



| Choice Plan |

Express Scripts Medicare (PDP) 2017 Formulary (List of Covered Drugs)

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

Formulary File Submission ID: 17070, V18

This formulary was updated on 10/19/2017. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at **1.800.758.4574**; New York State residents: **1.800.758.4570** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit <http://www.express-scripts.com>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1.800.758.4574**; New York residents: **1.800.758.4570** (TTY: **1.800.716.3231**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.758.4574**; para residentes de New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

This information is available in braille, large print and other formats for people with disabilities. Please contact Customer Service if you need plan information in another format.

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 Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (for members located in New York State only). When it refers to “plan” or “our plan,” it means Express Scripts Medicare.

This document includes a list of the drugs (formulary) for our plan, which is current as of October 19, 2017. 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.

What is the Express Scripts Medicare Formulary?

A formulary is a list of covered drugs selected by Express Scripts Medicare in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Express Scripts Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare 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 cannot ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 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 October 19, 2017. To get updated information about the drugs covered by Express Scripts Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 68. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Express Scripts Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Express Scripts Medicare before you fill your prescriptions. If you don't get approval, Express Scripts Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Express Scripts Medicare limits the amount of the drug that Express Scripts Medicare will cover. For example, Express Scripts Medicare provides two inhalers (17 grams) for a 1-month supply per prescription for PROAIR[®] HFA. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, Express Scripts Medicare 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, Express Scripts Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Express Scripts Medicare 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Express Scripts Medicare 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 Express Scripts Medicare Formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Express Scripts Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Express Scripts Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Express Scripts Medicare.
- You can ask Express Scripts Medicare 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 Express Scripts Medicare Formulary?

You can ask Express Scripts Medicare 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare 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, Express Scripts Medicare will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering 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 believes 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 a 91- to 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.

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

If you are entering a long-term care facility, we will cover a 31-day transition supply.

The plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

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

If you have questions about Express Scripts Medicare, 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>.

Express Scripts Medicare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Express Scripts Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

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

B/D PA: Part B or Part D Prior Authorization. This drug may be covered under Medicare Part B or Part 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, consult your *Pharmacy Directory* or call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**), 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**.

MO: Mail-Order Drug. This prescription drug is available through our home delivery pharmacy service, as well as through our retail network pharmacies. Consider using mail order for your long-term medications (the ones you take regularly, 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 doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. 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 a certain drug 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.

Your costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Express Scripts Medicare has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The "Drug Tiers" chart on the following page explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage* has more information about the plan's coverage stages and lists the copayment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments and coinsurance may be lower. Please refer to the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)*” to find out what your costs are or you may contact Customer Service for more information.

Drug Tiers

Tier	Description
Tier 1: Preferred Generic Drugs	This tier includes commonly prescribed generic drugs and may include other low-cost drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: Generic Drugs	This tier includes generic drugs and may include other low-cost drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs. Many drugs in Tier 4 have lower-cost alternatives in Tiers 1, 2, and 3. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you. Drugs in this tier are limited to up to a 31-day supply.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost brand-name and generic drugs. To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document. Drugs in this tier are limited to up to a 31-day supply.

Key

The abbreviations listed below 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. You can find information on what the symbols and abbreviations on these tables mean by going to page v.

B/D PA: Part B or Part D Prior Authorization
LA: Limited Availability
MO: Mail-Order Drug
PA: Prior Authorization
QL: Quantity Limit
ST: Step Therapy

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
CANCIDAS	5	B/D PA; MO
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	
<i>flucytosine</i>	3	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole</i>	3	MO
<i>ketoconazole oral</i>	2	MO
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	5	MO

Drug Name	Drug Tier	Requirements /Limits
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	3	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
SPORANOX ORAL SOLUTION	5	MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	2	MO
<i>voriconazole oral suspension for reconstitution</i>	5	MO
<i>voriconazole oral tablet</i>	3	MO
ANTIVIRALS		
<i>abacavir oral tablet</i>	3	MO
<i>abacavir-lamivudine</i>	5	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	2	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl oral capsule</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	4	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	3	MO
<i>cidofovir</i>	4	B/D PA; MO
COMPLERA	5	MO
CRIVAN ORAL CAPSULE 200 MG, 400 MG	4	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	3	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	3	MO
EDURANT	4	MO
EMTRIVA	3	MO
<i>entecavir</i>	3	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EPZICOM	5	MO
EVOTAZ	4	MO
<i>famciclovir</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	3	MO
HARVONI	5	PA; MO; QL (168 per 168 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE	5	MO
ISENTRESS HD	4	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	MO
KALETRA ORAL SOLUTION	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine oral solution</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine oral tablet 100 mg</i>	2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	MO
<i>lopinavir-ritonavir</i>	3	MO
<i>moderiba</i>	4	MO
<i>moderiba dose pack oral tablets, dose pack 200 mg (7)-400 mg (7), 600 mg (7)- 400 mg (7)</i>	4	MO
<i>moderiba dose pack oral tablets, dose pack 400 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	MO
<i>nevirapine oral suspension</i>	2	MO
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	3	MO
NORVIR ORAL CAPSULE	3	
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oseltamivir</i>	3	MO
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	2	MO
SELZENTRY ORAL TABLET	3	MO
SOVALDI	5	PA; MO; QL (168 per 168 days)
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
SUSTIVA ORAL CAPSULE 200 MG	5	MO
SUSTIVA ORAL CAPSULE 50 MG	3	MO
SUSTIVA ORAL TABLET	5	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	MO; LA
TAMIFLU	3	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TRUVADA	5	MO
<i>valacyclovir</i>	2	MO; QL (31 per 31 days)
VALCYTE ORAL RECON SOLN	5	MO
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO
VIDEX 2 GRAM PEDIATRIC	4	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD	5	MO
ZERIT ORAL RECON SOLN	4	MO
ZIAGEN ORAL SOLUTION	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime</i>	4	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefoxitin intravenous recon soln 2 gram</i>	4	MO
<i>cefpodoxime</i>	2	MO
<i>ceftazidime injection recon soln 1 gram</i>	2	MO
<i>ceftazidime injection recon soln 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>cephalexin oral tablet</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
TEFLARO	4	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	2	MO
<i>clarithromycin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	3	MO
<i>erythromycin oral tablet</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	5	MO
ALINIA	3	MO
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO
AZACTAM IN DEXTROSE (ISO-OSM)	4	
<i>aztreonam injection recon soln 1 gram</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
BILTRICIDE	3	MO
CAPASTAT	4	
CAYSTON	5	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	4	MO
CUBICIN	5	MO
DAPSONE	3	MO
<i>daptomycin</i>	5	MO
DARAPRIM	3	PA; MO
EMVERM	5	MO
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/50 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
<i>isoniazid oral</i>	2	MO
<i>ivermectin</i>	2	MO
<i>linezolid intravenous</i>	3	
<i>linezolid oral</i>	5	MO
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>rifampin</i>	2	MO
SIRTURO	5	MO; LA
STREPTOMYCIN	3	MO
SYNERCID	5	
<i>tinidazole</i>	2	MO
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	2	MO
TRECTOR	3	MO
TYGACIL	5	MO
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (62 per 31 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin injection recon soln 1 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>penicillin g potassium injection recon soln 5 million unit</i>	4	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram</i>	3	MO
<i>piperacillin-tazobactam intravenous recon soln 4.5 gram, 40.5 gram</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
QUINOLONES		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	4	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg</i>	4	MO
<i>minocycline oral tablet extended release 24 hr 90 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>morgidox oral capsule 50 mg</i>	2	
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>nitrofurantoin</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
PRIMSOL	4	MO
<i>trimethoprim</i>	2	MO
VANCOMYCIN		
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO
<i>vancomycin intravenous recon soln 10 gram, 500 mg</i>	4	MO
<i>vancomycin oral capsule</i>	3	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
FUSILEV	4	MO

Drug Name	Drug Tier	Requirements /Limits
KEPIVANCE	5	MO
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	2	MO
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	3	
<i>levoleucovorin intravenous solution</i>	3	
<i>mesna</i>	2	MO
MESNEX ORAL	5	MO
XGEVA	5	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	5	MO
<i>adriamycin intravenous solution 20 mg/10 ml</i>	2	
<i>adrucil intravenous solution 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (62 per 31 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA; MO
ALECENSA	3	PA; MO; QL (248 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	MO
ALUNBRIG	4	PA; MO; LA; QL (186 per 31 days)
<i>anastrozole</i>	2	MO
ARRANON	3	
AVASTIN	3	MO
<i>azacitidine</i>	5	MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	3	B/D PA
BAVENCIO	5	MO; LA
BELEODAQ	5	MO
<i>bexarotene</i>	5	MO
<i>bicalutamide</i>	2	MO
BICNU	4	MO
<i>bleomycin injection recon soln 30 unit</i>	2	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	3	PA; MO
BOSULIF ORAL TABLET 500 MG	3	PA; MO; QL (31 per 31 days)
<i>busulfan</i>	5	
BUSULFEX	4	
CABOMETYX	4	PA; MO; LA
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (93 per 31 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>carboplatin intravenous solution</i>	2	MO
CELLCEPT INTRAVENOUS	3	B/D PA; MO
<i>cisplatin</i>	2	MO
<i>cladribine</i>	4	B/D PA; MO
<i>clofarabine</i>	3	
CLOLAR	4	
COMETRIQ	5	PA; MO
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
CYCLOPHOSPHA MIDE ORAL CAPSULE	3	B/D PA; MO
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	3	B/D PA; MO
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln 200 mg</i>	2	MO
DARZALEX	3	MO; LA
<i>daunorubicin intravenous solution</i>	2	
<i>decitabine</i>	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	2	MO
<i>doxorubicin, peg-liposomal</i>	5	MO
DROXIA	3	MO
ELLENCES INTRAVENOUS SOLUTION 200 MG/100 ML	4	MO
EMCYT	3	MO
EMPLICITI	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	MO
ERIVEDGE	5	PA; MO; QL (31 per 31 days)
ERWINAZE	5	MO
ETOPOPHOS	4	MO
<i>etoposide intravenous</i>	2	MO
<i>exemestane</i>	3	MO
FARESTON	5	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)

Drug Name	Drug Tier	Requirements /Limits
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	MO
FIRMAGON KIT W DILUENT SYRINGE	4	MO
<i>fludarabine intravenous recon soln</i>	3	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA; MO
<i>flutamide</i>	2	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO
<i>gemcitabine intravenous recon soln 1 gram</i>	3	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PA; MO
<i>gengraf oral capsule 50 mg</i>	3	B/D PA; MO
<i>gengraf oral solution</i>	4	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG	5	PA; MO; QL (62 per 31 days)
GILOTRIF ORAL TABLET 30 MG	5	PA; MO; QL (42 per 31 days)
GILOTRIF ORAL TABLET 40 MG	5	PA; MO; QL (31 per 31 days)
GLEEVEC ORAL TABLET 100 MG	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (62 per 31 days)
GLEOSTINE	3	MO
HALAVEN	3	MO
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	5	MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (93 per 31 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (31 per 31 days)
<i>idarubicin</i>	2	
IDHIFA ORAL TABLET 100 MG	5	PA; MO; LA; QL (31 per 31 days)
IDHIFA ORAL TABLET 50 MG	5	PA; MO; LA; QL (62 per 31 days)
<i>ifosfamide intravenous recon soln 1 gram</i>	2	MO
<i>imatinib oral tablet 100 mg</i>	5	PA; MO
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (62 per 31 days)
IMBRUVICA	5	PA; MO; QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
IMFINZI	4	MO; LA
INLYTA ORAL TABLET 1 MG	5	PA; MO
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (124 per 31 days)
IRESSA	4	PA; MO; QL (31 per 31 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	4	MO
ISTODAX	5	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO
JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (62 per 31 days)
JEVTANA	4	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	PA; MO
KEYTRUDA	5	MO
KISQALI	4	PA; MO
KISQALI FEMARA CO-PACK	4	PA; MO
KYPROLIS	5	MO
LARTRUVO	5	MO; LA
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	2	MO
LONSURF	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; MO
LYNPARZA	5	PA; MO
LYSODREN	3	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (124 per 31 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (31 per 31 days)
<i>melphalan hcl</i>	3	
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin</i>	4	MO
<i>mitoxantrone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
MUSTARGEN	4	MO
<i>mycophenolate mofetil</i>	2	B/D PA; MO
<i>mycophenolate mofetil hcl</i>	3	B/D PA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 360 mg</i>	3	B/D PA; MO
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
NILANDRON	5	MO
<i>nilutamide</i>	3	MO
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
NIPENT	4	MO
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
ODOMZO	5	PA; MO; LA; QL (31 per 31 days)
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	5	MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	MO
<i>paclitaxel</i>	2	MO
PERJETA	5	MO
POMALYST	5	MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	5	PA; MO; LA
RITUXAN	5	PA; MO
RUBRACA ORAL TABLET 200 MG	5	PA; MO; LA; QL (186 per 31 days)
RUBRACA ORAL TABLET 300 MG	5	PA; MO; LA; QL (124 per 31 days)
RYDAPT	5	PA; MO
SIGNIFOR	5	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 1 mg, 2 mg</i>	3	B/D PA; MO
SOLTAMOX	4	MO

Drug Name	Drug Tier	Requirements /Limits
SOMATULINE DEPOT	3	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	5	PA; MO
SPRYCEL ORAL TABLET 140 MG	5	PA; MO; QL (31 per 31 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (62 per 31 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	5	PA; MO; QL (62 per 31 days)
SUTENT ORAL CAPSULE 50 MG	5	PA; MO; QL (31 per 31 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	5	MO
SYNRIBO	4	MO
TABLOID	3	MO
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG	5	PA; MO; QL (186 per 31 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; MO; QL (124 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
TAGRISSO ORAL TABLET 40 MG	5	PA; MO; LA; QL (62 per 31 days)
TAGRISSO ORAL TABLET 80 MG	5	PA; MO; LA; QL (31 per 31 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO
TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (31 per 31 days)
TARGRETIN TOPICAL	5	MO
TASIGNA ORAL CAPSULE 150 MG	5	PA; MO
TASIGNA ORAL CAPSULE 200 MG	5	PA; MO; QL (112 per 28 days)
TECENTRIQ	5	MO; LA
THALOMID	5	PA; MO
<i>thiotepa</i>	5	MO
<i>toposar</i>	2	MO
<i>topotecan intravenous recon soln</i>	4	
TORISEL	5	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	4	MO
TRELSTAR	5	MO
<i>tretinoin (chemotherapy)</i>	3	MO
TRISENOX	4	MO

Drug Name	Drug Tier	Requirements /Limits
TYKERB	5	PA; MO; LA; QL (186 per 31 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	B/D PA; MO
VELCADE	5	MO
VENCLEXTA	4	PA; MO; LA
VENCLEXTA STARTING PACK	4	PA; MO; LA; QL (42 per 28 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D PA
<i>vincristine intravenous solution 1 mg/ml</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	2	MO
VOTRIENT	5	PA; MO; QL (124 per 31 days)
VYXEOS	5	B/D PA; MO
XALKORI ORAL CAPSULE 200 MG	5	PA; MO
XALKORI ORAL CAPSULE 250 MG	5	PA; MO; QL (62 per 31 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (93 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
XTANDI	4	PA; MO; QL (124 per 31 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	3	MO
YONDELIS	5	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	MO
ZANOSAR	4	MO
ZEJULA	5	PA; MO; LA; QL (93 per 31 days)
ZELBORAF	4	PA; MO; QL (248 per 31 days)
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (93 per 31 days)
ZYKADIA	5	PA; MO; QL (155 per 31 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; MO; QL (124 per 31 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (62 per 31 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH
ANTICONVULSANTS**

Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL ORAL SUSPENSION	5	MO
BANZEL ORAL TABLET 200 MG	3	MO
BANZEL ORAL TABLET 400 MG	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	4	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam</i>	2	PA; MO
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	2	MO
DILANTIN 30 MG	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol</i>	2	MO
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	2	MO
FYCOMPA ORAL SUSPENSION	4	MO
FYCOMPA ORAL TABLET	4	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL XR STARTER (BLUE)	4	MO
LAMICTAL XR STARTER (GREEN)	4	MO
LAMICTAL XR STARTER (ORANGE)	4	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	3	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG	3	PA; MO
ONFI ORAL TABLET 20 MG	5	PA; MO
<i>oxcarbazepine</i>	2	MO
PEGANONE	4	MO
<i>phenobarbital</i>	2	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>primidone</i>	2	MO
<i>roweepra oral tablet 1,000 mg, 750 mg</i>	3	
<i>roweepra oral tablet 500 mg</i>	3	MO
SABRIL	5	MO; LA
SPRITAM	4	MO
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	3	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>vigabatrin</i>	3	MO; LA
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
<i>zonisamide</i>	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
AZILECT	3	MO
<i>benztropine</i>	2	MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	5	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	3	MO
<i>pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>tolcapone</i>	5	MO
<i>trihexyphenidyl</i>	1	MO
ZELAPAR	4	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>eletriptan hbr</i>	3	MO; QL (18 per 28 days)
<i>ergotamine-caffeine</i>	3	MO
<i>migergot</i>	4	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
RELPAK	3	MO; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	4	MO
<i>glatopa</i>	5	PA; MO; QL (30 per 30 days)
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	3	MO
RADICAVA	5	PA; MO
<i>rivastigmine</i>	3	MO
<i>rivastigmine tartrate</i>	4	MO
TECFIDERA	5	PA; MO
<i>tetrabenazine</i>	5	PA; MO
TYSABRI	5	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	2	MO
<i>dantrolene</i>	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO
MESTINON ORAL SYRUP	5	MO
<i>pyridostigmine bromide oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>tizanidine oral capsule</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4650 per 31 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (372 per 31 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (186 per 31 days)
BUPRENEX	4	MO; QL (276 per 30 days)
<i>buprenorphine hcl injection solution</i>	2	MO; QL (276 per 31 days)
<i>buprenorphine hcl injection syringe</i>	2	QL (276 per 31 days)
<i>buprenorphine hcl sublingual</i>	2	MO
BUTRANS	4	MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	2	MO; QL (186 per 31 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4134 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2067 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (372 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	3	PA; MO; QL (40 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	3	PA; MO; QL (30 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; MO; QL (124 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	3	PA; MO; QL (120 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	3	PA; MO; QL (80 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	3	PA; MO; QL (60 per 31 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	MO; QL (9 per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5735 per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	MO; QL (372 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (52 per 31 days)
<i>hydromorphone (pf)</i>	4	MO; QL (248 per 31 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (1240 per 31 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (1550 per 31 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (186 per 31 days)
<i>levorphanol tartrate</i>	4	MO; QL (124 per 31 days)
<i>methadone injection solution</i>	2	QL (160 per 31 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	MO; QL (620 per 31 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	MO; QL (1240 per 31 days)
<i>methadone oral tablet 10 mg</i>	2	MO; QL (124 per 31 days)
<i>methadone oral tablet 5 mg</i>	2	MO; QL (248 per 31 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (310 per 31 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1034 per 31 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (517 per 31 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	3	MO; QL (52 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg</i>	2	MO; QL (62 per 31 days)
<i>morphine oral capsule, er multiphase 24 hr 90 mg</i>	3	MO; QL (62 per 31 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	2	MO; QL (93 per 31 days)
<i>morphine oral capsule, extend. release pellets 100 mg</i>	5	MO; QL (62 per 31 days)
<i>morphine oral capsule, extend. release pellets 80 mg</i>	3	MO; QL (78 per 31 days)
<i>morphine oral solution</i>	2	MO; QL (930 per 31 days)
<i>morphine oral tablet</i>	2	MO; QL (186 per 31 days)
<i>morphine oral tablet extended release 100 mg</i>	2	MO; QL (62 per 31 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	MO; QL (124 per 31 days)
<i>morphine oral tablet extended release 200 mg</i>	2	MO; QL (31 per 31 days)
<i>morphine oral tablet extended release 60 mg</i>	2	MO; QL (103 per 31 days)
<i>oxycodone oral capsule</i>	2	MO; QL (372 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral concentrate</i>	2	MO; QL (186 per 31 days)
<i>oxycodone oral solution</i>	4	MO; QL (1240 per 31 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	2	MO; QL (186 per 31 days)
<i>oxycodone oral tablet 30 mg</i>	2	MO; QL (139 per 31 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (372 per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (372 per 31 days)
<i>oxycodone-aspirin</i>	2	MO; QL (372 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	MO; QL (93 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	3	MO; QL (70 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	3	MO; QL (52 per 31 days)
<i>vicodin</i>	2	MO; QL (372 per 31 days)
<i>vicodin es</i>	2	MO; QL (372 per 31 days)
<i>vicodin hp</i>	4	MO; QL (372 per 31 days)
<i>zamicet</i>	2	QL (5735 per 31 days)

NON-NARCOTIC ANALGESICS

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

Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol tartrate nasal</i>	2	MO; QL (5 per 28 days)
<i>celecoxib</i>	3	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	4	MO
<i>flurbiprofen</i>	2	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule</i>	2	MO
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	4	MO
<i>meclofenamate oral capsule 100 mg</i>	4	MO
<i>meclofenamate oral capsule 50 mg</i>	2	MO
<i>mefenamic acid</i>	4	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (31 per 31 days)
<i>nabumetone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	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>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO; QL (2 per 28 days)
<i>oxaprozin</i>	4	MO
<i>piroxicam</i>	4	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (62 per 31 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (372 per 31 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (93 per 31 days)
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>tramadol oral tablet</i>	2	MO; QL (248 per 31 days)
VOLTAREN GEL TOPICAL GEL 1 %	3	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral tablet 10 mg</i>	3	MO; QL (93 per 31 days)
<i>aripiprazole oral tablet 15 mg</i>	3	MO; QL (62 per 31 days)
<i>aripiprazole oral tablet 2 mg</i>	3	MO; QL (465 per 31 days)
<i>aripiprazole oral tablet 20 mg</i>	5	MO; QL (62 per 31 days)
<i>aripiprazole oral tablet 30 mg</i>	5	MO; QL (31 per 31 days)
<i>aripiprazole oral tablet 5 mg</i>	3	MO; QL (186 per 31 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	3	MO; QL (93 per 31 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	3	MO; QL (62 per 31 days)
<i>atomoxetine</i>	3	MO
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 12 hr 100 mg</i>	2	MO; QL (124 per 31 days)
<i>bupropion hcl oral tablet extended release 12 hr 150 mg</i>	2	MO; QL (93 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 12 hr 200 mg</i>	2	MO; QL (62 per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (93 per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (62 per 31 days)
<i>buspirone</i>	2	MO
<i>chlorpromazine</i>	4	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (124 per 31 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (62 per 31 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (31 per 31 days)
<i>clomipramine</i>	4	PA; MO
<i>clorazepate dipotassium</i>	2	PA; MO
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	4	MO; QL (186 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	4	MO; QL (124 per 31 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	4	MO; QL (62 per 31 days)
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	3	MO; QL (124 per 31 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	3	MO; QL (496 per 31 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	3	MO; QL (248 per 31 days)
<i>dextroamphetamine oral capsule, extended release</i>	4	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	2	MO
<i>diazepam intensol</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxepin oral</i>	2	PA; MO
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (186 per 31 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO; QL (124 per 31 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (93 per 31 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	2	MO; QL (62 per 31 days)
EMSAM	4	MO
<i>ergoloid</i>	2	MO
<i>escitalopram oxalate oral solution</i>	4	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (62 per 31 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (31 per 31 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (124 per 31 days)
FANAPT ORAL TABLET 1 MG	4	MO; QL (744 per 31 days)
FANAPT ORAL TABLET 10 MG, 8 MG	4	MO; QL (93 per 31 days)
FANAPT ORAL TABLET 12 MG	4	MO; QL (62 per 31 days)
FANAPT ORAL TABLET 2 MG	4	MO; QL (372 per 31 days)
FANAPT ORAL TABLET 4 MG	4	MO; QL (186 per 31 days)
FANAPT ORAL TABLET 6 MG	4	MO; QL (124 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE,EXTENDED REL 24HR DOSE PACK	4	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	4	MO; QL (31 per 31 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	MO; QL (186 per 31 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	MO; QL (93 per 31 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	4	MO; QL (47 per 31 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (248 per 31 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (62 per 31 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (248 per 31 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	4	MO; QL (93 per 31 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	4	MO; QL (62 per 31 days)
<i>fluvoxamine oral tablet 100 mg</i>	4	MO; QL (93 per 31 days)
<i>fluvoxamine oral tablet 25 mg</i>	4	MO; QL (372 per 31 days)
<i>fluvoxamine oral tablet 50 mg</i>	4	MO; QL (186 per 31 days)
FORFIVO XL	4	MO; QL (31 per 31 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanfacine oral tablet extended release 24 hr</i>	3	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate</i>	2	MO
HETLIOZ	5	PA; MO; QL (31 per 31 days)
<i>imipramine hcl</i>	2	PA; MO
<i>imipramine pamoate</i>	4	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	4	MO; QL (248 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; QL (124 per 31 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (62 per 31 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; QL (42 per 31 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO
INVEGA TRINZA	4	MO
LATUDA ORAL TABLET 120 MG	4	MO; QL (31 per 31 days)
LATUDA ORAL TABLET 20 MG	4	MO; QL (248 per 31 days)
LATUDA ORAL TABLET 40 MG	4	MO; QL (124 per 31 days)
LATUDA ORAL TABLET 60 MG, 80 MG	4	MO; QL (62 per 31 days)
<i>lithium carbonate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol</i>	2	PA; MO
<i>lorazepam oral tablet</i>	2	PA; MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 40 mg, 60 mg</i>	3	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil</i>	3	PA; MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID	4	MO
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral tablet 10 mg</i>	2	MO; QL (62 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	MO; QL (31 per 31 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QL (248 per 31 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QL (124 per 31 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QL (83 per 31 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; QL (62 per 31 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	2	MO; QL (31 per 31 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; QL (124 per 31 days)
<i>olanzapine-fluoxetine</i>	4	MO
<i>oxazepam</i>	2	PA; MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	3	MO; QL (248 per 31 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	3	MO; QL (124 per 31 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (62 per 31 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	3	MO; QL (42 per 31 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (186 per 31 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (93 per 31 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (47 per 31 days)
PAXIL ORAL SUSPENSION	3	MO
<i>perphenazine</i>	2	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	3	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (124 per 31 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (496 per 31 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (248 per 31 days)
<i>procentra</i>	2	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QL (248 per 31 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QL (124 per 31 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QL (932 per 31 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QL (83 per 31 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QL (62 per 31 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QL (496 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	3	MO; QL (166 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	3	MO; QL (124 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (83 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	3	MO; QL (62 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	3	MO; QL (496 per 31 days)
REXULTI ORAL TABLET 0.25 MG	4	MO; QL (496 per 31 days)
REXULTI ORAL TABLET 0.5 MG	4	MO; QL (248 per 31 days)
REXULTI ORAL TABLET 1 MG	4	MO; QL (124 per 31 days)
REXULTI ORAL TABLET 2 MG	4	MO; QL (62 per 31 days)
REXULTI ORAL TABLET 3 MG	4	MO; QL (42 per 31 days)
REXULTI ORAL TABLET 4 MG	4	MO; QL (31 per 31 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral solution</i>	2	MO; QL (496 per 31 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1984 per 31 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (992 per 31 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (496 per 31 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (248 per 31 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (166 per 31 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (124 per 31 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	4	MO; QL (1984 per 31 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	4	MO; QL (992 per 31 days)
<i>risperidone oral tablet,disintegrating 1 mg</i>	4	MO; QL (496 per 31 days)
<i>risperidone oral tablet,disintegrating 2 mg</i>	4	MO; QL (248 per 31 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	4	MO; QL (166 per 31 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (124 per 31 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
ROZEREM	3	MO; QL (31 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	4	MO; QL (62 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	MO; QL (248 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	4	MO; QL (124 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QL (166 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	MO; QL (124 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QL (83 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	MO; QL (62 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QL (496 per 31 days)
<i>sertraline oral concentrate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (62 per 31 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (248 per 31 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (124 per 31 days)
STRATTERA	3	MO
SURMONTIL	4	PA; MO
<i>temazepam</i>	2	PA; MO
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	2	PA; MO
TRINTELLIX ORAL TABLET 10 MG	4	MO; QL (62 per 31 days)
TRINTELLIX ORAL TABLET 20 MG	4	MO; QL (31 per 31 days)
TRINTELLIX ORAL TABLET 5 MG	4	MO; QL (124 per 31 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QL (62 per 31 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QL (186 per 31 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (93 per 31 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	2	MO; QL (93 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QL (279 per 31 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QL (186 per 31 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QL (155 per 31 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET 10 MG	3	MO; QL (124 per 31 days)
VIIBRYD ORAL TABLET 20 MG	3	MO; QL (62 per 31 days)
VIIBRYD ORAL TABLET 40 MG	3	MO; QL (31 per 31 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	MO; QL (124 per 31 days)
VRAYLAR ORAL CAPSULE 3 MG	4	MO; QL (62 per 31 days)
VRAYLAR ORAL CAPSULE 4.5 MG	4	MO; QL (42 per 31 days)
VRAYLAR ORAL CAPSULE 6 MG	4	MO; QL (31 per 31 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA
<i>zaleplon oral capsule 10 mg</i>	2	ST; MO; QL (62 per 31 days)
<i>zaleplon oral capsule 5 mg</i>	2	ST; MO; QL (31 per 31 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QL (248 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QL (124 per 31 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	4	MO; QL (83 per 31 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	4	MO; QL (62 per 31 days)
<i>zolpidem oral tablet</i>	2	ST; MO; QL (31 per 31 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral</i>	2	MO
<i>dofetilide</i>	3	MO
<i>flecainide</i>	2	MO
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>quinidine gluconate oral</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	MO
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>afeditab cr</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	4	MO
<i>amlodipine-olmesartan</i>	3	MO
<i>amlodipine-valsartan</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	4	MO
<i>amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg, 5-160-25 mg</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AZOR	4	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BENICAR	4	MO
BENICAR HCT	4	MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	2	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	4	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 50 mg</i>	4	MO
<i>captopril oral tablet 25 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr 300 mg</i>	3	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
COREG CR	3	MO
DEMSEER	4	MO
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	3	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg, 420 mg</i>	3	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
DIOVAN	4	MO
DIOVAN HCT	4	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (31 per 31 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (62 per 31 days)
EDECIN	4	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>eprosartan</i>	2	MO
<i>ethacrynic acid</i>	3	MO
<i>felodipine</i>	4	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>guanfacine oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	4	MO
<i>isradipine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>matzim la</i>	2	MO
<i>methyclothiazide</i>	2	MO
<i>methyl dopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol oral tablet 20 mg, 40 mg</i>	2	MO
<i>nadolol oral tablet 80 mg</i>	4	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	3	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-amlodipin-hcthiazid</i>	3	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	3	MO
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
TEKTURNA	3	MO
TEKTURNA HCT	4	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (31 per 31 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (62 per 31 days)
<i>timolol maleate oral</i>	2	MO
<i>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	4	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	2	MO
<i>valsartan-hydrochlorothiazide</i>	4	MO
<i>verapamil intravenous solution</i>	2	MO
<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 120 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	MO
CARDIAC GLYCOSIDES		
<i>digitek</i>	2	MO
<i>digoxin injection solution</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
COAGULATION THERAPY		
AGGRENOX	4	MO
<i>aspirin-dipyridamole</i>	3	MO
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole oral</i>	2	MO
EFFIENT	3	MO
ELIQUIS	3	MO
<i>enoxaparin</i>	3	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI- XA UNIT/0.2 ML	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<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>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
PLAVIX	4	MO
PRADAXA	4	MO
<i>prasugrel</i>	3	MO
PROMACTA	5	PA; MO; LA
SAVAYSA	4	MO
<i>warfarin</i>	1	MO
XARELTO	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine- atorvastatin oral tablet 10-10 mg, 10- 20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	4	MO; QL (31 per 31 days)
<i>amlodipine- atorvastatin oral tablet 2.5-10 mg, 2.5-40 mg</i>	2	MO; QL (31 per 31 days)
<i>atorvastatin</i>	1	MO; QL (31 per 31 days)
<i>cholestyramine light</i>	2	MO
<i>colestipol oral granules</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
CRESTOR	3	MO; QL (31 per 31 days)
<i>ezetimibe</i>	3	MO
<i>ezetimibe- simvastatin</i>	3	MO; QL (31 per 31 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (31 per 31 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (62 per 31 days)
<i>gemfibrozil</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
LIPOFEN	4	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (31 per 31 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (62 per 31 days)
<i>niacin oral tablet extended release 24 hr</i>	2	MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	1	MO; QL (31 per 31 days)
<i>prevalite oral powder</i>	2	MO
REPATHA PUSHTRONEX	5	PA; MO
REPATHA SURECLICK	5	PA; MO; QL (3 per 30 days)
REPATHA SYRINGE	5	PA; MO; QL (3 per 30 days)
<i>rosuvastatin</i>	3	MO; QL (31 per 31 days)
<i>simvastatin</i>	1	MO; QL (31 per 31 days)
VASCEPA	3	MO
VYTORIN 10-10	4	MO; QL (31 per 31 days)
VYTORIN 10-20	4	MO; QL (31 per 31 days)
VYTORIN 10-40	4	MO; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-80	4	MO; QL (31 per 31 days)
WELCHOL	3	MO
ZETIA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	3	PA; MO
ENTRESTO	3	MO; QL (62 per 31 days)
RANEXA	3	MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		

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

Drug Name	Drug Tier	Requirements /Limits
<i>acitretin</i>	5	MO
<i>calcipotriene scalp</i>	3	MO
<i>calcipotriene topical cream</i>	3	MO
<i>calcipotriene topical ointment</i>	4	MO
<i>calcipotriene-betamethasone</i>	4	MO
<i>calcitriol topical</i>	4	MO
<i>selenium sulfide topical lotion</i>	2	MO
BURN THERAPY		
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
CARAC	4	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO
<i>doxepin topical</i>	4	MO
DUPIXENT	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>imiquimod</i>	3	MO
<i>methoxsalen</i>	5	MO
PANRETIN	4	MO
<i>podofilox</i>	2	MO
<i>pradoxin</i>	4	MO
REGRANEX	5	MO
<i>tacrolimus topical</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
VALCHLOR	5	MO
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel 0.1 %</i>	2	PA; MO
<i>adapalene topical gel 0.3 %</i>	4	PA; MO
<i>adapalene-benzoyl peroxide</i>	3	PA; MO
<i>avita topical cream</i>	2	PA; MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical foam</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	4	MO
<i>clindamycin-tretinoin</i>	3	PA; MO
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>neuac</i>	2	MO
<i>tazarotene</i>	3	PA; MO
TAZORAC	3	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %</i>	2	PA; MO
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine hcl urethral</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO
LIDODERM	4	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	4	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	4	MO
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	4	MO
<i>clotrimazole topical</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole- betamethasone</i>	4	MO
<i>econazole</i>	4	MO
<i>ketoconazole topical</i>	2	MO
<i>naftifine</i>	3	MO
NAFTIN TOPICAL CREAM 2 %	3	MO
NAFTIN TOPICAL GEL	3	MO
<i>nyamyc</i>	2	MO
<i>nyata</i>	3	
<i>nystatin topical</i>	2	MO
<i>nystatin- triamcinolone</i>	4	MO
<i>nystop</i>	4	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	4	MO
DENAVIR	3	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	MO
<i>amcinonide</i>	4	MO
<i>apexicon e</i>	2	MO
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	4	MO
<i>betamethasone valerate topical lotion</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>clobetasol scalp</i>	2	MO
<i>clobetasol topical foam</i>	4	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	4	MO
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol topical spray,non-aerosol</i>	2	MO
<i>clobetasol-emollient topical cream</i>	2	MO
<i>clodan</i>	4	MO
CORDRAN TAPE LARGE ROLL	3	MO
<i>desonide</i>	4	MO
<i>desoximetasone</i>	4	MO
<i>diflorasone</i>	4	MO
<i>fluocinolone</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical cream 0.05 %</i>	2	MO
<i>fluocinonide topical cream 0.1 %</i>	4	MO
<i>fluocinonide topical gel</i>	2	MO
<i>fluocinonide topical ointment</i>	2	MO
<i>fluocinonide topical solution</i>	2	MO
<i>fluocinonide-e</i>	2	MO
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	2	MO
<i>halobetasol propionate</i>	4	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone butyr-emollient</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>nolix</i>	3	
<i>prednicarbate</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO
TOPICAL ENZYMES		
SANTYL	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	3	MO
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
SKLICE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (31 per 31 days)
<i>anagrelide</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	MO; LA
AURYXIA	4	MO
CARBAGLU	5	MO; LA
<i>cevimeline</i>	4	MO
CHEMET	3	MO
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
<i>etidronate disodium</i>	4	MO
EXJADE	5	MO; LA
FERRIPROX ORAL TABLET	5	MO
INCRELEX	5	MO; LA
<i>kionex</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>midodrine</i>	2	MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 20 MG	5	MO
ORFADIN ORAL SUSPENSION	5	MO; LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C	5	LA
RAVICTI	5	MO
RENAGEL	4	MO
REVELA	5	MO
<i>riluzole</i>	3	MO
<i>risedronate oral tablet 30 mg</i>	4	MO; QL (31 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>sevelamer carbonate</i>	2	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium polystyrene (sorb free)</i>	2	MO
<i>sps (with sorbitol) oral</i>	3	MO
SYPRINE	5	MO
VELTASSA	3	MO
<i>zoledronic acid-mannitol-water</i>	3	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	4	MO; QL (30.5 per 30 days)
<i>periogard</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>floxin otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	MO
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	MO
DEPO-MEDROL	3	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phosphate injection solution</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg</i>	4	B/D PA; MO
<i>prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg</i>	2	B/D PA; MO
<i>prednisone intensol</i>	4	B/D PA; MO
<i>prednisone oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	1	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (93 per 31 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (372 per 31 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (186 per 31 days)
ACTOS	4	MO; QL (31 per 31 days)
<i>alcohol pads</i>	2	MO
BYDUREON	3	MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (186 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (248 per 31 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (124 per 31 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (62 per 31 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (124 per 31 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (248 per 31 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (62 per 31 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (248 per 31 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (124 per 31 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (248 per 31 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (124 per 31 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
<i>glyburide</i>	2	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide-metformin</i>	2	MO
HUMALOG	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50-50	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN	3	MO
HUMULIN R U-100	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INVOKANA ORAL TABLET 100 MG	3	MO; QL (93 per 31 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (31 per 31 days)
JANUMET	3	MO; QL (62 per 31 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (31 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (62 per 31 days)
JANUVIA	3	MO; QL (31 per 31 days)
JARDIANCE	3	MO; QL (31 per 31 days)
JENTADUETO	3	MO; QL (62 per 31 days)
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (78 per 31 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (155 per 31 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (93 per 31 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (124 per 31 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (78 per 31 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	3	MO; QL (78 per 31 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	1	MO; QL (155 per 31 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	MO; QL (124 per 31 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (93 per 31 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (186 per 31 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 30	3	MO
NOVOFINE 32	3	MO
NOVOFINE AUTOCOVER	3	MO
NOVOLOG	4	MO
NOVOLOG FLEXPEN	4	MO
NOVOLOG MIX 70-30	4	MO
NOVOLOG MIX 70-30 FLEXPEN	4	MO
NOVOLOG PENFILL	4	MO
<i>pioglitazone</i>	2	MO; QL (31 per 31 days)
<i>pioglitazone-glimepiride</i>	4	MO; QL (31 per 31 days)
<i>pioglitazone-metformin</i>	4	MO; QL (93 per 31 days)
PROGLYCEM	5	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (992 per 31 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (496 per 31 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (248 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide-metformin</i>	3	MO; QL (155 per 31 days)
RIOMET	3	MO; QL (791 per 31 days)
SYMLINPEN 120	5	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (10.5 per 30 days)
TANZEUM	4	MO; QL (4 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (124 per 31 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (62 per 31 days)
<i>tolbutamide</i>	2	MO; QL (186 per 31 days)
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	MO; QL (31 per 31 days)
TRULICITY	4	MO; QL (2 per 28 days)
VGO 20	3	MO
VGO 30	3	MO
VGO 40	3	MO
VICTOZA 2-PAK	3	MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QL (9 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANADROL-50	4	MO

Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; MO
ANDROID	4	MO
AXIRON	4	PA; MO
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	4	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
<i>chorionic gonadotropin, human</i>	3	PA; MO
<i>danazol oral capsule 100 mg, 50 mg</i>	2	MO
<i>danazol oral capsule 200 mg</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal solution</i>	2	
<i>desmopressin nasal spray, non-aerosol</i>	3	MO
<i>desmopressin oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>doxercalciferol oral capsule 0.5 mcg</i>	4	MO
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	5	MO
ELAPRASE	5	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	MO
KANUMA	5	MO
KORLYM	5	MO
KUVAN	5	MO
LUMIZYME	5	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO
PARICALCITOL INTRAVENOUS	3	
<i>paricalcitol oral capsule 1 mcg, 4 mcg</i>	2	MO
<i>paricalcitol oral capsule 2 mcg</i>	4	MO
SAMSCA	5	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	MO; LA
SYNAREL	4	MO
<i>testosterone cypionate</i>	2	MO
<i>testosterone enanthate</i>	2	MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	3	PA; MO
<i>zoledronic acid intravenous solution</i>	3	MO
THYROID HORMONES		
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine oral</i>	2	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection syringe 0.05 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO
ALOXI	5	MO
AMITIZA	3	MO
<i>aprepitant</i>	3	B/D PA; MO
APRISO	3	MO
ASACOL HD	3	MO
<i>balsalazide</i>	2	MO
<i>budesonide oral</i>	5	MO
CANASA	4	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (124 per 31 days)
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO
EMEND INTRAVENOUS	3	MO
EMEND ORAL CAPSULE	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
<i>enulose</i>	2	MO
GATTEX ONE-VIAL	5	MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	4	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	4	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	3	MO
<i>granisetron hcl oral</i>	4	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone rectal</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LIALDA	3	MO
LINZESS	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine with cleansing wipe</i>	3	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating 10 mg</i>	3	MO
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	4	MO
MOVIPREP	4	MO
OALIVA	5	PA; MO; LA
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg-electrolyte soln</i>	2	
PENTASA	3	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
TRANSDERM-SCOP	4	MO
<i>trilyte with flavor packets</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
UCERIS ORAL	5	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	3	MO
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	3	MO
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	5	MO
ZENPEP	3	MO
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
<i>carafate oral suspension</i>	4	MO
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	4	MO; QL (31 per 31 days)
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	4	MO
<i>esomeprazole sodium</i>	2	
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (31 per 31 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	4	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	3	MO; QL (31 per 31 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine oral capsule</i>	2	MO
<i>nizatidine oral solution</i>	4	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (31 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	4	MO; QL (31 per 31 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (31 per 31 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
PYLERA	4	MO
<i>rabeprazole</i>	2	MO
<i>ranitidine hcl oral capsule 150 mg</i>	2	MO
<i>ranitidine hcl oral capsule 300 mg</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	MO

Drug Name	Drug Tier	Requirements /Limits
ARCALYST	5	PA; MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN	5	PA; MO
INTRON A INJECTION	5	MO
MOZOBIL	5	MO
NEULASTA SUBCUTANEOUS SYRINGE	5	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML	5	QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	4	MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
SYLATRON	5	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO
BCG VACCINE, LIVE (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
GAMASTAN S/D	3	MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HIBERIX (PF)	3	MO
IMOGAM RABIES-HT (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y- W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
ROTARIX	3	
ROTATEQ VACCINE	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHTE RIA TOX PED(PF)	3	MO
TETANUS- DIPHTE RIA TOXOIDS-TD	3	MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO
COLCHICINE	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
COLCRYS	3	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	4	MO; QL (1 per 30 days)
<i>alendronate oral solution</i>	2	MO; QL (1350 per 31 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (31 per 31 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
EVISTA	3	MO
FORTEO	4	PA; MO; QL (2.4 per 28 days)
<i>ibandronate oral</i>	3	MO; QL (1 per 31 days)
PROLIA	4	PA; MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	4	MO; QL (31 per 31 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OTHER RHEUMATOLOGICALS		
BENLYSTA INTRAVENOUS	5	MO
DEPEN TITRATABS	3	MO
ENBREL	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>leflunomide</i>	2	MO; QL (31 per 31 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
SAVELLA ORAL TABLET	3	MO; QL (62 per 31 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>amabelz</i>	3	MO
<i>camila</i>	2	MO
CLIMARA PRO	4	PA; MO
COMBIPATCH	4	PA; MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
<i>errin</i>	2	MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	2	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	MO
<i>estropipate</i>	2	PA; MO
<i>fyavolv</i>	3	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>jinteli</i>	2	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	5	MO
<i>medroxyprogesterone intramuscular suspension</i>	2	MO
<i>medroxyprogesterone oral</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MO
<i>norlyroc</i>	2	
PREMARIN ORAL	3	MO
PREMPHASE	3	PA; MO
PREMPRO	3	MO
<i>progesterone micronized</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>sharobel</i>	2	MO
<i>yuvafem</i>	3	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
NUVARING	4	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>alyacen 1/35 (28)</i>	2	MO
<i>amethia</i>	2	MO
<i>amethia lo</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.fa</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	
<i>gianvi (28)</i>	2	MO
<i>gildagia</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>kaitlib fe</i>	2	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kimidess (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estradiol triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa</i>	2	MO
<i>mibelas 24 fe</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mononessa (28)</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 7/7/7 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>pimtreea (28)</i>	2	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO
<i>portia</i>	2	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>trinessa (28)</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zarah</i>	2	MO
<i>zenchent (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>zenchent fe</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zovia 1/50e (28)</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	4	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin</i>	1	MO
VIGAMOX	4	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
BETOPTIC S	3	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>metipranolol</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
TIMOPTIC OCUDOSE (PF)	3	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	2	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		

Drug Name	Drug Tier	Requirements /Limits
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	MO
PATADAY	3	MO
PAZEO	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	4	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
<i>bimatoprost ophthalmic (eye)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>tobramycin-dexamethasone</i>	2	MO
ZYLET	4	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
DUREZOL	3	MO
<i>fluorometholone</i>	2	MO
FML FORTE	4	MO
LOTEMAX	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	2	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral tablet 2.68 mg</i>	2	MO
<i>cyproheptadine</i>	2	MO
<i>desloratadine</i>	2	MO; QL (31 per 31 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA

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

Drug Name	Drug Tier	Requirements /Limits
<i>epinephrine injection auto-injector</i>	2	MO
EPIPEN	3	MO
EPIPEN 2-PAK	3	MO
EPIPEN JR	3	MO
EPIPEN JR 2-PAK	3	MO
<i>hydroxyzine hcl intramuscular</i>	2	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	PA; MO
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (31 per 31 days)
<i>phenadoz rectal suppository 12.5 mg</i>	2	MO
<i>promethazine injection solution</i>	2	MO
<i>promethazine oral</i>	2	PA; MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	MO
<i>promethazine rectal suppository 50 mg</i>	2	
<i>promethegan rectal suppository 25 mg</i>	3	MO
<i>promethegan rectal suppository 50 mg</i>	4	MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADCIRCA	5	PA; MO; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	MO
ANORO ELLIPTA	4	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	4	MO; QL (30 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	3	QL (28 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	3	MO; QL (60 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>budesonide inhalation</i>	3	B/D PA; MO
<i>budesonide nasal</i>	2	MO; QL (17.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
DULERA	3	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (279 per 31 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (279 per 31 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (93 per 31 days)
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
INCRUSE ELLIPTA	4	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (62 per 31 days)
LETAIRIS	5	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	2	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	4	B/D PA; MO
<i>metaproterenol</i>	2	MO
<i>montelukast</i>	2	MO
NUCALA	5	PA; MO; LA; QL (1 per 28 days)
OFEV	5	PA; MO; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
ORKAMBI ORAL TABLET 100-125 MG	5	PA; MO
ORKAMBI ORAL TABLET 200-125 MG	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	4	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil oral</i>	2	PA; MO; QL (93 per 31 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SYMBICORT	3	MO; QL (10.2 per 30 days)
<i>terbutaline oral</i>	2	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER	5	PA; MO; LA
<i>triamcinolone acetonide nasal</i>	3	MO; QL (34 per 30 days)
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
VENTAVIS	4	B/D PA; MO
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO
<i>zileuton</i>	3	MO
ZYFLO	4	MO
ZYFLO CR	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate</i>	2	MO
<i>oxybutynin chloride</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tropium oral capsule, extended release 24hr</i>	4	MO
<i>tropium oral tablet</i>	2	MO
VESICARE	3	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	3	MO
AVODART	3	MO
<i>dutasteride</i>	3	MO
<i>dutasteride-tamsulosin</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
JALYN	3	MO
<i>tamsulosin</i>	1	MO

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	2	MO
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MISCELLANEOUS UROLOGICALS

CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>potassium citrate</i>	2	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>dextrose-kcl-nacl</i>	2	MO
<i>eliphos</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle</i>	3	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride intravenous piggyback 10 meq/100 ml</i>	2	MO
<i>potassium chloride intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride- d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
<i>amino acids 15 %</i>	3	B/D PA
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN II 8.5 %	3	B/D PA
AMINOSYN II 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN-HBC 7%	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
FREAMINE HBC 6.9 %	3	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
IONOSOL-B IN D5W	3	
IONOSOL-MB IN D5W	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>prenatal vitamin oral tablet</i>	1	MO

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

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hcthiamid	34	PEGASYS	52		66
olmesartan-		PEGASYS PROCLICK	52	potassium chloride in lr-d5	66
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