

List of covered drugs

2021 Formulary



Amerivantage Dual Coordination (HMO D-SNP)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 8/1/2020. For more recent information or other questions, please contact Amerivantage Dual Coordination (HMO D-SNP) Customer Service, at **1-833-377-4266** or, for TTY users, **711**, 24 hours a day, 7 days a week, or visit <https://shop.amerigroup.com/medicare>.

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 Amerigroup. When it refers to “plan” or “our plan,” it means Amerivantage Dual Coordination (HMO D-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2021. 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, 2022, and from time to time during the year.

What is the Amerivantage Dual Coordination (HMO D-SNP) formulary?

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

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Amerivantage Dual Coordination (HMO D-SNP)’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Amerivantage Dual Coordination (HMO D-SNP)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on

our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 1/1/2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *donepezil*. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Amerivantage Dual Coordination (HMO D-SNP)'s formulary?" on

page 5 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Amerivantage Dual Coordination (HMO D-SNP)'s formulary?

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to cover a formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as

effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term-care facility and, you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we

will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

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

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

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

Our plan's formulary

The formulary on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

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

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-833-377-4266, 24 hours a day, 7 days a week TTY/TDD users should call 711.

NE – Non-Extended Day Supply (NEDS): This prescription cannot be filled for more than a 30-day supply.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Cost-sharing for up to a long-term supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$9.20. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 4: Nonpreferred Brand	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$9.20. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy cost-sharing (30-day) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$9.20. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy cost-sharing (30-day to 100-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00

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

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

Your costs will be the same if you use a pharmacy that offers standard cost-sharing or a pharmacy that offers preferred cost-sharing.

* A long-term supply is not available for drugs in the Tier 5: Specialty Tier

Mail-Order Pharmacy – Mail-order service allows you to order a 30–100 -day supply of drugs. The drug available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

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

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

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-833-377-4266, 24 hours a day, 7 days a week TTY/TDD users should call 711.

NE – Non-Extended Day Supply (NEDS): This prescription cannot be filled for more than a 30-day supply.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/ Limits</i>	<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/ Limits</i>
Analgesics			<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	4	PAR; QLL (180 per 30 days); MO
<i>acetaminophen-codeine #2</i>	3	QLL (180 per 30 days); MO; NE	<i>butorphanol tartrate 1 mg/ml solution</i>	4	QLL (240 per 30 days); MO; NE
<i>acetaminophen-codeine #3</i>	3	QLL (180 per 30 days); MO; NE	<i>butorphanol tartrate 10 mg/ml solution</i>	4	QLL (5 per 28 days); MO; NE
<i>acetaminophen-codeine #4</i>	3	QLL (180 per 30 days); MO; NE	<i>butorphanol tartrate 2 mg/ml solution</i>	4	QLL (120 per 30 days); MO; NE
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	3	QLL (900 per 30 days); MO; NE	<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap</i>	4	PAR; MO
<i>acetaminophen-codeine 300-15 mg tab, 300-60 mg tab, 300-30 mg tab</i>	3	QLL (180 per 30 days); MO; NE	<i>celecoxib 50 mg cap</i>	3	PAR; MO
<i>ascomp-codeine</i>	4	PAR; QLL (180 per 30 days); MO; NE	<i>diclofenac potassium</i>	2	MO; CG
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	4	PAR; QLL (180 per 30 days); MO; NE	<i>diclofenac sodium 1 % gel</i>	2	QLL (1000 per 30 days); MO; CG
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	4	PAR; QLL (180 per 30 days); MO; NE	<i>diclofenac sodium 1.5 % solution</i>	4	QLL (300 per 30 days); MO
<i>butalbital-asa-caff-codeine</i>	4	PAR; QLL (180 per 30 days); MO; NE	<i>diclofenac sodium 25 mg tab dr</i>	3	MO
			<i>diclofenac sodium 50 mg tab dr</i>	2	MO; CG

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium 75 mg tab dr</i>	1	MO; CG
<i>diclofenac sodium er</i>	2	MO; CG
<i>diflunisal 500 mg tab</i>	3	MO
<i>duramorph</i>	4	QLL (180 per 30 days); MO; NE
<i>endocet 2.5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab</i>	4	QLL (180 per 30 days); MO; NE
<i>endocet 5-325 mg tab</i>	3	QLL (180 per 30 days); MO; NE
<i>etodolac 200 mg cap, 300 mg cap</i>	3	MO
<i>etodolac 400 mg tab, 500 mg tab</i>	2	MO; CG
<i>etodolac er</i>	3	MO
<i>fenoprofen calcium 600 mg tab</i>	4	MO
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	4	PAR; QLL (15 per 30 days); MO; NE
<i>fentanyl citrate 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PAR; QLL (120 per 30 days); MO; NE
<i>flurbiprofen 50 mg tab, 100 mg tab</i>	2	MO; CG
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	4	QLL (2700 per 30 days); MO; NE
<i>hydrocodone-acetaminophen 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab</i>	3	QLL (180 per 30 days); MO; NE
<i>hydrocodone-ibuprofen</i>	3	QLL (50 per 10 days); MO; NE
<i>hydromorphone hcl 1 mg/ml solution, 2 mg/ml solution, 8 mg tab</i>	4	QLL (180 per 30 days); MO; NE
<i>hydromorphone hcl 2 mg tab, 4 mg tab</i>	3	QLL (180 per 30 days); MO; NE
<i>hydromorphone hcl 4 mg/ml solution</i>	4	QLL (60 per 30 days); MO; NE
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	4	QLL (180 per 30 days); MO; NE

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl pf 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	QLL (120 per 30 days); MO; NE
<i>hydromorphone hcl pf 2 mg/ml solution</i>	4	QLL (180 per 30 days); NE
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	4	QLL (60 per 30 days); MO; NE
<i>ibu</i>	1	MO; CG
<i>ibudone 10-200 mg tab</i>	3	QLL (50 per 10 days); MO; NE
<i>ibuprofen 100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MO; CG
<i>indomethacin 25 mg cap, 50 mg cap</i>	2	PAR; MO; CG
<i>indomethacin er</i>	3	PAR; MO
<i>ketoprofen 25 mg cap</i>	5	MO
<i>ketorolac tromethamine 10 mg tab</i>	4	PAR; MO
<i>lorcet</i>	3	QLL (180 per 30 days); MO; NE
<i>lorcet hd</i>	3	QLL (180 per 30 days); MO; NE
<i>lorcet plus</i>	3	QLL (180 per 30 days); MO; NE
<i>meclofenamate sodium 50 mg cap, 100 mg cap</i>	4	MO
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	MO; CG
<i>methadone hcl 10 mg/ml conc</i>	3	QLL (180 per 30 days); MO; NE
<i>methadone hcl 5 mg tab, 10 mg tab</i>	3	PAR; QLL (180 per 30 days); MO; NE
<i>methadone hcl 5 mg/5ml, 10 mg/5ml</i>	3	QLL (900 per 30 days); MO; NE
<i>methadone hcl intensol</i>	3	QLL (180 per 30 days); MO; NE
METHADOSE 5 MG/0.5ML, 10 MG/ML	3	QLL (180 per 30 days); MO; NE
METHADOSE SUGAR-FREE	3	QLL (180 per 30 days); MO; NE
<i>morphine sulfate (concentrate) (concentrate) 10 mg/0.5ml, (concentrate) 20 mg/ml, (concentrate) 100 mg/5ml</i>	3	QLL (180 per 30 days); MO; NE

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

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE (PF) (PF) 0.5 MG/ML, (PF) 1 MG/ML, (PF) 2 MG/ML, (PF) 4 MG/ML, (PF) 8 MG/ML, (PF) 10 MG/ML	4	QLL (180 per 30 days); MO; NE
MORPHINE SULFATE 1 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	QLL (180 per 30 days); MO; NE
<i>morphine sulfate 10 mg/5ml, 20 mg/5ml</i>	3	QLL (900 per 30 days); MO; NE
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3	QLL (180 per 30 days); MO; NE
<i>morphine sulfate 8 mg/ml, 10 mg/ml, 150 mg/30ml</i>	4	QLL (180 per 30 days); NE
<i>morphine sulfate er 15 mg tab er</i>	3	PAR; QLL (90 per 30 days); MO; NE
<i>morphine sulfate er er 100 mg tab er, er 200 mg tab er</i>	4	PAR; QLL (60 per 30 days); MO; NE
<i>morphine sulfate er er 30 mg tab er, er 60 mg tab er</i>	4	PAR; QLL (90 per 30 days); MO; NE
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	MO; CG
<i>nalbuphine hcl 10 mg/ml solution</i>	4	QLL (60 per 30 days); MO; NE
<i>nalbuphine hcl 20 mg/ml solution</i>	4	QLL (90 per 30 days); MO; NE
<i>naproxen 125 mg/5ml suspension</i>	2	MO; CG
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	MO; CG
<i>naproxen dr</i>	1	MO; CG
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	MO; CG
<i>oxaprozin</i>	4	MO
<i>oxycodone hcl 5 mg cap, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc</i>	4	QLL (180 per 30 days); MO; NE
<i>oxycodone hcl 5 mg tab, 10 mg tab</i>	3	QLL (180 per 30 days); MO; NE
<i>oxycodone hcl 5 mg/5ml solution</i>	4	QLL (900 per 30 days); MO; NE
<i>oxycodone-acetaminophen 2.5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab</i>	4	QLL (180 per 30 days); MO; NE

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen 5-325 mg tab</i>	3	QLL (180 per 30 days); MO; NE
<i>oxycodone-aspirin</i>	4	QLL (180 per 30 days); MO; NE
<i>oxycodone-ibuprofen</i>	4	QLL (28 per 7 days); MO; NE
<i>piroxicam 10 mg cap, 20 mg cap</i>	3	MO
<i>sulindac 150 mg tab</i>	1	MO; CG
<i>sulindac 200 mg tab</i>	2	MO; CG
<i>tramadol hcl 50 mg tab</i>	3	QLL (240 per 30 days); MO; NE
<i>tramadol-acetaminophen</i>	4	QLL (40 per 5 days); MO; NE
VOLTAREN	3	QLL (1000 per 30 days); MO
Anesthetics		
<i>glydo</i>	2	MO; CG
<i>lidocaine 5 % ointment</i>	4	PAR; QLL (150 per 30 days); MO
<i>lidocaine 5 % patch</i>	4	PAR; QLL (90 per 30 days); MO
<i>lidocaine hcl (pf) 0.5 % solution</i>	4	MO
<i>lidocaine hcl 2 % solution</i>	3	MO
<i>lidocaine hcl 4 % solution</i>	2	PAR; QLL (300 per 30 days); MO; CG
<i>lidocaine hcl urethral/mucosal</i>	2	MO; CG
<i>lidocaine pak</i>	4	PAR; QLL (150 per 30 days); MO
<i>lidocaine viscous hcl</i>	2	MO; CG
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	4	QLL (30 per 30 days); MO
NAYZILAM	4	
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	4	MO
<i>buprenorphine hcl 0.3 mg/ml solution</i>	4	QLL (90 per 30 days); MO; NE
<i>buprenorphine hcl 2 mg sl tab</i>	2	QLL (240 per 30 days); MO; NE; CG
<i>buprenorphine hcl 8 mg sl tab</i>	2	QLL (60 per 30 days); MO; NE; CG
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2	QLL (360 per 30 days); MO; NE; CG

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	2	QLL (90 per 30 days); MO; NE; CG
<i>bupropion hcl er (smoking det)</i>	2	QLL (60 per 30 days); MO; CG
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	2	QLL (60 per 30 days); MO; CG
CHANTIX 0.5 MG TAB	4	PAR; QLL (60 per 30 days); MO
CHANTIX 1 MG TAB	4	PAR; QLL (56 per 28 days); MO
CHANTIX CONTINUING MONTH PAK	4	PAR; QLL (56 per 28 days); MO
CHANTIX STARTING MONTH PAK	4	PAR; MO
<i>disulfiram 250 mg tab, 500 mg tab</i>	4	MO
<i>naloxone hcl 0.4 mg/ml solution, 0.4 mg/ml soln cart, 2 mg/2ml soln prsyr</i>	1	MO; CG
<i>naloxone hcl 4 mg/10ml solution</i>	2	MO; CG
<i>naltrexone hcl 50 mg tab</i>	2	MO; CG
NARCAN	3	MO
NICOTROL NS	3	QLL (120 per 30 days); MO
Antibacterials		
<i>acetic acid 0.25 % solution</i>	2	MO; CG
<i>acetic acid 2 % solution</i>	1	MO; CG
<i>amikacin sulfate 1 gm/4ml, 500 mg/2ml</i>	4	MO
<i>amoxicillin 125 mg chew tab</i>	2	MO; CG
<i>amoxicillin 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg chew tab, 250 mg cap, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, 200-28.5 mg chew tab, 250-125 mg tab, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 600-42.9 mg/5ml recon susp</i>	3	MO
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	4	MO
<i>amoxicillin-pot clavulanate 500-125 mg tab, 875-125 mg tab</i>	2	MO; CG
<i>amoxicillin-pot clavulanate er</i>	4	MO
<i>ampicillin</i>	1	MO; CG
<i>ampicillin sodium</i>	4	MO
<i>ampicillin-sulbactam sodium</i>	4	MO
<i>azithromycin 1 gm packet</i>	3	MO
<i>azithromycin 100 mg/5ml susp, 500 mg soln</i>	4	MO
<i>azithromycin 200 mg/5ml recon susp, 500 mg tab, 600 mg tab</i>	2	MO; CG
<i>azithromycin 250 mg tab</i>	1	MO; CG
<i>aztreonam</i>	4	MO
BICILLIN C-R	4	MO
BICILLIN C-R 900/300	4	MO
BICILLIN L-A	4	MO
<i>cefaclor 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	2	MO; CG
<i>cefaclor 250 mg cap, 500 mg cap</i>	3	MO
CEFACLOR ER	3	MO
<i>cefadroxil 1 gm tab</i>	4	MO
<i>cefadroxil 250 mg/5ml, 500 mg/5ml</i>	3	MO
<i>cefadroxil 500 mg cap</i>	2	MO; CG
<i>cefazolin sodium 1 gm soln, 10 gm soln, 100 gm soln, 300 gm soln</i>	4	MO
<i>cefazolin sodium 20 gm recon soln</i>	4	
<i>cefazolin sodium 500 mg recon soln</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SODIUM- DEXTROSE 1-4 GM/50ML- % SOLUTION, 1-4 GM- %(50ML) RECON SOLN	3	MO
CEFAZOLIN SODIUM- DEXTROSE 2-3 GM- %(50ML) RECON SOLN	4	MO
<i>cefdinir 125 mg/5ml, 250 mg/5ml</i>	4	MO
<i>cefdinir 300 mg cap</i>	2	MO; CG
<i>cefepime hcl 1 gm/50ml solution, 1 gm recon soln, 2 gm recon soln, 2 gm/ 100ml solution</i>	4	MO
<i>cefotaxime sodium 1 gm soln, 2 gm soln, 500 mg soln</i>	4	MO
<i>cefotetan disodium 1 gm soln, 2 gm soln</i>	4	MO
<i>cefotetan disodium 10 gm recon soln</i>	4	
<i>cefoxitin sodium</i>	4	MO
CEFOXITIN SODIUM- DEXTROSE	4	MO
<i>cefpodoxime proxetil 100 mg/5ml recon susp, 200 mg tab</i>	4	MO
<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab</i>	3	MO
<i>cefprozil 125 mg/5ml recon susp, 250 mg/5ml recon susp, 500 mg tab</i>	3	MO
<i>cefprozil 250 mg tab</i>	2	MO; CG
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	4	MO
CEFTAZIDIME AND DEXTROSE	4	MO
<i>ceftriaxone sodium 1 gm soln, 250 mg soln</i>	3	MO
CEFTRIAZONE SODIUM 2 GM SOLN, 10 GM SOLN, 100 GM SOLN, 500 MG SOLN	4	MO
<i>ceftriaxone sodium in dextrose</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAZONE SODIUM- DEXTROSE	4	MO
<i>cefuroxime axetil 250 mg tab</i>	1	MO; CG
<i>cefuroxime axetil 500 mg tab</i>	2	MO; CG
<i>cefuroxime sodium</i>	4	MO
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg tab, 500 mg cap</i>	1	MO; CG
<i>cephalexin 250 mg/5ml recon susp</i>	2	MO; CG
<i>chloramphenicol sod succinate</i>	4	MO
<i>ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750 mg tab</i>	2	MO; CG
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab</i>	1	MO; CG
<i>ciprofloxacin in d5w</i>	4	MO
<i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24h</i>	3	
<i>ciprofloxacin-ciproflox hcl er 500 mg tab er 24h</i>	2	CG
<i>clarithromycin 125 mg/5ml recon susp</i>	2	MO; CG
<i>clarithromycin 250 mg tab, 500 mg tab</i>	3	MO
<i>clarithromycin 250 mg/5ml recon susp</i>	4	MO
<i>clarithromycin er</i>	3	MO
<i>clindacin etz 1 % swab</i>	2	MO; CG
<i>clindacin-p</i>	2	MO; CG
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	2	MO; CG
<i>clindamycin phosphate 1 % lotion, 1 % gel</i>	3	MO
<i>clindamycin phosphate 1 % swab</i>	2	MO; CG

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

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution	4	MO
clindamycin phosphate in d5w 900 mg/50ml solution	3	MO
clindamycin phosphate in d5w in 300 mg/50ml, in 600 mg/50ml	4	MO
colistimethate sodium (cba)	4	MO
DAPTOMYCIN , 350 MG RECON SOLN	5	MO
demeclocycline hcl	4	MO
dicloxacillin sodium	2	MO; CG
DIFICID	5	PAR; MO
doripenem	4	
doxy 100	4	MO
doxycycline hyclate 100 mg recon soln	4	MO
doxycycline hyclate 20 mg tab, 50 mg cap, 75 mg tab, 100 mg tab, 100 mg cap, 150 mg tab	3	MO
doxycycline monohydrate 25 mg/5ml recon susp, 50 mg tab, 75 mg tab, 150 mg tab	3	MO
doxycycline monohydrate 50 mg cap, 100 mg cap, 100 mg tab	2	MO; CG
e.e.s. 400	3	MO
ertapenem sodium	4	MO
ery-tab 250 mg tab dr, 333 mg tab dr	3	MO
ery-tab 500 mg tab dr	4	MO
ERYTHROCIN	4	MO
LACTOBIONATE		
erythrocin stearate	3	MO
erythromycin 2 % gel, 2 % solution	2	MO; CG
erythromycin 250 mg tab dr, 333 mg tab dr	3	MO

Drug Name	Drug Tier	Requirements/Limits
erythromycin 500 mg tab dr	4	MO
erythromycin base 250 mg cp dr part	2	MO; CG
erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr	3	MO
erythromycin base 500 mg tab, 500 mg tab dr	4	MO
erythromycin ethylsuccinate 400 mg tab	3	MO
erythromycin stearate	3	MO
gatifloxacin 0.5 % solution	4	MO
gentamicin in saline 0.8-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	4	MO
gentamicin in saline 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%	3	MO
gentamicin sulfate 0.1 % cream, 0.1 % ointment, 40 mg/ml solution	3	MO
gentamicin sulfate 0.3 % solution	2	MO; CG
gentamicin sulfate 10 mg/ml solution	4	MO
imipenem-cilastatin 250 mg recon soln	3	MO
imipenem-cilastatin 500 mg recon soln	4	MO
levofloxacin 25 mg/ml solution	4	MO
levofloxacin 250 mg tab, 500 mg tab	1	MO; CG
levofloxacin 750 mg tab	2	MO; CG
levofloxacin in d5w	4	MO
LINCOCIN	4	MO
lincomycin hcl 300 mg/ml solution	4	MO
linezolid 100 mg/5ml recon susp	5	PAR; QLL (1800 per 30 days); MO
linezolid 600 mg tab	4	PAR; QLL (56 per 28 days); MO
linezolid 600 mg/300ml solution	4	MO
linezolid in sodium chloride	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i> 0.5 gm tab, 1 gm tab	2	MO; CG
<i>metronidazole 0.75 % gel</i>	3	MO
<i>metronidazole 0.75 % lotion, 0.75 % cream, 1 % gel, 375 mg cap</i>	4	MO
<i>metronidazole 250 mg tab, 500 mg tab</i>	2	MO; CG
METRONIDAZOLE 5 MG/ML SOLUTION	3	
<i>metronidazole in nacl 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%</i>	3	MO
<i>metronidazole in nacl 500-0.74 mg/100ml-% solution</i>	4	MO
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	MO; CG
<i>minocycline hcl 50 mg tab, 75 mg tab, 100 mg tab</i>	4	MO
<i>mondoxyne nl 50 mg cap, 100 mg cap</i>	2	MO; CG
<i>morgidox 50 mg cap, 100 mg cap</i>	3	MO
<i>moxifloxacin hcl 400 mg tab</i>	3	MO
<i>nafcillin sodium 1 gm soln, 2 gm soln</i>	4	MO
NAFCILLIN SODIUM 10 GM RECON SOLN	5	MO
NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML SOLUTION	4	MO
NAFCILLIN SODIUM IN DEXTROSE 2 GM/100ML SOLUTION	5	MO
<i>neomycin sulfate 500 mg tab</i>	2	MO; CG
<i>neomycin-polymyxin b gu</i>	4	MO
<i>nitrofurantoin</i>	5	MO
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	3	MO
<i>nitrofurantoin monohyd macro</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 300 mg tab, 400 mg tab</i>	3	MO
<i>oxacillin sodium</i>	4	MO
OXACILLIN SODIUM IN DEXTROSE	4	MO
<i>paromomycin sulfate 250 mg cap</i>	4	MO
PENICILLIN G POT IN DEXTROSE	4	MO
<i>penicillin g potassium</i>	4	MO
PENICILLIN G PROCAINE	4	MO
<i>penicillin g sodium</i>	4	MO
<i>penicillin v potassium 125 mg/5ml recon soln, 250 mg/5ml recon soln, 250 mg tab, 500 mg tab</i>	1	MO; CG
<i>pfizerpen</i>	4	MO
<i>piperacillin sod-tazobactam so</i>	4	MO
<i>polymyxin b sulfate 500000 unit recon soln</i>	4	MO
<i>rosadan 0.75 % cream</i>	4	MO
<i>rosadan 0.75 % gel</i>	3	MO
<i>silver sulfadiazine 1 % cream</i>	2	MO; CG
SIVEXTRO 200 MG RECON SOLN	5	PAR; MO
SIVEXTRO 200 MG TAB	5	PAR; QLL (6 per 30 days); MO
<i>ssd</i>	2	MO; CG
<i>streptomycin sulfate 1 gm recon soln</i>	5	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
<i>sulfacetamide sodium 10 % solution</i>	2	MO; CG
SULFADIAZINE 500 MG TAB	4	MO
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	2	MO; CG
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	MO; CG
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SYNERCID	5	MO
<i>tazicef 1 gm soln, 2 gm soln, 6 gm soln</i>	4	MO
TEFLARO	5	MO
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	4	MO
TIGECYCLINE	5	MO
<i>tinidazole 250 mg tab</i>	2	MO; CG
<i>tinidazole 500 mg tab</i>	4	MO
<i>tobramycin 0.3 % solution</i>	2	MO; CG
<i>tobramycin sulfate 1.2 gm recon soln</i>	5	MO
<i>tobramycin sulfate 1.2 gm/30ml, 2 gm/50ml, 10 mg/ml, 80 mg/2ml</i>	4	MO
<i>trimethoprim 100 mg tab</i>	2	MO; CG
<i>vancomycin hcl 1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln, 500 mg/100ml solution, 1000 mg/200ml solution, 1500 mg/300ml solution, 2000 mg/400ml solution, 5000 mg recon soln</i>	4	MO
<i>vancomycin hcl 100 gm soln, 750 mg soln</i>	4	B/D PAR; MO
<i>vancomycin hcl 125 mg cap</i>	4	PAR; MO
<i>vancomycin hcl 250 mg cap</i>	5	PAR; MO
VANCOMYCIN HCL IN DEXTROSE IN 1-5 GM/200ML-%, IN 500-5 MG/100ML-%, IN 750-5 MG/150ML-%	4	MO
VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-%, IN 500-0.9 MG/100ML-%, IN 750-0.9 MG/150ML-%	4	MO
VANCOMYCIN HCL IN NAACL IN 1.25-0.9 GM/250ML-%, IN 2-0.9 GM/500ML-%	4	MO
<i>vandazole</i>	2	MO; CG
XIFAXAN 550 MG TAB	5	PAR; QLL (84 per 28 days); MO

Drug Name	Drug Tier	Requirements/Limits
ZYVOX 200 MG/100ML SOLUTION	5	MO
Anticonvulsants		
APTIOM	5	ST; MO
BANZEL 200 MG TAB	5	PAR; QLL (480 per 30 days); MO
BANZEL 40 MG/ML SUSPENSION	5	PAR; QLL (2400 per 30 days); MO
BANZEL 400 MG TAB	5	PAR; QLL (240 per 30 days); MO
BRIVIACT 10 MG TAB, 10 MG/ML SOLUTION	5	PAR; QLL (600 per 30 days); MO
BRIVIACT 25 MG TAB	5	PAR; QLL (240 per 30 days); MO
BRIVIACT 50 MG TAB	5	PAR; QLL (120 per 30 days); MO
BRIVIACT 50 MG/5ML SOLUTION	4	PAR; MO
BRIVIACT 75 MG TAB, 100 MG TAB	5	PAR; QLL (60 per 30 days); MO
<i>carbamazepine 100 mg chew tab</i>	2	MO; CG
<i>carbamazepine 100 mg/5ml suspension</i>	4	MO
<i>carbamazepine 200 mg tab</i>	1	MO; CG
<i>carbamazepine er 100 mg tab er 12h</i>	3	MO
<i>carbamazepine er er 100 mg cap er, er 200 mg tab er, er 200 mg cap er, er 300 mg cap er, er 400 mg tab er</i>	4	MO
CELONTIN	4	MO
<i>clobazam 10 mg tab</i>	4	PAR; QLL (120 per 30 days); MO
<i>clobazam 2.5 mg/ml suspension</i>	4	PAR; QLL (480 per 30 days); MO
<i>clobazam 20 mg tab</i>	4	PAR; QLL (60 per 30 days); MO
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO
<i>diazepam 2.5 mg gel, 10 mg gel, 20 mg gel</i>	4	MO
DILANTIN 100 MG CAP	4	MO
DILANTIN 30 MG CAP	3	MO
DILANTIN INFATABS	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium 125 mg cap dr</i>	4	MO
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr</i>	2	MO; CG
<i>divalproex sodium 500 mg tab dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
EPIDIOLEX	5	PAR; LA
<i>epitol</i>	1	MO; CG
<i>ethosuximide 250 mg cap</i>	4	MO
<i>ethosuximide 250 mg/5ml solution</i>	3	MO
<i>felbamate 400 mg tab, 600 mg/5ml suspension, 600 mg tab</i>	4	MO
<i>fosphenytoin sodium</i>	4	MO
FYCOMPA 0.5 MG/ML SUSPENSION	4	QLL (720 per 30 days); MO
FYCOMPA 10 MG TAB, 12 MG TAB	5	QLL (30 per 30 days); MO
FYCOMPA 2 MG TAB	4	QLL (180 per 30 days); MO
FYCOMPA 4 MG TAB	5	QLL (90 per 30 days); MO
FYCOMPA 6 MG TAB	5	QLL (60 per 30 days); MO
FYCOMPA 8 MG TAB	5	QLL (45 per 30 days); MO
<i>gabapentin 100 mg cap</i>	2	QLL (1080 per 30 days); MO; CG
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	4	QLL (2160 per 30 days); MO
<i>gabapentin 300 mg cap</i>	2	QLL (360 per 30 days); MO; CG
<i>gabapentin 400 mg cap</i>	2	QLL (270 per 30 days); MO; CG
<i>gabapentin 600 mg tab</i>	3	QLL (180 per 30 days); MO
<i>gabapentin 800 mg tab</i>	4	QLL (120 per 30 days); MO
GABITRIL 12 MG TAB	4	MO
<i>lamotrigine 25 mg chew tab</i>	3	MO
<i>lamotrigine 5 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam 100 mg/ml solution, 1000 mg tab</i>	3	MO
<i>levetiracetam 250 mg tab, 500 mg tab, 750 mg tab</i>	2	MO; CG
<i>levetiracetam 500 mg/5ml solution</i>	4	MO
<i>levetiracetam er 500 mg tab er 24h</i>	3	QLL (180 per 30 days); MO
<i>levetiracetam er 750 mg tab er 24h</i>	3	QLL (120 per 30 days); MO
LEVETIRACETAM IN NAACL 1000 MG/100ML, 1500 MG/100ML	4	MO
LEVETIRACETAM IN NAACL 500 MG/100ML SOLUTION	5	MO
<i>lorazepam 0.5 mg tab, 1 mg tab</i>	2	QLL (90 per 30 days); MO; CG
<i>lorazepam 2 mg tab</i>	2	QLL (150 per 30 days); MO; CG
<i>oxcarbazepine 150 mg tab, 300 mg tab</i>	3	MO
<i>oxcarbazepine 300 mg/5ml suspension, 600 mg tab</i>	4	MO
PEGANONE	4	MO
<i>phenobarbital 100 mg tab</i>	2	PAR; QLL (120 per 30 days); MO; CG
<i>phenobarbital 15 mg tab</i>	2	PAR; QLL (800 per 30 days); MO; CG
<i>phenobarbital 16.2 mg tab</i>	2	PAR; QLL (741 per 30 days); MO; CG
<i>phenobarbital 20 mg/5ml elixir, 20 mg/5ml solution</i>	4	PAR; QLL (3000 per 30 days); MO
<i>phenobarbital 30 mg tab</i>	2	PAR; QLL (400 per 30 days); MO; CG
<i>phenobarbital 32.4 mg tab</i>	2	PAR; QLL (370 per 30 days); MO; CG
<i>phenobarbital 60 mg tab</i>	2	PAR; QLL (200 per 30 days); MO; CG
<i>phenobarbital 64.8 mg tab</i>	2	PAR; QLL (185 per 30 days); MO; CG
<i>phenobarbital 97.2 mg tab</i>	2	PAR; QLL (123 per 30 days); MO; CG
PHENYTEK	4	MO
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin infatabs</i>	3	MO
<i>phenytoin sodium 50 mg/ml solution</i>	4	MO
<i>phenytoin sodium extended</i>	2	MO; CG
<i>primidone 50 mg tab, 250 mg tab</i>	2	MO; CG
<i>roweepra 1000 mg tab</i>	3	MO
<i>roweepra 500 mg tab, 750 mg tab</i>	2	MO; CG
<i>roweepra xr 500 mg tab er 24h</i>	3	QLL (180 per 30 days); MO
<i>roweepra xr 750 mg tab er 24h</i>	3	QLL (120 per 30 days); MO
SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	4	PAR; QLL (60 per 30 days); MO
SPRITAM 750 MG TAB	4	PAR; QLL (120 per 30 days); MO
<i>subvenite</i>	2	MO; CG
SYMPAZAN 10 MG, 20 MG	5	PAR; QLL (60 per 30 days); MO
SYMPAZAN 5 MG FILM	4	PAR; QLL (30 per 30 days); MO
TEGRETOL-XR 100 MG TAB ER 12H	4	MO
<i>tiagabine hcl</i>	4	MO
<i>topiramate 100 mg tab</i>	2	QLL (480 per 30 days); MO; CG
<i>topiramate 15 mg cap, 25 mg cap</i>	4	MO
<i>topiramate 200 mg tab</i>	2	QLL (240 per 30 days); MO; CG
<i>topiramate 25 mg tab</i>	2	QLL (1920 per 30 days); MO; CG
<i>topiramate 50 mg tab</i>	2	QLL (960 per 30 days); MO; CG
<i>valproate sodium 100 mg/ml, 500 mg/5ml</i>	2	MO; CG
<i>valproic acid 250 mg cap</i>	3	MO
<i>valproic acid 250 mg/5ml solution</i>	2	MO; CG
VALTOCO 10 MG DOSE	4	MO
VALTOCO 15 MG DOSE	4	MO
VALTOCO 20 MG DOSE	4	MO
VALTOCO 5 MG DOSE	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i>	5	PAR; LA; QLL (180 per 30 days)
<i>vigadrone</i>	5	PAR; LA; QLL (180 per 30 days)
VIMPAT 10 MG/ML, 200 MG/20ML	5	QLL (1200 per 30 days); MO
VIMPAT 100 MG TAB	5	QLL (120 per 30 days); MO
VIMPAT 150 MG TAB, 200 MG TAB	5	QLL (60 per 30 days); MO
VIMPAT 50 MG TAB	4	QLL (240 per 30 days); MO
XCOPRI (250 MG DAILY DOSE)	5	QLL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QLL (56 per 28 days)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4	QLL (56 per 365 over time); NE
XCOPRI 150 MG TAB, 200 MG TAB	5	QLL (60 per 30 days)
XCOPRI 50 MG TAB, 100 MG TAB	5	QLL (30 per 30 days)
XCOPRI COPRI 14 50 MG 14 100 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK	5	QLL (56 per 365 over time); NE
<i>zonisamide 100 mg cap</i>	3	MO
<i>zonisamide 25 mg cap</i>	2	MO; CG
<i>zonisamide 50 mg cap</i>	3	MO
Antidementia Agents		
<i>donepezil hcl 5 mg tab disp, 5 mg tab, 10 mg tab disp, 10 mg tab</i>	1	QLL (30 per 30 days); MO; CG
<i>ergoloid mesylates 1 mg tab</i>	4	PAR; MO
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	4	QLL (60 per 30 days); MO
<i>galantamine hydrobromide 4 mg/ml solution</i>	3	QLL (200 per 30 days); MO
<i>galantamine hydrobromide er</i>	4	QLL (30 per 30 days); MO
<i>memantine hcl 10 mg tab</i>	2	PAR; QLL (60 per 30 days); MO; CG
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	3	PAR; QLL (300 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl 5 mg tab</i>	2	PAR; QLL (90 per 30 days); MO; CG
<i>memantine hcl er</i>	3	PAR; QLL (30 per 30 days); MO
NAMENDA XR	4	PAR; QLL (30 per 30 days); MO
NAMENDA XR TITRATION PACK	3	PAR; MO
NAMZARIC	3	MO
<i>rivastigmine</i>	4	QLL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	4	QLL (60 per 30 days); MO
Antidepressants		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	PAR; MO; CG
<i>amoxapine 25 mg tab, 150 mg tab</i>	2	PAR; MO; CG
<i>amoxapine 50 mg tab, 100 mg tab</i>	3	PAR; MO
<i>bupropion hcl 100 mg tab</i>	2	QLL (135 per 30 days); MO; CG
<i>bupropion hcl 75 mg tab</i>	2	QLL (180 per 30 days); MO; CG
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	2	QLL (120 per 30 days); MO; CG
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	2	QLL (60 per 30 days); MO; CG
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2	QLL (90 per 30 days); MO; CG
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2	QLL (30 per 30 days); MO; CG
<i>citalopram hydrobromide 10 mg tab</i>	1	QLL (120 per 30 days); MO; CG
<i>citalopram hydrobromide 10 mg/5ml solution</i>	4	QLL (600 per 30 days); MO
<i>citalopram hydrobromide 20 mg tab</i>	1	QLL (60 per 30 days); MO; CG
<i>citalopram hydrobromide 40 mg tab</i>	1	QLL (30 per 30 days); MO; CG
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	4	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	4	PAR; MO
<i>desvenlafaxine er 100 mg tab er 24h</i>	4	QLL (120 per 30 days)
DESVENLAFAXINE ER 100 MG TAB ER 24H	4	QLL (120 per 30 days); MO
DESVENLAFAXINE ER 50 MG TAB ER 24H	4	QLL (240 per 30 days); MO
<i>desvenlafaxine er 50 mg tab er 24h</i>	4	QLL (240 per 30 days)
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	3	QLL (120 per 30 days); MO
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	3	QLL (480 per 30 days); MO
<i>desvenlafaxine succinate er 50 mg tab er 24h</i>	3	QLL (240 per 30 days); MO
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	2	PAR; MO; CG
EMSAM	5	PAR; QLL (30 per 30 days); MO
<i>escitalopram oxalate 10 mg tab</i>	2	QLL (60 per 30 days); MO; CG
<i>escitalopram oxalate 20 mg tab</i>	2	QLL (30 per 30 days); MO; CG
<i>escitalopram oxalate 5 mg tab</i>	2	QLL (120 per 30 days); MO; CG
<i>escitalopram oxalate 5 mg/5ml solution</i>	4	QLL (600 per 30 days); MO
FETZIMA 20 MG CAP ER	4	PAR; QLL (180 per 30 days); MO
FETZIMA 40 MG CAP ER	4	PAR; QLL (90 per 30 days); MO
FETZIMA 80 MG CAP ER, 120 MG CAP ER	4	PAR; QLL (30 per 30 days); MO
FETZIMA TITRATION	4	PAR; MO
<i>fluoxetine hcl (pmdd) 10 mg cap</i>	1	QLL (240 per 30 days); CG
<i>fluoxetine hcl (pmdd) 20 mg cap</i>	1	QLL (120 per 30 days); CG
<i>fluoxetine hcl 10 mg cap</i>	1	QLL (240 per 30 days); MO; CG

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl 10 mg tab</i>	2	QLL (240 per 30 days); MO; CG
<i>fluoxetine hcl 20 mg cap</i>	1	QLL (120 per 30 days); MO; CG
<i>fluoxetine hcl 20 mg tab</i>	3	QLL (120 per 30 days); MO
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	QLL (600 per 30 days); MO; CG
<i>fluoxetine hcl 40 mg cap</i>	1	QLL (60 per 30 days); MO; CG
<i>fluoxetine hcl 90 mg cap dr</i>	4	QLL (4 per 28 days); MO
<i>fluvoxamine maleate 100 mg tab</i>	3	QLL (90 per 30 days); MO
<i>fluvoxamine maleate 25 mg tab</i>	3	QLL (360 per 30 days); MO
<i>fluvoxamine maleate 50 mg tab</i>	3	QLL (180 per 30 days); MO
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	PAR; MO; CG
KHEDEZLA 100 MG TAB ER 24H	4	QLL (120 per 30 days)
KHEDEZLA 50 MG TAB ER 24H	4	QLL (240 per 30 days)
<i>maprotiline hcl 25 mg tab</i>	4	QLL (270 per 30 days); MO
<i>maprotiline hcl 50 mg tab</i>	4	QLL (135 per 30 days); MO
<i>maprotiline hcl 75 mg tab</i>	4	QLL (90 per 30 days); MO
MARPLAN	4	MO
<i>mirtazapine 15 mg tab</i>	1	QLL (90 per 30 days); MO; CG
<i>mirtazapine 15 mg tab disp</i>	3	QLL (90 per 30 days); MO
<i>mirtazapine 30 mg tab</i>	1	QLL (45 per 30 days); MO; CG
<i>mirtazapine 30 mg tab disp</i>	3	QLL (45 per 30 days); MO
<i>mirtazapine 45 mg tab</i>	2	QLL (30 per 30 days); MO; CG
<i>mirtazapine 45 mg tab disp</i>	3	QLL (30 per 30 days); MO
<i>mirtazapine 7.5 mg tab</i>	3	QLL (180 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl 100 mg tab</i>	3	QLL (180 per 30 days); MO
<i>nefazodone hcl 150 mg tab</i>	3	QLL (120 per 30 days); MO
<i>nefazodone hcl 200 mg tab</i>	3	QLL (90 per 30 days); MO
<i>nefazodone hcl 250 mg tab</i>	3	QLL (72 per 30 days); MO
<i>nefazodone hcl 50 mg tab</i>	3	QLL (360 per 30 days); MO
<i>nortriptyline hcl 10 mg cap, 25 mg cap</i>	1	PAR; MO; CG
<i>nortriptyline hcl 10 mg/5ml solution</i>	4	PAR; MO
<i>nortriptyline hcl 50 mg cap, 75 mg cap</i>	2	PAR; MO; CG
<i>olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap</i>	4	QLL (90 per 30 days); MO
<i>olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap</i>	4	QLL (30 per 30 days); MO
<i>paroxetine hcl 10 mg tab</i>	1	QLL (180 per 30 days); MO; CG
<i>paroxetine hcl 20 mg tab</i>	1	QLL (90 per 30 days); MO; CG
<i>paroxetine hcl 30 mg tab</i>	2	QLL (60 per 30 days); MO; CG
<i>paroxetine hcl 40 mg tab</i>	1	QLL (45 per 30 days); MO; CG
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	4	QLL (180 per 30 days); MO
<i>paroxetine hcl er 25 mg tab er 24h</i>	4	QLL (90 per 30 days); MO
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	4	QLL (60 per 30 days); MO
PAXIL 10 MG/5ML SUSPENSION	4	QLL (900 per 30 days); MO
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-50 mg tab, 4-10 mg tab</i>	4	PAR; MO
<i>perphenazine-amitriptyline 4-25 mg tab</i>	3	PAR; MO
<i>phenelzine sulfate 15 mg tab</i>	3	MO
PRISTIQ 100 MG TAB ER 24H	4	QLL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
PRISTIQ 25 MG TAB ER 24H	4	QLL (480 per 30 days); MO
PRISTIQ 50 MG TAB ER 24H	4	QLL (240 per 30 days); MO
<i>protriptyline hcl</i>	4	PAR; MO
<i>sertraline hcl 100 mg tab</i>	1	QLL (60 per 30 days); MO; CG
<i>sertraline hcl 20 mg/ml conc</i>	4	QLL (300 per 30 days); MO
<i>sertraline hcl 25 mg tab</i>	1	QLL (240 per 30 days); MO; CG
<i>sertraline hcl 50 mg tab</i>	1	QLL (120 per 30 days); MO; CG
SPRAVATO (56 MG DOSE)	5	PAR; QLL (16 per 28 days)
SPRAVATO (84 MG DOSE)	5	PAR; QLL (24 per 28 days)
SURMONTIL	4	
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hcl 300 mg tab</i>	4	MO
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab</i>	1	MO; CG
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	4	MO
TRINTELLIX 10 MG TAB	4	QLL (60 per 30 days); MO
TRINTELLIX 20 MG TAB	4	QLL (30 per 30 days); MO
TRINTELLIX 5 MG TAB	4	QLL (120 per 30 days); MO
<i>venlafaxine hcl 100 mg tab</i>	3	QLL (113 per 30 days); MO
<i>venlafaxine hcl 25 mg tab</i>	3	QLL (450 per 30 days); MO
<i>venlafaxine hcl 37.5 mg tab</i>	3	QLL (300 per 30 days); MO
<i>venlafaxine hcl 50 mg tab</i>	3	QLL (225 per 30 days); MO
<i>venlafaxine hcl 75 mg tab</i>	3	QLL (150 per 30 days); MO
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2	QLL (60 per 30 days); MO; CG
<i>venlafaxine hcl er 150 mg tab er 24h</i>	4	QLL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er 225 mg tab er 24h</i>	4	QLL (30 per 30 days); MO
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	2	QLL (180 per 30 days); MO; CG
<i>venlafaxine hcl er 37.5 mg tab er 24h</i>	4	QLL (180 per 30 days); MO
<i>venlafaxine hcl er 75 mg cap er 24h</i>	2	QLL (90 per 30 days); MO; CG
<i>venlafaxine hcl er 75 mg tab er 24h</i>	4	QLL (90 per 30 days); MO
VIIBRYD 10 MG TAB	4	ST; QLL (120 per 30 days); MO
VIIBRYD 20 MG TAB	4	ST; QLL (60 per 30 days); MO
VIIBRYD 40 MG TAB	4	ST; QLL (30 per 30 days); MO
VIIBRYD STARTER PACK	4	ST; MO
ZULRESSO	5	PAR; MO
Antiemetics		
<i>aprepitant 125 mg cap</i>	3	B/D PAR; QLL (5 per 30 days); MO
<i>aprepitant 40 mg cap</i>	3	B/D PAR; QLL (1 per 28 days); MO
<i>aprepitant 80 & 125 mg cap</i>	3	B/D PAR; QLL (15 per 30 days); MO
<i>aprepitant 80 mg cap</i>	3	B/D PAR; QLL (10 per 30 days); MO
<i>compro</i>	4	MO
<i>dronabinol</i>	4	B/D PAR; QLL (120 per 30 days); MO
EMEND 125 MG RECON SUSP	3	B/D PAR; QLL (15 per 30 days); MO
EMEND 80 MG CAP	3	B/D PAR; QLL (10 per 30 days); MO
<i>granisetron hcl 1 mg tab</i>	4	B/D PAR; QLL (30 per 30 days); MO
<i>granisetron hcl 1 mg/ml, 4 mg/4ml</i>	4	MO
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	2	MO; CG
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i>	1	MO; CG
<i>metoclopramide hcl 5 mg/5ml, 10 mg/10ml</i>	2	MO; CG
<i>metoclopramide hcl 5 mg/ml solution</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron 4 mg tab disp</i>	4	B/D PAR; QLL (90 per 30 days); MO
<i>ondansetron 8 mg tab disp</i>	3	B/D PAR; QLL (90 per 30 days); MO
<i>ondansetron hcl 24 mg tab</i>	4	B/D PAR; QLL (30 per 30 days); MO
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	3	B/D PAR; QLL (90 per 30 days); MO
<i>ondansetron hcl 4 mg/2ml, 40 mg/20ml</i>	4	MO
<i>ondansetron hcl 4 mg/5ml solution</i>	4	B/D PAR; QLL (450 per 30 days); MO
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	4	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate 10 mg/2ml, 50 mg/10ml</i>	4	MO
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	2	MO; CG
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	2	PAR; MO; CG
<i>scopolamine</i>	4	QLL (10 per 28 days); MO
Antifungals		
ABELCET	4	B/D PAR; MO
AMBISOME	5	B/D PAR; MO
<i>amphotericin b 50 mg recon soln</i>	4	B/D PAR; MO
CANCIDAS 70 MG RECON SOLN	5	B/D PAR; MO
<i>ciclopirox olamine 0.77 % cream, 0.77 % suspension</i>	3	MO
<i>clotrimazole 1 % cream, 10 mg troche</i>	3	MO
<i>clotrimazole 1 % solution</i>	2	MO; CG
<i>econazole nitrate 1 % cream</i>	2	MO; CG
EXELDERM 1 % CREAM, 1 % SOLUTION	4	MO
<i>fluconazole 10 mg/ml recon susp, 200 mg tab</i>	3	MO
<i>fluconazole 40 mg/ml recon susp</i>	4	MO
<i>fluconazole 50 mg tab, 100 mg tab, 150 mg tab</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in dextrose</i>	4	MO
<i>fluconazole in sodium chloride 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	MO
<i>flucytosine 250 mg cap</i>	4	MO
<i>flucytosine 500 mg cap</i>	5	MO
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole 100 mg cap</i>	4	PAR; MO
<i>ketoconazole 2 % cream</i>	3	QLL (120 per 30 days); MO
<i>ketoconazole 2 % shampoo</i>	2	MO; CG
<i>ketoconazole 200 mg tab</i>	3	MO
<i>micafungin sodium</i>	5	
<i>miconazole 3</i>	3	MO
MYCAMINE	5	MO
NOXAFIL 40 MG/ML SUSPENSION	5	PAR; MO
<i>nyamyc</i>	3	MO
<i>nystatin 100000 unit/gm powder</i>	3	MO
<i>nystatin 100000 unit/ml suspension, 100000 unit/gm ointment, 100000 unit/gm cream, 500000 unit tab</i>	2	MO; CG
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	2	MO; CG
<i>posaconazole</i>	5	PAR
<i>sulconazole nitrate 1 % cream, 1 % solution</i>	4	
<i>terbinafine hcl 250 mg tab</i>	2	MO; CG
<i>terconazole 0.4 %, 0.8 %</i>	3	MO
<i>terconazole 80 mg suppos</i>	4	MO
<i>voriconazole 40 mg/ml recon susp, 200 mg recon soln, 200 mg tab</i>	5	PAR; MO
<i>voriconazole 50 mg tab</i>	4	PAR; MO
Antigout Agents		
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	MO; CG
<i>allopurinol sodium</i>	4	MO
ALOPRIM	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>colchicine 0.6 mg tab, 0.6 mg cap</i>	2	MO; CG
<i>colchicine-probenecid</i>	3	MO
<i>febuxostat</i>	3	ST; MO
<i>probenecid</i>	3	MO
ULORIC	4	ST; MO
Antimigraine Agents		
AIMOVIG (140 MG DOSE)	3	PAR; QLL (2 per 30 days); MO
AIMOVIG 140 MG/ML SOLN A-INJ	3	PAR; QLL (1 per 30 days); MO
AIMOVIG 70 MG/ML SOLN A-INJ	3	PAR; QLL (2 per 30 days); MO
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	4	PAR; MO
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	5	QLL (8 per 28 days); MO
EMGALITY 100 MG/ML SOLN PRSYR	5	PAR; QLL (3 per 30 days); MO
EMGALITY 120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR	3	PAR; QLL (2 per 30 days); MO
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan hcl</i>	4	QLL (9 per 30 days); MO
<i>rizatriptan benzoate</i>	4	QLL (12 per 30 days); MO
<i>sumatriptan 5 mg/act, 20 mg/act</i>	4	MO
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	2	QLL (9 per 30 days); MO; CG
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsy, 6 mg/0.5ml solution</i>	4	QLL (6 per 30 days); MO
<i>sumatriptan succinate refill</i>	4	QLL (6 per 30 days); MO
Antimyasthenic Agents		
GUANIDINE HCL	4	MO
MESTINON 60 MG/5ML SOLUTION	5	MO
<i>pyridostigmine bromide 30 mg tab, 60 mg tab</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	MO
<i>pyridostigmine bromide er</i>	3	MO
REGONOL	4	MO
Antimycobacterials		
CAPASTAT SULFATE	4	MO
<i>dapsone 25 mg tab, 100 mg tab</i>	3	MO
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	4	MO
<i>isoniazid 100 mg tab</i>	1	MO; CG
<i>isoniazid 300 mg tab</i>	2	MO; CG
<i>isoniazid 50 mg/5ml syrup, 100 mg/ml solution</i>	4	MO
PASER	4	MO
PRIFTIN	4	MO
<i>pyrazinamide 500 mg tab</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin 150 mg cap, 300 mg cap, 600 mg recon soln</i>	4	MO
RIFATER	4	MO
SIRTURO 100 MG TAB	5	PAR; LA; MO
SIRTURO 20 MG TAB	5	PAR
TRECTOR	4	MO
Antineoplastics		
<i>abiraterone acetate</i>	5	PAR; QLL (120 per 30 days)
ABRAXANE	5	PAR
<i>adriamycin 2 mg/ml solution, 10 mg recon soln, 50 mg recon soln</i>	4	B/D PAR
<i>adrucil</i>	4	B/D PAR
AFINITOR	5	PAR
AFINITOR DISPERZ	5	PAR
ALECENSA	5	PAR; LA; QLL (240 per 30 days)
ALIMTA	5	PAR
ALIQOPA	5	PAR; LA
ALKERAN 2 MG TAB	4	B/D PAR
ALUNBRIG 180 MG TAB	5	PAR; LA; QLL (30 per 30 days)
ALUNBRIG 30 MG TAB	5	PAR; LA; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG 90 & 180 MG TAB THPK	5	PAR; LA; QLL (30 per 180 over time); NE
ALUNBRIG 90 MG TAB	5	PAR; LA; QLL (60 per 30 days)
<i>anastrozole 1 mg tab</i>	2	QLL (30 per 30 days); MO; CG
ARRANON	4	B/D PAR
<i>arsenic trioxide 10 mg/10ml, 12 mg/6ml</i>	5	B/D PAR
ARZERRA	5	PAR
AVASTIN	5	PAR; LA
AYVAKIT	5	PAR; LA; QLL (30 per 30 days)
<i>azacitidine</i>	5	PAR
BALVERSA 3 MG TAB	5	PAR; LA; QLL (90 per 30 days)
BALVERSA 4 MG TAB	5	PAR; LA; QLL (60 per 30 days)
BALVERSA 5 MG TAB	5	PAR; LA; QLL (30 per 30 days)
BAVENCIO	5	PAR; LA
BELEODAQ	5	PAR
BELRAPZO	5	B/D PAR
BENDAMUSTINE HCL	5	B/D PAR
BENDEKA	5	B/D PAR
BESPONSA	5	B/D PAR; LA
<i>bexarotene</i>	5	PAR; QLL (300 per 30 days)
<i>bicalutamide</i>	3	QLL (30 per 30 days); MO
BICNU	5	B/D PAR
<i>bleomycin sulfate</i>	4	B/D PAR
BLINCYTO	5	PAR
BORTEZOMIB	5	PAR
BOSULIF 100 MG TAB	5	PAR; QLL (120 per 30 days)
BOSULIF 400 MG TAB, 500 MG TAB	5	PAR; QLL (30 per 30 days)
BRAFTOVI 50 MG CAP	5	PAR; LA; QLL (120 per 30 days)
BRAFTOVI 75 MG CAP	5	PAR; LA; QLL (180 per 30 days)
BRUKINSA	5	PAR; LA; QLL (120 per 30 days)
<i>busulfan</i>	4	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
BUSULFEX	4	B/D PAR
CABOMETYX	5	PAR; LA; QLL (30 per 30 days)
CALQUENCE	5	PAR; LA
CAPRELSA 100 MG TAB	5	PAR; LA; QLL (90 per 30 days)
CAPRELSA 300 MG TAB	5	PAR; LA; QLL (30 per 30 days)
<i>carboplatin</i>	4	B/D PAR; MO
<i>carmustine</i>	5	B/D PAR
<i>cisplatin 50 mg/50ml, 100 mg/100ml, 200 mg/200ml</i>	4	B/D PAR
<i>cladribine</i>	5	B/D PAR
<i>clofarabine</i>	5	B/D PAR
CLOLAR	5	B/D PAR
COMETRIQ (100 MG DAILY DOSE)	5	PAR; LA; QLL (56 per 28 days)
COMETRIQ (140 MG DAILY DOSE)	5	PAR; LA; QLL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PAR; LA; QLL (84 per 28 days)
COPIKTRA	5	PAR; LA; QLL (60 per 30 days)
COSMEGEN	5	B/D PAR
COTELLIC	5	PAR; LA; QLL (90 per 30 days)
<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	3	B/D PAR
CYRAMZA	5	PAR; LA
<i>cytarabine</i>	4	B/D PAR
<i>cytarabine (pf)</i>	4	B/D PAR
<i>dacarbazine</i>	4	B/D PAR
<i>dactinomycin</i>	5	B/D PAR
DARZALEX	5	PAR; LA
DARZALEX FASPRO	5	PAR
<i>daunorubicin hcl, 20 mg/4ml solution</i>	4	B/D PAR
DAURISMO 100 MG TAB	5	PAR; LA; QLL (30 per 30 days)
DAURISMO 25 MG TAB	5	PAR; LA; QLL (60 per 30 days)
<i>decitabine</i>	5	B/D PAR
<i>dexrazoxane hcl</i>	5	B/D PAR

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

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL 20 MG/ML CONC, 20 MG/2ML SOLUTION, 80 MG/8ML SOLUTION, 160 MG/8ML CONC, 200 MG/10ML CONC	5	B/D PAR
DOCETAXEL 80 MG/4ML CONC, 160 MG/16ML SOLUTION	4	B/D PAR
<i>doxorubicin hcl 2 mg/ml solution, 10 mg recon soln, 50 mg recon soln</i>	4	B/D PAR
<i>doxorubicin hcl liposomal</i>	5	PAR
DROXIA	3	MO
ELITEK	5	PAR
EMCYT	4	
EMPLICITI	5	PAR; LA
ENHERTU	5	PAR
<i>epirubicin hcl</i>	4	B/D PAR
ERBITUX	5	PAR
ERIVEDGE	5	PAR; LA; QLL (30 per 30 days)
ERLEADA	5	PAR; LA
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	5	PAR; QLL (30 per 30 days)
<i>erlotinib hcl 25 mg tab</i>	5	PAR; QLL (90 per 30 days)
ERWINAZE	5	PAR; LA
ETOPOPHOS	5	B/D PAR
<i>etoposide 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	3	B/D PAR
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	5	PAR
EVOMELA	5	B/D PAR
<i>exemestane</i>	4	QLL (60 per 30 days); MO
FARYDAK 10 MG CAP	5	PAR; LA; QLL (60 per 30 days)
FARYDAK 15 MG CAP, 20 MG CAP	5	PAR; LA; QLL (30 per 30 days)
FASLODEX	5	PAR
<i>fludarabine phosphate 50 mg recon soln</i>	4	B/D PAR
<i>fludarabine phosphate 50 mg/2ml solution</i>	5	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	4	B/D PAR
<i>fluorouracil 5 % cream</i>	3	MO
<i>flutamide</i>	4	MO
FOLOTYN	5	B/D PAR
<i>fulvestrant</i>	5	PAR
FUSILEV	5	PAR
GAZYVA	5	PAR; LA
<i>gemcitabine hcl 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	5	B/D PAR
<i>gemcitabine hcl 1 gm/26.3ml solution, 1 gm recon soln, 2 gm recon soln, 200 mg recon soln, 200 mg/5.26ml solution</i>	4	B/D PAR
GILOTRIF	5	PAR; LA; QLL (30 per 30 days)
GLEOSTINE 10 MG CAP, 40 MG CAP, 100 MG CAP	4	PAR; MO
HALAVEN	5	PAR
HERCEPTIN 150 MG RECON SOLN	5	B/D PAR
HERCEPTIN HYLECTA	5	B/D PAR
<i>hydroxyurea 500 mg cap</i>	2	MO; CG
IBRANCE	5	PAR; LA; QLL (30 per 30 days)
ICLUSIG 15 MG TAB	5	PAR; LA; QLL (60 per 30 days)
ICLUSIG 45 MG TAB	5	PAR; LA; QLL (30 per 30 days)
<i>idarubicin hcl</i>	5	B/D PAR
IDHIFA 100 MG TAB	5	PAR; LA; QLL (30 per 30 days)
IDHIFA 50 MG TAB	5	PAR; LA; QLL (60 per 30 days)
IFEX	4	B/D PAR
<i>ifosfamide 1 gm/20ml solution, 1 gm recon soln, 3 gm recon soln, 3 gm/60ml solution</i>	4	B/D PAR
<i>imatinib mesylate 100 mg tab</i>	5	PAR; QLL (240 per 30 days)
<i>imatinib mesylate 400 mg tab</i>	5	PAR; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA 140 MG CAP, 140 MG TAB	5	PAR; LA; QLL (90 per 30 days)
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	5	PAR; LA; QLL (30 per 30 days)
IMFINZI	5	PAR; LA
IMLYGIC 1000000 UNIT/ML SUSPENSION	4	PAR; MO
IMLYGIC 100000000 UNIT/ML SUSPENSION	5	PAR
INLYTA 1 MG TAB	5	PAR; LA; QLL (240 per 30 days)
INLYTA 5 MG TAB	5	PAR; LA; QLL (120 per 30 days)
INREBIC	5	PAR; LA; QLL (120 per 30 days)
IRESSA	5	LA
<i>irinotecan hcl 100 mg/5ml, 500 mg/25ml</i>	4	B/D PAR
<i>irinotecan hcl 40 mg/2ml, 300 mg/15ml</i>	4	B/D PAR; MO
ISTODAX (OVERFILL)	5	PAR
IXEMPRA KIT	5	PAR
JAKAFI 10 MG TAB	5	PAR; LA; QLL (150 per 30 days)
JAKAFI 15 MG TAB	5	PAR; LA; QLL (100 per 30 days)
JAKAFI 20 MG TAB	5	PAR; LA; QLL (75 per 30 days)
JAKAFI 25 MG TAB	5	PAR; LA; QLL (60 per 30 days)
JAKAFI 5 MG TAB	5	PAR; LA; QLL (300 per 30 days)
KADCYLA	5	PAR
KEYTRUDA	5	PAR
KHAPZORY	5	PAR
KISQALI (600 MG DOSE)	5	PAR; QLL (63 per 21 days)
KISQALI 200 DOSE	5	PAR; QLL (21 per 21 days)
KISQALI 400 DOSE	5	PAR; QLL (42 per 21 days)
KISQALI FEMARA 200 DOSE	5	PAR; QLL (49 per 28 days)
KISQALI FEMARA 400 DOSE	5	PAR; QLL (70 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE	5	PAR; QLL (91 per 28 days)
KOSELUGO	5	PAR
KYPROLIS	5	PAR; LA
LARTRUVO 190 MG/19ML SOLUTION	5	PAR; LA
LENVIMA 10 MG DAILY DOSE	5	PAR; LA; QLL (30 per 30 days)
LENVIMA 12 MG DAILY DOSE	5	PAR; LA; QLL (90 per 30 days)
LENVIMA 14 MG DAILY DOSE	5	PAR; LA; QLL (60 per 30 days)
LENVIMA 18 MG DAILY DOSE	5	PAR; LA; QLL (90 per 30 days)
LENVIMA 20 MG DAILY DOSE	5	PAR; LA; QLL (60 per 30 days)
LENVIMA 24 MG DAILY DOSE	5	PAR; LA; QLL (90 per 30 days)
LENVIMA 4 MG DAILY DOSE	5	PAR; LA; QLL (30 per 30 days)
LENVIMA 8 MG DAILY DOSE	5	PAR; LA; QLL (60 per 30 days)
<i>letrozole 2.5 mg tab</i>	2	QLL (30 per 30 days); MO; CG
<i>leucovorin calcium 10 mg tab</i>	4	MO
<i>leucovorin calcium 25 mg tab, 100 mg/10ml solution</i>	4	MO
<i>leucovorin calcium 5 mg tab, 15 mg tab</i>	2	MO; CG
<i>leucovorin calcium 50 mg soln, 100 mg soln, 200 mg soln, 350 mg soln, 500 mg soln</i>	4	B/D PAR; MO
LEUKERAN	4	MO
<i>levoleucovorin calcium 50 mg recon soln</i>	5	PAR
LIBTAYO	5	PAR; LA
<i>lipodox 50</i>	5	PAR
LONSURF	5	PAR
LORBRENA 100 MG TAB	5	PAR; LA; QLL (30 per 30 days)
LORBRENA 25 MG TAB	5	PAR; LA; QLL (90 per 30 days)
LUMOXITI	5	PAR; LA

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

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA 100 MG TAB, 150 MG TAB	5	PAR; LA; QLL (120 per 30 days)
MARQIBO	5	
MATULANE	5	LA
MEKINIST 0.5 MG TAB	5	PAR; LA; QLL (90 per 30 days)
MEKINIST 2 MG TAB	5	PAR; LA; QLL (30 per 30 days)
MEKTOVI	5	PAR; LA; QLL (180 per 30 days)
<i>melphalan</i>	4	B/D PAR
<i>melphalan hcl</i>	3	B/D PAR
<i>mercaptopurine 50 mg tab</i>	3	MO
<i>mesna</i>	4	MO
MESNEX 400 MG TAB	4	MO
<i>mitomycin 40 mg recon soln</i>	5	B/D PAR
<i>mitomycin 5 mg soln, 20 mg soln</i>	4	B/D PAR
<i>mitoxantrone hcl</i>	3	B/D PAR
<i>mutamycin 40 mg recon soln</i>	5	B/D PAR
<i>mutamycin 5 mg soln, 20 mg soln</i>	4	B/D PAR
MYLOTARG	5	PAR; LA
NERLYNX	5	PAR; LA; QLL (180 per 30 days)
NEXAVAR	5	PAR; LA; QLL (120 per 30 days)
<i>nilutamide</i>	5	QLL (30 per 30 days); MO
NINLARO	5	PAR; QLL (3 per 28 days)
NIPENT	5	B/D PAR
NUBEQA	5	PAR; LA; QLL (120 per 30 days)
ODOMZO	5	PAR; LA; QLL (30 per 30 days)
ONCASPAR	5	PAR
OPDIVO	5	PAR; LA
<i>oxaliplatin 50 mg soln, 100 mg soln</i>	5	B/D PAR
<i>oxaliplatin 50 mg/10ml, 100 mg/20ml</i>	4	B/D PAR
<i>paclitaxel 30 mg/5ml, 100 mg/16.7ml, 150 mg/25ml</i>	4	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel 300 mg/50ml conc</i>	4	
PADCEV	5	PAR
PANRETIN	5	
<i>paraplatin</i>	4	B/D PAR; MO
PEMAZYRE	5	PAR; LA; QLL (14 per 21 days)
PERJETA	5	PAR
PIQRAY (250 MG DAILY DOSE)	5	PAR; QLL (56 per 28 days)
PIQRAY 200MG DAILY DOSE	5	PAR; QLL (28 per 28 days)
PIQRAY 300MG DAILY DOSE	5	PAR; QLL (56 per 28 days)
POLIVY	5	B/D PAR
POMALYST 1 MG CAP	5	PAR; LA; QLL (120 per 30 days)
POMALYST 2 MG CAP	5	PAR; LA; QLL (60 per 30 days)
POMALYST 3 MG CAP, 4 MG CAP	5	PAR; LA; QLL (30 per 30 days)
PORTRAZZA	5	LA
POTELIGEO	5	B/D PAR; LA
PROLEUKIN	5	B/D PAR
PURIXAN	5	PAR
QINLOCK	5	PAR; QLL (90 per 30 days)
RETEVMO 40 MG CAP	5	PAR; QLL (180 per 30 days)
RETEVMO 80 MG CAP	5	PAR; QLL (120 per 30 days)
REVLIMID 10 MG CAP	5	PAR; LA; QLL (60 per 30 days)
REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	5	PAR; LA; QLL (30 per 30 days)
REVLIMID 5 MG CAP	5	PAR; LA; QLL (150 per 30 days)
RITUXAN	5	B/D PAR; LA
RITUXAN HYCELA	5	B/D PAR; LA; MO
ROMIDEPSIN 10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION	5	PAR
ROZLYTREK 100 MG CAP	5	PAR; LA; QLL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK 200 MG CAP	5	PAR; LA; QLL (90 per 30 days)
RUBRACA 200 MG TAB	5	PAR; LA; QLL (180 per 30 days)
RUBRACA 250 MG TAB, 300 MG TAB	5	PAR; LA; QLL (120 per 30 days)
RYDAPT	5	PAR; QLL (240 per 30 days)
SARCLISA	5	PAR
SOLTAMOX	5	MO
SPRYCEL	5	PAR; QLL (30 per 30 days)
STIVARGA	5	PAR; LA; QLL (120 per 30 days)
SUTENT 12.5 MG CAP	5	PAR; QLL (90 per 30 days)
SUTENT 25 MG CAP, 37.5 MG CAP, 50 MG CAP	5	PAR; QLL (30 per 30 days)
SYNRIBO	5	PAR
TABLOID	4	MO
TABRECTA	5	PAR; QLL (120 per 30 days)
TAFINLAR	5	PAR; LA; QLL (120 per 30 days)
TAGRISSO 40 MG TAB	5	PAR; LA; QLL (60 per 30 days)
TAGRISSO 80 MG TAB	5	PAR; LA; QLL (30 per 30 days)
TALZENNA 0.25 MG CAP	5	PAR; LA; QLL (180 per 30 days)
TALZENNA 1 MG CAP	5	PAR; LA; QLL (60 per 30 days)
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	MO; CG
TARGRETIN 1 % GEL	5	PAR; QLL (60 per 30 days)
TASIGNA	5	PAR; QLL (112 per 28 days)
TAXOTERE	5	B/D PAR
TAZVERIK	5	PAR; LA; QLL (240 per 30 days)
TECENTRIQ 1200 MG/20ML SOLUTION	5	PAR; LA; QLL (20 per 21 days)
TECENTRIQ 840 MG/14ML SOLUTION	5	PAR; LA; QLL (28 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
THALOMID 150 MG CAP, 200 MG CAP	5	PAR; QLL (60 per 30 days)
THALOMID 50 MG CAP, 100 MG CAP	5	PAR; QLL (30 per 30 days)
<i>thiotepa 100 mg recon soln</i>	4	B/D PAR; MO
<i>thiotepa 15 mg recon soln</i>	4	B/D PAR
TIBSOVO	5	PAR; LA; QLL (60 per 30 days)
TICE BCG	4	B/D PAR
<i>toposar 1 gm/50ml, 100 mg/5ml</i>	3	B/D PAR
<i>toposar 500 mg/25ml solution</i>	4	B/D PAR
<i>topotecan hcl 4 mg recon soln, 4 mg/4ml solution</i>	5	B/D PAR
<i>toremifene citrate</i>	5	QLL (30 per 30 days)
TREANDA	5	B/D PAR
<i>tretinoin 10 mg cap</i>	5	MO
TRISENOX	5	B/D PAR
TUKYSA	5	PAR; LA; QLL (120 per 30 days)
TURALIO	5	PAR; LA; QLL (120 per 30 days)
TYKERB	5	PAR; LA; QLL (180 per 30 days)
VALCHLOR	5	PAR; LA
VECTIBIX	5	PAR
VELCADE	5	PAR
VENCLEXTA 10 MG TAB	3	PAR; LA; QLL (60 per 30 days)
VENCLEXTA 100 MG TAB	5	PAR; LA; QLL (180 per 30 days)
VENCLEXTA 50 MG TAB	3	PAR; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; LA
VERZENIO	5	PAR; LA; QLL (60 per 30 days)
<i>vinblastine sulfate</i>	4	B/D PAR
<i>vincasar pfs</i>	4	B/D PAR
<i>vincristine sulfate</i>	4	B/D PAR
<i>vinorelbine tartrate</i>	4	B/D PAR
VITRAKVI 100 MG CAP	5	PAR; LA; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI 20 MG/ML SOLUTION	5	PAR; LA; QLL (300 per 30 days)
VITRAKVI 25 MG CAP	5	PAR; LA; QLL (180 per 30 days)
VIZIMPRO 15 MG TAB	5	PAR; LA; QLL (90 per 30 days)
VIZIMPRO 30 MG TAB, 45 MG TAB	5	PAR; LA; QLL (30 per 30 days)
VOTRIENT	5	PAR; LA; QLL (120 per 30 days)
VYXEOS	5	B/D PAR
XALKORI	5	PAR; LA; QLL (60 per 30 days)
XOSPATA	5	PAR; LA; QLL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	5	PAR; LA; QLL (20 per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	5	PAR; QLL (8 per 28 days)
XPOVIO (40 MG TWICE WEEKLY)	5	PAR; QLL (16 per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	5	PAR; LA; QLL (12 per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PAR; QLL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY)	5	PAR; LA; QLL (16 per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PAR; LA; QLL (32 per 28 days)
XTANDI	5	PAR; LA; QLL (120 per 30 days)
YERVOY	5	PAR
YONDELIS	5	B/D PAR
YONSA	5	PAR; QLL (120 per 30 days)
ZALTRAP	5	PAR; LA
ZANOSAR	5	B/D PAR
ZEJULA	5	PAR; LA; QLL (90 per 30 days)
ZELBORAF	5	PAR; LA; QLL (240 per 30 days)
ZOLINZA	5	PAR; QLL (120 per 30 days)
ZYDELIG	5	PAR; LA; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA	5	PAR; LA; QLL (90 per 30 days)
ZYTIGA 500 MG TAB	5	PAR; LA; QLL (60 per 30 days)
Antiparasitics		
<i>albendazole 200 mg tab</i>	4	MO
ALINIA 100 MG/5ML RECON SUSP	5	QLL (180 per 30 days); MO
ALINIA 500 MG TAB	5	QLL (6 per 30 days); MO
<i>atovaquone 750 mg/5ml suspension</i>	5	PAR; MO
<i>atovaquone-proguanil hcl</i>	4	MO
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1	MO; CG
COARTEM	4	MO
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	MO; CG
<i>ivermectin 3 mg tab</i>	3	MO
<i>mefloquine hcl</i>	2	MO; CG
PENTAM	4	MO
<i>pentamidine isethionate</i>	4	B/D PAR; MO
<i>primaquine phosphate</i>	3	MO
<i>pyrimethamine 25 mg tab</i>	5	
<i>quinine sulfate 324 mg cap</i>	4	PAR; MO
Antiparkinson Agents		
<i>amantadine hcl 50 mg/5ml syrup, 100 mg cap, 100 mg tab</i>	3	MO
APOKYN	5	PAR; LA
AZILECT 1 MG TAB	4	MO
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	PAR; MO; CG
<i>benztropine mesylate 1 mg/ml solution</i>	4	PAR; MO
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	4	MO
<i>carbidopa 25 mg tab</i>	4	MO
<i>carbidopa-levodopa 10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp</i>	3	MO
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	2	MO; CG
<i>carbidopa-levodopa er</i>	2	MO; CG

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	PAR; QLL (30 per 30 days); MO
<i>pramipexole dihydrochloride</i>	2	MO; CG
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	3	MO
<i>ropinirole hcl</i>	2	MO; CG
<i>ropinirole hcl er</i>	4	MO
<i>selegiline hcl 5 mg tab, 5 mg cap</i>	3	MO
<i>tolcapone</i>	5	PAR; QLL (180 per 30 days); MO
<i>trihexyphenidyl hcl 0.4 mg/ml solution, 2 mg tab, 5 mg tab</i>	2	PAR; MO; CG
Antipsychotics		
ABILIFY MAINTENA	5	QLL (1 per 28 days); MO
<i>aripiprazole 1 mg/ml solution</i>	4	QLL (900 per 30 days); MO
<i>aripiprazole 10 mg tab</i>	4	QLL (90 per 30 days); MO
<i>aripiprazole 10 mg tab disp</i>	5	QLL (90 per 30 days); MO
<i>aripiprazole 15 mg tab</i>	4	QLL (60 per 30 days); MO
<i>aripiprazole 15 mg tab disp</i>	5	QLL (60 per 30 days); MO
<i>aripiprazole 2 mg tab</i>	4	QLL (450 per 30 days); MO
<i>aripiprazole 20 mg tab, 30 mg tab</i>	4	QLL (30 per 30 days); MO
<i>aripiprazole 5 mg tab</i>	4	QLL (180 per 30 days); MO
ARISTADA 1064 MG/3.9ML PRSYR	5	QLL (3.9 per 60 days); MO; NE
ARISTADA 441 MG/1.6ML PRSYR	5	QLL (1.6 per 30 days); MO
ARISTADA 662 MG/2.4ML PRSYR	5	QLL (2.4 per 30 days); MO
ARISTADA 882 MG/3.2ML PRSYR	5	QLL (3.2 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO	5	QLL (4.8 per 365 over time); MO; NE
CAPLYTA	5	PAR; QLL (30 per 30 days)
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 200 mg tab</i>	4	MO
<i>clozapine 100 mg tab</i>	3	QLL (270 per 30 days); MO
<i>clozapine 100 mg tab disp</i>	4	QLL (270 per 30 days); MO
<i>clozapine 12.5 mg tab disp</i>	4	QLL (2160 per 30 days); MO
<i>clozapine 150 mg tab disp</i>	4	QLL (180 per 30 days); MO
<i>clozapine 200 mg tab</i>	3	QLL (120 per 30 days); MO
<i>clozapine 200 mg tab disp</i>	5	QLL (120 per 30 days); MO
<i>clozapine 25 mg tab</i>	2	QLL (1080 per 30 days); MO; CG
<i>clozapine 25 mg tab disp</i>	3	QLL (1080 per 30 days); MO
<i>clozapine 50 mg tab</i>	2	QLL (540 per 30 days); MO; CG
FANAPT 1 MG TAB	4	QLL (720 per 30 days); MO
FANAPT 10 MG TAB, 12 MG TAB	5	QLL (60 per 30 days); MO
FANAPT 2 MG TAB	5	QLL (360 per 30 days); MO
FANAPT 4 MG TAB	5	QLL (180 per 30 days); MO
FANAPT 6 MG TAB	5	QLL (120 per 30 days); MO
FANAPT 8 MG TAB	5	QLL (90 per 30 days); MO
FANAPT TITRATION PACK	4	MO
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg/ml conc, 5 mg tab, 10 mg tab</i>	2	MO; CG
<i>fluphenazine hcl 2.5 mg/ml solution</i>	4	MO
GEODON 20 MG RECON SOLN	4	QLL (6 per 3 days); MO
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	2	MO; CG
<i>haloperidol decanoate 100 mg/ml solution</i>	4	MO
<i>haloperidol decanoate 50 mg/ml solution</i>	3	MO
<i>haloperidol lactate 2 mg/ml conc</i>	2	MO; CG
<i>haloperidol lactate 5 mg/ml solution</i>	3	MO
INVEGA 1.5 MG TAB ER 24H	5	QLL (240 per 30 days); MO
INVEGA 9 MG TAB ER 24H	5	QLL (30 per 30 days); MO
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QLL (0.75 per 28 days); MO
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QLL (1 per 28 days); MO
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QLL (1.5 per 28 days); MO
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QLL (0.25 per 28 days); MO
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QLL (0.5 per 28 days); MO
INVEGA TRINZA 273 MG/0.875ML SUSP PRSYR	5	QLL (0.875 per 90 days); MO; NE
INVEGA TRINZA 410 MG/1.315ML SUSP PRSYR	5	QLL (1.315 per 90 days); MO; NE
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QLL (1.75 per 90 days); MO; NE
INVEGA TRINZA 819 MG/2.625ML SUSP PRSYR	5	QLL (2.625 per 90 days); MO; NE
<i>loxapine succinate 25 mg cap, 50 mg cap</i>	4	MO
<i>loxapine succinate 5 mg cap, 10 mg cap</i>	3	MO
<i>molindone hcl</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID 10 MG TAB, 34 MG CAP	5	PAR; LA; QLL (30 per 30 days)
<i>olanzapine 10 mg recon soln</i>	4	QLL (90 per 30 days); MO
<i>olanzapine 10 mg tab</i>	3	QLL (60 per 30 days); MO
<i>olanzapine 10 mg tab disp</i>	4	QLL (60 per 30 days); MO
<i>olanzapine 15 mg tab</i>	3	QLL (40 per 30 days); MO
<i>olanzapine 15 mg tab disp</i>	4	QLL (40 per 30 days); MO
<i>olanzapine 2.5 mg tab</i>	3	QLL (240 per 30 days); MO
<i>olanzapine 20 mg tab</i>	3	QLL (30 per 30 days); MO
<i>olanzapine 20 mg tab disp</i>	4	QLL (30 per 30 days); MO
<i>olanzapine 5 mg tab</i>	3	QLL (120 per 30 days); MO
<i>olanzapine 5 mg tab disp</i>	4	QLL (120 per 30 days); MO
<i>olanzapine 7.5 mg tab</i>	3	QLL (80 per 30 days); MO
<i>paliperidone er 1.5 mg tab er 24h</i>	4	QLL (240 per 30 days); MO
<i>paliperidone er 3 mg tab er 24h</i>	4	QLL (120 per 30 days); MO
<i>paliperidone er 6 mg tab er 24h</i>	4	QLL (60 per 30 days); MO
<i>paliperidone er 9 mg tab er 24h</i>	5	QLL (30 per 30 days); MO
PERSERIS	5	QLL (1 per 28 days); MO
<i>pimozide</i>	3	MO
<i>quetiapine fumarate 100 mg tab</i>	2	QLL (240 per 30 days); MO; CG
<i>quetiapine fumarate 200 mg tab</i>	2	QLL (120 per 30 days); MO; CG
<i>quetiapine fumarate 25 mg tab</i>	2	QLL (960 per 30 days); MO; CG
<i>quetiapine fumarate 300 mg tab</i>	2	QLL (80 per 30 days); MO; CG
<i>quetiapine fumarate 400 mg tab</i>	2	QLL (60 per 30 days); MO; CG

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate 50 mg tab</i>	2	QLL (480 per 30 days); MO; CG
<i>quetiapine fumarate er 150 mg tab er 24h</i>	4	QLL (150 per 30 days); MO
<i>quetiapine fumarate er 200 mg tab er 24h</i>	4	QLL (120 per 30 days); MO
<i>quetiapine fumarate er 300 mg tab er 24h</i>	4	QLL (80 per 30 days); MO
<i>quetiapine fumarate er 400 mg tab er 24h</i>	4	QLL (60 per 30 days); MO
<i>quetiapine fumarate er 50 mg tab er 24h</i>	4	QLL (480 per 30 days); MO
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	5	QLL (60 per 30 days); MO
REXULTI 3 MG TAB, 4 MG TAB	5	QLL (30 per 30 days); MO
RISPERDAL CONSTA 12.5 MG, 25 MG	4	QLL (2 per 28 days); MO
RISPERDAL CONSTA 37.5 MG, 50 MG	5	QLL (2 per 28 days); MO
<i>risperidone 0.25 mg tab</i>	2	QLL (1920 per 30 days); MO; CG
<i>risperidone 0.25 mg tab disp</i>	4	QLL (1920 per 30 days); MO
<i>risperidone 0.5 mg tab</i>	2	QLL (960 per 30 days); MO; CG
<i>risperidone 0.5 mg tab disp</i>	4	QLL (960 per 30 days); MO
<i>risperidone 1 mg tab</i>	2	QLL (480 per 30 days); MO; CG
<i>risperidone 1 mg tab disp</i>	4	QLL (480 per 30 days); MO
<i>risperidone 1 mg/ml solution</i>	3	QLL (480 per 30 days); MO
<i>risperidone 2 mg tab</i>	2	QLL (240 per 30 days); MO; CG
<i>risperidone 2 mg tab disp</i>	4	QLL (240 per 30 days); MO
<i>risperidone 3 mg tab</i>	2	QLL (150 per 30 days); MO; CG
<i>risperidone 3 mg tab disp</i>	4	QLL (150 per 30 days); MO
<i>risperidone 4 mg tab</i>	2	QLL (120 per 30 days); MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone 4 mg tab disp</i>	4	QLL (120 per 30 days); MO
SAPHRIS 10 MG SL TAB	5	QLL (60 per 30 days); MO
SAPHRIS 2.5 MG SL TAB	4	QLL (240 per 30 days); MO
SAPHRIS 5 MG SL TAB	4	QLL (120 per 30 days); MO
SECUADO	5	QLL (30 per 30 days)
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	MO; CG
<i>thioridazine hcl 100 mg tab</i>	3	MO
<i>thiothixene</i>	2	MO; CG
<i>trifluoperazine hcl 1 mg tab, 2 mg tab</i>	3	MO
<i>trifluoperazine hcl 5 mg tab, 10 mg tab</i>	4	MO
VERSACLOZ	4	QLL (600 per 30 days); MO
VRAYLAR 1.5 & 3 MG CAP	4	MO
THPK		
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	QLL (30 per 30 days); MO
<i>ziprasidone hcl 20 mg cap</i>	4	QLL (240 per 30 days); MO
<i>ziprasidone hcl 40 mg cap</i>	4	QLL (120 per 30 days); MO
<i>ziprasidone hcl 60 mg cap, 80 mg cap</i>	4	QLL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	4	QLL (6 per 3 days); MO
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QLL (2 per 28 days); MO
ZYPREXA RELPREVV 300 MG, 405 MG	5	QLL (2 per 28 days); MO
Antispasticity Agents		
<i>baclofen 20 mg tab</i>	2	QLL (120 per 30 days); MO; CG
<i>baclofen 5 mg tab, 10 mg tab</i>	2	QLL (90 per 30 days); MO; CG
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	MO; CG
Antivirals		
<i>abacavir sulfate 20 mg/ml solution</i>	4	QLL (960 per 30 days)
<i>abacavir sulfate 300 mg tab</i>	4	QLL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	4	QLL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	QLL (60 per 30 days)
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	MO; CG
<i>acyclovir 200 mg/5ml suspension</i>	4	MO
<i>acyclovir sodium</i>	4	B/D PAR; MO
<i>adefovir dipivoxil</i>	4	PAR
APTIVUS 100 MG/ML SOLUTION	5	QLL (380 per 30 days)
APTIVUS 250 MG CAP	5	QLL (120 per 30 days)
<i>atazanavir sulfate 150 mg cap, 200 mg cap</i>	4	QLL (60 per 30 days)
<i>atazanavir sulfate 300 mg cap</i>	4	QLL (30 per 30 days)
ATRIPLA	5	QLL (30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION	5	PAR
BIKTARVY	5	QLL (30 per 30 days)
<i>cidofovir 75 mg/ml solution</i>	4	B/D PAR
CIMDUO	5	QLL (30 per 30 days)
COMPLERA	5	QLL (30 per 30 days)
CRIXIVAN 200 MG CAP	4	QLL (360 per 30 days)
CRIXIVAN 400 MG CAP	4	QLL (180 per 30 days)
DELSTRIGO	5	QLL (30 per 30 days)
DENAVIR	4	QLL (5 per 30 days); MO
DESCOVY	5	QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine 200 mg cap dr</i>	3	QLL (60 per 30 days)
<i>didanosine 250 mg cap dr, 400 mg cap dr</i>	3	QLL (30 per 30 days)
DOVATO	5	QLL (30 per 30 days)
EDURANT	5	QLL (30 per 30 days)
<i>efavirenz 200 mg cap</i>	4	QLL (120 per 30 days)
<i>efavirenz 50 mg cap</i>	4	QLL (360 per 30 days)
<i>efavirenz 600 mg tab</i>	5	QLL (30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION	4	QLL (850 per 30 days)
EMTRIVA 200 MG CAP	4	QLL (30 per 30 days)
<i>entecavir</i>	4	PAR
EPCLUSA	5	PAR; QLL (30 per 30 days)
EPIVIR HBV 5 MG/ML SOLUTION	3	
EVOTAZ	5	QLL (30 per 30 days)
<i>famciclovir 125 mg tab, 250 mg tab</i>	3	QLL (60 per 30 days); MO
<i>famciclovir 500 mg tab</i>	3	QLL (21 per 7 days); MO
<i>fosamprenavir calcium</i>	5	QLL (120 per 30 days)
FUZEON	5	QLL (60 per 30 days)
<i>ganciclovir sodium 500 mg recon soln</i>	3	B/D PAR
GENVOYA	5	QLL (30 per 30 days)
HARVONI	5	PAR; QLL (28 per 28 days)
INTELENCE 100 MG TAB	5	QLL (120 per 30 days)
INTELENCE 200 MG TAB	5	QLL (60 per 30 days)
INTELENCE 25 MG TAB	4	QLL (480 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVIRASE 500 MG TAB	5	QLL (120 per 30 days)
ISENTRESS 100 MG CHEW TAB	4	QLL (180 per 30 days)
ISENTRESS 100 MG PACKET	5	QLL (180 per 30 days)
ISENTRESS 25 MG CHEW TAB	3	QLL (720 per 30 days)
ISENTRESS 400 MG TAB	5	QLL (120 per 30 days)
ISENTRESS HD	5	QLL (60 per 30 days)
JULUCA	5	QLL (30 per 30 days)
KALETRA 100-25 MG TAB	4	QLL (300 per 30 days)
KALETRA 200-50 MG TAB	5	QLL (120 per 30 days)
<i>lamivudine 10 mg/ml solution</i>	3	QLL (960 per 30 days)
<i>lamivudine 100 mg tab</i>	3	
<i>lamivudine 150 mg tab</i>	4	QLL (60 per 30 days)
<i>lamivudine 300 mg tab</i>	4	QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	QLL (60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION	4	QLL (1800 per 30 days)
LEXIVA 700 MG TAB	5	QLL (120 per 30 days)
<i>lopinavir-ritonavir</i>	4	QLL (480 per 30 days)
<i>nevirapine 200 mg tab</i>	2	QLL (60 per 30 days); CG
<i>nevirapine 50 mg/5ml suspension</i>	4	QLL (1200 per 30 days)
<i>nevirapine er 100 mg tab er 24h</i>	4	QLL (90 per 30 days)
<i>nevirapine er 400 mg tab er 24h</i>	4	QLL (30 per 30 days)
NORVIR 100 MG TAB, 100 MG PACKET	4	QLL (360 per 30 days)
NORVIR 80 MG/ML SOLUTION	4	QLL (480 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY	5	QLL (30 per 30 days)
<i>oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap</i>	3	MO
PEGINTRON	5	
PIFELTRO	5	QLL (30 per 30 days)
PREZCOBIX	5	QLL (30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION	5	QLL (400 per 30 days)
PREZISTA 150 MG TAB	4	QLL (180 per 30 days)
PREZISTA 600 MG TAB, 800 MG TAB	5	QLL (60 per 30 days)
PREZISTA 75 MG TAB	4	QLL (300 per 30 days)
RELENZA DISKHALER	3	QLL (60 per 180 over time); MO; NE
RESCRIPTOR 200 MG TAB	4	QLL (180 per 30 days)
RETROVIR 10 MG/ML SOLUTION	4	
REYATAZ 50 MG PACKET	4	QLL (240 per 30 days)
<i>ribasphere 200 mg cap</i>	3	MO
<i>ribasphere 200 mg tab</i>	4	
<i>ribavirin 200 mg cap</i>	3	MO
<i>ribavirin 200 mg tab</i>	4	
<i>rimantadine hcl</i>	3	MO
<i>ritonavir</i>	3	QLL (360 per 30 days)
SELZENTRY 150 MG TAB, 300 MG TAB	5	QLL (120 per 30 days)
SELZENTRY 20 MG/ML SOLUTION	5	QLL (1840 per 30 days)
SELZENTRY 25 MG TAB	4	QLL (120 per 30 days)
SELZENTRY 75 MG TAB	4	QLL (60 per 30 days)
<i>stavudine 15 mg cap</i>	3	QLL (120 per 30 days)
<i>stavudine 20 mg cap</i>	4	QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine 30 mg cap</i>	3	QLL (60 per 30 days)
<i>stavudine 40 mg cap</i>	4	QLL (60 per 30 days)
STRIBILD	5	QLL (30 per 30 days)
SYMFI	5	QLL (30 per 30 days)
SYMFI LO	5	QLL (30 per 30 days)
SYMTUZA	5	QLL (30 per 30 days)
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 75 MG CAP	3	MO
TEMIXYS	5	QLL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	QLL (30 per 30 days)
TIVICAY 10 MG TAB	4	QLL (60 per 30 days)
TIVICAY 25 MG TAB, 50 MG TAB	5	QLL (60 per 30 days)
<i>trifluridine 1 % solution</i>	3	MO
TRIUMEQ	5	QLL (30 per 30 days)
TROGARZO	5	PAR; LA; QLL (23.94 per 28 days)
TRUVADA	5	QLL (30 per 30 days)
TYBOST	3	QLL (30 per 30 days)
<i>valacyclovir hcl 1 gm tab</i>	3	QLL (30 per 30 days); MO
<i>valacyclovir hcl 500 mg tab</i>	3	QLL (60 per 30 days); MO
<i>valganciclovir hcl 450 mg tab</i>	5	
VEMLIDY	5	PAR; QLL (30 per 30 days)
VIDEX	4	QLL (1200 per 30 days)
VIDEX EC 125 MG CAP DR	4	QLL (90 per 30 days)
VIRACEPT 250 MG TAB	5	QLL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT 625 MG TAB	5	QLL (120 per 30 days)
VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB	5	QLL (30 per 30 days)
VIREAD 40 MG/GM POWDER	5	QLL (240 per 30 days)
VOSEVI	5	PAR; QLL (30 per 30 days)
XOFLUZA	3	MO
<i>zidovudine 100 mg cap</i>	4	QLL (180 per 30 days)
<i>zidovudine 300 mg tab</i>	2	QLL (60 per 30 days); CG
<i>zidovudine 50 mg/5ml syrup</i>	2	QLL (1920 per 30 days); CG
ZIRGAN	4	MO
Anxiolytics		
<i>alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	3	MO
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QLL (120 per 30 days); MO; CG
<i>alprazolam er</i>	3	QLL (120 per 30 days); MO
<i>alprazolam xr 0.5 mg tab er, 2 mg tab er, 3 mg tab er</i>	3	QLL (120 per 30 days); MO
<i>buspirone hcl 30 mg tab</i>	4	MO
<i>buspirone hcl 5 mg tab, 10 mg tab, 15 mg tab</i>	2	MO; CG
<i>buspirone hcl 7.5 mg tab</i>	3	MO
<i>chlordiazepoxide hcl</i>	3	QLL (120 per 30 days); MO
<i>clonazepam 0.125 mg tab disp</i>	4	QLL (4800 per 30 days); MO
<i>clonazepam 0.25 mg tab disp</i>	4	QLL (2400 per 30 days); MO
<i>clonazepam 0.5 mg tab</i>	2	QLL (1200 per 30 days); MO; CG
<i>clonazepam 0.5 mg tab disp</i>	4	QLL (1200 per 30 days); MO
<i>clonazepam 1 mg tab</i>	2	QLL (600 per 30 days); MO; CG
<i>clonazepam 1 mg tab disp</i>	4	QLL (600 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam 2 mg tab</i>	2	QLL (300 per 30 days); MO; CG
<i>clonazepam 2 mg tab disp</i>	4	QLL (300 per 30 days); MO
<i>clorazepate dipotassium</i>	3	MO
<i>diazepam 10 mg tab</i>	2	QLL (120 per 30 days); MO; CG
<i>diazepam 2 mg tab</i>	2	QLL (600 per 30 days); MO; CG
<i>diazepam 5 mg/5ml solution</i>	2	QLL (1200 per 30 days); MO; CG
<i>diazepam 5 mg/ml conc, 5 mg tab</i>	2	QLL (240 per 30 days); MO; CG
<i>diazepam intensol</i>	2	QLL (240 per 30 days); MO; CG
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap, 100 mg cap</i>	3	PAR; MO
<i>lorazepam 1 mg/0.5ml, 2 mg/ml</i>	3	QLL (150 per 30 days); MO
<i>lorazepam intensol</i>	3	QLL (150 per 30 days); MO
<i>oxazepam</i>	4	QLL (120 per 30 days); MO
Bipolar Agents		
EQUETRO 100 MG CAP ER 12H	4	QLL (480 per 30 days); MO
EQUETRO 200 MG CAP ER 12H	4	QLL (240 per 30 days); MO
EQUETRO 300 MG CAP ER 12H	4	QLL (180 per 30 days); MO
LATUDA 20 MG TAB	5	QLL (240 per 30 days); MO
LATUDA 40 MG TAB	5	QLL (120 per 30 days); MO
LATUDA 60 MG TAB, 120 MG TAB	5	QLL (30 per 30 days); MO
LATUDA 80 MG TAB	5	QLL (60 per 30 days); MO
LITHIUM	3	MO
<i>lithium carbonate 150 mg cap, 300 mg cap</i>	1	MO; CG
<i>lithium carbonate 300 mg tab, 600 mg cap</i>	2	MO; CG
<i>lithium carbonate er</i>	2	MO; CG
Blood Glucose Regulators		

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	2	QLL (90 per 30 days); MO; CG
AVANDIA 2 MG TAB	4	PAR; QLL (120 per 30 days); MO
AVANDIA 4 MG TAB	4	PAR; QLL (60 per 30 days); MO
BYDUREON 2 MG PEN	3	QLL (4 per 28 days); MO
BYDUREON BCISE	3	QLL (4 per 28 days); MO
BYETTA 10 MCG PEN	3	QLL (2.4 per 30 days); MO
BYETTA 5 MCG PEN	3	QLL (1.2 per 30 days); MO
CYCLOSET	4	ST; QLL (180 per 30 days); MO
<i>diazoxide 50 mg/ml suspension</i>	4	MO
DUETACT 30-4 MG TAB	4	QLL (30 per 30 days); MO
FARXIGA	3	QLL (30 per 30 days)
<i>glimepiride 1 mg tab</i>	6	QLL (240 per 30 days); MO; CG
<i>glimepiride 2 mg tab</i>	6	QLL (120 per 30 days); MO; CG
<i>glimepiride 4 mg tab</i>	6	QLL (60 per 30 days); MO; CG
<i>glipizide 10 mg tab</i>	6	QLL (120 per 30 days); MO; CG
<i>glipizide 5 mg tab</i>	6	QLL (240 per 30 days); MO; CG
<i>glipizide er 10 mg tab er 24h</i>	6	QLL (60 per 30 days); MO; CG
<i>glipizide er 2.5 mg tab er 24h</i>	6	QLL (240 per 30 days); MO; CG
<i>glipizide er 5 mg tab er 24h</i>	6	QLL (120 per 30 days); MO; CG
<i>glipizide xl 10 mg tab er 24h</i>	6	QLL (60 per 30 days); MO; CG
<i>glipizide xl 2.5 mg tab er 24h</i>	6	QLL (240 per 30 days); MO; CG
<i>glipizide xl 5 mg tab er 24h</i>	6	QLL (120 per 30 days); MO; CG
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	6	QLL (240 per 30 days); MO; CG

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i>	6	QLL (120 per 30 days); MO; CG
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY 1 MG KIT	4	MO
<i>glyburide 1.25 mg tab</i>	2	PAR; QLL (480 per 30 days); MO; CG
<i>glyburide 2.5 mg tab</i>	2	PAR; QLL (240 per 30 days); MO; CG
<i>glyburide 5 mg tab</i>	2	PAR; QLL (120 per 30 days); MO; CG
<i>glyburide micronized 1.5 mg tab</i>	2	PAR; QLL (240 per 30 days); MO; CG
<i>glyburide micronized 3 mg tab</i>	2	PAR; QLL (120 per 30 days); MO; CG
<i>glyburide micronized 6 mg tab</i>	2	PAR; QLL (60 per 30 days); MO; CG
<i>glyburide-metformin 1.25-250 mg tab</i>	2	PAR; QLL (240 per 30 days); MO; CG
<i>glyburide-metformin 2.5-500 mg tab, 5-500 mg tab</i>	2	PAR; QLL (120 per 30 days); MO; CG
GLYSET 50 MG TAB	4	QLL (90 per 30 days); MO
HUMALOG	3	MO
HUMALOG JUNIOR KWIKPEN	3	MO
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 (70-30) 100 UNIT/ML SUSPENSION	3	MO
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSPENSION	3	MO
HUMULIN N 100 UNIT/ML SUSPENSION	3	MO
HUMULIN N KWIKPEN 100 UNIT/ML SUSPENSION	3	MO
HUMULIN R 100 UNIT/ML SOLUTION	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN	5	PAR; MO
INSULIN LISPRO	3	MO
INSULIN LISPRO (1 UNIT DIAL)	3	MO
INSULIN LISPRO JUNIOR KWIKPEN	3	MO
INSULIN LISPRO PROT & LISPRO	3	MO
JANUMET	3	QLL (60 per 30 days); MO
JANUMET XR 100-1000 MG TAB ER 24H	3	QLL (30 per 30 days); MO
JANUMET XR 50-500 MG TAB ER, 50-1000 MG TAB ER	3	QLL (60 per 30 days); MO
JANUVIA 100 MG TAB	3	QLL (30 per 30 days); MO
JANUVIA 25 MG TAB	3	QLL (120 per 30 days); MO
JANUVIA 50 MG TAB	3	QLL (60 per 30 days); MO
JARDIANCE	3	QLL (30 per 30 days); MO
JENTADUETO	3	QLL (60 per 30 days); MO
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QLL (60 per 30 days); MO
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QLL (30 per 30 days); MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>metformin hcl 1000 mg tab</i>	6	QLL (60 per 30 days); MO; CG
<i>metformin hcl 500 mg tab</i>	6	QLL (150 per 30 days); MO; CG
<i>metformin hcl 850 mg tab</i>	6	QLL (90 per 30 days); MO; CG
<i>metformin hcl er 500 mg tab er 24h</i>	6	QLL (120 per 30 days); MO; CG
<i>metformin hcl er 750 mg tab er 24h</i>	6	QLL (60 per 30 days); MO; CG
<i>miglitol</i>	4	QLL (90 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide 120 mg tab</i>	4	QLL (90 per 30 days); MO
<i>nateglinide 60 mg tab</i>	4	QLL (180 per 30 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	MO
OZEMPIC (1 MG/DOSE)	3	MO
<i>pioglitazone hcl 15 mg tab</i>	2	QLL (90 per 30 days); MO; CG
<i>pioglitazone hcl 30 mg tab</i>	2	QLL (45 per 30 days); MO; CG
<i>pioglitazone hcl 45 mg tab</i>	2	QLL (30 per 30 days); MO; CG
<i>pioglitazone hcl-glimepiride</i>	4	QLL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	4	QLL (90 per 30 days); MO
PRECOSE 25 MG TAB, 100 MG TAB	4	QLL (90 per 30 days); MO
PROGLYCEM	4	MO
<i>repaglinide 0.5 mg tab</i>	2	QLL (960 per 30 days); MO; CG
<i>repaglinide 1 mg tab</i>	2	QLL (480 per 30 days); MO; CG
<i>repaglinide 2 mg tab</i>	2	QLL (240 per 30 days); MO; CG
RIOMET	4	QLL (946 per 30 days); MO
RIOMET ER	4	QLL (946 per 30 days); MO
SYMLINPEN 120	5	PAR; QLL (11 per 30 days); MO
SYMLINPEN 60	5	PAR; QLL (6 per 30 days); MO
SYNJARDY	3	QLL (60 per 30 days); MO
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QLL (30 per 30 days); MO
SYNJARDY XR 5-1000 MG TAB ER, 10-1000 MG TAB ER, 12.5-1000 MG TAB ER	3	QLL (60 per 30 days); MO
<i>tolazamide 250 mg tab</i>	1	QLL (120 per 30 days); CG
<i>tolazamide 500 mg tab</i>	1	QLL (60 per 30 days); CG

Drug Name	Drug Tier	Requirements/Limits
<i>tolbutamide</i>	2	QLL (180 per 30 days); MO; CG
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	QLL (30 per 30 days); MO
TRULICITY	3	QLL (2 per 28 days); MO
VICTOZA	3	QLL (9 per 30 days); MO
XIGDUO XR 2.5-1000 MG TAB ER, 5-1000 MG TAB ER	3	QLL (60 per 30 days)
XIGDUO XR 5-500 MG TAB ER, 10-500 MG TAB ER, 10-1000 MG TAB ER	3	QLL (30 per 30 days)
Blood Products And Modifiers		
<i>anagrelide hcl</i>	3	MO
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, FREE) 25 MCG/0.42ML SOLN PRSYR, FREE) 25 MCG/ML SOLUTION, FREE) 40 MCG/ML SOLUTION, FREE) 40 MCG/0.4ML SOLN PRSYR, FREE) 60 MCG/ML SOLUTION	4	PAR
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR, FREE) 100 MCG/ML SOLUTION, FREE) 100 MCG/0.5ML SOLN PRSYR, FREE) 150 MCG/0.3ML SOLN PRSYR, FREE) 200 MCG/0.4ML SOLN PRSYR, FREE) 200 MCG/ML SOLUTION, FREE) 300 MCG/ML SOLUTION, FREE) 300 MCG/0.6ML SOLN PRSYR, FREE) 500 MCG/ML SOLN PRSYR	5	PAR
<i>aspirin-dipyridamole er</i>	3	ST; QLL (60 per 30 days); MO
BRILINTA	3	QLL (60 per 30 days); MO
<i>cilostazol</i>	2	MO; CG

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

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 300 mg tab</i>	2	QLL (1 per 30 days); MO; CG
<i>clopidogrel bisulfate 75 mg tab</i>	2	QLL (30 per 30 days); MO; CG
COUMADIN	4	MO
EFFIENT	4	QLL (30 per 30 days); MO
ELIQUIS	3	QLL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK	3	QLL (74 per 180 over time); MO; NE
<i>enoxaparin sodium 100 mg/ml, 150 mg/ml</i>	4	QLL (56 per 28 days); MO
<i>enoxaparin sodium 30 mg/0.3ml solution</i>	4	QLL (16.8 per 28 days); MO
<i>enoxaparin sodium 300 mg/3ml solution</i>	4	QLL (168 per 28 days); MO
<i>enoxaparin sodium 40 mg/0.4ml solution</i>	4	QLL (22.4 per 28 days); MO
<i>enoxaparin sodium 60 mg/0.6ml solution</i>	4	QLL (33.6 per 28 days); MO
<i>enoxaparin sodium 80 mg/0.8ml, 120 mg/0.8ml</i>	4	QLL (44.8 per 28 days); MO
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	5	QLL (24 per 30 days); MO
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	QLL (15 per 30 days); MO
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	5	QLL (12 per 30 days); MO
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	5	QLL (18 per 30 days); MO
FULPHILA	5	PAR; QLL (1.2 per 28 days)
GRANIX	5	PAR
HEPARIN (PORCINE) IN NAACL (PORCINE)12500-0.45 UT/250ML-%, (PORCINE)25000-0.45 UT/500ML-%	4	B/D PAR; MO
HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sod (porcine) in d5w (porcine)40-5 unit/ml-%, (porcine)100 unit/ml, (porcine)25000-5 ut/500ml-%</i>	4	MO
<i>heparin sodium (porcine) (porcine) 1000 unit/ml, (porcine) 5000 unit/ml, (porcine) 10000 unit/ml, (porcine) 20000 unit/ml</i>	3	B/D PAR; MO
<i>jantoven</i>	1	MO; CG
MOZOBIL	5	PAR
NEULASTA	5	PAR; QLL (1.2 per 28 days)
NEULASTA ONPRO	5	PAR; QLL (1.2 per 28 days)
NEUPOGEN	5	PAR
NIVESTYM	5	PAR
PRADAXA	4	QLL (60 per 30 days); MO
<i>prasugrel hcl</i>	3	QLL (30 per 30 days); MO
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML	4	PAR
PROCRIT 20000 UNIT/ML, 40000 UNIT/ML	5	PAR
PROMACTA 12.5 MG PACKET	5	PAR; LA; QLL (360 per 30 days)
PROMACTA 12.5 MG TAB, 25 MG TAB	5	PAR; LA; QLL (30 per 30 days)
PROMACTA 25 MG PACKET	5	PAR; LA; QLL (180 per 30 days)
PROMACTA 50 MG TAB	5	PAR; LA; QLL (90 per 30 days)
PROMACTA 75 MG TAB	5	PAR; LA; QLL (60 per 30 days)
<i>tranexamic acid 1000 mg/10ml solution</i>	3	
<i>tranexamic acid 650 mg tab</i>	3	MO
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	MO; CG

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

Drug Name	Drug Tier	Requirements/Limits
XARELTO 10 MG TAB, 20 MG TAB	3	QLL (30 per 30 days); MO
XARELTO 2.5 MG TAB, 15 MG TAB	3	QLL (60 per 30 days); MO
XARELTO STARTER PACK	3	MO
ZARXIO	5	PAR
Cardiovascular Agents		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	MO; CG
<i>acetazolamide 125 mg tab</i>	2	MO; CG
<i>acetazolamide 250 mg tab</i>	3	MO
<i>acetazolamide sodium</i>	4	MO
<i>afeditab cr</i>	2	MO; CG
<i>aliskiren fumarate</i>	3	MO
<i>amiloride hcl 5 mg tab</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO; CG
<i>amiodarone hcl 100 mg tab, 200 mg tab</i>	2	MO; CG
<i>amiodarone hcl 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	4	B/D PAR; MO
<i>amiodarone hcl 400 mg tab</i>	4	MO
<i>amlodipine besy-benazepril hcl</i>	2	MO; CG
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	MO; CG
<i>amlodipine besylate-valsartan</i>	2	MO; CG
<i>amlodipine-atorvastatin</i>	3	MO
<i>amlodipine-olmesartan</i>	3	MO
<i>amlodipine-valsartan-hctz</i>	3	MO
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO; CG
<i>atenolol-chlorthalidone</i>	1	MO; CG
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	6	MO; CG
AZOR	4	MO
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	6	MO; CG
<i>benazepril-hydrochlorothiazide</i>	6	MO; CG
BENICAR	3	MO

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT	3	MO
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	MO; CG
BIDIL	3	QLL (180 per 30 days); MO
<i>bisoprolol fumarate</i>	2	MO; CG
<i>bisoprolol-hydrochlorothiazide</i>	1	MO; CG
<i>bumetanide 0.25 mg/ml solution, 2 mg tab</i>	3	MO
<i>bumetanide 0.5 mg tab, 1 mg tab</i>	2	MO; CG
BYSTOLIC	4	MO
<i>candesartan cilexetil 16 mg tab, 32 mg tab</i>	3	MO
<i>candesartan cilexetil 4 mg tab, 8 mg tab</i>	2	MO; CG
<i>candesartan cilexetil-hctz</i>	3	MO
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO; CG
<i>captopril-hydrochlorothiazide</i>	1	MO; CG
CARDIZEM LA 120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER, 300 MG TAB ER, 360 MG TAB ER	4	MO
<i>cartia xt</i>	2	MO; CG
<i>carvedilol</i>	1	MO; CG
<i>chlorothiazide 250 mg tab</i>	1	MO; CG
<i>chlorothiazide 500 mg tab</i>	2	MO; CG
<i>chlorothiazide sodium</i>	4	MO
<i>chlorthalidone</i>	2	MO; CG
<i>cholestyramine 4 gm/dose powder, 4 gm packet</i>	2	MO; CG
<i>cholestyramine light 4 gm packet, 4 gm/dose powder</i>	2	MO; CG
<i>clonidine</i>	4	QLL (4 per 28 days); MO
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	MO; CG
<i>colesevelam hcl</i>	3	MO
<i>colestipol hcl 1 gm tab, 5 gm packet, 5 gm granules</i>	2	MO; CG
CORLANOR 5 MG TAB, 7.5 MG TAB	4	PAR; QLL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
CORLANOR 5 MG/5ML SOLUTION	4	PAR; QLL (560 per 28 days); MO
CORZIDE 40-5 MG TAB	4	
DEMSER	5	MO
digitek 125 mcg tab	2	MO; CG
digitek 250 mcg tab	2	PAR; MO; CG
digox 125 mcg tab	2	MO; CG
digox 250 mcg tab	2	PAR; MO; CG
digoxin 0.05 mg/ml solution	3	MO
digoxin 0.25 mg/ml solution	4	PAR; MO
digoxin 125 mcg tab	2	MO; CG
digoxin 250 mcg tab	2	PAR; MO; CG
dilt-xr	2	MO; CG
diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 100 mg recon soln, 125 mg/25ml solution	4	MO
diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab	1	MO; CG
diltiazem hcl er beads	2	MO; CG
diltiazem hcl er coated beads er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er	2	MO; CG
diltiazem hcl er coated beads er 180 mg tab er, er 240 mg tab er, er 300 mg tab er, er 360 mg tab er, er 420 mg tab er	4	MO
diltiazem hcl er er 120 mg cap er, er 180 mg cap er, er 240 mg cap er	2	MO; CG
diltiazem hcl er er 60 mg cap er, er 90 mg cap er, er 120 mg cap er	3	MO
disopyramide phosphate	4	PAR; MO
dofetilide	4	
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	6	MO; CG
enalapril-hydrochlorothiazide	6	MO; CG
ENTRESTO	3	PAR; MO
eplerenone	4	MO
eprosartan mesylate	3	
ezetimibe	3	MO
felodipine er	2	MO; CG
fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap	2	MO; CG
fenofibrate micronized 130 mg cap	3	MO
fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap	2	MO; CG
fenofibric acid 135 mg cap dr	3	MO
fenofibric acid 45 mg cap dr	2	MO; CG
flecainide acetate	2	MO; CG
fluvastatin sodium 20 mg cap	3	MO
fluvastatin sodium 40 mg cap	4	MO
fosinopril sodium	6	MO; CG
fosinopril sodium-hctz	1	MO; CG
furosemide 8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab	1	MO; CG
gemfibrozil 600 mg tab	2	MO; CG
guanfacine hcl	2	PAR; MO; CG
hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	2	MO; CG
hydralazine hcl 20 mg/ml solution	4	MO
hydrochlorothiazide 12.5 mg tab, 12.5 mg cap, 25 mg tab, 50 mg tab	1	MO; CG
indapamide	1	MO; CG
irbesartan	6	MO; CG

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

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide</i>	1	MO; CG
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	3	MO
<i>isosorbide dinitrate er</i>	3	
<i>isosorbide mononitrate</i>	2	MO; CG
<i>isosorbide mononitrate er</i>	2	MO; CG
<i>isradipine</i>	3	MO
JUXTAPID 30 MG CAP, 40 MG CAP, 60 MG CAP	5	PAR; LA; QLL (30 per 30 days)
JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	5	PAR; LA
<i>labetalol hcl 100 mg tab, 200 mg tab</i>	2	MO; CG
<i>labetalol hcl 300 mg tab</i>	3	MO
<i>labetalol hcl 5 mg/ml solution</i>	4	MO
LABETALOL HCL 5 MG/ML SOLUTION	4	
LANOXIN 62.5 MCG TAB, 125 MCG TAB	3	MO
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	6	MO; CG
<i>lisinopril-hydrochlorothiazide</i>	6	MO; CG
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	6	MO; CG
<i>losartan potassium-hctz</i>	6	MO; CG
LOTENSIN 10 MG TAB	4	MO
<i>lovastatin</i>	6	MO; CG
<i>matzim la</i>	4	MO
<i>methyclothiazide</i>	3	
<i>methyldopa</i>	2	PAR; MO; CG
<i>metolazone 2.5 mg tab</i>	2	MO; CG
<i>metolazone 5 mg tab, 10 mg tab</i>	3	MO
<i>metoprolol succinate er</i>	2	MO; CG
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	MO; CG
<i>metoprolol tartrate 5 mg/5ml solution, 5 mg/5ml soln cart</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol-hydrochlorothiazide</i>	2	MO; CG
<i>mexiletine hcl 150 mg cap, 250 mg cap</i>	3	MO
<i>mexiletine hcl 200 mg cap</i>	4	MO
<i>midodrine hcl</i>	4	MO
MINIPRESS 2 MG CAP	4	MO
<i>minitran</i>	2	MO; CG
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	MO; CG
<i>moexipril hcl</i>	1	MO; CG
MULTAQ	4	QLL (60 per 30 days); MO
<i>nadolol 20 mg tab, 40 mg tab</i>	3	MO
<i>nadolol 80 mg tab</i>	4	MO
<i>nadolol-bendroflumethiazide</i>	3	MO
<i>niacin (antihyperlipidemic)</i>	2	MO; CG
<i>niacin er (antihyperlipidemic)</i>	4	MO
<i>niacor</i>	2	MO; CG
<i>nicardipine hcl 2.5 mg/ml solution</i>	4	MO
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	MO; CG
<i>nifedipine 10 mg cap, 20 mg cap</i>	2	PAR; MO; CG
<i>nifedipine er</i>	2	MO; CG
<i>nifedipine er osmotic release</i>	2	MO; CG
<i>nimodipine 30 mg cap</i>	4	MO
NITRO-BID	3	MO
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg sl tab, 0.6 mg/hr patch 24hr, 0.6 mg sl tab</i>	2	MO; CG
<i>nitroglycerin 0.4 mg/spray solution</i>	4	MO
NITROGLYCERIN 5 MG/ML SOLUTION	4	B/D PAR; MO
NITROSTAT	3	MO
NORTHERA 100 MG CAP	5	PAR; LA; QLL (540 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NORTHERA 200 MG CAP	5	PAR; LA; QLL (270 per 30 days)
NORTHERA 300 MG CAP	5	PAR; LA; QLL (180 per 30 days)
olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab	2	MO; CG
olmesartan medoxomil-hctz	2	MO; CG
olmesartan-amlodipine-hctz	3	MO
omega-3-acid ethyl esters	3	MO
pacerone 100 mg tab, 200 mg tab	2	MO; CG
pacerone 400 mg tab	4	MO
pentoxifylline er	2	MO; CG
perindopril erbumine	1	MO; CG
pindolol 10 mg tab	3	MO
pindolol 5 mg tab	2	MO; CG
PRALUENT	4	PAR; QLL (2 per 28 days)
pravastatin sodium	6	MO; CG
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	2	MO; CG
prevalite 4 gm packet, 4 gm/dose powder	2	MO; CG
procainamide hcl 100 mg/ml, 500 mg/ml	4	MO
propafenone hcl 150 mg tab	2	MO; CG
propafenone hcl 225 mg tab	3	MO
propafenone hcl 300 mg tab	4	MO
propranolol hcl 1 mg/ml solution	4	MO
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	MO; CG
propranolol hcl 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab	2	MO; CG
propranolol hcl er er 120 mg cap er, er 160 mg cap er	3	MO

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl er er 60 mg cap er, er 80 mg cap er	2	MO; CG
propranolol-hctz	2	MO; CG
quinapril hcl	6	MO; CG
quinapril-hydrochlorothiazide	1	MO; CG
quinidine sulfate 200 mg tab, 300 mg tab	2	MO; CG
ramipril	6	MO; CG
RANEXA	4	PAR; MO
ranolazine er	3	PAR; MO
RECTIV	4	QLL (30 per 30 days); MO
REPATHA	3	PAR; QLL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	PAR; QLL (3.5 per 28 days)
REPATHA SURECLICK	3	PAR; QLL (3 per 28 days)
rosuvastatin calcium	6	MO; CG
simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	6	MO; CG
sorine 120 mg tab, 160 mg tab, 240 mg tab	2	MO; CG
sorine 80 mg tab	1	MO; CG
sotalol hcl (af) (af) 120 mg tab, (af) 160 mg tab	2	MO; CG
sotalol hcl (af) 80 mg tab	1	MO; CG
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab	2	MO; CG
sotalol hcl 80 mg tab	1	MO; CG
spironolactone 25 mg tab, 50 mg tab, 100 mg tab	1	MO; CG
spironolactone-hctz	2	MO; CG
taztia xt	2	MO; CG
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
telmisartan	3	MO
telmisartan-amlodipine	3	MO
telmisartan-hctz	3	MO
terazosin hcl	1	MO; CG
tiadylt er	2	MO; CG
TIKOSYN	4	
timolol maleate 20 mg tab	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate 5 mg tab, 10 mg tab</i>	2	MO; CG
<i>torse mide</i>	2	MO; CG
<i>trandolapril</i>	6	MO; CG
<i>trandolapril-verapamil hcl er</i>	4	MO
<i>triamterene-hctz</i>	1	MO; CG
TRIBENZOR	3	MO
TRICOR 48 MG TAB	4	MO
TWYNSTA 40-10 MG TAB	4	MO
<i>valsartan</i>	1	MO; CG
<i>valsartan-hydrochlorothiazide</i>	6	MO; CG
VASCEPA	4	MO
VECAMYL	4	MO
<i>verapamil hcl 2.5 mg/ml solution</i>	4	MO
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	MO; CG
<i>verapamil hcl er 360 mg cap er 24h</i>	3	MO
<i>verapamil hcl er er 100 mg cap er 24h, er 120 mg tab er, er 120 mg cap er 24h, er 180 mg cap er 24h, er 200 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h</i>	2	MO; CG
<i>verapamil hcl er er 180 mg tab er, er 240 mg tab er</i>	1	MO; CG
ZETIA	4	MO
ZOCOR 5 MG TAB	4	
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine er</i>	4	PAR; QLL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine 30 mg tab</i>	3	PAR; QLL (60 per 30 days); MO
<i>amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab</i>	3	PAR; QLL (90 per 30 days); MO
AMPYRA	5	PAR; LA; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap</i>	4	QLL (60 per 30 days); MO
<i>atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap</i>	4	QLL (30 per 30 days); MO
AUBAGIO	5	PAR; LA; QLL (30 per 30 days)
AVONEX	5	PAR; QLL (4 per 28 days)
AVONEX PEN	5	PAR; QLL (4 per 28 days)
AVONEX PREFILLED	5	PAR; QLL (4 per 28 days)
BETASERON	5	PAR; QLL (15 per 30 days)
<i>butalbital-acetaminophen 50-325 mg tab</i>	4	PAR; QLL (180 per 30 days); MO
<i>butalbital-apap-caffeine</i>	4	PAR; QLL (180 per 30 days); MO
COPAXONE 20 MG/ML SOLN PRSYR	5	PAR; QLL (30 per 30 days)
COPAXONE 40 MG/ML SOLN PRSYR	5	PAR; QLL (12 per 28 days)
<i>dalfampridine er</i>	5	PAR; QLL (60 per 30 days)
<i>dextroamphetamine sulfate 10 mg tab</i>	4	QLL (180 per 30 days); MO
<i>dextroamphetamine sulfate 5 mg tab</i>	4	QLL (90 per 30 days); MO
DRIZALMA SPRINKLE 20 MG CAP DR	4	QLL (180 per 30 days); MO
DRIZALMA SPRINKLE 30 MG CAP DR	4	QLL (120 per 30 days); MO
DRIZALMA SPRINKLE 40 MG CAP DR	4	QLL (90 per 30 days); MO
DRIZALMA SPRINKLE 60 MG CAP DR	4	QLL (60 per 30 days); MO
<i>duloxetine hcl 20 mg cp dr part</i>	4	QLL (180 per 30 days); MO
<i>duloxetine hcl 30 mg cp dr part</i>	4	QLL (120 per 30 days); MO
<i>duloxetine hcl 40 mg cp dr part</i>	3	QLL (90 per 30 days); MO
<i>duloxetine hcl 60 mg cp dr part</i>	4	QLL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>esgic 50-325-40 mg cap</i>	4	PAR; QLL (180 per 30 days); MO
GILENYA	5	PAR; QLL (30 per 30 days)
<i>guanfacine hcl er</i>	4	PAR; QLL (30 per 30 days); MO
<i>metadate er</i>	4	PAR; QLL (90 per 30 days); MO
<i>methylphenidate hcl 10 mg/5ml solution</i>	3	PAR; QLL (900 per 30 days); MO
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	3	PAR; QLL (90 per 30 days); MO
<i>methylphenidate hcl 5 mg/5ml solution</i>	3	PAR; QLL (1800 per 30 days); MO
<i>methylphenidate hcl er er 10 mg tab er, er 20 mg tab er</i>	4	PAR; QLL (90 per 30 days); MO
NUEDEXTA	3	PAR; QLL (60 per 30 days); MO
<i>phrenilin forte</i>	4	PAR; QLL (180 per 30 days); MO
PLEGRIDY	5	PAR; QLL (1 per 28 days)
PLEGRIDY STARTER PACK	5	PAR; QLL (1 per 180 over time); NE
<i>pregabalin 100 mg cap</i>	1	QLL (180 per 30 days); MO; CG
<i>pregabalin 150 mg cap</i>	1	QLL (120 per 30 days); MO; CG
<i>pregabalin 20 mg/ml solution</i>	1	QLL (900 per 30 days); MO; CG
<i>pregabalin 200 mg cap</i>	1	QLL (90 per 30 days); MO; CG
<i>pregabalin 225 mg cap, 300 mg cap</i>	1	QLL (60 per 30 days); MO; CG
<i>pregabalin 25 mg cap</i>	1	QLL (720 per 30 days); MO; CG
<i>pregabalin 50 mg cap</i>	1	QLL (360 per 30 days); MO; CG
<i>pregabalin 75 mg cap</i>	1	QLL (240 per 30 days); MO; CG
<i>riluzole</i>	4	
SAVELLA 100 MG TAB	3	QLL (60 per 30 days); MO
SAVELLA 12.5 MG TAB	3	QLL (480 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
SAVELLA 25 MG TAB	3	QLL (240 per 30 days); MO
SAVELLA 50 MG TAB	3	QLL (120 per 30 days); MO
SAVELLA TITRATION PACK	3	MO
TECFIDERA	5	PAR; LA
<i>tencon</i>	4	PAR; QLL (180 per 30 days); MO
<i>tetrabenazine 12.5 mg tab</i>	5	PAR; QLL (240 per 30 days)
<i>tetrabenazine 25 mg tab</i>	5	PAR; QLL (120 per 30 days)
TYSABRI	5	PAR; LA
<i>zebutal</i>	4	PAR; QLL (180 per 30 days); MO
<i>zenzedi 10 mg tab</i>	4	QLL (180 per 30 days); MO
<i>zenzedi 5 mg tab</i>	4	QLL (90 per 30 days); MO
Dental And Oral Agents		
<i>cavarest</i>	2	MO; CG
<i>cevimeline hcl</i>	4	MO
<i>chlorhexidine gluconate 0.12 % solution</i>	1	MO; CG
<i>denta 5000 plus</i>	2	MO; CG
<i>dentagel</i>	2	MO; CG
<i>oralone</i>	2	MO; CG
<i>paroex</i>	1	MO; CG
<i>periogard</i>	1	MO; CG
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	4	MO
<i>sf</i>	2	MO; CG
<i>sf 5000 plus</i>	2	MO; CG
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	2	MO; CG
<i>sodium fluoride 5000 plus</i>	2	MO; CG
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	2	MO; CG
<i>triamcinolone acetoneide 0.1 % paste</i>	3	MO
Dermatological Agents		
<i>acitretin 10 mg cap, 25 mg cap</i>	4	MO
<i>acitretin 17.5 mg cap</i>	5	MO
<i>acyclovir 5 % ointment</i>	4	QLL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene 0.1 % cream, 0.1 % gel</i>	4	MO
<i>ala-cort</i>	1	MO; CG
<i>alclometasone dipropionate 0.05 % ointment</i>	3	MO
<i>amcinonide 0.1 % cream, 0.1 % ointment, 0.1 % lotion</i>	4	MO
<i>ammonium lactate 12 % lotion, 12 % cream</i>	2	MO; CG
<i>amneestem</i>	4	MO
<i>avita</i>	3	PAR; QLL (45 per 30 days); MO
<i>benzoyl peroxide-erythromycin</i>	3	MO
<i>beseer 0.05 % lotion</i>	4	MO
<i>betamethasone dipropionate 0.05 % cream</i>	4	MO
<i>betamethasone dipropionate 0.05 % lotion</i>	3	MO
<i>betamethasone dipropionate aug 0.05 % ointment, 0.05 % gel</i>	4	MO
<i>betamethasone valerate 0.1 % cream</i>	2	MO; CG
<i>betamethasone valerate 0.1 % lotion</i>	4	MO
<i>betamethasone valerate 0.1 % ointment</i>	3	MO
<i>calcipotriene 0.005 % cream</i>	4	QLL (120 per 30 days); MO
<i>calcipotriene 0.005 % ointment</i>	3	QLL (120 per 30 days); MO
<i>calcipotriene 0.005 % solution</i>	4	QLL (60 per 30 days); MO
<i>calcitrene</i>	4	QLL (120 per 30 days); MO
<i>calcitriol 3 mcg/gm ointment</i>	4	QLL (800 per 28 days); MO
<i>ciclodan 8 % solution</i>	2	MO; CG
<i>ciclopirox 0.77 % gel, 1 % shampoo</i>	4	MO
<i>ciclopirox 8 % solution</i>	2	MO; CG
<i>claravis</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 % gel</i>	4	MO
<i>clindamycin phosphate 1 % solution</i>	3	QLL (120 per 30 days); MO
<i>clobetasol propionate 0.05 % cream</i>	2	QLL (120 per 30 days); MO; CG
<i>clobetasol propionate 0.05 % foam</i>	4	QLL (100 per 30 days); MO
<i>clobetasol propionate 0.05 % lotion, 0.05 % shampoo</i>	4	MO
<i>clobetasol propionate 0.05 % ointment</i>	3	QLL (120 per 30 days); MO
<i>clobetasol propionate 0.05 % solution, 0.05 % gel</i>	2	MO; CG
<i>clobetasol propionate emulsion</i>	4	QLL (100 per 30 days); MO
<i>clodan 0.05 % shampoo</i>	4	MO
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	3	MO
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	4	MO
<i>desonide 0.05 % cream, 0.05 % ointment</i>	4	MO
<i>desoximetasone 0.05 % cream, 0.05 % gel, 0.25 % cream, 0.25 % ointment</i>	4	MO
<i>diclofenac sodium 3 % gel</i>	4	PAR; QLL (100 per 30 days); MO
<i>diflorasone diacetate</i>	4	MO
<i>ELIDEL</i>	4	PAR; QLL (100 per 90 days); MO; NE
<i>ery</i>	3	MO
<i>erythromycin 2 % pad</i>	3	MO
<i>fluocinolone acetonide 0.01 % solution, 0.01 % cream, 0.025 % cream, 0.025 % ointment</i>	4	QLL (120 per 30 days); MO
<i>fluocinolone acetonide body</i>	4	QLL (120 per 30 days); MO
<i>fluocinolone acetonide scalp</i>	4	QLL (120 per 30 days); MO
<i>fluocinonide 0.05 % cream</i>	2	QLL (240 per 30 days); MO; CG

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide 0.05 % ointment, 0.05 % gel</i>	3	QLL (240 per 30 days); MO
<i>fluocinonide 0.05 % solution</i>	4	QLL (240 per 30 days); MO
<i>fluocinonide 0.1 % cream</i>	4	QLL (120 per 30 days); MO
<i>fluocinonide emulsified base</i>	2	QLL (240 per 30 days); MO; CG
<i>fluorouracil 2 %, 5 %</i>	2	MO; CG
<i>fluticasone propionate 0.005 % ointment, 0.05 % cream</i>	3	MO
<i>fluticasone propionate 0.05 % lotion</i>	4	MO
<i>halcinonide</i>	4	
<i>halobetasol propionate 0.05 % ointment, 0.05 % cream</i>	4	MO
HALOG 0.1 % OINTMENT	4	MO
<i>hydrocortisone (perianal) 1 % cream</i>	2	MO; CG
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	MO; CG
<i>hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment</i>	1	MO; CG
<i>hydrocortisone 2.5 % lotion</i>	3	MO
<i>hydrocortisone butyr lipo base</i>	2	MO; CG
<i>hydrocortisone butyrate 0.1 % cream, 0.1 % solution</i>	2	MO; CG
<i>hydrocortisone in absorbbase</i>	1	MO; CG
<i>hydrocortisone valerate 0.2 % cream</i>	4	MO
<i>imiquimod 5 % cream</i>	4	MO
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	4	MO
<i>lindane</i>	4	MO
<i>malathion</i>	4	MO
<i>methoxsalen rapid</i>	5	
<i>mometasone furoate 0.1 % solution</i>	2	MO; CG
<i>mupirocin 2 % ointment</i>	2	QLL (120 per 30 days); MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin calcium</i>	4	MO
<i>myorisan</i>	4	MO
<i>neuac 1.2-5 % gel</i>	4	MO
<i>permethrin 5 % cream</i>	3	MO
PICATO	5	MO
<i>pimecrolimus</i>	4	PAR; QLL (100 per 90 days); MO; NE
<i>podofilox 0.5 % solution</i>	4	MO
<i>procto-med hc</i>	1	MO; CG
<i>procto-pak</i>	2	MO; CG
<i>proctosol hc</i>	1	MO; CG
<i>proctozone-hc</i>	1	MO; CG
SANTYL	4	QLL (30 per 30 days); MO
<i>selenium sulfide 2.5 % lotion</i>	2	MO; CG
SULFAMYLON 85 MG/GM CREAM	4	MO
<i>tacrolimus 0.03 %, 0.1 %</i>	4	PAR; QLL (100 per 90 days); MO; NE
<i>tazarotene 0.1 % cream</i>	4	PAR; MO
TAZORAC 0.05 % CREAM, 0.05 % GEL, 0.1 % GEL	4	PAR; MO
TEMOVATE	4	QLL (120 per 30 days); MO
<i>tovet 0.05 % foam</i>	4	QLL (100 per 30 days); MO
<i>tretinoin 0.01 % gel, 0.025 % gel, 0.025 % cream, 0.05 % cream, 0.1 % cream</i>	3	PAR; QLL (45 per 30 days); MO
<i>triamcinolone acetonide 0.025 % ointment, 0.1 % ointment, 0.1 % cream, 0.5 % ointment</i>	2	MO; CG
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	3	MO
<i>triamcinolone acetonide 0.025 %, 0.5 %</i>	1	MO; CG
<i>triamcinolone acetonide 0.05 % ointment</i>	5	MO
<i>trianex</i>	4	MO
TRIANEX	4	
<i>triderm 0.1 % cream</i>	2	MO; CG
<i>triderm 0.5 % cream</i>	1	MO; CG
<i>zenatane</i>	4	MO
Electrolytes/Minerals/Metals/Vitamins		

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 10 %, 15 %	4	B/D PAR; MO
AMINOSYN-PF	4	B/D PAR; MO
calcium acetate (phos binder) 667 mg cap	2	MO; CG
calcium acetate (phos binder) 667 mg tab	3	MO
calcium acetate 667 mg tab	3	MO
CARBAGLU	5	PAR; LA
CLINIMIX E/DEXTROSE (2.75/10)	4	B/D PAR
CLINIMIX E/DEXTROSE (2.75/5)	4	B/D PAR; MO
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PAR; MO
CLINIMIX E/DEXTROSE (4.25/25)	4	B/D PAR
CLINIMIX E/DEXTROSE (4.25/5)	4	B/D PAR; MO
CLINIMIX E/DEXTROSE (5/15)	4	B/D PAR; MO
CLINIMIX E/DEXTROSE (5/20)	4	B/D PAR; MO
CLINIMIX N14G30E	4	B/D PAR
CLINIMIX N9G15E	4	B/D PAR
CLINIMIX N9G20E	4	B/D PAR
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (4.25/25)	4	B/D PAR
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (5/15)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (5/20)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (5/25)	4	B/D PAR
CLINOLIPID	4	B/D PAR; MO
clovique	5	
deferasirox 125 mg tab, 250 mg tab, 500 mg tab	5	PAR
dextrose 5 %, 10 %, 20 %, 30 %, 40 %, 70 %, 250 mg/ml	4	MO
dextrose 50 % solution	4	
dextrose in lactated ringers	3	MO

Drug Name	Drug Tier	Requirements/Limits
dextrose-nacl 2.5-0.45 %, 5-0.33 %, 5-0.2 %, 5-0.225 %, 10-0.2 %, 10-0.45 %	4	MO
dextrose-nacl 5-0.45 %, 5-0.9 %	3	MO
effer-k 25 meq effer tab	1	MO; CG
EXJADE 500 MG TAB SOL	5	PAR; LA
fluoritab 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab	2	MO; CG
FREAMINE HBC	4	B/D PAR; MO
FREAMINE III	4	B/D PAR; MO
glucose	4	MO
hepatamine	4	B/D PAR; MO
INTRALIPID	4	B/D PAR; MO
IONOSOL-MB IN D5W	4	MO
irrigation solutions, physiological	4	MO
ISOLYTE-P IN D5W	4	MO
ISOLYTE-S	4	MO
ISOLYTE-S PH 7.4	4	MO
JYNARQUE 15 MG TAB, 30 MG TAB	5	PAR; LA; QLL (120 per 30 days)
k-effervescent	1	MO; CG
k-prime	1	MO; CG
K-TAB 8 MEQ TAB ER	3	MO
k-vescent	1	MO; CG
KCL IN D5W LACTATED RINGERS	4	
kcl in dextrose-nacl in 0.15-5-0.45 %, in 20-5-0.45 meq/l-%-%	3	MO
kcl in dextrose-nacl in 10-5-0.45 meq/l-%-%, in 20-5-0.2 meq/l-%-%, in 20-5-0.9 meq/l-%-%, in 20-5-0.33 meq/l-%-%, in 20-5-0.225 meq/l-%-%, in 30-5-0.45 meq/l-%-%, in 40-5-0.45 meq/l-%-%, in 40-5-0.9 meq/l-%-%	4	MO
KCL-LACTATED RINGERS-D5W	4	MO
kionex	3	MO
klor-con 10	2	MO; CG
klor-con 20 meq packet	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 8 meq tab er</i>	2	MO; CG
<i>klor-con m10</i>	2	MO; CG
<i>klor-con m15</i>	2	MO; CG
<i>klor-con m20</i>	2	MO; CG
<i>klor-con sprinkle</i>	2	MO; CG
<i>klor-con/ef</i>	1	MO; CG
<i>lactated ringers</i>	3	MO
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	3	B/D PAR; MO
LEVOCARNITINE 1 GM/10ML SOLUTION, 330 MG TAB	3	
<i>levocarnitine sf</i>	3	B/D PAR; MO
<i>ludent</i>	2	MO; CG
<i>magnesium sulfate 2 gm/50ml, 4 gm/50ml, 4 gm/100ml, 20 gm/500ml, 40 gm/1000ml</i>	4	MO
<i>magnesium sulfate 50 % solution</i>	3	MO
NEPHRAMINE	4	B/D PAR; MO
NORMOSOL-M IN D5W	4	MO
NORMOSOL-R	4	MO
NORMOSOL-R IN D5W	4	MO
NORMOSOL-R PH 7.4	4	MO
NUTRILIPID	4	B/D PAR; MO
PLASMA-LYTE 148	4	MO
PLASMA-LYTE A	4	MO
<i>potassium bicarbonate 25 meq effer tab</i>	1	MO; CG
POTASSIUM CHLORIDE 0.4 MEQ/ML SOLUTION, 2 MEQ/ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION	4	MO
POTASSIUM CHLORIDE 10 MEQ/100ML, 20 MEQ/100ML	3	MO
<i>potassium chloride 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO; CG
<i>potassium chloride crys er</i>	2	MO; CG
<i>potassium chloride er</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in dextrose</i>	4	MO
<i>potassium chloride in nacl 20-0.9 meq/l-%, 20-0.45 meq/l-%, 40-0.9 meq/l-%</i>	4	MO
<i>potassium citrate er 5 meq (540 mg) tab er</i>	3	MO
<i>potassium citrate er er 10 (1080 mg) tab er, er 15 (1620 mg) tab er</i>	4	MO
<i>premasol 6 %, 10 %</i>	4	B/D PAR; MO
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	2	MO; CG
<i>prenatal vit w/ iron carbonyl-folic acid</i>	2	MO; CG
<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>	2	MO; CG
<i>prenatal without a w/ fe fumarate-l methylfolate-fadha</i>	2	MO; CG
PROCALAMINE	4	B/D PAR; MO
PROSOL	4	B/D PAR; MO
<i>ringers</i>	4	MO
<i>ringers irrigation</i>	4	MO
SAMSCA 15 MG TAB	5	PAR; QLL (30 per 30 days)
SAMSCA 30 MG TAB	5	PAR; QLL (60 per 30 days)
<i>sevelamer carbonate 0.8 gm packet</i>	5	QLL (540 per 30 days); MO
<i>sevelamer carbonate 2.4 gm packet</i>	5	QLL (180 per 30 days); MO
<i>sevelamer carbonate 800 mg tab</i>	3	QLL (540 per 30 days); MO
<i>sodium bicarbonate 4.2 % solution</i>	4	
<i>sodium bicarbonate 7.5 %, 8.4 %</i>	4	MO
<i>sodium chloride 0.45 % solution</i>	2	MO; CG
<i>sodium chloride 0.9 % solution</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride 2.5 meq/ml, 3 %, 4 meq/ml, 5 %, 23.4 %	4	MO
sodium fluoride 0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab	2	MO; CG
sodium fluoride 2.2 (1 f) mg tab	2	CG
sodium fluoride 2.2 mg	2	MO; CG
SODIUM LACTATE 5 MEQ/ML SOLUTION	4	
sodium polystyrene sulfonate	4	
sodium polystyrene sulfonate 15 gm/60ml suspension, 30 gm/120ml suspension, 50 gm/200ml suspension	3	MO
sps	3	MO
SYNTHAMIN 17	4	B/D PAR; MO
tis-u-sol	4	MO
tolvaptan	5	PAR; QLL (60 per 30 days)
TRAVASOL	4	B/D PAR; MO
trientine hcl	5	
TROPHAMINE	4	B/D PAR; MO
VELTASSA	4	LA
Gastrointestinal Agents		
alosetron hcl	5	PAR; QLL (60 per 30 days); MO
AMITIZA	3	QLL (60 per 30 days); MO
atropine sulfate 0.25 mg/5ml soln prsyr, 0.4 mg/ml solution, 1 mg/10ml soln prsyr, 8 mg/20ml solution	4	MO
atropine sulfate 0.5 mg/5ml soln prsyr	4	
CARAFATE 1 GM/10ML SUSPENSION	4	MO
cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab	3	MO
cimetidine hcl	3	MO
constulose	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
DEXILANT	4	ST; QLL (30 per 30 days); MO
dicyclomine hcl 10 mg cap	1	MO; CG
dicyclomine hcl 10 mg/5ml solution	4	MO
dicyclomine hcl 20 mg tab	2	MO; CG
diphenatol	3	MO
diphenoxylate-atropine 2.5-0.025 mg tab	3	MO
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	1	MO; CG
enulose	2	MO; CG
eq famotidine max st 20 mg tab	1	CG
esomeprazole magnesium 20 mg cap dr, 40 mg cap dr	4	QLL (30 per 30 days); MO
esomeprazole sodium 20 mg recon soln	4	
esomeprazole sodium 40 mg recon soln	4	MO
famotidine 20 mg tab, 40 mg tab	1	MO; CG
famotidine 20 mg/2ml solution	3	MO
famotidine 40 mg/5ml recon susp, 40 mg/4ml solution, 200 mg/20ml solution	4	MO
famotidine premixed	3	MO
GATTEX	5	PAR; LA
gavilyte-c	2	MO; CG
gavilyte-g	2	MO; CG
gavilyte-n with flavor pack	2	MO; CG
generlac	2	MO; CG
glycopyrrolate 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	4	MO
glycopyrrolate 1 mg tab, 2 mg tab	3	MO
lactulose 10 gm/15ml, 20 gm/30ml	2	MO; CG
lactulose encephalopathy	2	MO; CG
lansoprazole 15 mg cap dr	4	MO
lansoprazole 30 mg cap dr	4	QLL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
LINZESS	3	QLL (30 per 30 days); MO
<i>loperamide hcl 2 mg cap</i>	3	MO
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	4	MO
MOVANTIK	3	QLL (30 per 30 days); MO
MOVIPREP	4	MO
<i>nizatidine 150 mg cap, 300 mg cap</i>	3	MO
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	2	MO; CG
<i>opium</i>	2	MO; CG
OSMOPREP	4	MO
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	MO; CG
<i>pantoprazole sodium 40 mg recon soln</i>	4	MO
<i>paregoric</i>	2	MO; CG
<i>peg 3350-kcl-na bicarb-nacl</i>	2	MO; CG
<i>peg 3350/electrolytes</i>	2	MO; CG
<i>peg-3350/electrolytes</i>	2	MO; CG
<i>pegylax</i>	2	MO; CG
<i>polyethylene glycol 3350 3350, 335017gm/scoop</i>	2	MO; CG
<i>polyethylene glycol 3350 3350packet, 335017gmpacket</i>	2	CG
<i>propantheline bromide 15 mg tab</i>	4	PAR; MO
<i>ranitidine hcl 15 mg/ml syrup, 50 mg/2ml solution, 75 mg/5ml syrup, 150 mg/10ml syrup, 150 mg/6ml solution, 1000 mg/40ml solution</i>	4	MO
<i>ranitidine hcl 150 mg cap, 300 mg cap</i>	3	MO
<i>ranitidine hcl 150 mg tab, 300 mg tab</i>	1	MO; CG
RELISTOR 12 MG/0.6ML SOLUTION	5	PAR; QLL (18 per 30 days); MO
RELISTOR 8 MG/0.4ML SOLUTION	5	PAR; QLL (12 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate 1 gm tab</i>	2	MO; CG
SUCRALFATE 1 GM/10ML SUSPENSION	4	MO
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte</i>	2	MO; CG
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	3	MO
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ADAGEN	5	
ALDURAZYME	5	PAR; LA
ARALAST NP	5	PAR; LA
CERDELGA	5	PAR
CEREZYME	5	PAR; LA
CREON	3	MO
<i>cromolyn sodium 100 mg/5ml conc</i>	4	MO
CYSTADANE	5	LA
CYSTAGON	3	LA
CYSTARAN	5	LA
ELAPRASE	5	PAR; LA
FABRAZYME	5	PAR; LA
KUVAN 100 MG TAB SOL	5	PAR; LA
LUMIZYME	5	PAR; LA
<i>miglustat</i>	5	PAR; LA
NAGLAZYME	5	PAR; LA
<i>nitisinone</i>	5	PAR
ORFADIN 4 MG/ML SUSPENSION, 20 MG CAP	5	PAR; LA
PROLASTIN-C	5	PAR; LA
RAVICTI	5	PAR; LA; QLL (525 per 30 days)
<i>sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab</i>	5	PAR
SUCRAID	5	LA
VPRIV	5	PAR
ZENPEP	3	ST
Genitourinary Agents		
<i>alfuzosin hcl er</i>	2	MO; CG
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab</i>	3	MO
<i>bethanechol chloride 50 mg tab</i>	4	MO
DEPEN TITRATABS	5	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride 0.5 mg cap</i>	4	QLL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	3	QLL (30 per 30 days); MO
ELMIRON	4	MO
<i>finasteride 5 mg tab</i>	2	MO; CG
<i>flavoxate hcl</i>	3	MO
MYRBETRIQ	4	QLL (30 per 30 days); MO
<i>oxybutynin chloride 5 mg tab</i>	2	QLL (120 per 30 days); MO; CG
<i>oxybutynin chloride 5 mg/5ml syrup</i>	2	QLL (600 per 30 days); MO; CG
<i>oxybutynin chloride er 5 mg tab er 24h</i>	3	QLL (30 per 30 days); MO
<i>oxybutynin chloride er er 10 mg tab er, er 15 mg tab er</i>	3	QLL (60 per 30 days); MO
<i>penicillamine 250 mg tab</i>	5	
<i>solifenacin succinate</i>	4	QLL (30 per 30 days); MO
<i>tamsulosin hcl</i>	2	MO; CG
THIOLA	5	PAR; MO
<i>tolterodine tartrate</i>	4	QLL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	4	QLL (30 per 30 days); MO
TOVIAZ	4	QLL (30 per 30 days); MO
<i>tropium chloride</i>	4	QLL (60 per 30 days); MO
<i>tropium chloride er</i>	4	QLL (30 per 30 days); MO
VESICARE	4	QLL (30 per 30 days); MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>alclometasone dipropionate 0.05 % cream</i>	4	MO
<i>betamethasone dipropionate 0.05 % ointment</i>	4	MO
<i>betamethasone dipropionate aug 0.05 % cream</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate aug 0.05 % lotion</i>	4	MO
<i>clobetasol prop emollient base</i>	3	QLL (120 per 30 days); MO
<i>clobetasol propionate e</i>	3	QLL (120 per 30 days); MO
<i>cortisone acetate 25 mg tab</i>	4	MO
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	1	MO; CG
<i>decadron 0.5 mg/5ml elixir</i>	4	MO
<i>decadron 4 mg tab, 6 mg tab</i>	2	MO; CG
<i>desonide 0.05 % lotion</i>	4	MO
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MO; CG
<i>dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution</i>	4	MO
<i>dexamethasone 2 mg tab, 4 mg tab, 6 mg tab</i>	2	MO; CG
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	4	MO
<i>dexamethasone sodium phosphate 4 mg/ml, 10 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml</i>	3	MO
<i>fludrocortisone acetate 0.1 mg tab</i>	3	MO
HP ACTHAR	5	PAR; LA
<i>hydrocortisone 5 mg tab</i>	3	MO
<i>hydrocortisone butyrate 0.1 % ointment</i>	4	MO
<i>hydrocortisone valerate 0.2 % ointment</i>	4	MO
KORLYM	5	PAR; LA
<i>methylprednisolone 4 mg tab thpk, 4 mg tab, 16 mg tab, 32 mg tab</i>	3	MO
<i>methylprednisolone 8 mg tab</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension</i>	3	MO
METHYLPREDNISOLONE ACETATE 80 MG/ML SUSPENSION	3	
<i>methylprednisolone sodium succ 40 mg soln, 125 mg soln, 1000 mg soln</i>	4	MO
<i>mometasone furoate 0.1 % ointment, 0.1 % cream</i>	2	MO; CG
<i>prednicarbate</i>	4	MO
<i>prednisolone 15 mg/5ml syrup, 15 mg/5ml solution</i>	3	MO
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	3	MO
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 15 mg tab disp, 25 mg/5ml solution, 30 mg tab disp</i>	4	MO
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 20 mg tab, 50 mg tab</i>	1	MO; CG
<i>prednisone 5 mg/5ml solution</i>	3	MO
PREDNISON INTENSOL	4	MO
<i>triamcinolone acetonide 40 mg/ml suspension</i>	4	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig</i>	4	MO
<i>desmopressin acetate 0.1 mg tab</i>	3	MO
<i>desmopressin acetate 0.2 mg tab, 4 mcg/ml solution</i>	4	MO
<i>desmopressin acetate spray</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA 1 MG RECON SOLN	5	PAR; LA
EGRIFTA SV	5	PAR; LA
INCRELEX	5	PAR; LA
NORDITROPIN FLEXPRO	5	PAR
OMNITROPE 5 MG/1.5ML SOLUTION, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLUTION	5	PAR; LA
STIMATE	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>misoprostol 100 mcg tab</i>	3	MO
<i>misoprostol 200 mcg tab</i>	4	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>afirmelle</i>	3	MO
ALORA	4	PAR; QLL (8 per 28 days); MO
<i>altavera</i>	3	MO
<i>alyacen 1/35</i>	4	MO
<i>alyacen 7/7/7</i>	3	MO
<i>amabelz</i>	4	PAR; MO
<i>amethia</i>	4	MO
<i>amethyst</i>	3	MO
ANADROL-50	5	PAR; MO
ANDROGEL 20.25 MG/1.25GM (1.62%) GEL	3	PAR; QLL (112.5 per 30 days); MO
ANDROGEL 40.5 MG/2.5GM (1.62%) GEL	3	PAR; QLL (150 per 30 days); MO
ANDROGEL PUMP	4	PAR; QLL (150 per 30 days); MO
<i>apri</i>	3	MO
<i>aranelle</i>	3	MO
<i>ashlyna</i>	4	MO
<i>aubra</i>	3	MO
<i>aubra eq</i>	3	MO
<i>aurovela 1.5/30</i>	3	MO
<i>aurovela 1/20</i>	3	MO
<i>aurovela 24 fe</i>	4	MO
<i>aurovela fe 1.5/30</i>	3	MO
<i>aurovela fe 1/20</i>	3	MO
<i>aviane</i>	3	MO
<i>ayuna</i>	3	MO
<i>azurette</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>balziva</i>	4	MO
<i>bekyree</i>	4	MO
<i>blisovi 24 fe</i>	4	MO
<i>blisovi fe 1.5/30</i>	3	MO
<i>blisovi fe 1/20</i>	3	MO
<i>briellyn</i>	4	MO
<i>camila</i>	3	MO
<i>camrese</i>	4	MO
<i>caziant</i>	3	MO
<i>chateal</i>	3	MO
<i>chateal eq</i>	3	MO
<i>cryselle-28</i>	4	MO
<i>cyclafem 1/35</i>	4	MO
<i>cyclafem 7/7/7</i>	3	MO
<i>cyred</i>	3	MO
<i>cyred eq</i>	3	MO
<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	3	MO
<i>dasetta 1/35</i>	4	MO
<i>dasetta 7/7/7</i>	3	MO
<i>daysee</i>	4	MO
<i>deblitane</i>	3	MO
DELESTROGEN	4	MO
<i>delyla</i>	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA 400 MG/ML SUSPENSION	4	MO
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	4	MO
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	3	MO
<i>drospirenone-ethinyl estradiol</i>	4	MO
DUAVEE	4	PAR; QLL (30 per 30 days); MO
ELESTRIN	4	PAR; MO
<i>elinest</i>	4	MO
ELLA	3	
<i>eluryng</i>	4	MO
<i>emoquette</i>	3	MO
<i>enpresse-28</i>	3	MO
<i>enskyce</i>	3	MO
<i>errin</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>estarylla</i>	3	MO
<i>estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw</i>	3	PAR; QLL (8 per 28 days); MO
<i>estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk</i>	3	PAR; QLL (4 per 28 days); MO
<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	3	MO
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PAR; MO; CG
<i>estradiol valerate 20 mg/ml, 40 mg/ml</i>	4	MO
<i>estradiol-norethindrone acet</i>	4	PAR; MO
ESTRING	4	QLL (1 per 90 days); MO; NE
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	3	MO
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	MO
EVAMIST	4	PAR; MO
<i>falmina</i>	3	MO
FEMRING	4	QLL (1 per 90 days); MO; NE
<i>femynor</i>	3	MO
<i>fyavolv</i>	3	PAR; MO
<i>gianvi</i>	4	MO
<i>hailey 1.5/30</i>	3	MO
<i>hailey 24 fe</i>	4	MO
<i>hailey fe 1.5/30</i>	3	MO
<i>hailey fe 1/20</i>	3	MO
<i>heather</i>	3	MO
<i>hydroxyprogesterone caproate 1.25 gm/5ml solution</i>	5	PAR; QLL (25 per 147 over time); NE
<i>incassia</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>introvale</i>	4	MO
<i>isibloom</i>	3	MO
<i>jaimiess</i>	4	MO
<i>jasmiel</i>	4	MO
<i>jencycla</i>	3	MO
<i>jinteli</i>	3	PAR; MO
<i>jolessa</i>	4	MO
<i>jolivette</i>	3	MO
<i>juleber</i>	3	MO
<i>junel 1.5/30</i>	3	MO
<i>junel 1/20</i>	3	MO
<i>junel fe 1.5/30</i>	3	MO
<i>junel fe 1/20</i>	3	MO
<i>junel fe 24</i>	4	MO
<i>kalliga</i>	3	MO
<i>kariva</i>	4	MO
<i>kelnor 1/35</i>	3	MO
<i>kelnor 1/50</i>	4	MO
<i>kurvelo</i>	3	MO
<i>larin 1.5/30</i>	3	MO
<i>larin 1/20</i>	3	MO
<i>larin 24 fe</i>	4	MO
<i>larin fe 1.5/30</i>	3	MO
<i>larin fe 1/20</i>	3	MO
<i>larissia</i>	3	MO
<i>leena</i>	3	MO
<i>lessina</i>	3	MO
<i>levonest</i>	3	MO
<i>levonorg-eth estrad triphasic</i>	3	MO
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab</i>	4	MO
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab, 90-20 mcg tab</i>	3	MO
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	3	MO
<i>levora 0.15/30 (28)</i>	3	MO
<i>lillow</i>	3	MO
LO LOESTRIN FE	4	MO
<i>lo-zumandimine</i>	4	MO
<i>lopreeza</i>	4	PAR; MO
<i>loryna</i>	4	MO
<i>low-ogestrel</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lutra</i>	3	MO
<i>lyza</i>	3	MO
<i>marlissa</i>	3	MO
<i>medroxyprogesterone acetate 150 mg/ml suspension, 150 mg/ml susp prsyr</i>	3	MO
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	MO; CG
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	3	PAR; MO
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension</i>	2	PAR; MO; CG
MENEST 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB	4	PAR; MO
<i>microgestin 1.5/30</i>	3	MO
<i>microgestin 1/20</i>	3	MO
<i>microgestin fe 1.5/30</i>	3	MO
<i>microgestin fe 1/20</i>	3	MO
<i>mili</i>	3	MO
<i>mimvey</i>	4	PAR; MO
<i>mimvey lo</i>	4	PAR; MO
<i>mono-linyah</i>	3	MO
<i>mononessa</i>	3	MO
<i>myzilra</i>	3	MO
<i>necon 0.5/35 (28)</i>	3	MO
<i>necon 7/7/7</i>	3	MO
<i>nikki</i>	4	MO
<i>nora-be</i>	3	MO
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab</i>	4	MO
<i>norethin ace-eth estrad-fe 1-20 tab, 1.5-30 tab</i>	3	MO
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	4	MO
<i>norethindrone 0.35 mg tab</i>	2	MO; CG
<i>norethindrone acet-ethinyl est 1-20 tab, 1.5-30 tab</i>	3	MO
<i>norethindrone acetate 5 mg tab</i>	3	MO
<i>norethindrone-eth estradiol</i>	3	PAR; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab</i>	3	MO
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	4	MO
<i>norgestimate-eth estradiol</i>	3	MO
<i>norlyda</i>	3	MO
<i>norlyroc</i>	3	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35 (21)</i>	4	MO
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7</i>	3	MO
NUVARING	4	MO
<i>ocella</i>	4	MO
<i>ogestrel</i>	4	MO
<i>orsythia</i>	3	MO
<i>oxandrolone 10 mg tab</i>	3	PAR; QLL (60 per 30 days); MO
<i>oxandrolone 2.5 mg tab</i>	3	PAR; QLL (240 per 30 days); MO
<i>philith</i>	4	MO
<i>pimtrea</i>	4	MO
<i>pirmella 1/35</i>	4	MO
<i>pirmella 7/7/7</i>	3	MO
<i>portia-28</i>	3	MO
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	3	PAR; MO
PREMARIN 0.625 MG/GM CREAM	3	MO
PREMPHASE	3	PAR; MO
PREMPRO	3	PAR; MO
<i>previfem</i>	3	MO
<i>progesterone micronized 100 mg cap, 200 mg cap</i>	3	MO
<i>raloxifene hcl</i>	3	QLL (30 per 30 days); MO
<i>reclipsen</i>	3	MO
<i>setlakin</i>	4	MO
<i>sharobel</i>	3	MO
<i>simliya</i>	4	MO
<i>simpesse</i>	4	MO
<i>sprintec 28</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx</i>	3	MO
<i>syeda</i>	4	MO
<i>tarina 24 fe</i>	4	MO
<i>tarina fe 1/20</i>	3	MO
<i>tarina fe 1/20 eq</i>	3	MO
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	3	PAR; QLL (150 per 30 days); MO
<i>testosterone 10 mg/act (2%) gel</i>	3	PAR; QLL (120 per 30 days); MO
<i>testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel</i>	3	PAR; QLL (300 per 30 days); MO
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	3	PAR; QLL (112.5 per 30 days); MO
<i>testosterone cypionate 100 mg/ml, 200 mg/ml</i>	2	PAR; MO; CG
<i>testosterone enanthate 200 mg/ml solution</i>	4	PAR; MO
<i>tilia fe</i>	4	MO
<i>tri femynor</i>	4	MO
<i>tri-estarylla</i>	4	MO
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	4	MO
<i>tri-lo-estarylla</i>	3	MO
<i>tri-lo-marzia</i>	3	MO
<i>tri-lo-mili</i>	3	MO
<i>tri-lo-sprintec</i>	3	MO
<i>tri-mili</i>	4	MO
<i>tri-previfem</i>	4	MO
<i>tri-sprintec</i>	4	MO
<i>tri-vylibra</i>	4	MO
<i>tri-vylibra lo</i>	3	MO
<i>trinessa (28)</i>	4	MO
<i>trinessa lo</i>	3	MO
<i>trivora (28)</i>	3	MO
<i>tulana</i>	3	MO
VAGIFEM	4	MO
<i>velivet</i>	3	MO
<i>vienva</i>	3	MO
<i>viorele</i>	4	MO
VIVELLE-DOT	4	PAR; QLL (8 per 28 days); MO
<i>volnea</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>vyfemla</i>	4	MO
<i>vylibra</i>	3	MO
<i>wera</i>	3	MO
<i>wymzya fe</i>	4	MO
<i>xulane</i>	4	MO
<i>yuvafem</i>	4	MO
<i>zarah</i>	4	MO
<i>zovia 1/35e (28)</i>	3	MO
<i>zumandimine</i>	4	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	3	PAR; MO
<i>euthyrox</i>	1	MO; CG
<i>levo-t</i>	1	MO; CG
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	MO; CG
<i>levoxyl</i>	1	MO; CG
<i>liothyronine sodium 10 mcg/ml solution</i>	5	MO
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	MO; CG
<i>np thyroid</i>	2	PAR; MO; CG
SYNTHROID	3	MO
<i>thyroid 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	2	PAR; MO; CG
TIROSINT	3	MO
TIROSINT-SOL	3	MO
<i>unithroid</i>	1	MO; CG
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	MO
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	3	MO
FIRMAGON	4	PAR; QLL (1 per 28 days)
FIRMAGON (240 MG DOSE)	5	PAR; QLL (4 per 365 over time); NE
<i>leuprolide acetate 1 mg/0.2ml kit</i>	4	PAR

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH)	5	PAR; QLL (1 per 28 days)
LUPRON DEPOT (3-MONTH)	5	PAR; QLL (1 per 84 days); NE
LUPRON DEPOT (4-MONTH)	5	PAR; QLL (1 per 112 over time); NE
LUPRON DEPOT (6-MONTH)	5	PAR; QLL (1 per 168 over time); NE
LUPRON DEPOT-PED (1-MONTH) 11.25 MG, (1-MONTH) 15 MG	4	PAR; QLL (1 per 28 days)
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	5	PAR; QLL (1 per 28 days)
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 1000 mcg/ml</i>	4	PAR
<i>octreotide acetate 500 mcg/ml solution</i>	5	PAR
SIGNIFOR	5	PAR; LA
SOMATULINE DEPOT	5	PAR
SOMAVERT	5	PAR; LA
SYNAREL	5	PAR
TRELSTAR MIXJECT 11.25 MG RECON SUSP	5	PAR; QLL (1 per 84 days); NE
TRELSTAR MIXJECT 22.5 MG RECON SUSP	5	PAR; QLL (1 per 168 over time); NE
TRELSTAR MIXJECT 3.75 MG RECON SUSP	5	PAR; QLL (1 per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole 5 mg tab, 10 mg tab</i>	1	MO; CG
<i>propylthiouracil 50 mg tab</i>	3	MO
Immunological Agents		
ACTHIB	3	MO
ACTIMMUNE	5	PAR; LA
ADACEL	3	MO
ARCALYST	5	PAR
<i>azathioprine 50 mg tab</i>	2	B/D PAR; MO; CG
AZATHIOPRINE SODIUM	4	B/D PAR; MO
BCG VACCINE	4	MO
BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN	5	PAR
A-INJ, 200 MG/ML SOLN		
PRSYR, 400 MG RECON SOLN		
BEXSERO	3	MO

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX	3	MO
CELLCEPT INTRAVENOUS	4	B/D PAR
CINRYZE	5	PAR; LA
COSENTYX	5	PAR; LA; QLL (8 per 28 days)
COSENTYX (300 MG DOSE)	5	PAR; LA; QLL (8 per 28 days)
COSENTYX SENSOREADY (300 MG)	5	PAR; LA; QLL (8 per 28 days)
COSENTYX SENSOREADY PEN	5	PAR; LA; QLL (8 per 28 days)
<i>cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap</i>	4	B/D PAR
<i>cyclosporine modified 25 mg cap, 100 mg/ml solution, 100 mg cap</i>	4	B/D PAR
<i>cyclosporine modified 50 mg cap</i>	2	B/D PAR; CG
DAPTACEL	3	MO
DIPHThERIA-TETANUS	3	MO
TOXOIDS DT		
ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN	5	PAR; QLL (8 per 28 days)
PRSYR		
ENBREL 25 MG/0.5ML SOLN PRSYR	5	PAR; QLL (4.08 per 28 days)
ENBREL 25 MG/0.5ML SOLUTION	5	PAR; QLL (4 per 28 days)
ENBREL MINI	5	PAR; QLL (8 per 28 days)
ENBREL SURECLICK	5	PAR; QLL (8 per 28 days)
ENGERIX-B 10 MCG/0.5ML SUSPENSION, 20 MCG/ML SUSPENSION	3	B/D PAR; MO
ENVARUSUS XR 0.75 MG TAB ER, 1 MG TAB ER	4	B/D PAR
ENVARUSUS XR 4 MG TAB ER 24H	5	B/D PAR
<i>everolimus 0.25 mg tab</i>	4	B/D PAR; MO
<i>everolimus 0.5 mg tab, 0.75 mg tab</i>	5	B/D PAR
FIRAZYR	5	PAR
GAMUNEX-C	5	PAR
GARDASIL 9	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf 25 mg cap, 100 mg cap, 100 mg/ml solution</i>	4	B/D PAR
HAVRIX	3	MO
HIBERIX	3	MO
HUMIRA 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML	5	PAR; QLL (2 per 28 days)
HUMIRA 40 MG/0.8ML, 40 MG/0.4ML	5	PAR; QLL (4 per 28 days)
HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML, 80 MG/0.8ML	5	PAR; QLL (6 per 365 over time); NE
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	5	PAR; QLL (12 per 365 over time); NE
HUMIRA PEN	5	PAR; QLL (4 per 28 days)
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	5	PAR; QLL (12 per 365 over time); NE
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	5	PAR; QLL (6 per 365 over time); NE
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	5	PAR; QLL (8 per 365 over time); NE
HUMIRA PEN-PS/UV/ADOL HS START 80 MG/0.8ML & 40MG/0.4ML PEN KIT	5	PAR; QLL (6 per 365 over time); NE
HYPERRAB	5	
HYPERRAB S/D 1500 UNIT/10ML SOLUTION	3	MO
HYPERRAB S/D 300 UNIT/2ML SOLUTION	3	
<i>icatibant acetate</i>	5	PAR
ILARIS	5	PAR; LA
IMOGAM RABIES-HT 1500 UNIT/10ML SOLUTION	3	MO
IMOGAM RABIES-HT 300 UNIT/2ML SOLUTION	3	
IMOVAX RABIES	3	MO
INFANRIX	3	MO
INTRON A 10000000 SOLN, 18000000 SOLN	4	B/D PAR

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

Drug Name	Drug Tier	Requirements/Limits
INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN	5	B/D PAR
IPOL	3	MO
IXIARO	3	MO
KEDRAB 1500 UNIT/10ML SOLUTION	3	MO
KEDRAB 300 UNIT/2ML SOLUTION	3	
KINRIX	3	MO
<i>leflunomide 10 mg tab</i>	4	MO
<i>leflunomide 20 mg tab</i>	3	MO
M-M-R II	3	MO
MENACTRA	3	MO
MENVEO	3	MO
METHOTREXATE (ANTI-RHEUMATIC)	3	MO
<i>methotrexate 2.5 mg tab</i>	2	MO; CG
<i>methotrexate sodium (pf)</i>	2	MO; CG
<i>methotrexate sodium 1 gm recon soln, 2.5 mg tab</i>	2	MO; CG
<i>methotrexate sodium 50 mg/2ml, 250 mg/10ml</i>	4	MO
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	B/D PAR
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	B/D PAR; CG
<i>mycophenolate mofetil hcl</i>	4	B/D PAR
<i>mycophenolate sodium</i>	4	B/D PAR
NULOJIX	5	PAR
OCTAGAM 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 25 GM/500ML, 30 GM/300ML	5	PAR
PEDIARIX	3	MO
PEDVAX HIB	3	MO
PEGASYS	5	
PEGASYS PROCLICK 180 MCG/0.5ML SOLUTION	5	
PENTACEL	3	MO
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	B/D PAR
PROGRAF 5 MG/ML SOLUTION	5	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
PROQUAD	3	MO
QUADRACEL	3	MO
RABAVERT	4	MO
RECOMBIVAX HB	3	B/D PAR; MO
REMICADE	5	PAR
RIDAURA	5	MO
RINVOQ	5	PAR; QLL (30 per 30 days)
ROTARIX	3	MO
ROTATEQ	3	MO
SANDIMMUNE 100 MG/ML SOLUTION	4	B/D PAR
SHINGRIX	3	MO
SIMULECT	5	B/D PAR
<i>sirolimus 0.5 mg tab, 1 mg/ml solution, 1 mg tab, 2 mg tab</i>	4	B/D PAR
SKYRIZI (150 MG DOSE)	5	PAR; QLL (6 per 365 days); NE
STAMARIL	3	MO
STELARA 45 MG/0.5ML SOLN, 90 MG/ML SOLN	5	PAR; QLL (1 per 28 days)
STELARA 45 MG/0.5ML SOLUTION	5	PAR; LA; QLL (1 per 28 days)
SYLATRON	5	PAR
SYNAGIS	5	PAR
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	4	B/D PAR
TDVAX	3	MO
<i>temsirolimus</i>	5	PAR
TENIVAC	4	MO
THYMOGLOBULIN	5	B/D PAR
TORISEL	5	PAR
TRUMENBA	3	MO
TWINRIX	3	MO
TYPHIM VI	3	MO
VAQTA	3	MO
VARIVAX	3	MO
VARIZIG	3	
XATMEP	4	
XOLAIR 150 MG RECON SOLN	5	PAR; LA; QLL (6 per 28 days)
YF-VAX	3	MO
ZORTRESS	5	B/D PAR
ZOSTAVAX	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
APRISO	4	MO
ASACOL HD	4	MO
<i>balsalazide disodium</i>	4	MO
<i>budesonide 3 mg cp dr part</i>	4	MO
<i>budesonide er</i>	5	PAR; MO
<i>colocort</i>	4	MO
DELZICOL	4	MO
<i>hydrocortisone 10 mg tab</i>	3	MO
<i>hydrocortisone 100 mg/60ml enema</i>	4	MO
<i>hydrocortisone 20 mg tab</i>	2	MO; CG
LIALDA	4	MO
<i>mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr</i>	3	MO
<i>mesalamine 1000 mg suppos</i>	4	MO
<i>mesalamine er</i>	3	MO
<i>mesalamine w/ cleanser</i>	4	MO
PENTASA 250 MG CAP ER	3	MO
PENTASA 500 MG CAP ER	5	MO
<i>sulfasalazine 500 mg tab dr, 500 mg tab</i>	2	MO; CG
Metabolic Bone Disease Agents		
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	6	QLL (4 per 28 days); MO; CG
<i>alendronate sodium 5 mg tab, 10 mg tab, 40 mg tab</i>	6	QLL (30 per 30 days); MO; CG
<i>alendronate sodium 70 mg/75ml solution</i>	3	QLL (300 per 28 days); MO
BONIVA 3 MG/3ML SOLUTION	4	B/D PAR; MO
<i>calcitonin (salmon)</i>	3	QLL (4 per 30 days); MO
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	B/D PAR; MO; CG
<i>calcitriol 1 mcg/ml solution</i>	3	B/D PAR; MO
<i>cinacalcet hcl 30 mg tab</i>	4	B/D PAR; QLL (60 per 30 days)
<i>cinacalcet hcl 60 mg tab</i>	5	B/D PAR; QLL (60 per 30 days)
<i>cinacalcet hcl 90 mg tab</i>	5	B/D PAR; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution</i>	4	B/D PAR; MO
<i>etidronate disodium 400 mg tab</i>	4	
FORTEO	5	PAR; QLL (3 per 28 days)
FOSAMAX PLUS D	4	ST; QLL (4 per 28 days); MO
<i>ibandronate sodium 150 mg tab</i>	2	QLL (1 per 28 days); MO; CG
<i>ibandronate sodium 3 mg/3ml solution</i>	4	B/D PAR
MIACALCIN 200 UNIT/ML SOLUTION	5	B/D PAR; MO
NATPARA	5	PAR; QLL (2 per 28 days)
<i>pamidronate disodium 30 mg recon soln, 30 mg/10ml solution, 90 mg recon soln, 90 mg/10ml solution</i>	4	
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	3	B/D PAR
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	4	B/D PAR; MO
PROLIA	4	PAR; QLL (1 per 180 over time); NE
<i>risedronate sodium 150 mg tab</i>	4	ST; QLL (1 per 28 days); MO
<i>risedronate sodium 35 mg tab dr, 35 mg tab</i>	4	ST; QLL (4 per 28 days); MO
<i>risedronate sodium 5 mg tab, 30 mg tab</i>	4	ST; QLL (30 per 30 days); MO
TERIPARATIDE (RECOMBINANT)	5	PAR; QLL (3 per 28 days)
TYMLOS	5	PAR; QLL (1.56 per 28 days)
XGEVA	5	PAR; QLL (5.1 per 28 days)
ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/5ML CONC	4	PAR
<i>zoledronic acid 5 mg/100ml solution</i>	4	PAR
ZOMETA 4 MG/100ML SOLUTION	4	PAR

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

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
<i>acetylcysteine 200 mg/ml solution</i>	2	CG
ALCOHOL SWABS	1	MO; CG
<i>argyle sterile water</i>	3	MO
<i>fomepizole</i>	5	MO
INSULIN PEN NEEDLE	2	QLL (200 per 30 days); MO; CG
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	QLL (200 per 30 days); MO; CG
INSULIN SYRINGE (DISP) U-100 1 ML	2	QLL (200 per 30 days); MO; CG
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	QLL (200 per 30 days); MO; CG
<i>methergine</i>	5	MO
<i>methylergonovine maleate 0.2 mg tab</i>	5	MO
NEEDLES, INSULIN DISP., SAFETY	2	QLL (200 per 30 days); MO; CG
<i>sterile water for irrigation</i>	3	MO
TRODELVY	5	PAR
<i>water for irrigation, sterile</i>	3	MO
Ophthalmic Agents		
<i>acetazolamide er</i>	4	MO
<i>ak-poly-bac</i>	2	MO; CG
ALPHAGAN P 0.1 % SOLUTION	3	MO
<i>apraclonidine hcl</i>	3	MO
ATROPINE SULFATE 1 % SOLUTION, 1 % OINTMENT	3	MO
<i>azelastine hcl 0.05 % solution</i>	3	MO
AZOPT	4	MO
<i>bacitra-neomycin-polymyxin-hc</i>	2	MO; CG
<i>bacitracin 500 unit/gm ointment</i>	3	MO
<i>bacitracin-polymyxin b</i>	2	MO; CG
<i>betaxolol hcl 0.5 % solution</i>	2	MO; CG
BETIMOL	4	MO
BETOPTIC-S	4	MO
<i>bimatoprost 0.03 % solution</i>	3	MO
BLEPHAMIDE S.O.P.	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate 0.15 % solution</i>	3	MO
<i>brimonidine tartrate 0.2 % solution</i>	2	MO; CG
<i>bromfenac sodium (once-daily)</i>	4	MO
<i>carteolol hcl</i>	1	MO; CG
COMBIGAN	3	MO
<i>cromolyn sodium 4 % solution</i>	2	MO; CG
<i>dexamethasone sodium phosphate 0.1 % solution</i>	2	MO; CG
<i>diclofenac sodium 0.1 % solution</i>	2	MO; CG
<i>dorzolamide hcl 2 % solution</i>	2	MO; CG
DORZOLAMIDE HCL 2 % SOLUTION	2	CG
<i>dorzolamide hcl-timolol mal</i>	2	MO; CG
DUREZOL	3	MO
<i>epinastine hcl</i>	3	MO
<i>erythromycin 5 mg/gm ointment</i>	2	MO; CG
<i>fluorometholone</i>	2	MO; CG
<i>flurbiprofen sodium</i>	1	MO; CG
<i>gentak</i>	2	MO; CG
ILEVRO	3	MO
IOPIDINE 0.5 % SOLUTION	4	MO
ISOPTO ATROPINE	3	MO
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	MO; CG
LACRISERT	3	QLL (60 per 30 days); MO
<i>latanoprost 0.005 % solution</i>	1	MO; CG
<i>levobunolol hcl</i>	2	MO; CG
<i>levofloxacin 0.5 % solution</i>	4	MO
LUMIGAN	3	MO
<i>methazolamide 25 mg tab, 50 mg tab</i>	4	MO
<i>moxifloxacin hcl 0.5 % solution</i>	3	MO
NATACYN	4	MO
<i>neo-polycin</i>	3	MO
<i>neo-polycin hc</i>	2	MO; CG

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Drug Name	Drug Tier	Requirements/Limits
neomycin-bacitracin zn-polymyx	3	MO
neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension	2	MO; CG
neomycin-polymyxin-gramicidin	3	MO
neomycin-polymyxin-hc 3.5-10000-1 suspension	3	MO
ofloxacin 0.3 % solution	2	MO; CG
olopatadine hcl 0.1 % solution	4	MO
olopatadine hcl 0.2 % solution	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
pilocarpine hcl 1 %, 2 %, 4 %	2	MO; CG
polycin	2	MO; CG
polymyxin b-trimethoprim	1	MO; CG
prednisolone acetate 1 % suspension	2	MO; CG
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	MO
proparacaine hcl 0.5 % solution	3	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
sulfacetamide sodium 10 % ointment	3	MO
sulfacetamide-prednisolone 10-0.23 % solution	2	MO; CG
timolol maleate 0.25 % gel soln, 0.5 % gel soln	2	MO; CG
timolol maleate 0.25 %, 0.5 %	1	MO; CG
TIMOPTIC 0.25 % SOLUTION	4	MO
TOBRADEX 0.3-0.1 % OINTMENT	3	MO
TOBRADEX ST	3	MO

Drug Name	Drug Tier	Requirements/Limits
tobramycin-dexamethasone	3	MO
TRAVATAN Z	4	MO
travoprost (bak free)	3	MO
XIIDRA	3	PAR; QLL (60 per 30 days); MO
ZIOPTAN	4	MO
Otic Agents		
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
CORTISPORIN-TC	4	MO
flac	4	MO
fluocinolone acetonide 0.01 % oil	4	MO
hydrocortisone-acetic acid	4	MO
neomycin-polymyxin-hc 1 %, 3.5-10000-1	2	MO; CG
Respiratory Tract/Pulmonary Agents		
acetylcysteine 10 %, 20 %	2	B/D PAR; MO; CG
ADEMPAS	5	PAR; LA
ADVAIR DISKUS	3	QLL (60 per 30 days); MO
ADVAIR HFA	3	QLL (12 per 30 days); MO
albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln	2	B/D PAR; QLL (360 per 30 days); MO; CG
albuterol sulfate 2 mg tab, 4 mg tab	4	MO
albuterol sulfate 2 mg/5ml syrup	1	MO; CG
albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln	2	B/D PAR; QLL (60 per 30 days); MO; CG
albuterol sulfate er 4 mg tab er 12h	3	MO
albuterol sulfate er 8 mg tab er 12h	4	MO
albuterol sulfate hfa	2	MO; CG
ambrisentan	5	PAR; LA; QLL (30 per 30 days)
aminophylline 25 mg/ml solution	4	MO
ANORO ELLIPTA	3	QLL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA	3	QLL (30 per 30 days); MO
ASMANEX (120 METERED DOSES)	3	QLL (1 per 30 days); MO
ASMANEX (14 METERED DOSES)	3	QLL (2 per 30 days); MO
ASMANEX (30 METERED DOSES)	3	QLL (1 per 30 days); MO
ASMANEX (60 METERED DOSES)	3	QLL (1 per 30 days); MO
ASMANEX 30 METERED DOSES	3	QLL (1 per 30 days); MO
ASMANEX 7 METERED DOSES	3	QLL (4 per 30 days); MO
ASMANEX HFA	3	QLL (13 per 30 days); MO
ATROVENT HFA	4	QLL (26 per 30 days); MO
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	3	QLL (30 per 25 days); MO
<i>azelastine hcl 0.15 % solution</i>	4	QLL (30 per 25 days); MO
<i>bosentan</i>	5	PAR; LA; QLL (60 per 30 days)
BREO ELLIPTA	3	QLL (60 per 30 days); MO
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i>	4	B/D PAR; QLL (120 per 30 days); MO
<i>budesonide 1 mg/2ml suspension</i>	4	B/D PAR; QLL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	3	QLL (11 per 30 days); MO
CAYSTON	5	PAR; LA
<i>cetirizine hcl</i>	2	MO; CG
<i>cetirizine hcl allergy child</i>	2	MO; CG
<i>clemastine fumarate 2.68 mg tab</i>	2	PAR; MO; CG
COMBIVENT RESPIMAT	4	QLL (8 per 30 days); MO
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2	B/D PAR; QLL (240 per 30 days); MO; CG
<i>cyproheptadine hcl 2 mg/5ml syrup, 4 mg tab</i>	3	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
DALIRESP	4	PAR; QLL (30 per 30 days); MO
<i>desloratadine</i>	2	MO; CG
<i>diphenhydramine hcl 50 mg/ml solution</i>	3	MO
DULERA	3	QLL (13 per 30 days); MO
ELIXOPHYLLIN	3	MO
<i>epinephrine 0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln</i>	3	QLL (2 per 28 days); MO
<i>epinephrine 30 mg/30ml solution</i>	4	MO
<i>epinephrine pf</i>	4	
ESBRIET 267 MG TAB, 267 MG CAP	5	PAR; QLL (270 per 30 days)
ESBRIET 801 MG TAB	5	PAR; QLL (90 per 30 days)
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	3	QLL (240 per 30 days); MO
FLOVENT DISKUS 50 MCG/BLIST, 100 MCG/BLIST	3	QLL (60 per 30 days); MO
FLOVENT HFA 110 MCG/ACT AEROSOL	3	QLL (12 per 30 days); MO
FLOVENT HFA 220 MCG/ACT AEROSOL	3	QLL (24 per 30 days); MO
FLOVENT HFA 44 MCG/ACT AEROSOL	3	QLL (11 per 30 days); MO
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QLL (75 per 30 days); MO; CG
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QLL (16 per 30 days); MO; CG
<i>fluticasone-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	QLL (60 per 30 days); MO
<i>hydroxyzine hcl 10 mg/5ml syrup, 10 mg tab, 50 mg/ml solution, 50 mg tab</i>	3	PAR; MO
<i>hydroxyzine hcl 25 mg tab</i>	2	PAR; MO; CG
<i>hydroxyzine hcl 25 mg/ml solution</i>	4	PAR; MO
<i>ipratropium bromide 0.02 % solution</i>	2	B/D PAR; MO; CG
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	QLL (30 per 30 days); MO; CG

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol</i>	2	B/D PAR; QLL (540 per 30 days); MO; CG
KALYDECO 150 MG TAB	5	PAR; QLL (60 per 30 days)
<i>levalbuterol hcl 0.31 mg/3ml soln, 1.25 mg/3ml soln, 1.25 mg/0.5ml soln</i>	4	B/D PAR; QLL (270 per 30 days); MO
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	4	B/D PAR; QLL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	4	QLL (45 per 30 days); MO
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	4	MO
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	MO; CG
<i>metaproterenol sulfate 10 mg tab, 20 mg tab</i>	2	CG
<i>metaproterenol sulfate 10 mg/5ml syrup</i>	2	MO; CG
<i>mometasone furoate 50 mcg/act suspension</i>	2	MO; CG
<i>montelukast sodium 10 mg tab</i>	2	PAR; MO; CG
<i>montelukast sodium 4 mg chew tab, 5 mg chew tab</i>	3	PAR; MO
<i>montelukast sodium 4 mg packet</i>	4	PAR; MO
NASONEX	4	MO
NUCALA 100 MG/ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ	5	PAR; LA
OFEV	5	PAR; QLL (60 per 30 days)
OPSUMIT	5	PAR; LA; QLL (30 per 30 days)
ORENITRAM 0.125 MG TAB ER	3	PAR; LA
ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	5	PAR; LA
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PAR; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PERFOROMIST	5	B/D PAR; QLL (120 per 30 days); MO
PROAIR HFA	3	MO
PROAIR RESPICLICK	3	MO
<i>promethazine hcl 25 mg/ml solution</i>	3	PAR; MO
<i>promethazine hcl 50 mg/ml solution</i>	4	PAR; MO
<i>promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup</i>	2	PAR; MO; CG
PULMOZYME	5	B/D PAR
QVAR REDIHALER 40 MCG/ACT AERO BA	3	QLL (11 per 30 days); MO
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QLL (22 per 30 days); MO
REMODULIN	5	PAR; LA
<i>ribavirin 6 gm recon soln</i>	5	PAR
SEREVENT DISKUS	3	QLL (60 per 30 days); MO
<i>sildenafil citrate 20 mg tab</i>	4	PAR; QLL (90 per 30 days)
SPIRIVA HANDIHALER	3	QLL (30 per 30 days); MO
SPIRIVA RESPIMAT	3	QLL (4 per 30 days); MO
STIOLTO RESPIMAT	3	QLL (4 per 30 days); MO
SYMBICORT	3	QLL (11 per 30 days); MO
SYMJEPI	3	QLL (2 per 28 days); MO
<i>terbutaline sulfate 1 mg/ml solution</i>	4	MO
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	3	MO
<i>theophylline</i>	2	MO; CG
<i>theophylline er er 100 mg tab er, er 200 mg tab er</i>	2	CG
<i>theophylline er er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h</i>	2	MO; CG
<i>tobramycin 300 mg/5ml nebu soln</i>	5	B/D PAR; QLL (280 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRACLEER 32 MG TAB SOL	5	PAR; LA; QLL (120 per 30 days)
<i>treprostinil</i>	5	PAR; LA
UPTRAVI 200 & 800 MCG TAB THPK	5	PAR; LA
UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	5	PAR; LA; QLL (60 per 30 days)
VENTAVIS	5	PAR; QLL (270 per 30 days)
VENTOLIN HFA	3	MO
VIRAZOLE	5	PAR; MO
<i>wixela inhub</i>	3	QLL (60 per 30 days); MO
<i>zafirlukast</i>	4	MO
Skeletal Muscle Relaxants		
BOTOX	4	PAR
<i>carisoprodol 350 mg tab</i>	3	PAR; MO
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	2	PAR; MO; CG
<i>cyclobenzaprine hcl 7.5 mg tab</i>	4	PAR; MO
DYSPORT	4	PAR
<i>methocarbamol 500 mg tab, 750 mg tab</i>	4	PAR; MO
XEOMIN 200 UNIT RECON SOLN	5	PAR
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Sleep Disorder Agents		
<i>armodafinil 150 mg tab, 200 mg tab</i>	4	PAR; QLL (30 per 30 days); MO
<i>armodafinil 250 mg tab</i>	3	PAR; QLL (30 per 30 days); MO
<i>armodafinil 50 mg tab</i>	4	PAR; QLL (60 per 30 days); MO
<i>eszopiclone</i>	4	QLL (30 per 30 days); MO
HETLIOZ	5	PAR; LA; QLL (30 per 30 days)
<i>modafinil 100 mg tab</i>	4	PAR; MO
<i>modafinil 200 mg tab</i>	4	PAR; QLL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon</i>	3	QLL (30 per 30 days); MO
ROZEREM	4	QLL (30 per 30 days); MO
<i>temazepam 15 mg cap, 30 mg cap</i>	2	QLL (30 per 30 days); MO; CG
XYREM	5	PAR; LA; QLL (540 per 30 days)
<i>zaleplon 10 mg cap</i>	2	QLL (60 per 30 days); MO; CG
<i>zaleplon 5 mg cap</i>	2	QLL (30 per 30 days); MO; CG
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	2	PAR; QLL (30 per 30 days); MO; CG
<i>zolpidem tartrate er</i>	4	PAR; QLL (30 per 30 days); MO

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

Index of Drugs

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

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

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

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<i>carbamazepine er er 100 mg cap er, er 200 mg tab er, er 200 mg cap er, er 300 mg cap er, er 400 mg tab er.....</i>	15	<i>cefpodoxime proxetil 100 mg/5ml recon susp, 200 mg tab.....</i>	12
<i>carbidopa 25 mg tab.....</i>	28	<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab.....</i>	12
<i>carbidopa-levodopa 10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp.....</i>	28	<i>cefprozil 125 mg/5ml recon susp, 250 mg/5ml recon susp, 500 mg tab.....</i>	12
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab.....</i>	28	<i>cefprozil 250 mg tab.....</i>	12
<i>carbidopa-levodopa er.....</i>	28	<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln.....</i>	12
<i>carbidopa-levodopa-entacapone.....</i>	29	CEFTAZIDIME AND DEXTROSE.....	12
<i>carboplatin.....</i>	23	<i>ceftriaxone sodium 1 gm soln, 250 mg soln.....</i>	12
CARDIZEM LA 120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER, 300 MG TAB ER, 360 MG TAB ER.....	39	CEFTRIAXONE SODIUM 2 GM SOLN, 10 GM SOLN, 100 GM SOLN, 500 MG SOLN.....	12
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<i>carteolol hcl.....</i>	60	<i>cefuroxime axetil 250 mg tab.....</i>	12
<i>cartia xt.....</i>	39	<i>cefuroxime axetil 500 mg tab.....</i>	12
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<i>cavarest.....</i>	44	<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap.....</i>	8
CAYSTON.....	62	<i>celecoxib 50 mg cap.....</i>	8
<i>caziant.....</i>	53	CELLCEPT INTRAVENOUS.....	57
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<i>cefaclor 250 mg cap, 500 mg cap.....</i>	11	<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg tab, 500 mg cap.....</i>	12
CEFACLOR ER.....	11	<i>cephalexin 250 mg/5ml recon susp.....</i>	12
<i>cefadroxil 1 gm tab.....</i>	11	CERDELGA.....	50
<i>cefadroxil 250 mg/5ml, 500 mg/5ml.....</i>	11	CEREZYME.....	50
<i>cefadroxil 500 mg cap.....</i>	11	<i>cetirizine hcl.....</i>	62
<i>cefazolin sodium 1 gm soln, 10 gm soln, 100 gm soln, 300 gm soln.....</i>	11	<i>cetirizine hcl allergy child.....</i>	62
<i>cefazolin sodium 20 gm recon soln.....</i>	11	<i>cevimeline hcl.....</i>	44
<i>cefazolin sodium 500 mg recon soln.....</i>	11	CHANTIX 0.5 MG TAB.....	11
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		<i>chlordiazepoxide hcl.....</i>	34
		<i>chlorhexidine gluconate 0.12 % solution.....</i>	44

<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	28	<i>clarithromycin 250 mg/5ml recon susp</i>	12
<i>chlorothiazide 250 mg tab</i>	39	<i>clarithromycin er</i>	12
<i>chlorothiazide 500 mg tab</i>	39	<i>clemastine fumarate 2.68 mg tab</i>	62
<i>chlorothiazide sodium</i>	39	<i>clindacin etz 1 % swab</i>	12
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 200 mg tab</i>	29	<i>clindacin-p</i>	12
<i>chlorthalidone</i>	39	<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	12
<i>cholestyramine 4 gm/dose powder, 4 gm packet</i>	39	<i>clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 % gel</i>	45
<i>cholestyramine light 4 gm packet, 4 gm/dose powder</i>	39	<i>clindamycin phosphate 1 % lotion, 1 % gel</i>	12
<i>ciclodan 8 % solution</i>	45	<i>clindamycin phosphate 1 % solution</i>	45
<i>ciclopirox 0.77 % gel, 1 % shampoo</i>	45	<i>clindamycin phosphate 1 % swab</i>	12
<i>ciclopirox 8 % solution</i>	45	<i>clindamycin phosphate 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution</i>	13
<i>ciclopirox olamine 0.77 % cream, 0.77 % suspension</i>	21	<i>clindamycin phosphate in d5w 900 mg/50ml solution</i>	13
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<i>cimetidine hcl</i>	49	CLINIMIX E/DEXTROSE (4.25/25).....	47
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<i>cinacalcet hcl 60 mg tab</i>	59	CLINIMIX E/DEXTROSE (5/15).....	47
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<i>ciprofloxacin hcl 250 mg tab, 500 mg tab</i>	12	CLINIMIX/DEXTROSE (4.25/10).....	47
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<i>cisplatin 50 mg/50ml, 100 mg/100ml, 200 mg/200ml</i>	23	CLINIMIX/DEXTROSE (5/20).....	47
<i>citalopram hydrobromide 10 mg tab</i>	18	CLINIMIX/DEXTROSE (5/25).....	47
<i>citalopram hydrobromide 10 mg/5ml solution</i>	18	CLINOLIPID.....	47
<i>citalopram hydrobromide 20 mg tab</i>	18	<i>clobazam 10 mg tab</i>	15
<i>citalopram hydrobromide 40 mg tab</i>	18	<i>clobazam 2.5 mg/ml suspension</i>	15
<i>cladribine</i>	23	<i>clobazam 20 mg tab</i>	15
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<i>clarithromycin 125 mg/5ml recon susp</i>	12	<i>clobetasol propionate 0.05 % cream</i>	45
<i>clarithromycin 250 mg tab, 500 mg tab</i>	12	<i>clobetasol propionate 0.05 % foam</i>	45
		<i>clobetasol propionate 0.05 % lotion, 0.05 % shampoo</i>	45
		<i>clobetasol propionate 0.05 % ointment</i>	45
		<i>clobetasol propionate 0.05 % solution, 0.05 % gel</i>	45

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<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	39	COSENTYX (300 MG DOSE).....	57
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<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	45	CRIXIVAN 200 MG CAP.....	32
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<i>clozapine 100 mg tab disp</i>	29	<i>cromolyn sodium 20 mg/2ml nebu soln</i>	62
<i>clozapine 12.5 mg tab disp</i>	29	<i>cromolyn sodium 4 % solution</i>	60
<i>clozapine 150 mg tab disp</i>	29	<i>cryselle-28</i>	53
<i>clozapine 200 mg tab</i>	29	<i>cyclafem 1/35</i>	53
<i>clozapine 200 mg tab disp</i>	29	<i>cyclafem 7/7/7</i>	53
<i>clozapine 25 mg tab</i>	29	<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	64
<i>clozapine 25 mg tab disp</i>	29	<i>cyclobenzaprine hcl 7.5 mg tab</i>	64
<i>clozapine 50 mg tab</i>	29	<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	23
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<i>colchicine-probenecid</i>	22	<i>cyclosporine modified 25 mg cap, 100 mg/ml solution, 100 mg cap</i>	57
<i>colesevelam hcl</i>	39	<i>cyclosporine modified 50 mg cap</i>	57
<i>colestipol hcl 1 gm tab, 5 gm packet, 5 gm granules</i>	39	<i>cyproheptadine hcl 2 mg/5ml syrup, 4 mg tab</i>	62
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<i>dacarbazine</i>	23	<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	53
<i>dactinomycin</i>	23	<i>desonide 0.05 % cream, 0.05 % ointment</i>	45
<i>dalfampridine er</i>	43	<i>desonide 0.05 % lotion</i>	51
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<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	53	<i>desvenlafaxine er 100 mg tab er 24h</i>	18
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	31	DESVENLAFAXINE ER 100 MG TAB ER 24H.....	18
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<i>dasetta 1/35</i>	53	<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	51
<i>dasetta 7/7/7</i>	53	<i>dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution</i>	51
<i>daunorubicin hcl , 20 mg/4ml solution</i>	23	<i>dexamethasone 2 mg tab, 4 mg tab, 6 mg tab</i>	51
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<i>daysee</i>	53	<i>dexamethasone sodium phosphate 0.1 % solution</i>	60
<i>deblitane</i>	53	<i>dexamethasone sodium phosphate 4 mg/ml, 10 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml</i>	51
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<i>decadron 4 mg tab, 6 mg tab</i>	51	<i>dextroamphetamine sulfate 10 mg tab</i>	43
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<i>deferasirox 125 mg tab, 250 mg tab, 500 mg tab</i>	47	<i>dextrose 5 %, 10 %, 20 %, 30 %, 40 %, 70 %, 250 mg/ml</i>	47
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<i>denta 5000 plus</i>	44	<i>diazepam 2 mg tab</i>	35
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<i>desmopressin ace spray refrig</i>	52		
<i>desmopressin acetate 0.1 mg tab</i>	52		
<i>desmopressin acetate 0.2 mg tab, 4 mcg/ml solution</i>	52		
<i>desmopressin acetate spray</i>	52		

<i>diazepam 5 mg/5ml solution</i>	35
<i>diazepam 5 mg/ml conc, 5 mg tab</i>	35
<i>diazepam intensol</i>	35
<i>diazoxide 50 mg/ml suspension</i>	35
<i>diclofenac potassium</i>	8
<i>diclofenac sodium 0.1 % solution</i>	60
<i>diclofenac sodium 1 % gel</i>	8
<i>diclofenac sodium 1.5 % solution</i>	8
<i>diclofenac sodium 25 mg tab dr</i>	8
<i>diclofenac sodium 3 % gel</i>	45
<i>diclofenac sodium 50 mg tab dr</i>	8
<i>diclofenac sodium 75 mg tab dr</i>	9
<i>diclofenac sodium er</i>	9
<i>dicloxacillin sodium</i>	13
<i>dicyclomine hcl 10 mg cap</i>	49
<i>dicyclomine hcl 10 mg/5ml solution</i>	49
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<i>digitek 250 mcg tab</i>	40
<i>digox 125 mcg tab</i>	40
<i>digox 250 mcg tab</i>	40
<i>digoxin 0.05 mg/ml solution</i>	40
<i>digoxin 0.25 mg/ml solution</i>	40
<i>digoxin 125 mcg tab</i>	40
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<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	40
<i>diltiazem hcl er beads</i>	40
<i>diltiazem hcl er coated beads er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er</i>	40

<i>diltiazem hcl er coated beads er 180 mg tab er, er 240 mg tab er, er 300 mg tab er, er 360 mg tab er, er 420 mg tab er</i>	40
<i>diltiazem hcl er er 120 mg cap er, er 180 mg cap er, er 240 mg cap er</i>	40
<i>diltiazem hcl er er 60 mg cap er, er 90 mg cap er, er 120 mg cap er</i>	40
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<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	18
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<i>doxycycline hyclate 20 mg tab, 50 mg cap, 75 mg tab, 100 mg tab, 100 mg cap, 150 mg tab</i>	13

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<i>escitalopram oxalate 5 mg tab</i>	18	<i>famotidine 20 mg/2ml solution</i>	49
<i>escitalopram oxalate 5 mg/5ml solution</i>	18	<i>famotidine 40 mg/5ml recon susp, 40 mg/4ml solution, 200 mg/20ml solution</i>	49
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<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap.....</i>	40	<i>fluocinolone acetonide scalp.....</i>	45
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<i>fenofibric acid 45 mg cap dr.....</i>	40	<i>fluocinonide 0.05 % ointment, 0.05 % gel.....</i>	46
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<i>mirtazapine 45 mg tab disp</i>	19
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<i>mometasone furoate 0.1 % solution</i>	46
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<i>morphine sulfate 8 mg/ml, 10 mg/ml, 150 mg/30ml</i>	10
<i>morphine sulfate er 15 mg tab er</i>	10
<i>morphine sulfate er er 100 mg tab er, er 200 mg tab er</i>	10
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<i>nalbuphine hcl 20 mg/ml solution</i>	10
<i>naloxone hcl 0.4 mg/ml solution, 0.4 mg/ml soln cart, 2 mg/2ml soln prsyr</i>	11
<i>naloxone hcl 4 mg/10ml solution</i>	11
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<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	10	<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	41
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<i>oxycodone-acetaminophen 5-325 mg tab</i>	10	<i>peg 3350/electrolytes</i>	50
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<i>phenobarbital 15 mg tab</i>	16	<i>polyethylene glycol 3350 3350packet,</i>	
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<i>venlafaxine hcl 75 mg tab</i>	20	VITRAKVI 20 MG/ML SOLUTION.....	28
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<i>venlafaxine hcl er 225 mg tab er 24h</i>	20	VIZIMPRO 15 MG TAB.....	28
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	20	VIZIMPRO 30 MG TAB, 45 MG TAB.....	28
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This formulary was updated on 8/1/2020. For more recent information or other questions, please contact Amerivantage Dual Coordination (HMO D-SNP) Customer Service, at 1-833-377-4266 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit <https://shop.amerigroup.com/medicare>.

