ELMIRON ORAL CAPSULE	1	MO
<i>glycine irrigation solution</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>calcium gluconate intravenous solution</i>	1	MO
<i>dextrose-kcl-nacl intravenous solution</i>	1	MO
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	MO
<i>eliphos oral tablet</i>	1	MO
<i>k-effervescent oral tablet, effervescent</i>	1	MO
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con oral packet</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release</i>	1	MO
<i>klor-con/ef oral tablet, effervescent</i>	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lactated ringers intravenous parenteral solution</i>	1	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	1	
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium bicarb and chloride oral tablet, effervescent</i>	1	MO
<i>potassium bicarb-citric acid oral tablet, effervescent</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous piggyback 10 meq/50 ml</i>	1	MO
<i>potassium chloride intravenous solution</i>	1	MO
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid 20 meq/15 ml</i>	1	MO
<i>potassium chloride oral liquid 40 meq/15 ml</i>	1	MO
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution</i>	1	MO
<i>ringers intravenous parenteral solution</i>	1	
<i>sodium acetate intravenous solution</i>	1	
<i>sodium bicarbonate intravenous solution</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 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	
<i>sodium chloride 3 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 5 % intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous parenteral solution</i>	1	MO
<i>sodium lactate intravenous solution</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	1	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>amino acids 15 % intravenous parenteral solution</i>	1	B/D
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D

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
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	1	B/D
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	1	B/D

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
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D; MO
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
<i>freamine iii 10 % intravenous parenteral solution</i>	1	B/D
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	1	B/D
<i>intralipid intravenous emulsion 20 %</i>	1	B/D; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	1	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
KABIVEN INTRAVENOUS EMULSION	1	B/D
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D

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
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
PERIKABIVEN INTRAVENOUS EMULSION	1	B/D
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
<i>premasol 10 % intravenous parenteral solution</i>	1	B/D; MO
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	1	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D; MO
<i>travasol 10 % intravenous parenteral solution</i>	1	B/D; MO
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D; MO
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	1	B/D
VITAMINS / HEMATINICS		
<i>fluoritab oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>ludent fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>multi-vit with fluoride-iron oral drops</i>	1	MO
<i>multi-vitamin with fluoride oral drops</i>	1	MO
<i>multivitamin with fluoride oral tablet, chewable</i>	1	MO
<i>multi-vitamin with fluoride oral tablet, chewable</i>	1	MO
<i>multivitamins with fluoride oral tablet, chewable</i>	1	MO
<i>mvc-fluoride oral tablet, chewable</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>sodium fluoride oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>tri-vit with fluoride and iron oral drops</i>	1	MO
<i>tri-vitamin with fluoride oral drops</i>	1	MO
<i>vitamins a,c,d and fluoride oral drops</i>	1	MO

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.....	115	neomycin-bacitracin-		norgestimate-ethinyl estradiol	
multi-vitamin with fluoride		polymyxin	101	99
.....	115	neomycin-polymyxin b gu	68	norlyroc	95
multi-vitamin with fluoride		neomycin-polymyxin b-		NORMOSOL-M IN 5 %	
.....	115	dexameth.....	103	DEXTROSE.....	115
multivitamins with fluoride		neomycin-polymyxin-		NORMOSOL-R	111
.....	115	gramicidin	101	NORMOSOL-R IN 5 %	
mupirocin	65	neomycin-polymyxin-hc ..	72,	DEXTROSE.....	111
MUSTARGEN.....	23	104		NORMOSOL-R PH 7.4..	115
mvc-fluoride.....	115	neo-polycin	101	NORTHERA.....	70
MYALEPT.....	79	neo-polycin hc.....	104	nortrel 0.5/35 (28).....	99
MYCAMINE	2	neostigmine methylsulfate	35	nortrel 1/35 (21).....	99
mycophenolate mofetil.....	23	NEPHRAMINE 5.4 %....	114	nortrel 1/35 (28).....	99
mycophenolate sodium	23	NEULASTA	86	nortrel 7/7/7 (28).....	99
myorisan.....	64	NEUPOGEN.....	86	nortriptyline.....	47
MYOZYME.....	79	NEUPRO.....	32	NORVIR	4, 5
MYRBETRIQ.....	109	nevirapine.....	4	NOVOLIN 70/30	76
myzilra	99	NEXAVAR.....	23	NOVOLIN N	76
N		niacin.....	60	NOVOLIN R.....	76
nabumetone	40	nicardipine.....	55	NOVOLOG.....	77

NOVOLOG FLEXPEN	76	OTEZLA STARTER	93	PERFOROMIST	108
NOVOLOG MIX 70-30....	77	OTREXUP (PF)	93	PERIKABIVEN	115
NOVOLOG MIX 70-30		oxacillin.....	13	perindopril erbumine.....	56
FLEXPEN.....	76	oxacillin in dextrose(iso-osm)		perio med	72
NOVOLOG PENFILL.....	77	.....	13	periogard	72
NOXAFIL.....	2	oxaliplatin	23	PERJETA	23
NUCALA.....	108	oxandrolone.....	79	permethrin.....	68
NUDEXTA.....	34	oxazepam	48	perphenazine	48
NULOJIX.....	23	oxcarbazepine	30	perphenazine-amitriptyline	48
NUPLAZID.....	47	oxybutynin chloride	109	PERTZYE	83
NUTROPIN AQ.....	86	oxycodone.....	39	pfizerpen-g	13
NUTROPIN AQ NUSPIN	86	oxycodone-acetaminophen	39	phenadoz	105
NUVARING	96	oxycodone-aspirin.....	39	phenelzine	48
nyamyc.....	65	oxymorphone	39	phenergan.....	105
nystatin.....	2, 65, 66	oxytocin.....	101	phenobarbital.....	30, 31
nystatin-triamcinolone	66	P		phenobarbital sodium.....	31
nystop.....	66	pacerone	52	phenoxybenzamine	56
O		paclitaxel.....	23	phenytoin.....	31
ocella.....	99	paliperidone.....	48	phenytoin sodium.....	31
OCTAGAM	89	pamidronate.....	79	phenytoin sodium extended	
octreotide acetate	23	PANCREAZE	83	.....	31
ODEFSEY.....	5	PANRETIN.....	63	philith	100
ODOMZO	23	pantoprazole.....	85	PHOSPHOLINE IODIDE	
OFEV	108	paricalcitol.....	79	.....	102
ofloxacin	14, 72, 102	PARICALCITOL.....	79	PHYSIOLYTE.....	68
ogestrel (28)	99	paroex oral rinse.....	72	PHYSIOSOL IRRIGATION	
olanzapine	47, 48	paromomycin	11	.....	68
omega-3 acid ethyl esters..	60	paroxetine hcl.....	48	PICATO	63
omeprazole.....	85	PASER	11	pilocarpine hcl.....	70, 102
OMNITROPE	86	PAXIL.....	48	pimozide.....	48
ondansetron	83	PEDIARIX (PF).....	89	pimtrea (28).....	100
ondansetron hcl	82, 83	PEDVAX HIB (PF)	89	pindolol	56
ondansetron hcl (pf)	82	peg 3350-electrolytes	83	pioglitazone.....	77
ONFI	30	peg-3350 with flavor packs	83	pioglitazone-metformin....	77
ONMEL	3	PEGANONE.....	30	piperacillin-tazobactam....	13
OPANA ER.....	38, 39	PEGASYS.....	86	pirmella	100
OPDIVO	23	PEGASYS PROCLICK....	86	piroxicam	41
OPSUMIT.....	108	peg-electrolyte soln.....	83	PLASMA-LYTE 148.....	115
ORALAIR.....	89	PEGINTRON	87	PLASMA-LYTE A.....	115
oralone.....	72	PEGINTRON REDIPEN ..	87	PLASMA-LYTE-56 IN 5 %	
ORBACTIV	11	PENICILLIN G POT IN		DEXTROSE.....	115
ORENCIA.....	92	DEXTROSE.....	13	PLEGRIDY	87
ORENCIA (WITH		penicillin g potassium	13	podofilox.....	63
MALTOSE)	92	penicillin g procaine.....	13	polycin.....	102
ORFADIN.....	70	penicillin g sodium.....	13	polyethylene glycol 3350..	83
ORKAMBI.....	108	penicillin v potassium	13	polymyxin b sulfate.....	11
orphenadrine citrate	35	PENTAM	11	polymyxin b sulf-	
orsythia.....	99	PENTASA.....	83	trimethoprim	102
OTEZLA	93	pentoxifylline	59	POMALYST	23, 24

portia	100	prenatal vitamin oral tablet	115	quinapril	56
PORTRAZZA	24	prevalite.....	61	quinapril-hydrochlorothiazide	56
potassium acetate	111	previfem	100	quinidine gluconate.....	52
potassium bicarb and chloride	111	PREZCOBIX	5	quinidine sulfate.....	52
potassium bicarb-citric acid	111	PREZISTA	5	quinine sulfate.....	11
potassium chlorid-d5-0.45%nacl.....	111	PRIALT.....	41	R	
potassium chloride	111	PRIFTIN	11	RABAVERT (PF).....	90
potassium chloride in 0.9%nacl.....	111	PRIMAQUINE	11	RAGWITEK	90
potassium chloride in 5 % dex.....	111	primidone	31	raloxifene	91
potassium chloride in lr-d5	111	PRISTIQ	48	ramipril.....	56
potassium chloride-0.45 % nacl.....	112	PRIVIGEN.....	90	RANEXA.....	61
potassium chloride-d5-0.2%nacl.....	112	probenecid.....	91	ranitidine hcl	85
potassium chloride-d5-0.3%nacl.....	112	procainamide.....	52	RAPAMUNE	24
potassium chloride-d5-0.9%nacl.....	112	PROCALAMINE 3%	115	RASUVO (PF).....	93
potassium citrate	110	prochlorperazine	83	RAVICTI	70
potassium phosphate m-/d-basic	112	prochlorperazine edisylate	83	REBETOL.....	5
POTIGA	31	prochlorperazine maleate	83	REBIF (WITH ALBUMIN)	87
PRADAXA	59	PROCRIT.....	87	REBIF REBIDOSE.....	87
PRALUENT PEN	60	procto-med hc	83	REBIF TITRATION PACK	87
PRALUENT SYRINGE ...	61	procto-pak	83	reclipsen (28)	100
pramipexole.....	32	proctosol hc.....	83	RECOMBIVAX HB (PF)	90
pravastatin	61	proctozone-hc.....	83	regonol	35
prazosin	56	progesterone micronized... ..	95	REGRANEX.....	63
PRED MILD	104	PROGLYCEM.....	77	RELENZA DISKHALER... ..	5
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PRED-G S.O.P.....	104	PROLASTIN-C.....	70	REMICADE.....	83
prednicarbate.....	68	PROLEUKIN.....	87	REMODULIN.....	56
prednisolone.....	73	PROLIA	91	REVELA	70
prednisolone acetate.....	104	PROMACTA	59	repaglinide.....	77
prednisolone sodium phosphate	73, 104	promethazine.....	105, 106	REPATHA SURECLICK	61
prednisone	74	promethegan.....	106	REPATHA SYRINGE.....	61
prednisone intensol	73	propafenone.....	52	RESCRIPTOR	5
PREMARIN.....	95	propantheline.....	80	reserpine.....	56
premasol 10 %.....	115	propranolol.....	56	RESTASIS	103
PREMASOL 6 %.....	115	propranolol-hydrochlorothiazid	56	RETROVIR.....	5
PREMPHASE.....	95	propylthiouracil.....	74	REVATIO	108
PREMPRO	95	PROQUAD (PF)	90	REVLIMID	24
		PROSOL 20 %.....	115	REXULTI	49
		protriptyline.....	48	REYATAZ.....	5
		PULMOZYME	108	ribasphere.....	5
		PURIXAN.....	24	ribavirin.....	5
		pyrazinamide.....	11	RIDAURA	93
		pyridostigmine bromide	35	rifabutin.....	11
		Q		RIFAMATE	11
		QUADRACEL (PF).....	90	rifampin.....	11
		quasense	100	RIFATER.....	11
		quetiapine.....	48, 49		

riluzole	71	silver sulfadiazine	63	ssd	63
rimantadine	5	SIMBRINZA	103	stavudine	5
ringers	68, 112	SIMPONI	94	STELARA	62
RIOMET	77	SIMPONI ARIA	93	STIOLTO RESPIMAT ..	108
risedronate	91, 92	SIMULECT	24	STIVARGA	25
RISPERDAL CONSTA ..	49	simvastatin	61	STRATTERA	50
risperidone	49, 50	sirolimus	24	STRENSIQ	79
RITUXAN	24	SIRTURO	11	STREPTOMYCIN	11
rivastigmine	34	SIVEXTRO	11	STRIANT	79
rivastigmine tartrate ..	34	sodium acetate	112	STRIBILD	5
rizatriptan	32, 33	sodium bicarbonate	112	STRIVERDI RESPIMAT	108
ropinirole	32	sodium chloride	71, 112	SUBOXONE	41
ropivacaine (pf)	65	sodium chloride 0.45 % ..	112	SUBSYS	39
rosadan	64	sodium chloride 0.9 %	71	SUCRAID	83
rosuvastatin	61	sodium chloride 3 %	112	sucalfate	85
ROTARIX	90	sodium chloride 5 %	112	sulfacetamide sodium	104
ROTATEQ VACCINE	90	sodium fluoride	115, 116	sulfacetamide sodium (acne)	
roweepra	31	sodium lactate	112	.....	65
ROZEREM	50	sodium phenylbutyrate	71	sulfacetamide-prednisolone	
RUCONEST	108	sodium polystyrene (sorb		.....	104
S		free)	71	sulfadiazine	14
SABRIL	31	sodium polystyrene sulfonate		sulfamethoxazole-	
SAIZEN	87	.....	71	trimethoprim	14
SAIZEN CLICK.EASY ..	87	SODIUM POLYSTYRENE		SULFAMYLON	65
salsalate	41	SULFONATE	71	sulfasalazine	83
SAMSCA	79	SOLIRIS	71	sulindac	41
SANCUSO	83	SOLTAMOX	24	sumatriptan	33
SANDOSTATIN LAR		SOLU-CORTEF	74	sumatriptan succinate	33
DEPOT	24	SOLU-CORTEF (PF)	74	SUPRAX	8
SANTYL	68	SOLU-MEDROL	74	SUPREP BOWEL PREP	
SAPHRIS (BLACK		SOLU-MEDROL (PF)	74	KIT	84
CHERRY)	50	SOMATULINE DEPOT ..	24,	SUSTIVA	5
SAVELLA	93	25		SUTENT	25
selegiline hcl	32	SOMAVERT	79	syeda	100
selenium sulfide	62	sorine	52	SYLATRON	87
SELZENTRY	5	sotalol	53	SYLVANT	25
SENSIPAR	79	sotalol af	52	SYMLINPEN 120	77
SEREVENT DISKUS	108	SOVALDI	5	SYMLINPEN 60	77
SEROQUEL XR	50	SPIRIVA RESPIMAT ..	108	SYNAGIS	5
SEROSTIM	87	SPIRIVA WITH		SYNAREL	79
sertraline	50	HANDIHALER	108	SYNJARDY	77
setlakin	100	spironolactone	56	SYNRIBO	25
sf 72		spironolacton-		SYNTHROID	80
sf 5000 plus	72	hydrochlorothiaz	56	SYPRINE	71
sharobel	95	sprintec (28)	100	T	
SIGNIFOR	24	SPRITAM	31	TABLOID	25
SIGNIFOR LAR	24	SPRYCEL	25	tacrolimus	25, 63
sildenafil	108	sps	71	TAFINLAR	25
SILENOR	50	sronyx	100		

TAGRISSO.....	25	thioridazine	50	TRESIBA FLEXTOUCH U-	
TALTZ AUTOINJECTOR	62	thiotepa.....	26	100.....	77
TALTZ AUTOINJECTOR (2		thiothixene.....	50	TRESIBA FLEXTOUCH U-	
PACK).....	62	THYMOGLOBULIN	90	200.....	77
TALTZ AUTOINJECTOR (3		tiagabine.....	31	tretinoin.....	64
PACK).....	62	TICE BCG	90	tretinoin (chemotherapy)...	26
TALTZ SYRINGE.....	62	ticlopidine	59	triamcinolone acetonide ...	68,
TALTZ SYRINGE (2		tilia fe	100	72, 74	
PACK).....	62	timolol maleate.....	56, 102	triamterene-	
TALTZ SYRINGE (3		tinidazole.....	11	hydrochlorothiazid	57
PACK).....	62	TIVICAY	6	triderm.....	68
TAMIFLU.....	6	tizanidine.....	35	tri-estarylla	100
tamoxifen	25	TOBI PODHALER.....	12	trifluoperazine.....	50
tamsulosin	109	TOBRADEX.....	104	trifluridine	102
TARCEVA.....	26	tobramycin	102	trihexyphenidyl	32
TARGRETIN.....	26	tobramycin in 0.225 % nacl		tri-legest fe	100
tarina fe 1/20 (28).....	100	.....	12	tri-lynyah.....	100
TASIGNA.....	26	tobramycin sulfate.....	12	tri-lo-estarylla.....	100
TAZORAC.....	64	tobramycin-dexamethasone		tri-lo-marzia	100
taztia xt.....	56	.....	104	tri-lo-sprintec.....	100
TECENTRIQ	26	TOBREX.....	102	trilyte with flavor packets .	84
TECFIDERA.....	34	tolazamide	77	trimethoprim	15
TEFLARO.....	8	tolbutamide	77	trimipramine.....	50
TEKTURNA	56	tolmetin	41	trinessa (28).....	100
TEKTURNA HCT	56	tolterodine	109	trinessa lo	100
telmisartan.....	56	topiramate	31	TRINTELLIX	51
telmisartan-amlodipine	56	toposar.....	26	tri-previfem (28).....	100
telmisartan-		topotecan.....	26	TRISENOX.....	26
hydrochlorothiazid	56	TORISEL	26	tri-sprintec (28)	100
TEMODAR.....	26	torseamide.....	56	TRIUMEQ	6
TENIVAC (PF).....	90	TOUJEO SOLOSTAR.....	77	tri-vit with fluoride and iron	
terazosin	56	TPN ELECTROLYTES..	112	.....	116
terbinafine hcl	3	TRACLEER.....	108	tri-vitamin with fluoride..	116
terbutaline	108	TRADJENTA	77	trivora (28)	100
terconazole	96	tramadol	41	TROPHAMINE 10 %.....	115
TESTIM	79	tramadol-acetaminophen..	41	TROPHAMINE 6%.....	115
TESTOSTERONE	79, 80	trandolapril.....	56	trosium	109
testosterone cypionate.....	79	tranexamic acid	59, 96	TRULICITY	77
testosterone enanthate	79	TRANSDERM-SCOP.....	84	TRUMENBA	90
TETANUS, DIPHThERIA		tranlycypromine	50	TRUVADA.....	6
TOX PED(PF).....	90	travasol 10 %.....	115	TWINRIX (PF).....	90
TETANUS-DIPHThERIA		TRAVATAN Z	103	TYBOST	6
TOXOIDS-TD	90	travoprost (benzalkonium)		TYGACIL	12
tetrabenazine	34	.....	103	TYKERB.....	26
tetracycline.....	15	trazodone.....	50	TYPHIM VI.....	90
THALOMID	26	TREANDA	26	TYSABRI	34
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THERACYS	90	TRELSTAR	26	TYVASO INSTITUTIONAL	
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.....	109	VESICARE.....	109	XIGDUO XR.....	77
TYZEKA.....	6	vestura (28).....	100	XOLAIR.....	109
U		VEXOL.....	104	XOPENEX HFA.....	109
UCERIS.....	84	VIBERZI.....	84	XTANDI.....	27
ULORIC.....	91	VIBRAMYCIN.....	15	xulane.....	96
unithroid.....	80	vicodin.....	39	XYREM.....	51
UNITUXIN.....	26	vicodin es.....	39	Y	
UPTRAVI.....	57	vicodin hp.....	39	YERVOY.....	27
ursodiol.....	84	VICTOZA 2-PAK.....	77	YF-VAX (PF).....	91
UVADEX.....	63	VICTOZA 3-PAK.....	77	YONDELIS.....	27
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VAGIFEM.....	95	PEDIATRIC.....	6	zafirlukast.....	109
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VALCYTE.....	6	vienva.....	100	ZANOSAR.....	27
valganciclovir.....	6	VIGAMOX.....	102	zarah.....	101
valproate sodium.....	31	VIIBRYD.....	51	ZARXIO.....	87
valproic acid.....	31	VIMPAT.....	31	ZAVESCA.....	80
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.....	31	vincasar pfs.....	27	ZELBORAF.....	27
valsartan.....	57	vincristine.....	27	ZEMAIRA.....	71
valsartan-hydrochlorothiazide		vinorelbine.....	27	ZEMPLAR.....	80
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SODIUM CL.....	15	VIREAD.....	6	zenzedi.....	51
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DEXTROSE 5 %.....	15	116	ZETIA.....	61
vandazole.....	96	VITEKTA.....	6	ZIAGEN.....	6
VAQTA (PF).....	90	voriconazole.....	3	zidovudine.....	6
VARIVAX (PF).....	91	VOTRIENT.....	27	ZINECARD (AS HCL).....	16
VASCEPA.....	61	VPRIV.....	80	ZIOPTAN (PF).....	103
VECAMYL.....	61	VRAYLAR.....	51	ziprasidone hcl.....	51
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.....	100	WELCHOL.....	61	ZOLEDRONIC ACID-	
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**This formulary was updated
on 08/23/2016.**

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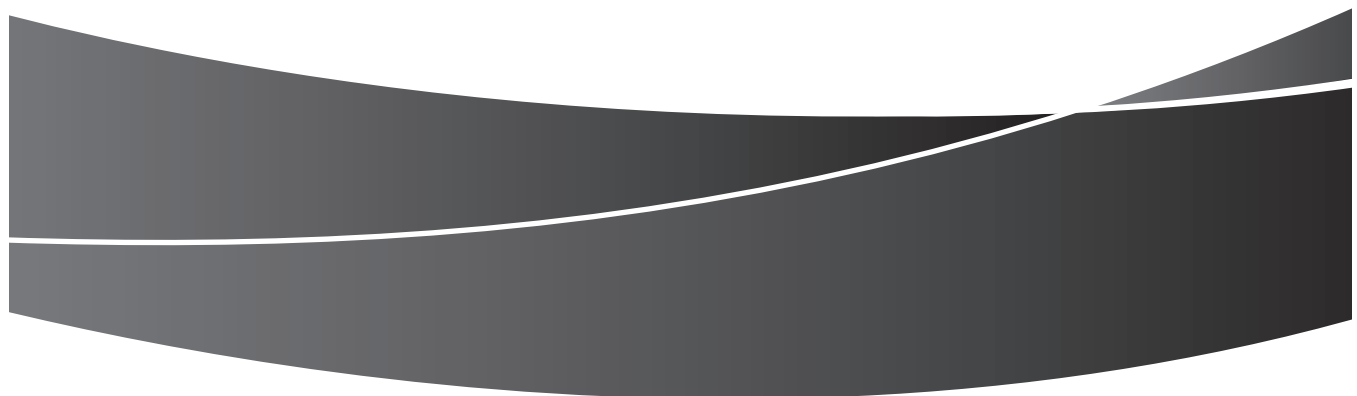
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