



An Anthem Company

Amerivantage Care Access (HMO)

2020 Formulary (List of Covered Drugs)

PLEASE READ:

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



This formulary was updated on 11/1/2020. For more recent information or other questions, please contact Amerivantage Care Access (HMO) Customer Service, at **1-833-343-4754** 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 Care Access (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2020. 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, and/or pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

What is the Amerivantage Care Access (HMO) 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 Care Access (HMO)'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 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 Care Access (HMO)'s Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of 12/1/2020. 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 84. 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 Care Access (HMO)'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 Care Access (HMO)'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 84.

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 1-833-343-4754, 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 a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$7.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$7.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$47.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$47.00
Cost-Sharing Tier 4: Non-Preferred Drug	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$95.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$100.00
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply)	25%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	25%
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$0.00
Network Pharmacy with standard cost-sharing (30-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.

Network Pharmacy with preferred cost-sharing – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies with standard 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 1-833-343-4754, 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.

Drug Name	Drug Requirements/ Tier Limits
Analgesics	
<i>acetaminophen-codeine #2</i>	3 MO; QLL (180 per 30 days); NE
<i>acetaminophen-codeine #3</i>	3 MO; QLL (180 per 30 days); NE
<i>acetaminophen-codeine #4</i>	3 MO; QLL (180 per 30 days); NE
<i>acetaminophen-codeine oral solution</i>	3 MO; QLL (900 per 30 days); NE
<i>acetaminophen-codeine oral tablet</i>	3 MO; QLL (180 per 30 days); NE
<i>ascomp-codeine</i>	4 PAR; MO; QLL (180 per 30 days); NE
<i>buprenorphine hcl injection</i>	4 MO; QLL (90 per 30 days); NE
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2 MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2 MO; QLL (60 per 30 days)

Drug Name	Drug Requirements/ Tier Limits
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4 PAR; MO; QLL (180 per 30 days)
<i>butalbital-apap-caff-cod</i>	4 PAR; MO; QLL (180 per 30 days); NE
<i>butalbital-apap-caffeine oral capsule</i>	4 PAR; MO; QLL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4 PAR; MO; QLL (180 per 30 days)
<i>butalbital-asa-caff-codeine</i>	4 PAR; MO; QLL (180 per 30 days); NE
<i>butalbital-asa-caffeine</i>	4 PAR; MO; QLL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4 PAR; MO; QLL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	4 MO; QLL (240 per 30 days); NE
<i>butorphanol tartrate injection solution 2 mg/ml</i>	4 MO; QLL (120 per 30 days); NE
<i>butorphanol tartrate nasal</i>	4 MO; QLL (5 per 28 days); 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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
celecoxib oral capsule 100 mg, 200 mg, 400 mg	4 PAR; MO	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4 PAR; QLL (15 per 30 days); NE
celecoxib oral capsule 50 mg	3 PAR; MO	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4 PAR; QLL (15 per 30 days); NE
diclofenac potassium	2 MO	flurbiprofen oral	2 MO
diclofenac sodium er	2 MO	hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	4 MO; QLL (2700 per 30 days); NE
diclofenac sodium oral tablet delayed release 25 mg	3 MO	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3 MO; QLL (180 per 30 days); NE
diclofenac sodium oral tablet delayed release 50 mg	2 MO	hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	3 MO; QLL (50 per 10 days); NE
diclofenac sodium oral tablet delayed release 75 mg	1 MO	hydromorphone hcl injection solution 1 mg/ml	4 MO; QLL (180 per 30 days); NE
diclofenac sodium transdermal gel 3 %	4 PAR; MO; QLL (100 per 30 days)	hydromorphone hcl injection solution 2 mg/ml	4 MO; QLL (180 per 30 days); NE
diclofenac sodium transdermal solution	4 MO; QLL (300 per 30 days)	hydromorphone hcl injection solution 4 mg/ml	4 MO; QLL (60 per 30 days); NE
diflunisal oral	3 MO	hydromorphone hcl oral tablet 2 mg, 4 mg	3 MO; QLL (180 per 30 days); NE
duramorph	4 MO; QLL (180 per 30 days); NE	hydromorphone hcl oral tablet 8 mg	4 MO; QLL (180 per 30 days); NE
ec-naproxen oral tablet delayed release 375 mg	1 MO	HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML	4 MO; QLL (180 per 30 days); NE
EC-NAPROXEN ORAL TABLET DELAYED RELEASE 500 MG	1 MO	HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML	4 MO; QLL (120 per 30 days); NE
endocet oral tablet 10-325 mg, 7.5-325 mg	4 MO; QLL (180 per 30 days); NE	HYDROMORPHONE HCL PF INJECTION SOLUTION 2 MG/ML	4 QLL (180 per 30 days); NE
endocet oral tablet 2.5-325 mg	4 MO; QLL (180 per 30 days); NE	HYDROMORPHONE HCL PF INJECTION SOLUTION 4 MG/ML	4 MO; QLL (60 per 30 days); NE
endocet oral tablet 5-325 mg	3 MO; QLL (180 per 30 days); NE	hydromorphone hcl pf injection solution 50 mg/5ml	4 MO; QLL (120 per 30 days); NE
esgc oral capsule	4 PAR; MO; QLL (180 per 30 days)		
etodolac er	3 MO		
etodolac oral capsule	3 MO		
etodolac oral tablet	2 MO		
fenoprofen calcium oral tablet	4 MO		
fentanyl citrate buccal lozenge on a handle	5 PAR; MO; QLL (120 per 30 days); NE		
fentanyl citrate buccal lozenge on a handle	5 PAR; MO; QLL (120 per 30 days); NE		

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Drug Name	Tier	Drug Requirements/ Limits	Drug Name	Tier	Drug Requirements/ Limits
hydromorphone hcl pf injection solution 500 mg/ 50ml	4	MO; QLL (1 per 30 days); NE	MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days); NE
ibuprofen oral tablet 600 mg, 800 mg	1	MO	morphine sulfate er oral tablet extended release 100 mg, 200 mg	4	PAR; MO; QLL (60 per 30 days); NE
ibuprofen oral suspension	1	MO	morphine sulfate er oral tablet extended release 15 mg	3	PAR; MO; QLL (90 per 30 days); NE
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO	morphine sulfate er oral tablet extended release 30 mg, 60 mg	4	PAR; MO; QLL (90 per 30 days); NE
ILARIS SUBCUTANEOUS SOLUTION	5	PAR; LA	MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	4	MO; QLL (180 per 30 days); NE
indomethacin er	3	PAR; MO	MORPHINE SULFATE INJECTION SOLUTION 5 MG/ML	4	MO; QLL (180 per 30 days); NE
indomethacin oral capsule 25 mg, 50 mg	2	PAR; MO	morphine sulfate intravenous solution 1 mg/ml	4	MO; QLL (180 per 30 days); NE
ketoprofen oral	3	MO	morphine sulfate oral solution	3	MO; QLL (900 per 30 days); NE
ketorolac tromethamine oral	4	PAR; MO	morphine sulfate oral solution	3	MO; QLL (900 per 30 days); NE
meclofenamate sodium oral	4	MO	morphine sulfate oral tablet	3	MO; QLL (180 per 30 days); NE
meloxicam oral tablet	1	MO	morphine sulfate oral tablet	3	MO; QLL (180 per 30 days); NE
methadone hcl intensol	3	MO; QLL (180 per 30 days); NE	nabumetone oral	2	MO
methadone hcl oral concentrate	3	MO; QLL (180 per 30 days); NE	nalbuphine hcl injection 10 mg/ml	4	MO; QLL (60 per 30 days)
methadone hcl oral solution	3	MO; QLL (900 per 30 days); NE	nalbuphine hcl injection 20 mg/ml	4	MO; QLL (90 per 30 days)
methadone hcl oral tablet	3	PAR; MO; QLL (180 per 30 days); NE	naproxen dr	1	MO
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	MO; QLL (180 per 30 days); NE	naproxen oral suspension	2	MO
METHADOSE SUGAR-FREE	3	MO; QLL (180 per 30 days); NE	naproxen oral tablet	1	MO
METHOTREXATE (ANTI-RHEUMATIC)	3	MO	naproxen sodium oral tablet 275 mg, 550 mg	1	MO
morphine sulfate (concentrate) oral solution 100 mg/5ml	3	MO; QLL (180 per 30 days); NE	oxaprozin	4	MO
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	3	MO; QLL (180 per 30 days); NE	oxycodone hcl oral capsule	4	MO; QLL (180 per 30 days); NE
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	MO; QLL (180 per 30 days); NE	oxycodone hcl oral concentrate 10 mg/0.5ml	4	MO; QLL (180 per 30 days); NE
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days); 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
oxycodone hcl oral concentrate 100 mg/5ml	4	MO; QLL (180 per 30 days); NE	lidocaine-prilocaine external cream	4	MO; QLL (30 per 30 days)
oxycodone hcl oral solution	4	MO; QLL (900 per 30 days); NE	Anti-Addiction/ Substance Abuse Treatment Agents		
oxycodone hcl oral tablet 10 mg, 5 mg	3	MO; QLL (180 per 30 days); NE	acamprosate calcium	4	MO
oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg	4	MO; QLL (180 per 30 days); NE	buprenorphine hcl sublingual tablet	2	MO; QLL (240 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	4	MO; QLL (180 per 30 days); NE	buprenorphine hcl sublingual 2 mg		
oxycodone-acetaminophen oral tablet 5-325 mg	3	MO; QLL (180 per 30 days); NE	buprenorphine hcl sublingual tablet	2	MO; QLL (60 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	4	MO; QLL (180 per 30 days); NE	buprenorphine hcl sublingual 8 mg		
piroxicam oral	3	MO	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	MO; QLL (360 per 30 days)
RELAFEN	2	MO	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	MO; QLL (90 per 30 days)
sulindac oral tablet 150 mg	1	MO	bupropion hcl er (smoking det)	2	MO; QLL (60 per 30 days)
sulindac oral tablet 200 mg	2	MO	CHANTIX CONTINUING	4	PAR; MO; QLL (56 per 28 days)
tencon oral tablet 50-325 mg	4	PAR; MO; QLL (180 per 30 days)	CHANTIX ORAL TABLET 0.5 MG	4	PAR; MO; QLL (60 per 30 days)
tramadol hcl oral tablet 50 mg	3	MO; QLL (240 per 30 days); NE	CHANTIX ORAL TABLET 1 MG	4	PAR; MO; QLL (56 per 28 days)
tramadol-acetaminophen	4	MO; QLL (40 per 5 days); NE	CHANTIX STARTING	4	PAR; MO; NE
zebutal oral capsule 50-325-40 mg	4	PAR; MO; QLL (180 per 30 days)	MONTH PAK		
Anesthetics			disulfiram oral	4	MO
glydo external prefilled syringe	2	MO	naloxone hcl injection	1	MO
lidocaine external ointment	4	PAR; MO; QLL (150 per 30 days)	solution 0.4 mg/ml		
lidocaine external patch 5 %	4	PAR; MO; QLL (90 per 30 days)	naloxone hcl injection	2	MO
lidocaine hcl (pf) injection	4	MO	solution 4 mg/10ml		
solution 0.5 %			naloxone hcl injection	1	MO
lidocaine hcl external solution	2	PAR; MO; QLL (300 per 30 days)	solution cartridge		
lidocaine hcl injection	3	MO	naloxone hcl injection	1	MO
solution 2 %			solution prefilled syringe		
lidocaine hcl mouth/throat	2	PAR; MO; QLL (300 per 30 days)	naltrexone hcl oral	2	MO
lidocaine hcl urethral/mucosal	2	MO	naltrexone hcl oral	2	MO
lidocaine viscous hcl	2	MO	NARCAN	3	MO
			NICOTROL NS	3	MO; QLL (120 per 30 days)
			Anti-Inflammatory Agents		
			betamethasone	2	MO
			dipropionate aug external cream		

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 Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
betamethasone	4	MO	dexamethasone sodium phosphate injection	3	MO
dipropionate aug external gel			diclofenac potassium	2	MO
betamethasone	4	MO	diclofenac sodium er	2	MO
dipropionate aug external lotion			diclofenac sodium oral tablet delayed release 25 mg	3	MO
betamethasone	4	MO	diclofenac sodium oral tablet delayed release 50 mg	2	MO
dipropionate aug external ointment			diclofenac sodium oral tablet delayed release 75 mg	1	MO
betamethasone	4	MO	diflunisal oral	3	MO
dipropionate external cream			etodolac er	3	MO
betamethasone	3	MO	etodolac oral capsule 200 mg	3	MO
dipropionate external lotion			etodolac oral tablet	2	MO
betamethasone	4	MO	fenoprofen calcium oral tablet	4	MO
dipropionate external ointment			flurbiprofen oral tablet 100 mg	2	MO
betamethasone valerate	2	MO	hydrocortisone oral tablet 20 mg	2	MO
external cream			hydrocortisone oral tablet 5 mg	3	MO
betamethasone valerate	4	MO	ibu	1	MO
external lotion			ibuprofen oral suspension	1	MO
betamethasone valerate	3	MO	ibuprofen oral tablet 400 mg	1	MO
external ointment			indomethacin er	3	PAR; MO
BLEPHAMIDE S.O.P.	4	MO	indomethacin oral capsule 25 mg, 50 mg	2	PAR; MO
celecoxib oral capsule 100 mg, 200 mg, 400 mg	4	PAR; MO	ketoprofen oral capsule 50 mg	3	MO
celecoxib oral capsule 50 mg	3	PAR; MO	ketorolac tromethamine oral	4	PAR; MO
mg			meclofenamate sodium oral	4	MO
cortisone acetate oral	4	MO	meloxicam oral tablet	1	MO
decadron oral tablet 0.5 mg, 0.75 mg	1	MO	methylprednisolone acetate injection	3	MO
decadron oral tablet 4 mg, 6 mg	2	MO	suspension 40 mg/ml		
dexamethasone oral elixir	4	MO	METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 80 MG/ML	3	MO
dexamethasone oral solution	4	MO			
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO			
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	2	MO			
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION	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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg	3	MO	amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	4	MO
methylprednisolone oral tablet 8 mg	4	MO	amoxicillin oral capsule	1	MO
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	4	MO	amoxicillin oral suspension reconstituted	1	MO
nabumetone oral	2	MO	amoxicillin oral tablet	1	MO
naproxen dr	1	MO	amoxicillin oral tablet chewable 125 mg	2	MO
naproxen oral suspension	2	MO	amoxicillin oral tablet chewable 250 mg	1	MO
naproxen oral tablet	1	MO	amoxicillin-pot clavulanate er	4	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO	amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	3	MO
oxaprozin	4	MO	amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4	MO
piroxicam oral	3	MO	amoxicillin-pot clavulanate oral tablet 250-125 mg	3	MO
prednisolone acetate ophthalmic	2	MO	amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	MO
prednisolone oral solution	3	MO	amoxicillin-pot clavulanate oral tablet chewable	3	MO
prednisolone oral syrup 15 mg/5ml	3	MO	ampicillin oral capsule 500 mg	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC	3	MO	ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4	MO
prednisolone sodium phosphate oral solution 15 mg/5ml	3	MO	ampicillin sodium intravenous	4	MO
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	4	MO	ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	MO
PREDNISONE INTENSOL	4	MO	ampicillin-sulbactam sodium intravenous	4	MO
prednisone oral solution	3	MO	azithromycin intravenous	4	MO
prednisone oral tablet	1	MO	azithromycin oral packet	3	MO
prednisone oral tablet therapy pack	1	MO			
sulfacetamide- prednisolone ophthalmic solution	2	MO			
sulindac oral tablet 150 mg	1	MO			
sulindac oral tablet 200 mg	2	MO			
triamcinolone acetonide injection suspension 40 mg/ml	4	MO			
Antibacterials					
acetic acid otic	1	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 Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
azithromycin oral suspension reconstituted <i>100 mg/5ml</i>	4	MO	CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%	3	MO
azithromycin oral suspension reconstituted <i>200 mg/5ml</i>	2	MO	CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML)	3	MO
azithromycin oral tablet <i>250 mg</i>	1	MO	CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 2-3 GM-%(50ML)	4	MO
azithromycin oral tablet <i>250 mg (6 pack)</i>	1		cefdinir oral capsule	2	MO
azithromycin oral tablet <i>500 mg (3 pack)</i>	2		cefdinir oral suspension	4	MO
azithromycin oral tablet <i>500 mg, 600 mg</i>	2	MO	reconstituted		
aztreonam injection solution reconstituted 1 gm	4	MO	cefepime hcl injection	4	MO
aztreonam injection solution reconstituted 2 gm	4	MO	CEFEPIME HCL INTRAVENOUS SOLUTION	4	MO
bacitracin ophthalmic	3	MO	cefepime hcl intravenous solution reconstituted	4	MO
BICILLIN C-R	4	MO	cefotaxime sodium injection solution	4	MO
BICILLIN C-R 900/300	4	MO	reconstituted 1 gm, 2 gm, 500 mg		
BICILLIN L-A	4	MO	cefotetan disodium injection solution	4	MO
CAYSTON	5	PAR; LA	reconstituted 1 gm, 2 gm		
CEFACLOR ER	3	MO	cefoxitin sodium	4	MO
cefaclor oral capsule	3	MO	CEFOXITIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION	4	MO
cefaclor oral suspension reconstituted	2	MO	RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)		
cefadroxil oral capsule	2	MO	cefpodoxime proxetil oral suspension reconstituted	4	MO
cefadroxil oral suspension reconstituted	3	MO	<i>100 mg/5ml</i>		
cefadroxil oral tablet	4	MO	cefpodoxime proxetil oral suspension reconstituted	3	MO
cefazolin sodium injection solution reconstituted 1 gm, 10 gm	4	MO	<i>50 mg/5ml</i>		
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	4	MO	cefpodoxime proxetil oral tablet 100 mg	3	MO
cefazolin sodium injection solution reconstituted 500 mg	3	MO	cefpodoxime proxetil oral tablet 200 mg	4	MO
cefazolin sodium intravenous solution reconstituted	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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
cefprozil oral suspension reconstituted	3 MO	cefuroxime sodium intravenous solution reconstituted 1.5 gm	4 MO
cefprozil oral tablet 250 mg	2 MO	cephalexin oral capsule 250 mg, 500 mg	1 MO
cefprozil oral tablet 500 mg	3 MO	cephalexin oral suspension reconstituted 125 mg/5ml	1 MO
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4 MO	cephalexin oral suspension reconstituted 250 mg/5ml	2 MO
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	4 MO	cephalexin oral tablet chloramphenicol sod succinate	1 MO
ceftriaxone sodium in dextrose	4 MO	ciprofloxacin hcl ophthalmic	4 MO
ceftriaxone sodium injection solution reconstituted 1 gm, 250 mg	3 MO	ciprofloxacin hcl oral tablet 100 mg, 750 mg	2 MO
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	4 MO	ciprofloxacin hcl oral tablet 250 mg, 500 mg	1 MO
ceftriaxone sodium injection solution reconstituted 2 gm, 500 mg	4 MO	ciprofloxacin in d5w	4 MO
ceftriaxone sodium intravenous solution reconstituted 1 gm	3 MO	clarithromycin er	3 MO
ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm	4 MO	clarithromycin oral suspension reconstituted 125 mg/5ml	2 MO
CEFTRIAXONE SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	4 MO	clarithromycin oral suspension reconstituted 250 mg/5ml	4 MO
cefuroxime axetil oral tablet 250 mg	1 MO	clarithromycin oral tablet	3 MO
cefuroxime axetil oral tablet 500 mg	2 MO	clindacin-p	2 MO
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	4 MO	clindamycin hcl oral clindamycin phosphate external gel	2 MO
		clindamycin phosphate external lotion	3 MO
		clindamycin phosphate external solution	3 MO
		clindamycin phosphate external swab	2 MO
		clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/ 50ml	4 MO
		clindamycin phosphate in d5w intravenous solution 900 mg/50ml	3 MO
		clindamycin phosphate injection	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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
clindamycin phosphate vaginal	4	MO	ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	MO
colistimethate sodium (cba)	4	MO	erythrocin stearate oral tablet 250 mg	3	MO
colistimethate sodium (cba)	4	MO	erythromycin base oral capsule delayed release particles	2	MO
CUBICIN	5	MO	erythromycin base oral tablet 250 mg	3	MO
CUBICIN RF	5	MO	erythromycin base oral tablet 500 mg	4	MO
DAPTO MYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5	MO	erythromycin base oral tablet delayed release 250 mg, 333 mg	3	MO
daptomycin intravenous solution reconstituted 500 mg	5	MO	erythromycin base oral tablet delayed release 500 mg	4	MO
demeclacycline hcl oral	4	MO	erythromycin ethylsuccinate oral tablet	3	MO
dicloxacillin sodium	2	MO	erythromycin external gel	2	MO
DIFCID	5	PAR; MO	erythromycin external solution	2	MO
doxy 100	4	MO	erythromycin ophthalmic	2	MO
doxycycline hydiate intravenous	4		erythromycin oral tablet delayed release 250 mg, 333 mg	3	MO
doxycycline hydiate oral capsule	3	MO	erythromycin oral tablet delayed release 500 mg	4	MO
doxycycline hydiate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	3	MO	erythromycin stearate oral tablet 250 mg	3	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	MO	gatifloxacin ophthalmic	4	MO
doxycycline monohydrate oral suspension reconstituted	3	MO	gentak ophthalmic ointment	2	MO
doxycycline monohydrate oral tablet 100 mg	2	MO	gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	4	MO
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	3	MO	gentamicin in saline intravenous solution 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%	3	MO
e.e.s. 400 oral tablet	3	MO	gentamicin sulfate external	3	MO
ertapenem sodium	4	MO	gentamicin sulfate injection solution 10 mg/ml	4	MO
ery	3	MO			
ery-tab oral tablet delayed release 250 mg, 333 mg	3	MO			
ery-tab oral tablet delayed release 500 mg	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 Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
gentamicin sulfate injection solution 40 mg/ml	3	MO	METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION	4	MO
gentamicin sulfate ophthalmic solution	2	MO	500-0.74 MG/100ML-%		
GLOBAL ALCOHOL PREP EASE	1	MO	metronidazole oral capsule	4	MO
imipenem-cilastatin intravenous solution reconstituted 250 mg	3	MO	metronidazole oral tablet	2	MO
imipenem-cilastatin intravenous solution reconstituted 500 mg	4	MO	metronidazole vaginal	2	MO
INVANZ INJECTION	4	MO	minocycline hcl oral capsule	2	MO
levofloxacin in d5w	4	MO	minocycline hcl oral tablet	4	MO
levofloxacin intravenous	4	MO	monodoxine nl oral capsule	2	MO
levofloxacin ophthalmic	4	MO	100 mg		
levofloxacin oral solution	4	MO	morgidox oral capsule 100 mg	3	MO
levofloxacin oral tablet 250 mg, 500 mg	1	MO	moxifloxacin hcl ophthalmic	3	MO
levofloxacin oral tablet 750 mg	2	MO	moxifloxacin hcl oral	3	MO
LINCOCIN	4	MO	mupirocin calcium	4	MO
lincomycin hcl injection	4	MO	mupirocin external	2	MO
linezolid in sodium chloride	4	MO	NAFCILLIN SODIUM IN DEXTROSE	4	MO
linezolid intravenous solution 600 mg/300ml	4	MO	nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	MO
linezolid oral suspension reconstituted	5	PAR; MO; QLL (1800 per 30 days)	NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	5	MO
linezolid oral tablet	4	PAR; MO; QLL (56 per 28 days)	nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm	4	MO
meropenem	4	MO	nafcillin sodium intravenous solution reconstituted 10 gm	5	MO
methenamine hippurate	4	MO	neomycin sulfate oral	2	MO
metronidazole external cream	4	MO	nitrofurantoin	4	MO
metronidazole external gel 0.75 %	3	MO	nitrofurantoin	3	MO
metronidazole external gel 1 %	4	MO	macrocystal oral capsule 100 mg, 50 mg		
metronidazole external lotion	4	MO	nitrofurantoin monohyd macro	3	MO
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%	3	MO	ofloxacin ophthalmic	2	MO
			ofloxacin oral tablet 400 mg	3	MO
			ofloxacin otic	2	MO
			OXACILLIN SODIUM IN DEXTROSE	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 Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	MO	sulfamethoxazole- trimethoprim oral tablet	1	MO
oxacillin sodium intravenous	4	MO	SULFAMYLYON EXTERNAL CREAM	4	MO
paromomycin sulfate oral	4	MO	SYNERCID	5	MO
PENICILLIN G POT IN	4	MO	tazicef injection	4	MO
DEXTROSE			TEFLARO	5	MO
penicillin g potassium	4	MO	tetracycline hcl oral	4	MO
PENICILLIN G PROCAINE	4	MO	TIGECYCLINE	5	MO
penicillin g sodium	4	MO	tinidazole oral tablet 250 mg	2	MO
penicillin v potassium	1	MO	tinidazole oral tablet 500 mg	4	MO
pizerpen	4	MO	TOBRADEX OPHTHALMIC OINTMENT	3	MO
piperacillin sod- tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3- 0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	4	MO	tobramycin inhalation nebulization solution 300 mg/5ml	5	B/D PAR; QLL (280 per 28 days)
polymyxin b sulfate injection	4	MO	tobramycin ophthalmic	2	MO
SILVADENE	3	MO	tobramycin sulfate injection solution 1.2 gm/ 30ml	5	MO
silver sulfadiazine external	2	MO	tobramycin sulfate injection solution 10 mg/ ml, 2 gm/50ml, 80 mg/2ml	4	MO
SIRTURO ORAL TABLET 100 MG	5	PAR; MO; LA	tobramycin sulfate injection solution reconstituted	5	MO
SIRTURO ORAL TABLET 20 MG	5	PAR; LA	trimethoprim oral	2	MO
SIVEXTRO INTRAVENOUS	5	PAR; MO	VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	4	MO
SIVEXTRO ORAL	5	PAR; MO; QLL (6 per 30 days); NE	VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500- 0.9 MG/100ML-%, 750-0.9 MG/150ML-%	4	MO
ssd	2	MO	VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1500 MG/300ML, 2000 MG/ 400ML, 500 MG/100ML	4	MO
streptomycin sulfate intramuscular	5	MO			
sulacetamide sodium (acne)	4	MO			
sulacetamide sodium ophthalmic ointment	3	MO			
sulacetamide sodium ophthalmic solution	2	MO			
SULFADIAZINE ORAL	4	MO			
sulfamethoxazole- trimethoprim intravenous	3	MO			
sulfamethoxazole- trimethoprim oral suspension 200-40 mg/5ml	2	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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
vancomycin hcl <i>intravenous solution 1250 mg/250ml, 1750 mg/350ml, 750 mg/150ml</i>	4	MO	BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; MO; QLL (60 per 30 days)
vancomycin hcl <i>intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg</i>	4	MO	BRIVIACT ORAL TABLET 25 MG	5	PAR; MO; QLL (240 per 30 days)
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG	4	MO	BRIVIACT ORAL TABLET 50 MG	5	PAR; MO; QLL (120 per 30 days)
vancomycin hcl <i>intravenous solution reconstituted 750 mg</i>	4	B/D PAR; MO	carbamazepine er oral <i>tablet extended release 12 hour</i>	4	MO
vancomycin hcl oral <i>capsule 125 mg</i>	4	PAR; MO; QLL (40 per 10 days)	carbamazepine oral <i>suspension</i>	4	MO
vancomycin hcl oral <i>capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)	carbamazepine oral tablet <i>chewable</i>	2	MO
vandazole	2	MO	CELONTIN	4	MO
XIFAXAN ORAL TABLET 550 MG	5	PAR; MO; QLL (84 per 28 days)	clobazam oral suspension	5	PAR; MO; QLL (480 per 30 days)
ZITHROMAX ORAL PACKET	4	MO	clobazam oral tablet 10 mg	4	PAR; MO; QLL (120 per 30 days)
ZITHROMAX ORAL TABLET 250 MG	4	MO	clobazam oral tablet 20 mg	5	PAR; MO; QLL (60 per 30 days)
ZITHROMAX Z-PAK	4	MO	clonazepam oral tablet 0.5	2	MO; QLL (1200 per mg 30 days)
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	5	MO	clonazepam oral tablet 1	2	MO; QLL (600 per mg 30 days)
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	4	MO	clonazepam oral tablet 2	2	MO; QLL (300 per mg 30 days)
ZYVOX ORAL SUSPENSION RECONSTITUTED	5	PAR; MO; QLL (1800 per 30 days)	clonazepam oral tablet <i>dispersible 0.125 mg</i>	4	MO; QLL (4800 per 30 days)
Anticonvulsants			clonazepam oral tablet <i>dispersible 0.25 mg</i>	4	MO; QLL (2400 per 30 days)
APTIOM	5	ST; MO	clonazepam oral tablet <i>dispersible 0.5 mg</i>	4	MO; QLL (1200 per 30 days)
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)	clonazepam oral tablet <i>dispersible 1 mg</i>	4	MO; QLL (600 per 30 days)
BANZEL ORAL TABLET 200 MG	5	PAR; MO; QLL (480 per 30 days)	clonazepam oral tablet <i>dispersible 2 mg</i>	4	MO; QLL (300 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)	clorazepate dipotassium	3	MO
BRIVIACT INTRAVENOUS	4	PAR; MO	DIASTAT ACUDIAL	4	MO
BRIVIACT ORAL SOLUTION	5	PAR; MO; QLL (600 per 30 days)	DIASTAT ACUDIAL	4	MO
BRIVIACT ORAL TABLET 10 MG	5	PAR; MO; QLL (600 per 30 days)	DIASTAT PEDIATRIC	4	MO
			diazepam oral concentrate	2	MO; QLL (240 per 30 days)
			diazepam oral concentrate	2	MO; QLL (240 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
diazepam oral solution 5 mg/5ml	2	MO; QLL (1200 per 30 days)	ethosuximide oral capsule	4	MO
diazepam oral solution 5 mg/5ml	2	MO; QLL (1200 per 30 days)	ethosuximide oral solution	3	MO
diazepam oral tablet 10 mg	2	MO; QLL (120 per 30 days)	felbamate	4	MO
diazepam oral tablet 10 mg	2	MO; QLL (120 per 30 days)	FELBATOL ORAL TABLET	5	MO
diazepam oral tablet 2 mg	2	MO; QLL (600 per 30 days)	400 MG		
diazepam oral tablet 2 mg	2	MO; QLL (600 per 30 days)	FINTEPLA	5	PAR; LA
diazepam oral tablet 5 mg	2	MO; QLL (240 per 30 days)	fosphenytoin sodium	4	MO
diazepam oral tablet 5 mg	2	MO; QLL (240 per 30 days)	FYCOMPA ORAL SUSPENSION	4	MO; QLL (720 per 30 days)
diazepam rectal	4	MO	FYCOMPA ORAL TABLET 10 MG, 12 MG	5	MO; QLL (30 per 30 days)
diazepam rectal	4	MO	FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
DILANTIN INFATABS	3	MO	FYCOMPA ORAL TABLET 4 MG	5	MO; QLL (90 per 30 days)
DILANTIN ORAL CAPSULE 100 MG	4	MO	FYCOMPA ORAL TABLET 6 MG	5	MO; QLL (60 per 30 days)
DILANTIN ORAL CAPSULE 30 MG	3	MO	FYCOMPA ORAL TABLET 8 MG	5	MO; QLL (45 per 30 days)
divalproex sodium er oral tablet extended release 24 hour	4	MO	gabapentin oral capsule 100 mg	2	MO; QLL (1080 per 30 days)
divalproex sodium oral capsule delayed release sprinkle	4	MO	gabapentin oral capsule 300 mg	2	MO; QLL (360 per 30 days)
divalproex sodium oral tablet delayed release 125 mg, 250 mg	2	MO	gabapentin oral capsule 400 mg	2	MO; QLL (270 per 30 days)
divalproex sodium oral tablet delayed release 500 mg	3	MO	gabapentin oral solution	4	MO; QLL (2160 per 30 days)
EPIDIOLEX	5	PAR; LA	gabapentin oral tablet 600 mg	3	MO; QLL (180 per 30 days)
epitol	1	MO	gabapentin oral tablet 800 mg	4	MO; QLL (120 per 30 days)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	MO; QLL (480 per 30 days)	GABITRIL ORAL TABLET 12 MG	4	MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	4	MO; QLL (240 per 30 days)	GABITRIL ORAL TABLET 16 MG	5	MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	4	MO; QLL (180 per 30 days)	lamotrigine oral tablet chewable 25 mg	2	MO
			lamotrigine oral tablet chewable 5 mg	2	MO
			levetiracetam er oral tablet extended release 24 hour 500 mg	3	MO; QLL (180 per 30 days)
			levetiracetam er oral tablet extended release 24 hour 750 mg	3	MO; QLL (120 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML	4	MO	<i>oxcarbazepine oral tablet</i>	3	MO
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 500 MG/100ML	5	MO	<i>150 mg, 300 mg</i>		
<i>levetiracetam intravenous</i>	4	MO	<i>oxcarbazepine oral tablet</i>	4	MO
<i>levetiracetam oral solution</i>	3	MO	<i>600 mg</i>		
<i>levetiracetam oral tablet</i>	3	MO	<i>PEGANONE</i>	4	MO
<i>1000 mg</i>			<i>phenobarbital oral elixir</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>levetiracetam oral tablet</i>	2	MO	<i>phenobarbital oral solution</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>250 mg, 500 mg, 750 mg</i>			<i>phenobarbital oral tablet</i>	2	PAR; MO; QLL (120 per 30 days)
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	3	MO; QLL (300 per 30 days)	<i>phenobarbital oral tablet</i>	2	PAR; MO; QLL (800 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	3	MO; QLL (150 per 30 days)	<i>phenobarbital oral tablet</i>	2	PAR; MO; QLL (741 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QLL (90 per 30 days)	<i>phenobarbital oral tablet</i>	2	PAR; MO; QLL (400 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	MO; QLL (150 per 30 days)	<i>phenobarbital oral tablet</i>	2	PAR; MO; QLL (370 per 30 days)
LYRICA ORAL CAPSULE 100 MG	4	MO; QLL (180 per 30 days)	<i>phenobarbital oral tablet</i>	2	PAR; MO; QLL (200 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	MO; QLL (120 per 30 days)	<i>phenobarbital oral tablet</i>	2	PAR; MO; QLL (185 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	MO; QLL (90 per 30 days)	<i>phenobarbital oral tablet</i>	2	PAR; MO; QLL (123 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QLL (60 per 30 days)	<i>PHENYTEK</i>	4	MO
LYRICA ORAL CAPSULE 25 MG	4	MO; QLL (720 per 30 days)	<i>phenytoin infatabs</i>	3	MO
LYRICA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)	<i>phenytoin oral suspension</i>	3	MO
LYRICA ORAL CAPSULE 75 MG	4	MO; QLL (240 per 30 days)	<i>125 mg/5ml</i>		
LYRICA ORAL SOLUTION	4	MO; QLL (900 per 30 days)	<i>phenytoin oral tablet chewable</i>	3	MO
NAYZILAM	4		<i>phenytoin sodium extended</i>	2	MO
ONFI ORAL SUSPENSION	5	PAR; MO; QLL (480 per 30 days)	<i>phenytoin sodium injection</i>	4	MO
ONFI ORAL TABLET 10 MG	5	PAR; MO; QLL (120 per 30 days)	<i>pregabalin oral capsule</i>	1	MO; QLL (180 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)	<i>pregabalin oral capsule</i>	1	MO; QLL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO	<i>pregabalin oral capsule</i>	1	MO; QLL (90 per 30 days)
			<i>225 mg, 300 mg</i>	1	MO; QLL (60 per 30 days)
			<i>pregabalin oral capsule 25 mg</i>	1	MO; QLL (720 per 30 days)
			<i>pregabalin oral capsule 50 mg</i>	1	MO; QLL (360 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin oral capsule 75 mg</i>	1	MO; QLL (240 per 30 days)	<i>valproic acid oral capsule</i>	3	MO
<i>pregabalin oral solution</i>	1	MO; QLL (900 per 30 days)	<i>valproic acid oral solution</i>	2	MO
<i>primidone oral</i>	2	MO	VALTOCO 10 MG DOSE	4	MO
<i>roweepra oral tablet 1000 mg</i>	3	MO	VALTOCO 15 MG DOSE	4	MO
<i>roweepra oral tablet 500 mg, 750 mg</i>	2	MO	VALTOCO 20 MG DOSE	4	MO
<i>roweepra xr oral tablet extended release 24 hour 500 mg</i>	3	MO; QLL (180 per 30 days)	VALTOCO 5 MG DOSE	4	MO
<i>roweepra xr oral tablet extended release 24 hour 750 mg</i>	3	MO; QLL (120 per 30 days)	<i>vigabatrin</i>	5	PAR; LA; QLL (180 per 30 days)
SABRIL ORAL PACKET	4	PAR; LA; QLL (180 per 30 days)	<i>vigadron</i>	5	PAR; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	PAR; LA; QLL (180 per 30 days)	VIMPAT INTRAVENOUS	4	MO; QLL (1200 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PAR; MO; QLL (60 per 30 days)	VIMPAT ORAL SOLUTION	5	MO; QLL (1200 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PAR; MO; QLL (120 per 30 days)	VIMPAT ORAL TABLET 100 MG	5	MO; QLL (120 per 30 days)
<i>subvenite</i>	2	MO	VIMPAT ORAL TABLET 150 MG	5	MO; QLL (60 per 30 days)
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	5	PAR; MO; QLL (60 per 30 days)	VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
<i>SYMPAZAN ORAL FILM 5 MG</i>	4	PAR; MO; QLL (30 per 30 days)	XCOPRI (250 MG DAILY DOSE)	5	QLL (56 per 28 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	4	MO	XCOPRI (350 MG DAILY DOSE)	5	QLL (56 per 28 days)
<i>tiagabine hcl</i>	4	MO	XCOPRI ORAL TABLET 100 MG, 50 MG	5	QLL (30 per 30 days)
<i>topiramate oral capsule sprinkle</i>	4	MO	XCOPRI ORAL TABLET 150 MG, 200 MG	5	QLL (60 per 30 days)
<i>topiramate oral tablet 100 mg</i>	2	MO; QLL (480 per 30 days)	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QLL (56 per 365 days)
<i>topiramate oral tablet 200 mg</i>	2	MO; QLL (240 per 30 days)	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QLL (56 per 365 days)
<i>topiramate oral tablet 25 mg</i>	2	MO; QLL (1920 per 30 days)	ZARONTIN ORAL CAPSULE	4	MO
<i>topiramate oral tablet 50 mg</i>	2	MO; QLL (960 per 30 days)	<i>zonisamide oral capsule 100 mg, 50 mg</i>	3	MO
<i>valproate sodium intravenous</i>	2	MO	<i>zonisamide oral capsule 25 mg</i>	2	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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
galantamine hydrobromide er	4	MO; QLL (30 per 30 days)	aripiprazole oral tablet 20 mg	4	MO; QLL (30 per 30 days)
galantamine hydrobromide oral solution	3	MO; QLL (200 per 30 days)	aripiprazole oral tablet 5 mg	4	MO; QLL (180 per 30 days)
galantamine hydrobromide oral tablet	4	MO; QLL (60 per 30 days)	aripiprazole oral tablet dispersible 10 mg	5	MO; QLL (90 per 30 days)
memantine hcl er	3	PAR; MO; QLL (30 per 30 days)	aripiprazole oral tablet dispersible 15 mg	5	MO; QLL (60 per 30 days)
memantine hcl oral solution 10 mg/5ml	3	PAR; QLL (300 per 30 days)	bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	MO; QLL (120 per 30 days)
memantine hcl oral solution 2 mg/ml	3	PAR; MO; QLL (300 per 30 days)	bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	MO; QLL (60 per 30 days)
memantine hcl oral tablet 10 mg	2	PAR; MO; QLL (60 per 30 days)	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	MO; QLL (90 per 30 days)
memantine hcl oral tablet 5 mg	2	PAR; MO; QLL (90 per 30 days)	bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	2	MO; QLL (30 per 30 days)
NAMENDA XR	3	PAR; MO; QLL (30 per 30 days)	bupropion hcl oral tablet 100 mg	2	MO; QLL (135 per 30 days)
NAMENDA XR TITRATION PACK	3	PAR; MO	bupropion hcl oral tablet 75 mg	2	MO; QLL (180 per 30 days)
NAMZARIC	3	MO	citalopram hydrobromide oral solution	4	MO; QLL (600 per 30 days)
rivastigmine	4	MO; QLL (30 per 30 days)	citalopram hydrobromide oral tablet 10 mg	1	MO; QLL (120 per 30 days)
rivastigmine tartrate	4	MO; QLL (60 per 30 days)	citalopram hydrobromide oral tablet 20 mg	1	MO; QLL (60 per 30 days)
Antidepressants					
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	MO; QLL (1 per 28 days)	citalopram hydrobromide oral tablet 40 mg	1	MO; QLL (30 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	MO; QLL (1 per 28 days)	clomipramine hcl oral	4	PAR; MO
amitriptyline hcl oral	2	PAR; MO	desipramine hcl oral	4	PAR; MO
amoxapine oral tablet 100 mg, 50 mg	3	PAR; MO	DESVENLAFAKINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	4	MO; QLL (120 per 30 days)
amoxapine oral tablet 150 mg, 25 mg	2	PAR; MO	DESVENLAFAKINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (240 per 30 days)
ariPIPRAZOLE ORAL SOLUTION	4	MO; QLL (900 per 30 days)	desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	4	MO; QLL (120 per 30 days)
ariPIPRAZOLE ORAL TABLET 10 mg	4	MO; QLL (90 per 30 days)	desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	4	MO; QLL (480 per 30 days)
ariPIPRAZOLE ORAL TABLET 15 mg	4	MO; QLL (60 per 30 days)			
ariPIPRAZOLE ORAL TABLET 2 mg	4	MO; QLL (450 per 30 days)			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
desvenlafaxine succinate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (240 per 30 days)	FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	4	PAR; MO; QLL (90 per 30 days)
doxepin hcl oral capsule	2	PAR; MO	FETZIMA TITRATION	4	PAR; MO
doxepin hcl oral concentrate	2	PAR; MO	fluoxetine hcl oral capsule	1	MO; QLL (240 per 10 mg)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG	4	MO; QLL (180 per 30 days)	fluoxetine hcl oral capsule	1	MO; QLL (120 per 20 mg)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	4	MO; QLL (120 per 30 days)	fluoxetine hcl oral capsule	1	MO; QLL (60 per 40 mg)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	MO; QLL (90 per 30 days)	fluoxetine hcl oral capsule	4	MO; QLL (4 per 28 delayed release)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	MO; QLL (60 per 30 days)	fluoxetine hcl oral solution	2	MO; QLL (600 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg	4	MO; QLL (180 per 30 days)	fluoxetine hcl oral tablet 10 mg	2	MO; QLL (240 per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	4	MO; QLL (120 per 30 days)	fluoxetine hcl oral tablet 20 mg	3	MO; QLL (120 per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	3	MO; QLL (90 per 30 days)	fluvoxamine maleate oral tablet 100 mg	3	MO; QLL (90 per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg	4	MO; QLL (60 per 30 days)	fluvoxamine maleate oral tablet 25 mg	3	MO; QLL (360 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)	fluvoxamine maleate oral tablet 50 mg	3	MO; QLL (180 per 30 days)
escitalopram oxalate oral solution	4	MO; QLL (600 per 30 days)	GILENYA ORAL CAPSULE	5	PAR; QLL (30 per 0.25 MG)
escitalopram oxalate oral tablet 10 mg	2	MO; QLL (60 per 30 days)	imipramine hcl oral	2	PAR; MO
escitalopram oxalate oral tablet 20 mg	2	MO; QLL (30 per 30 days)	maprotiline hcl oral tablet 25 mg	4	MO; QLL (270 per 30 days)
escitalopram oxalate oral tablet 5 mg	2	MO; QLL (120 per 30 days)	maprotiline hcl oral tablet 50 mg	4	MO; QLL (135 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)	maprotiline hcl oral tablet 75 mg	4	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	4	PAR; MO; QLL (180 per 30 days)	MARPLAN	4	MO
			mirtazapine oral tablet 15 mg	1	MO; QLL (90 per 30 days)
			mirtazapine oral tablet 30 mg	1	MO; QLL (45 per 30 days)
			mirtazapine oral tablet 45 mg	2	MO; QLL (30 per 30 days)
			mirtazapine oral tablet 7.5 mg	3	MO; QLL (180 per 30 days)
			mirtazapine oral tablet dispersible 15 mg	3	MO; QLL (90 per 30 days)
			mirtazapine oral tablet dispersible 30 mg	3	MO; QLL (45 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
mirtazapine oral tablet dispersible 45 mg	3	MO; QLL (30 per 30 days)	perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg	4	PAR; MO
nefazodone hcl oral tablet 100 mg	3	MO; QLL (180 per 30 days)	perphenazine-amitriptyline oral tablet 4-25 mg	3	PAR; MO
nefazodone hcl oral tablet 150 mg	3	MO; QLL (120 per 30 days)	perphenazine-amitriptyline oral tablet 4-25 mg	3	PAR; MO
nefazodone hcl oral tablet 200 mg	3	MO; QLL (90 per 30 days)	phenelzine sulfate oral	3	MO
nefazodone hcl oral tablet 250 mg	3	MO; QLL (72 per 30 days)	PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	4	MO; QLL (120 per 30 days)
nefazodone hcl oral tablet 50 mg	3	MO; QLL (360 per 30 days)	PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	4	MO; QLL (480 per 30 days)
nortriptyline hcl oral capsule 10 mg, 25 mg	1	PAR; MO	PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (240 per 30 days)
nortriptyline hcl oral capsule 50 mg, 75 mg	2	PAR; MO	protriptyline hcl	4	PAR; MO
nortriptyline hcl oral solution	4	PAR; MO	quetiapine fumarate er oral tablet extended release 24 hour 150 mg	4	MO; QLL (150 per 30 days)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12- 50 mg, 6-50 mg	4	MO; QLL (30 per 30 days)	quetiapine fumarate er oral tablet extended release 24 hour 200 mg	4	MO; QLL (120 per 30 days)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	4	MO; QLL (90 per 30 days)	quetiapine fumarate er oral tablet extended release 24 hour 300 mg	4	MO; QLL (80 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	4	MO; QLL (180 per 30 days)	quetiapine fumarate er oral tablet extended release 24 hour 400 mg	4	MO; QLL (60 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg	4	MO; QLL (90 per 30 days)	quetiapine fumarate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (480 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	4	MO; QLL (60 per 30 days)	quetiapine fumarate oral tablet 100 mg	2	MO; QLL (240 per 30 days)
paroxetine hcl oral tablet 10 mg	1	MO; QLL (180 per 30 days)	quetiapine fumarate oral tablet 200 mg	2	MO; QLL (120 per 30 days)
paroxetine hcl oral tablet 20 mg	1	MO; QLL (90 per 30 days)	quetiapine fumarate oral tablet 25 mg	2	MO; QLL (960 per 30 days)
paroxetine hcl oral tablet 30 mg	2	MO; QLL (60 per 30 days)	quetiapine fumarate oral tablet 300 mg	2	MO; QLL (80 per 30 days)
paroxetine hcl oral tablet 40 mg	1	MO; QLL (45 per 30 days)	quetiapine fumarate oral tablet 400 mg	2	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)	quetiapine fumarate oral tablet 50 mg	2	MO; QLL (480 per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg	4	PAR; 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 Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	4	MO; QLL (150 per 30 days)	<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	MO; QLL (180 per 30 days)	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	4	MO; QLL (120 per 30 days)	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	MO; QLL (90 per 30 days)	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	4	MO; QLL (80 per 30 days)	<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	4	MO; QLL (60 per 30 days)	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	5	MO; QLL (60 per 30 days)	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	4	MO; QLL (30 per 30 days)	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (480 per 30 days)	<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	4	MO; QLL (180 per 30 days)	
<i>sertraline hcl oral concentrate</i>	4	MO; QLL (300 per 30 days)	<i>venlafaxine hcl er oral tablet 100 mg</i>	4	MO; QLL (90 per 30 days)	
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)	<i>venlafaxine hcl oral tablet 25 mg</i>	3	MO; QLL (113 per 30 days)	
<i>sertraline hcl oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)	<i>venlafaxine hcl oral tablet 37.5 mg</i>	3	MO; QLL (450 per 30 days)	
<i>sertraline hcl oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)	<i>venlafaxine hcl oral tablet 50 mg</i>	3	MO; QLL (300 per 30 days)	
SPRAVATO (56 MG DOSE)	5	PAR; QLL (16 per 30 days)	<i>venlafaxine hcl oral tablet 75 mg</i>	3	MO; QLL (225 per 30 days)	
SPRAVATO (84 MG DOSE)	5	PAR; QLL (24 per 30 days)	<i>VIIBRYD ORAL TABLET 10 MG</i>	4	ST; MO; QLL (120 per 30 days)	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	4	MO; QLL (30 per 30 days)	<i>VIIBRYD ORAL TABLET 20 MG</i>	4	ST; MO; QLL (60 per 30 days)	
SYMBYAX ORAL CAPSULE 3-25 MG	4	MO; QLL (90 per 30 days)	<i>VIIBRYD ORAL TABLET 40 MG</i>	4	ST; MO; QLL (30 per 30 days)	
<i>tranylcypromine sulfate</i>	4	MO	<i>VIIBRYD STARTER PACK</i>	4	ST; MO	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO	Antiemetics			
<i>trazodone hcl oral tablet 300 mg</i>	4	MO	<i>aprepitant oral capsule 125 mg</i>	3	B/D PAR; MO; QLL (5 per 30 days)	
<i>trimipramine maleate oral</i>	4	MO	<i>aprepitant oral capsule 40 mg</i>	3	B/D PAR; MO; QLL (1 per 28 days)	
TRINTELLIX ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)	<i>aprepitant oral capsule 80 & 125 mg</i>	3	B/D PAR; MO; QLL (15 per 30 days)	
TRINTELLIX ORAL TABLET 20 MG	4	MO; QLL (30 per 30 days)	<i>aprepitant oral capsule 80 mg</i>	3	B/D PAR; MO; QLL (10 per 30 days)	
TRINTELLIX ORAL TABLET 5 MG	4	MO; QLL (120 per 30 days)	<i>chlorpromazine hcl oral compro</i>	4	MO	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	MO; QLL (60 per 30 days)	<i>4</i>	MO		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
dronabinol	4 B/D PAR; MO; QLL (120 per 30 days)	scopolamine	4 MO; QLL (10 per 28 days)
EMEND ORAL CAPSULE 40 MG	3 B/D PAR; MO; QLL (1 per 28 days)	TRANSDERM SCOP (1.5 MG)	4 MO; QLL (10 per 28 days)
EMEND ORAL CAPSULE 80 MG	3 B/D PAR; MO; QLL (10 per 30 days)	TRANSDERM-SCOP (1.5 MG)	4 MO; QLL (10 per 28 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3 B/D PAR; MO; QLL (15 per 30 days)	Antifungals	
EMEND TRI-PACK	5 B/D PAR; MO; QLL (15 per 30 days)	ABELCET	5 B/D PAR; MO
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	4 MO	AMBISOME	4 B/D PAR; MO
granisetron hcl oral	4 B/D PAR; MO; QLL (30 per 30 days)	amphotericin b intravenous	4 B/D PAR; MO
hydroxyzine hcl oral syrup	3 PAR; MO	CANCIDAS INTRAVENOUS SOLUTION	4 B/D PAR; MO
hydroxyzine hcl oral tablet 10 mg, 50 mg	3 PAR; MO	RECONSTITUTED 50 MG	
hydroxyzine hcl oral tablet 25 mg	2 PAR; MO	CANCIDAS INTRAVENOUS SOLUTION	5 B/D PAR; MO
hydroxyzine pamoate oral	3 PAR; MO	RECONSTITUTED 70 MG	
meclizine hcl oral tablet	2 MO	ciclopirox external gel	4 MO
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	2 MO	ciclopirox external shampoo	4 MO
metoclopramide hcl oral tablet	1 MO	ciclopirox external solution	2 MO
ondansetron hcl injection	4 MO	ciclopirox olamine external	3 MO
ondansetron hcl oral solution	4 B/D PAR; MO; QLL (450 per 30 days)	clotrimazole external cream	3 MO
ondansetron hcl oral tablet 24 mg	4 B/D PAR; MO; QLL (30 per 30 days)	clotrimazole external solution	2 MO
ondansetron hcl oral tablet 4 mg, 8 mg	3 B/D PAR; MO; QLL (90 per 30 days)	clotrimazole mouth/throat troche	3 MO
ondansetron oral tablet dispersible 4 mg	4 B/D PAR; MO; QLL (90 per 30 days)	econazole nitrate external	2 MO
ondansetron oral tablet dispersible 8 mg	3 B/D PAR; MO; QLL (90 per 30 days)	EXELDERM	4 MO
perphenazine oral	4 MO	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	4 MO
prochlorperazine	4 MO	fluconazole oral suspension reconstituted 10 mg/ml	3 MO
prochlorperazine maleate oral	2 MO	fluconazole oral suspension reconstituted 40 mg/ml	4 MO
promethazine hcl oral syrup	2 PAR; MO	fluconazole oral tablet 100 mg, 150 mg, 50 mg	2 MO
promethazine hcl oral tablet	2 PAR; MO	fluconazole oral tablet 200 mg	3 MO
		flucytosine oral capsule 250 mg	4 MO
		flucytosine oral capsule 500 mg	5 MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
griseofulvin microsize oral	4	MO	COLCRYS	3	MO
griseofulvin ultramicrosize	4	MO	febuxostat	3	MO
itraconazole oral capsule	4	PAR; MO	probencid oral	3	MO
ketoconazole external cream	3	MO	ULORIC	3	ST; MO
ketoconazole external shampoo 2 %	2	MO	Antimigraine Agents		
ketoconazole oral	3	MO	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	MO; QLL (1 per 30 days)
micafungin sodium	5		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	MO; QLL (2 per 30 days)
miconazole 3 vaginal suppository	3	MO	dihydroergotamine mesylate injection	5	PAR; MO
MYCAMINE	5	MO	dihydroergotamine mesylate nasal	5	MO; QLL (8 per 28 days)
NATACYN	4	MO	divalproex sodium er oral tablet extended release 24 hour	4	MO
NOXAFL ORAL	5	PAR; MO	divalproex sodium oral capsule delayed release sprinkle	4	MO
nyamyc	3	MO	divalproex sodium oral tablet delayed release 125 mg, 250 mg	2	MO
nystatin external cream	2	MO	divalproex sodium oral tablet delayed release 500 mg	3	MO
nystatin external ointment	2	MO	EMGALITY	3	MO; QLL (2 per 30 days)
nystatin external powder	3	MO	EMGALITY (300 MG DOSE)	3	MO; QLL (3 per 30 days)
nystatin mouth/throat	2	MO	ergotamine-caffeine	3	MO
nystatin oral tablet	2	MO	naratriptan hcl	4	MO; QLL (9 per 30 days)
nystop	2	MO	rizatriptan benzoate	4	MO; QLL (12 per 30 days)
posaconazole	5	PAR	sumatriptan nasal	4	MO
sulconazole nitrate external cream	4	MO	sumatriptan succinate oral	2	MO; QLL (9 per 30 days)
SULCONAZOLE NITRATE EXTERNAL SOLUTION	4	MO	sumatriptan succinate refill subcutaneous solution cartridge	4	MO
terbinafine hcl oral	2	MO	sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	MO
terconazole vaginal cream	3	MO			
terconazole vaginal suppository	4	MO			
voriconazole intravenous	5	MO			
voriconazole oral suspension reconstituted	5	PAR; MO			
voriconazole oral tablet 200 mg	5	PAR; MO			
voriconazole oral tablet 50 mg	4	PAR; MO			
ZOLINZA	5	PAR; QLL (120 per 30 days)			
Antigout Agents					
allopurinol oral	1	MO			
allopurinol sodium	4	MO			
ALOPRIM	4	MO			
colchicine oral	2	MO			
colchicine-probenecid	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 Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
sumatriptan succinate subcutaneous solution <i>auto-injector</i>	4	MO	isoniazid oral tablet 300 mg	2	MO
sumatriptan succinate subcutaneous solution <i>prefilled syringe 6 mg/ 0.5ml</i>	4	MO	PASER	4	MO
timolol maleate oral tablet 10 mg, 5 mg	2	MO	PRIFTIN	4	MO
timolol maleate oral tablet 20 mg	3	MO	pyrazinamide oral	4	MO
topiramate oral capsule <i>sprinkle</i>	4	MO	rifabutin	4	MO
topiramate oral tablet 100 mg	2	MO; QLL (480 per 30 days)	rifampin intravenous	4	MO
topiramate oral tablet 200 mg	2	MO; QLL (240 per 30 days)	rifampin oral	4	MO
topiramate oral tablet 25 mg	2	MO; QLL (1920 per 30 days)	SIRTURO ORAL TABLET 100 MG	5	PAR; MO; LA
topiramate oral tablet 50 mg	2	MO; QLL (960 per 30 days)	SIRTURO ORAL TABLET 20 MG	5	PAR; LA
valproic acid oral capsule	3	MO	TRECATOR	4	MO
valproic acid oral solution	2	MO	Antineoplastics		
Antimyasthenic Agents			abiraterone acetate	5	PAR; QLL (120 per 30 days)
GUANIDINE HCL ORAL	4	MO	ABRAXANE	5	PAR
MESTINON ORAL SOLUTION	5	MO	adriamycin intravenous <i>solution</i>	4	B/D PAR
MESTINON ORAL TABLET EXTENDED RELEASE	5	MO	adriamycin intravenous <i>solution reconstituted 10 mg, 50 mg</i>	4	B/D PAR
pyridostigmine bromide er	3	MO	AFINITOR	5	PAR
pyridostigmine bromide <i>oral solution</i>	5	MO	ALECENSA	5	PAR; LA; QLL (240 per 30 days)
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO	ALIQOPA	5	PAR; LA
pyridostigmine bromide <i>oral tablet 60 mg</i>	3	MO	ALKERAN ORAL	4	B/D PAR
REGONOL INTRAVENOUS	4	MO	ALUNBRIG ORAL TABLET 180 MG	5	PAR; LA; QLL (30 per 30 days)
Antimycobacterials			ALUNBRIG ORAL TABLET 30 MG	5	PAR; LA; QLL (180 per 30 days)
CAPASTAT SULFATE	4	MO	ALUNBRIG ORAL TABLET 90 MG	5	PAR; LA; QLL (60 per 30 days)
dapsone oral	3	MO	ALUNBRIG ORAL TABLET THERAPY PACK	5	PAR; LA; QLL (30 per 180 days); NE
ethambutol hcl oral	4	MO	anastrozole oral	2	MO; QLL (30 per 30 days)
isoniazid injection	4	MO	ARRANON	4	B/D PAR
isoniazid oral syrup	4	MO	arsenic trioxide <i>intravenous</i>	5	B/D PAR
isoniazid oral tablet 100 mg	1	MO	ARZERRA	5	PAR
			AVASTIN	5	PAR; LA
			avita	3	PAR; MO; QLL (45 per 30 days)
			AYVAKIT	5	PAR; LA; QLL (30 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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
azacitidine	5 PAR	CLOLAR	5 B/D PAR
BALVERSA ORAL TABLET 3 MG	5 PAR; LA; QLL (90 per 30 days)	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5 PAR; LA; QLL (56 per 28 days)
BALVERSA ORAL TABLET 4 MG	5 PAR; LA; QLL (60 per 30 days)	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5 PAR; LA; QLL (112 per 28 days)
BALVERSA ORAL TABLET 5 MG	5 PAR; LA; QLL (30 per 30 days)	COMETRIQ (60 MG DAILY DOSE)	5 PAR; LA; QLL (84 per 28 days)
BAVENCIO	5 PAR; LA	COPIKTRA	5 PAR; LA; QLL (60 per 30 days)
BELEODAQ	5 PAR	COSMEGEN	5 B/D PAR
BENDEKA	5 B/D PAR	COTELLIC	5 PAR; LA; QLL (90 per 30 days)
BESPONSA	5 B/D PAR; LA	cyclophosphamide oral capsule	3 B/D PAR
bexarotene	5 PAR; QLL (300 per 30 days)	CYRAMZA	5 PAR; LA
bicalutamide	3 MO; QLL (30 per 30 days)	cytarabine (pf)	4 B/D PAR
BICNU	5 B/D PAR	cytarabine injection solution	4 B/D PAR
bleomycin sulfate	4 B/D PAR	dacarbazine intravenous	4 B/D PAR
BLINCYTO	5 PAR	dactinomycin	5 B/D PAR
BORTEZOMIB	5 PAR	DARZALEX	5 PAR; LA
BOSULIF ORAL TABLET 100 MG	5 PAR; QLL (120 per 30 days)	DARZALEX FASPRO	5 PAR
BOSULIF ORAL TABLET 400 MG, 500 MG	5 PAR; QLL (30 per 30 days)	daunorubicin hcl intravenous solution 20 mg/4ml	4 B/D PAR
BRAFTOVI ORAL CAPSULE 75 MG	5 PAR; LA; QLL (180 per 30 days)	DAUNORUBICIN HCL INTRAVENOUS SOLUTION 50 MG/10ML	4 B/D PAR
BRUKINSA	5 PAR; LA; QLL (120 per 30 days)	DAURISMO ORAL TABLET 100 MG	5 PAR; LA; QLL (30 per 30 days)
busulfan	4 B/D PAR	DAURISMO ORAL TABLET 25 MG	5 PAR; LA; QLL (60 per 30 days)
BUSULFEX	4 B/D PAR	decitabine	5 B/D PAR
CABOMETYX	5 PAR; LA; QLL (30 per 30 days)	dexrazoxane hcl	5 B/D PAR
CALQUENCE	5 PAR; LA	DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML	5 B/D PAR
CAPRELSA ORAL TABLET 100 MG	5 PAR; LA; QLL (90 per 30 days)	DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML	4 B/D PAR
CAPRELSA ORAL TABLET 300 MG	5 PAR; LA; QLL (30 per 30 days)	DOCETAXEL INTRAVENOUS SOLUTION 20 MG/2ML, 80 MG/8ML	5 B/D PAR
carboplatin intravenous solution	4 B/D PAR		
carmustine	5 B/D PAR		
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	4 B/D PAR		
cladribine intravenous solution 10 mg/10ml	5 B/D PAR		
clofarabine	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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>doxorubicin hcl intravenous solution</i>	4 B/D PAR	<i>fludarabine phosphate intravenous solution reconstituted</i>	4 B/D PAR
<i>doxorubicin hcl liposomal</i>	5 PAR	<i>fluorouracil intravenous</i>	4 B/D PAR
DROXIA	3 MO	<i>flutamide</i>	4 MO
ELITEK	5 PAR	<i>FOLOTYN</i>	5 B/D PAR
EMCYT	4	<i>fulvestrant</i>	5 PAR
EMPLICITI	5 PAR; LA	<i>GAVRETO</i>	5 PAR; LA; QLL (120 per 30 days)
ENHERTU	5 PAR	<i>GAZYVA</i>	5 PAR; LA
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	4 B/D PAR	<i>GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 2 GM/20ML</i>	5 B/D PAR
ERBITUX	5 PAR	<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	4 B/D PAR
ERIVEDGE	5 PAR; LA; QLL (30 per 30 days)	<i>gemcitabine hcl intravenous solution 2 gm/52.6ml, 200 mg/2ml</i>	5 B/D PAR
ERLEADA	5 PAR; LA	<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 200 mg</i>	4 B/D PAR
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5 PAR; QLL (30 per 30 days)	<i>gemcitabine hcl intravenous solution reconstituted 2 gm</i>	5 B/D PAR
<i>erlotinib hcl oral tablet 25 mg</i>	5 PAR; QLL (90 per 30 days)	<i>GILOTrif</i>	5 PAR; LA; QLL (30 per 30 days)
ERWINAZE INJECTION	5 PAR; LA	<i>GLEEVEC ORAL TABLET 100 MG</i>	5 PAR; QLL (240 per 30 days)
ETOPOPHOS	5 B/D PAR	<i>GLEEVEC ORAL TABLET 400 MG</i>	5 PAR; QLL (60 per 30 days)
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	3 B/D PAR	<i>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</i>	4 PAR; MO
<i>everolimus oral tablet 0.25 mg</i>	4 B/D PAR; MO	<i>HALAVEN</i>	5 PAR
<i>everolimus oral tablet 0.5 mg</i>	5 B/D PAR	<i>HERCEPTIN HYLECTA</i>	5 B/D PAR
<i>everolimus oral tablet 2.5 mg</i>	5 PAR	<i>HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG</i>	5 B/D PAR
EVOMELA	5 B/D PAR	<i>hydroxyprogesterone caproate intramuscular solution</i>	5 PAR; QLL (25 per 147 days); NE
exemestane	4 MO; QLL (60 per 30 days)	<i>hydroxyurea oral</i>	2 MO
FARESTON	5 QLL (30 per 30 days)	<i>IBRANCE</i>	5 PAR; LA; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5 PAR; LA; QLL (60 per 30 days)		
FARYDAK ORAL CAPSULE 20 MG	5 PAR; LA; QLL (30 per 30 days)		
FASLODEX	5 PAR		
INTRAMUSCULAR SOLUTION 250 MG/5ML			
<i>fludarabine phosphate intravenous solution</i>	5 B/D PAR		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ICLUSIG ORAL TABLET 15 MG	5 PAR; LA; QLL (60 per 30 days)	<i>irinotecan hcl intravenous solution 100 mg/5ml, 500 mg/25ml</i>	4 B/D PAR
ICLUSIG ORAL TABLET 45 MG	5 PAR; LA; QLL (30 per 30 days)	<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	4 B/D PAR; MO
<i>idarubicin hcl</i>	5 B/D PAR	ISTODAX (OVERFILL)	5 PAR
IDHIFA ORAL TABLET 100 MG	5 PAR; LA; QLL (30 per 30 days)	IXEMPRA KIT	5 PAR
IDHIFA ORAL TABLET 50 MG	5 PAR; LA; QLL (60 per 30 days)	JAKAFI ORAL TABLET 10 MG	5 PAR; LA; QLL (150 per 30 days)
IFEX	4 B/D PAR	JAKAFI ORAL TABLET 15 MG	5 PAR; LA; QLL (100 per 30 days)
<i>ifosfamide intravenous solution</i>	4 B/D PAR	JAKAFI ORAL TABLET 20 MG	5 PAR; LA; QLL (75 per 30 days)
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	4 B/D PAR	JAKAFI ORAL TABLET 25 MG	5 PAR; LA; QLL (60 per 30 days)
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	4 B/D PAR	JAKAFI ORAL TABLET 5 MG	5 PAR; LA; QLL (300 per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5 PAR; QLL (240 per tablet 30 days)	KADCYLA	5 PAR
<i>imatinib mesylate oral tablet 400 mg</i>	5 PAR; QLL (60 per tablet 30 days)	KHAPZORY	5 PAR
IMBRUWICA ORAL CAPSULE 140 MG	5 PAR; LA; QLL (90 per 30 days)	KISQALI (200 MG DOSE)	5 PAR; QLL (21 per 21 days)
IMBRUWICA ORAL CAPSULE 70 MG	5 PAR; LA; QLL (30 per 30 days)	KISQALI (400 MG DOSE)	5 PAR; QLL (42 per 21 days)
IMBRUWICA ORAL TABLET 140 MG	5 PAR; LA; QLL (90 per 30 days)	KISQALI (600 MG DOSE)	5 PAR; QLL (63 per 21 days)
IMBRUWICA ORAL TABLET 280 MG, 420 MG, 560 MG	5 PAR; LA; QLL (30 per 30 days)	KISQALI FEMARA (400 MG DOSE)	5 PAR; QLL (70 per 28 days)
IMFINZI	5 PAR; LA	KISQALI FEMARA (600 MG DOSE)	5 PAR; QLL (91 per 28 days)
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML	4 PAR; MO	KISQALI FEMARA(200 MG DOSE)	5 PAR; QLL (49 per 28 days)
IMLYGIC INTRALESIONAL SUSPENSION 100000000 UNIT/ML	5 PAR	KOSELUGO	5 PAR
INLYTA ORAL TABLET 1 MG	5 PAR; LA; QLL (240 per 30 days)	KYPROLIS	5 PAR; LA
INLYTA ORAL TABLET 5 MG	5 PAR; LA; QLL (120 per 30 days)	<i>lapatinib ditosylate</i>	5 PAR; QLL (180 per 30 days)
INQOVI	5 PAR; LA; QLL (5 per 28 days)	LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML	5 PAR; LA
INREBIC	5 PAR; LA; QLL (120 per 30 days)	LENVIMA (10 MG DAILY DOSE)	5 PAR; LA; QLL (30 per 30 days)
IRESSA	5 LA	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)

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
LENVIMA (20 MG DAILY DOSE)	5 PAR; LA; QLL (60 per 30 days)	melphalan hcl	3 B/D PAR
LENVIMA (24 MG DAILY DOSE)	5 PAR; LA; QLL (90 per 30 days)	mesna	4 MO
LENVIMA (4 MG DAILY DOSE)	5 PAR; LA; QLL (30 per 30 days)	MESNEX ORAL	5 MO
LENVIMA (8 MG DAILY DOSE)	5 PAR; LA; QLL (60 per 30 days)	<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml</i>	2 MO
<i>letrozole oral</i>	2 MO; QLL (30 per 30 days)	<i>methotrexate sodium injection solution 250 mg/10ml</i>	4 MO
<i>leucovorin calcium injection solution 100 mg/10ml</i>	4 MO	<i>methotrexate sodium injection solution reconstituted</i>	2 MO
<i>leucovorin calcium injection solution reconstituted</i>	4 B/D PAR; MO	<i>mitomycin intravenous solution reconstituted 20 mg, 5 mg</i>	4 B/D PAR
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	4 MO	<i>mitomycin intravenous solution reconstituted 40 mg</i>	5 B/D PAR
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	4 MO	<i>mitoxantrone hcl</i>	3 B/D PAR
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	2 MO	<i>mutamycin intravenous solution reconstituted 20 mg, 5 mg</i>	4 B/D PAR
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	2 MO	<i>mutamycin intravenous solution reconstituted 40 mg</i>	5 B/D PAR
LEUKERAN	4 MO	MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	5 PAR; LA
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	5 PAR	NERLYNX	5 PAR; LA; QLL (180 per 30 days)
LIBTAYO	5 PAR; LA	NEXAVAR	5 PAR; LA; QLL (120 per 30 days)
LONSURF	5 PAR	NILANDRON	5 MO; QLL (30 per 30 days)
LORBRENA ORAL TABLET 100 MG	5 PAR; LA; QLL (30 per 30 days)	<i>nilutamide</i>	5 MO; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5 PAR; LA; QLL (90 per 30 days)	NINLARO	5 PAR; QLL (3 per 28 days)
LUMOXITI	5 PAR; LA	NIPENT	5 B/D PAR
LYNPARZA ORAL TABLET	5 PAR; LA; QLL (120 per 30 days)	NUBEQA	5 PAR; LA; QLL (120 per 30 days)
MARQIBO	5	ODOMZO	5 PAR; LA; QLL (30 per 30 days)
MATULANE	5 LA	OFEV	5 PAR; QLL (60 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5 PAR; LA; QLL (90 per 30 days)	ONCASPAR INJECTION	5 PAR
MEKINIST ORAL TABLET 2 MG	5 PAR; LA; QLL (30 per 30 days)		
MEKTOVI	5 PAR; LA; QLL (180 per 30 days)		
<i>melphalan</i>	4 B/D PAR		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
OPDIVO	5 PAR; LA	REVLIMID ORAL CAPSULE	5 PAR; LA; QLL (30 per 30 days)
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	4 B/D PAR	REVLIMID ORAL CAPSULE	5 PAR; LA; QLL (150 per 30 days)
<i>oxaliplatin intravenous solution reconstituted</i>	5 B/D PAR	RITUXAN HYCELA	5 B/D PAR; MO; LA
<i>paclitaxel intravenous concentrate 100 mg/ 16.7ml, 150 mg/25ml, 30 mg/5ml</i>	4 B/D PAR	RITUXAN INTRAVENOUS SOLUTION	5 B/D PAR; LA
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	4	<i>romidepsin intravenous solution</i>	5 PAR
PADCEV	5 PAR	ROZLYTREK ORAL CAPSULE	5 PAR; LA; QLL (30 per 30 days)
PANRETIN	5	ROZLYTREK ORAL CAPSULE	5 PAR; LA; QLL (90 per 30 days)
PARAPLATIN	4 B/D PAR; MO	RUBRACA ORAL TABLET	5 PAR; LA; QLL (180 per 30 days)
PEMAZYRE	5 PAR; LA; QLL (14 per 21 days)	RUBRACA ORAL TABLET	5 PAR; LA; QLL (120 per 30 days)
PERJETA	5 PAR	RYDAPT	5 PAR; QLL (240 per 30 days)
PHESGO	5 PAR	SARCLISA	5 PAR
PIQRAY (200 MG DAILY DOSE)	5 PAR; QLL (28 per 28 days)	SOLTAMOX	5 MO
PIQRAY (250 MG DAILY DOSE)	5 PAR; QLL (56 per 28 days)	SPRYCEL	5 PAR; QLL (30 per 30 days)
PIQRAY (300 MG DAILY DOSE)	5 PAR; QLL (56 per 28 days)	STIVARGA	5 PAR; LA; QLL (120 per 30 days)
POLIVY	5 B/D PAR	SUTENT ORAL CAPSULE	5 PAR; QLL (90 per 30 days)
POMALYST ORAL CAPSULE 1 MG	5 PAR; LA; QLL (120 per 30 days)	SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5 PAR; QLL (30 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5 PAR; LA; QLL (60 per 30 days)	SYNRIBO	5 PAR
POMALYST ORAL CAPSULE 3 MG, 4 MG	5 PAR; LA; QLL (30 per 30 days)	TABLOID	4 MO
PORTRAZZA	5 LA	TABRECTA	5 PAR; QLL (120 per 30 days)
POTELIGEO	5 B/D PAR; LA	TAFINLAR	5 PAR; LA; QLL (120 per 30 days)
PROLEUKIN	5 B/D PAR	TAGRISSO ORAL TABLET 40 MG	5 PAR; LA; QLL (60 per 30 days)
PURIXAN	5 PAR	TAGRISSO ORAL TABLET 80 MG	5 PAR; LA; QLL (30 per 30 days)
QINLOCK	5 PAR; QLL (90 per 30 days)	TALZENNA ORAL CAPSULE 0.25 MG	5 PAR; LA; QLL (180 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5 PAR; QLL (180 per 30 days)	TALZENNA ORAL CAPSULE 1 MG	5 PAR; LA; QLL (60 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5 PAR; QLL (120 per 30 days)	<i>tamoxifen citrate oral</i>	2 MO
REVLIMID ORAL CAPSULE 10 MG	5 PAR; LA; QLL (60 per 30 days)	TARCEVA ORAL TABLET 100 MG, 150 MG	5 PAR; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 25 MG	5 PAR; LA; QLL (30 per 30 days)		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
TARCEVA ORAL TABLET 25 MG	5 PAR; LA; QLL (90 per 30 days)	tretinoin external gel 0.01 %, 0.025 %	3 PAR; MO; QLL (45 per 30 days)
TARGRETIN EXTERNAL	5 PAR; QLL (60 per 30 days)	tretinoin oral	5 MO
TARGRETIN ORAL	5 PAR; QLL (300 per 30 days)	TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	5 B/D PAR
TASIGNA	5 PAR; QLL (112 per 28 days)	TRODELVY	5 PAR
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/ 4ML	5 B/D PAR	TUKYSA	5 PAR; LA; QLL (120 per 30 days)
TAZVERIK	5 PAR; LA; QLL (240 per 30 days)	TURALIO	5 PAR; LA; QLL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5 PAR; LA; QLL (20 per 21 days)	TYKERB	5 PAR; LA; QLL (180 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	5 PAR; LA; QLL (28 per 30 days)	VALCHLOR	5 PAR; LA
<i>temsirolimus</i>	5 PAR	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	5 PAR
THALOMID ORAL CAPSULE 100 MG, 50 MG	5 PAR; QLL (30 per 30 days)	VELCADE INJECTION	5 PAR
THALOMID ORAL CAPSULE 150 MG, 200 MG	5 PAR; QLL (60 per 30 days)	VENCLEXTA ORAL TABLET 10 MG	3 PAR; LA; QLL (60 per 30 days)
<i>thiotepa injection solution reconstituted 100 mg</i>	4 B/D PAR; MO	VENCLEXTA ORAL TABLET 100 MG	5 PAR; LA; QLL (180 per 30 days)
<i>thiotepa injection solution reconstituted 15 mg</i>	4 B/D PAR	VENCLEXTA ORAL TABLET 30 MG	3 PAR; LA; QLL (30 per 30 days)
TIBSOVO	5 PAR; LA; QLL (60 per 30 days)	VENCLEXTA STARTING PACK	5 PAR; LA; NE
TICE BCG	4 B/D PAR	VERZENIO	5 PAR; LA; QLL (60 per 30 days)
<i>toposar intravenous solution 1 gm/50ml, 100 mg/5ml</i>	3 B/D PAR	<i>vinblastine sulfate intravenous solution</i>	4 B/D PAR
<i>toposar intravenous solution 500 mg/25ml</i>	4 B/D PAR	<i>vincristine sulfate intravenous</i>	4 B/D PAR
TOPOTECAN HCL INTRAVENOUS SOLUTION	5 B/D PAR	<i>vinorelbine tartrate</i>	4 B/D PAR
<i>topotecan hcl intravenous solution reconstituted</i>	5 B/D PAR	VITRAKVI ORAL CAPSULE 100 MG	5 PAR; LA; QLL (60 per 30 days)
<i>toremifene citrate</i>	5 QLL (30 per 30 days)	VITRAKVI ORAL CAPSULE 25 MG	5 PAR; LA; QLL (180 per 30 days)
TORISEL	5 PAR	VITRAKVI ORAL SOLUTION 300 MG	5 PAR; LA; QLL (300 per 30 days)
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	5 B/D PAR	VIZIMPRO ORAL TABLET 15 MG	5 PAR; LA; QLL (90 per 30 days)
<i>tretinoin external cream</i>	3 PAR; MO; QLL (45 per 30 days)	VIZIMPRO ORAL TABLET 30 MG, 45 MG	5 PAR; LA; QLL (30 per 30 days)
		VOTRIENT	5 PAR; LA; QLL (120 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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	5 B/D PAR	ALBENZA	5 MO
XALKORI	5 PAR; LA; QLL (60 per 30 days)	ALINIA ORAL SUSPENSION RECONSTITUTED	4 MO; QLL (180 per 30 days)
XOSPATA	5 PAR; LA; QLL (90 per 30 days)	ALINIA ORAL TABLET	4 MO; QLL (6 per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	5 PAR; LA; QLL (20 per 28 days)	<i>atovaquone oral</i>	5 PAR; MO
XPOVIO (40 MG ONCE WEEKLY)	5 PAR; LA; QLL (8 per 28 days)	<i>atovaquone-proguanil hcl</i>	4 MO
XPOVIO (40 MG TWICE WEEKLY)	5 PAR; LA; QLL (16 per 28 days)	<i>chloroquine phosphate oral</i>	1 MO
XPOVIO (60 MG ONCE WEEKLY)	5 PAR; LA; QLL (12 per 28 days)	COARTEM	4 MO
XPOVIO (60 MG TWICE WEEKLY)	5 PAR; LA; QLL (24 per 28 days)	DARAPRIM	5 MO
XPOVIO (80 MG ONCE WEEKLY)	5 PAR; LA; QLL (16 per 28 days)	<i>hydroxychloroquine sulfate oral</i>	1 MO
XPOVIO (80 MG TWICE WEEKLY)	5 PAR; LA; QLL (32 per 28 days)	<i>ivermectin oral</i>	3 MO
XTANDI	5 PAR; LA; QLL (120 per 30 days)	<i>lindane external shampoo</i>	4 MO
YEROVY	5 PAR	MALARONE ORAL TABLET 250-100 MG	4 MO
YONDELIS	5 B/D PAR	<i>malathion external</i>	4 MO
YONSA	5 PAR; QLL (120 per 30 days)	<i>mefloquine hcl</i>	2 MO
ZALTRAP	5 PAR; LA	NEBUPENT	3 B/D PAR; MO
ZANOSAR	5 B/D PAR	PENTAM	4 MO
ZEJULA	5 PAR; LA; QLL (90 per 30 days)	<i>pentamidine isethionate inhalation</i>	3 B/D PAR; MO
ZELBORAF	5 PAR; LA; QLL (240 per 30 days)	<i>pentamidine isethionate injection</i>	4 MO
ZOLINZA	5 PAR; QLL (120 per 30 days)	<i>permethrin external cream</i>	3 MO
ZYDELIG	5 PAR; LA; QLL (60 per 30 days)	<i>primaquine phosphate oral</i>	3 MO
ZYKADIA ORAL TABLET	5 PAR; LA; QLL (90 per 30 days)	<i>pyrimethamine oral</i>	5
ZYTIGA ORAL TABLET 250 MG	5 PAR; LA; QLL (120 per 30 days)	<i>quinine sulfate oral</i>	4 PAR; MO
ZYTIGA ORAL TABLET 500 MG	5 PAR; LA; QLL (60 per 30 days)	STROMECTOL	3 MO
Antiparasitics			
<i>albendazole oral</i>	4 MO	Antiparkinson Agents	
		<i>amantadine hcl oral</i>	3 MO
		APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5 PAR; LA
		AZILECT	3 MO
		<i>benztropine mesylate injection</i>	4 MO
		<i>benztropine mesylate oral</i>	2 PAR; MO
		<i>bromocriptine mesylate oral</i>	4 MO
		<i>carbidopa oral</i>	4 MO
		<i>carbidopa oral</i>	4 MO
		<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
carbidopa-levodopa oral tablet	2	MO	ARISTADA INITIO	5	MO; QLL (4.8 per 365 days); NE
carbidopa-levodopa oral tablet dispersible	3	MO	ARISTADA INTRAMUSCULAR	5	MO; QLL (3.9 per 60 days); NE
carbidopa-levodopa-entacapone	4	MO	PREFILLED SYRINGE 1064 MG/3.9ML		
carbidopa-levodopa-entacapone	4	MO	ARISTADA INTRAMUSCULAR	5	MO; QLL (1.6 per 30 days)
entacapone	4	MO	PREFILLED SYRINGE 441 MG/1.6ML		
MIRAPEX ORAL TABLET 0.75 MG	4	MO	ARISTADA INTRAMUSCULAR	5	MO; QLL (2.4 per 30 days)
NEUPRO	3	MO; QLL (30 per 30 days)	PREFILLED SYRINGE 662 MG/2.4ML		
pramipexole dihydrochloride	2	MO	ARISTADA INTRAMUSCULAR	5	MO; QLL (3.2 per 30 days)
rasagiline mesylate oral	3	MO	PREFILLED SYRINGE 882 MG/3.2ML		
ropinirole hcl	2	MO	CAPLYTA	5	PAR; QLL (30 per 30 days)
ropinirole hcl er	4	MO	CHLORPROMAZINE HCL INJECTION	4	MO
selegiline hcl oral	3	MO	chlorpromazine hcl oral	4	MO
tolcapone	5	PAR; MO; QLL (180 per 30 days)	clozapine oral tablet 100 mg	3	MO; QLL (270 per 30 days)
trihexyphenidyl hcl	2	PAR; MO	clozapine oral tablet 200 mg	3	MO; QLL (120 per 30 days)
Antipsychotics			clozapine oral tablet 25 mg	2	MO; QLL (1080 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	MO; QLL (1 per 28 days)	clozapine oral tablet 50 mg	2	MO; QLL (540 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	MO; QLL (1 per 28 days)	clozapine oral tablet dispersible 100 mg	4	MO; QLL (270 per 30 days)
ariPIPRAZOLE oral solution	4	MO; QLL (900 per 30 days)	clozapine oral tablet dispersible 12.5 mg	4	MO; QLL (2160 per 30 days)
ariPIPRAZOLE oral tablet 10 mg	4	MO; QLL (90 per 30 days)	clozapine oral tablet dispersible 150 mg	4	MO; QLL (180 per 30 days)
ariPIPRAZOLE oral tablet 15 mg	4	MO; QLL (60 per 30 days)	clozapine oral tablet dispersible 200 mg	5	MO; QLL (120 per 30 days)
ariPIPRAZOLE oral tablet 2 mg	4	MO; QLL (450 per 30 days)	clozapine oral tablet dispersible 25 mg	3	MO; QLL (1080 per 30 days)
ariPIPRAZOLE oral tablet 20 mg, 30 mg	4	MO; QLL (30 per 30 days)	FANAPT ORAL TABLET 1 MG	4	MO; QLL (720 per 30 days)
ariPIPRAZOLE oral tablet 5 mg	4	MO; QLL (180 per 30 days)	FANAPT ORAL TABLET 10 MG, 12 MG	5	MO; QLL (60 per 30 days)
ariPIPRAZOLE oral tablet dispersible 10 mg	5	MO; QLL (90 per 30 days)			
ariPIPRAZOLE oral tablet dispersible 15 mg	5	MO; 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FANAPT ORAL TABLET 2 MG	4	MO; QLL (360 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)
FANAPT ORAL TABLET 4 MG	4	MO; QLL (180 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	MO; QLL (1.5 per 28 days)
FANAPT ORAL TABLET 6 MG	5	MO; QLL (120 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	MO; QLL (0.25 per 28 days)
FANAPT ORAL TABLET 8 MG	5	MO; QLL (90 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	MO; QLL (0.5 per 28 days)
FANAPT TITRATION PACK	4	MO	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5	MO; QLL (0.875 per 90 days); NE
<i>fluphenazine decanoate injection</i>	4	MO	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5	MO; QLL (1.315 per 90 days); NE
<i>fluphenazine hcl injection</i>	4	MO	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	MO; QLL (1.75 per 90 days); NE
<i>fluphenazine hcl oral</i>	2	MO	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5	MO; QLL (2.625 per 90 days); NE
GEODON INTRAMUSCULAR	4	MO	LATUDA ORAL TABLET 120 MG, 60 MG	5	MO; QLL (30 per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	4	MO	LATUDA ORAL TABLET 20 MG	5	MO; QLL (240 per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml 1 ml</i>	4	MO	LATUDA ORAL TABLET 40 MG	5	MO; QLL (120 per 30 days)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	3	MO	LATUDA ORAL TABLET 80 MG	5	MO; QLL (60 per 30 days)
<i>haloperidol lactate injection</i>	3	MO	<i>loxpipine succinate oral capsule 10 mg, 5 mg</i>	3	MO
<i>haloperidol lactate oral</i>	2	MO	<i>loxpipine succinate oral capsule 25 mg, 50 mg</i>	4	MO
<i>haloperidol oral</i>	2	MO	<i>molindone hcl</i>	4	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG	4	MO; QLL (240 per 30 days)			
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG	5	MO; QLL (120 per 30 days)			
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	MO; QLL (60 per 30 days)			
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	5	MO; QLL (30 per 30 days)			
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	MO; QLL (0.75 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	Tier	Drug Requirements/ Limits	Drug Name	Tier	Drug Requirements/ Limits
NUPLAZID ORAL CAPSULE	5	PAR; LA; QLL (30 per 30 days)	<i>prochlorperazine maleate oral</i>	2	MO
NUPLAZID ORAL TABLET 10 MG	5	PAR; LA; QLL (30 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QLL (150 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QLL (90 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>	4	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 400 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QLL (480 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)	<i>quetiapine fumarate oral tablet 100 mg</i>	2	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)	<i>quetiapine fumarate oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)	<i>quetiapine fumarate oral tablet 25 mg</i>	2	MO; QLL (960 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	4	MO; QLL (60 per 30 days)	<i>quetiapine fumarate oral tablet 300 mg</i>	2	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg</i>	4	MO; QLL (40 per 30 days)	<i>quetiapine fumarate oral tablet 400 mg</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet dispersible 20 mg</i>	4	MO; QLL (30 per 30 days)	<i>quetiapine fumarate oral tablet 50 mg</i>	2	MO; QLL (480 per 30 days)
<i>olanzapine oral tablet dispersible 5 mg</i>	4	MO; QLL (120 per 30 days)	<i>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	5	MO; QLL (60 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	4	MO; QLL (240 per 30 days)	<i>REXULTI ORAL TABLET 3 MG</i>	5	MO; QLL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 3 mg</i>	4	MO; QLL (120 per 30 days)	<i>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG</i>	4	MO; QLL (2 per 28 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	MO; QLL (60 per 30 days)	<i>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG</i>	5	MO; QLL (2 per 28 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	5	MO; QLL (30 per 30 days)	<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)
<i>perphenazine oral</i>	4	MO			
PERSERIS	5	MO; QLL (1 per 28 days)			
<i>pimozide</i>	3	MO			
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)	RELEASE 24 HOUR 50 MG		
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)	<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	ST; MO
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)	<i>thioridazine hcl oral tablet 100 mg</i>	3	ST; MO
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)	<i>thiothixene oral</i>	2	MO
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)	<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	3	MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	4	MO; QLL (1920 per 30 days)	<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	4	MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	MO; QLL (960 per 30 days)	VERSACLOZ	4	MO; QLL (600 per 30 days)
<i>risperidone oral tablet dispersible 1 mg</i>	4	MO; QLL (480 per 30 days)	VRAYLAR ORAL CAPSULE	5	MO; QLL (30 per 30 days)
<i>risperidone oral tablet dispersible 2 mg</i>	4	MO; QLL (240 per 30 days)	VRAYLAR ORAL CAPSULE THERAPY PACK	4	MO
<i>risperidone oral tablet dispersible 3 mg</i>	4	MO; QLL (150 per 30 days)	<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	MO; QLL (120 per 30 days)	<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	5	MO; QLL (60 per 30 days)	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	MO; QLL (240 per 30 days)	<i>ziprasidone mesylate</i>	4	MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	4	MO; QLL (2 per 28 days)
SECUADO	5	QLL (30 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	5	MO; QLL (2 per 28 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	4	MO; QLL (150 per 30 days)	RECONSTITUTED 300 MG, 405 MG		
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	4	MO; QLL (120 per 30 days)	Antispasticity Agents		
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	4	MO; QLL (80 per 30 days)	<i>baclofen oral</i>	2	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	5	MO; QLL (60 per 30 days)	<i>dantrolene sodium oral</i>	4	MO
			<i>tizanidine hcl oral tablet</i>	2	MO
			Antivirals		
			<i>abacavir sulfate oral solution</i>	4	QLL (960 per 30 days)
			<i>abacavir sulfate oral tablet</i>	4	QLL (60 per 30 days)
			<i>abacavir sulfate-lamivudine</i>	4	QLL (30 per 30 days)

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Drug Name	Tier	Drug Requirements/ Limits	Drug Name	Tier	Drug Requirements/ Limits
<i>abacavir-lamivudine-zidovudine</i>	5	QLL (60 per 30 days)	DOVATO	5	QLL (30 per 30 days)
<i>acyclovir external ointment</i>	4	MO; QLL (30 per 30 days)	EDURANT	5	QLL (30 per 30 days)
<i>acyclovir oral capsule</i>	2	MO	<i>efavirenz oral capsule 200 mg</i>	4	QLL (120 per 30 days)
<i>acyclovir oral suspension</i>	4	MO	<i>efavirenz oral capsule 50 mg</i>	4	QLL (360 per 30 days)
<i>acyclovir oral tablet</i>	2	MO	<i>efavirenz oral tablet</i>	5	QLL (30 per 30 days)
<i>acyclovir sodium intravenous solution</i>	4	B/D PAR; MO	<i>efavirenz-lamivudine-tenofovir</i>	5	QLL (30 per 30 days)
<i>adefovir dipivoxil</i>	4	PAR	<i>emtricitabine</i>	4	MO; QLL (30 per 30 days)
<i>amantadine hcl oral</i>	3	MO	<i>emtricitabine-tenofovir df</i>	5	QLL (30 per 30 days)
APTIVUS ORAL CAPSULE	5	QLL (120 per 30 days)	EMTRIVA ORAL CAPSULE	4	QLL (30 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)	EMTRIVA ORAL SOLUTION	4	QLL (850 per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	5	QLL (60 per 30 days)	<i>entecavir</i>	4	PAR
<i>atazanavir sulfate oral capsule 300 mg</i>	5	QLL (30 per 30 days)	EPCLUSA ORAL TABLET	5	PAR; QLL (30 per 400-100 MG days)
ATRIPLA	5	QLL (30 per 30 days)	EPCLUSA ORAL TABLET	5	PAR; QLL (30 per 400-100 MG days)
BARACLUDE ORAL SOLUTION	5	PAR	EPIVIR HBV ORAL SOLUTION	3	
BIKTARVY	5	QLL (30 per 30 days)	EPIVIR ORAL SOLUTION	4	QLL (960 per 30 days)
<i>cidofovir intravenous</i>	5	B/D PAR	EPIVIR ORAL SOLUTION	4	QLL (960 per 30 days)
CIMDUO	5	QLL (30 per 30 days)	EPZICOM	5	QLL (30 per 30 days)
COMPLERA	5	QLL (30 per 30 days)	EVOTAZ	5	QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	QLL (360 per 30 days)	<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	MO; QLL (60 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QLL (180 per 30 days)	<i>famciclovir oral tablet 500 mg</i>	3	MO; QLL (21 per 7 days)
DELSTRIGO	5	QLL (30 per 30 days)	<i>fosamprenavir calcium</i>	5	QLL (120 per 30 days)
DENAVIR	5	MO; QLL (5 per 30 days)	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QLL (60 per 30 days)
DESCOVY	5	QLL (30 per 30 days)			
<i>didanosine oral capsule delayed release 200 mg</i>	3	QLL (60 per 30 days)			
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	3	QLL (30 per 30 days)			

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>ganciclovir sodium intravenous solution reconstituted</i>	3	B/D PAR	JULUCA	5	QLL (30 per 30 days)
GENVOYA	5	QLL (30 per 30 days)	KALETRA ORAL SOLUTION	5	QLL (480 per 30 days)
HARVONI ORAL PACKET	5	PAR; QLL (28 per 28 days)	KALETRA ORAL TABLET 100-25 MG	4	QLL (300 per 30 days)
HARVONI ORAL TABLET	5	PAR; QLL (28 per 28 days)	KALETRA ORAL TABLET 200-50 MG	5	QLL (120 per 30 days)
HARVONI ORAL TABLET 90-400 MG	5	PAR; QLL (28 per 28 days)	<i>lamivudine oral solution</i>	4	QLL (960 per 30 days)
INTELENCE ORAL TABLET 100 MG	5	QLL (120 per 30 days)	<i>lamivudine oral solution</i>	4	QLL (960 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QLL (60 per 30 days)	<i>lamivudine oral tablet 100 mg</i>	3	
INTELENCE ORAL TABLET 25 MG	4	QLL (480 per 30 days)	<i>lamivudine oral tablet 100 mg</i>	3	
INTRON A INJECTION SOLUTION	5	B/D PAR	<i>lamivudine oral tablet 150 mg</i>	4	QLL (60 per 30 days)
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	B/D PAR	<i>lamivudine oral tablet 150 mg</i>	4	QLL (60 per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	4	B/D PAR	<i>lamivudine oral tablet 300 mg</i>	4	QLL (30 per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	4	B/D PAR	<i>lamivudine oral tablet 300 mg</i>	4	QLL (30 per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5	B/D PAR	<i>lamivudine-zidovudine</i>	4	QLL (60 per 30 days)
INVIRASE ORAL TABLET	5	QLL (120 per 30 days)	LEXIVA ORAL SUSPENSION	4	QLL (1800 per 30 days)
ISENTRESS HD	5	QLL (60 per 30 days)	LEXIVA ORAL TABLET	5	QLL (120 per 30 days)
ISENTRESS ORAL PACKET	5	QLL (180 per 30 days)	<i>lopinavir-ritonavir</i>	4	QLL (480 per 30 days)
ISENTRESS ORAL TABLET	5	QLL (120 per 30 days)	<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QLL (90 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QLL (180 per 30 days)	<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QLL (30 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QLL (720 per 30 days)	<i>nevirapine oral suspension</i>	4	QLL (1200 per 30 days)
			<i>nevirapine oral tablet</i>	2	QLL (60 per 30 days)
			NORVIR ORAL PACKET	4	QLL (360 per 30 days)
			NORVIR ORAL SOLUTION	4	QLL (480 per 30 days)

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Drug Name	Tier	Drug Requirements/ Limits	Drug Name	Tier	Drug Requirements/ Limits
NORVIR ORAL TABLET	3	QLL (360 per 30 days)	SELZENTRY ORAL TABLET	5	QLL (120 per 30 days)
ODEFSEY	5	QLL (30 per 30 days)	SELZENTRY ORAL TABLET	3	QLL (120 per 30 days)
<i>oseltamivir phosphate oral</i>	3	MO	SELZENTRY ORAL TABLET	3	QLL (60 per 30 days)
PEGASYS PROCLICK	5		<i>stavudine oral capsule 15 mg</i>	3	QLL (120 per 30 days)
SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5		<i>stavudine oral capsule 20 mg</i>	4	QLL (120 per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	5		<i>stavudine oral capsule 30 mg</i>	3	QLL (60 per 30 days)
PEGINTRON	5		<i>stavudine oral capsule 40 mg</i>	4	QLL (60 per 30 days)
SUBCUTANEOUS KIT 50 MCG/0.5ML			STRIBILD	5	QLL (30 per 30 days)
PIFELTRO	5	QLL (30 per 30 days)	SUSTIVA ORAL CAPSULE	4	QLL (120 per 30 days)
PREZCOBIX	5	QLL (30 per 30 days)	SUSTIVA ORAL CAPSULE 50 MG	4	QLL (360 per 30 days)
PREZISTA ORAL SUSPENSION	5	QLL (400 per 30 days)	SUSTIVA ORAL TABLET	5	QLL (30 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QLL (180 per 30 days)	SYMFI	5	QLL (30 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	QLL (60 per 30 days)	SYMFI LO	5	QLL (30 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QLL (300 per 30 days)	SYMTUZA	5	QLL (30 per 30 days)
RELENZA DISKHALER	3	MO; QLL (60 per 180 days); NE	TAMIFLU ORAL CAPSULE	3	MO
RETROVIR INTRAVENOUS	4		TAMIFLU ORAL SUSPENSION	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	QLL (60 per 30 days)	RECONSTITUTED 6 MG/ML		
REYATAZ ORAL CAPSULE 300 MG	5	QLL (30 per 30 days)	TEMIXYS	5	QLL (30 per 30 days); NE
REYATAZ ORAL PACKET	4	QLL (240 per 30 days)	<i>tenofovir disoproxil fumarate</i>	4	QLL (30 per 30 days)
<i>ribavirin inhalation</i>	5	PAR	<i>tenofovir disoproxil fumarate</i>	4	QLL (30 per 30 days)
<i>ribavirin oral capsule</i>	3	MO	TIVICAY ORAL TABLET 10 MG	4	QLL (60 per 30 days)
<i>ribavirin oral capsule</i>	3	MO	TIVICAY ORAL TABLET 25 MG, 50 MG	5	QLL (60 per 30 days)
<i>ribavirin oral tablet 200 mg</i>	4		TIVICAY PD	5	QLL (180 per 30 days)
<i>ribavirin oral tablet 200 mg</i>	4		<i>trifluridine ophthalmic</i>	3	MO
<i>rimantadine hcl</i>	3	MO			
ritonavir	3	QLL (360 per 30 days)			
RUKOBIA	5	QLL (60 per 30 days)			
SELZENTRY ORAL SOLUTION	5	QLL (1840 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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
TRIUMEQ	5 QLL (30 per 30 days)	<i>alprazolam er</i>	3 MO; QLL (120 per 30 days)
TROGARZO	5 PAR; LA; QLL (23.94 per 28 days)	<i>alprazolam oral tablet</i>	2 MO; QLL (120 per 30 days)
TRUVADA	5 QLL (30 per 30 days)	<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	3 MO
TYBOST	3 QLL (30 per 30 days)	<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2 MO
<i>valacyclovir hcl oral tablet 1 gm</i>	3 MO; QLL (90 per 30 days)	<i>buspirone hcl oral tablet 30 mg</i>	4 MO
<i>valacyclovir hcl oral tablet 500 mg</i>	3 MO; QLL (60 per 30 days)	<i>buspirone hcl oral tablet 7.5 mg</i>	3 MO
<i>valganciclovir hcl oral tablet</i>	5	<i>chlordiazepoxide hcl</i>	3 MO; QLL (120 per 30 days)
VEMLIDY	5 PAR; QLL (30 per 30 days); NE	<i>clonazepam oral tablet 0.5 mg</i>	2 MO; QLL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5 QLL (300 per 30 days)	<i>clonazepam oral tablet 1 mg</i>	2 MO; QLL (600 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5 QLL (120 per 30 days)	<i>clonazepam oral tablet 2 mg</i>	2 MO; QLL (300 per 30 days)
VIRAMUNE ORAL SUSPENSION	4 QLL (1200 per 30 days)	<i>clonazepam oral tablet dispersible 0.125 mg</i>	4 MO; QLL (4800 per 30 days)
VIRAZOLE	5 PAR; MO	<i>clonazepam oral tablet dispersible 0.25 mg</i>	4 MO; QLL (2400 per 30 days)
VIREAD ORAL POWDER	5 QLL (240 per 30 days)	<i>clonazepam oral tablet dispersible 0.5 mg</i>	4 MO; QLL (1200 per 30 days)
VIREAD ORAL POWDER	5 QLL (240 per 30 days)	<i>clonazepam oral tablet dispersible 1 mg</i>	4 MO; QLL (600 per 30 days)
VIREAD ORAL TABLET	5 QLL (30 per 30 days)	<i>clonazepam oral tablet dispersible 2 mg</i>	4 MO; QLL (300 per 30 days)
VIREAD ORAL TABLET	5 QLL (30 per 30 days)	<i>clorazepate dipotassium</i>	3 MO
VOSEVI	5 PAR; QLL (30 per 30 days)	<i>DIASTAT ACUDIAL</i>	4 MO
XOFLUZA (40 MG DOSE)	3 MO	<i>DIASTAT PEDIATRIC</i>	4 MO
XOFLUZA (80 MG DOSE)	3 MO	<i>diazepam oral concentrate</i>	2 MO; QLL (240 per 30 days)
ZIAGEN ORAL SOLUTION	4 QLL (960 per 30 days)	<i>diazepam oral solution 5 mg/5ml</i>	2 MO; QLL (1200 per 30 days)
<i>zidovudine oral capsule</i>	4 QLL (180 per 30 days)	<i>diazepam oral tablet 10 mg</i>	2 MO; QLL (120 per 30 days)
<i>zidovudine oral syrup</i>	2 QLL (1920 per 30 days)	<i>diazepam oral tablet 2 mg</i>	2 MO; QLL (600 per 30 days)
<i>zidovudine oral tablet</i>	2 QLL (60 per 30 days)	<i>diazepam oral tablet 5 mg</i>	2 MO; QLL (240 per 30 days)
ZIRGAN	4 MO	<i>diazepam rectal</i>	4 MO
Anxiolytics		<i>doxepin hcl oral capsule</i>	2 PAR; MO

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
doxepin hcl oral concentrate	2 PAR; MO	NAYZILAM	4
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG	4 MO; QLL (180 per 30 days)	oxazepam	4 MO; QLL (120 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	4 MO; QLL (120 per 30 days)	paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	4 MO; QLL (180 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4 MO; QLL (90 per 30 days)	paroxetine hcl er oral tablet extended release 24 hour 25 mg	4 MO; QLL (90 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4 MO; QLL (60 per 30 days)	paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	4 MO; QLL (60 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg	4 MO; QLL (180 per 30 days)	paroxetine hcl oral tablet 10 mg	1 MO; QLL (180 per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	4 MO; QLL (120 per 30 days)	paroxetine hcl oral tablet 20 mg	1 MO; QLL (90 per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	3 MO; QLL (90 per 30 days)	paroxetine hcl oral tablet 30 mg	2 MO; QLL (60 per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg	4 MO; QLL (60 per 30 days)	paroxetine hcl oral tablet 40 mg	1 MO; QLL (45 per 30 days)
escitalopram oxalate oral solution	4 MO; QLL (600 per 30 days)	PAXIL ORAL SUSPENSION	4 MO; QLL (900 per 30 days)
escitalopram oxalate oral tablet 10 mg	2 MO; QLL (60 per 30 days)	sertraline hcl oral concentrate	4 MO; QLL (300 per 30 days)
escitalopram oxalate oral tablet 20 mg	2 MO; QLL (30 per 30 days)	sertraline hcl oral tablet 100 mg	1 MO; QLL (60 per 30 days)
escitalopram oxalate oral tablet 5 mg	2 MO; QLL (120 per 30 days)	sertraline hcl oral tablet 25 mg	1 MO; QLL (240 per 30 days)
hydroxyzine hcl oral syrup	3 PAR; MO	sertraline hcl oral tablet 50 mg	1 MO; QLL (120 per 30 days)
hydroxyzine hcl oral tablet 10 mg, 50 mg	3 PAR; MO	VALTOCO 10 MG DOSE	4 MO
hydroxyzine hcl oral tablet 25 mg	2 PAR; MO	VALTOCO 15 MG DOSE	4 MO
hydroxyzine pamoate oral	3 PAR; MO	VALTOCO 20 MG DOSE	4 MO
lorazepam oral concentrate 2 mg/ml	3 MO; QLL (150 per 30 days)	VALTOCO 5 MG DOSE	4 MO
lorazepam oral tablet 0.5 mg, 1 mg	2 MO; QLL (90 per 30 days)	venlafaxine hcl er oral capsule extended release 24 hour 150 mg	2 MO; QLL (60 per 30 days)
lorazepam oral tablet 2 mg	2 MO; QLL (150 per 30 days)	venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	2 MO; 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	4	MO; QLL (30 per 30 days)	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	MO; QLL (480 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	4	MO; QLL (180 per 30 days)	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	4	MO; QLL (240 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	4	MO; QLL (90 per 30 days)	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	4	MO; QLL (180 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg</i>	3	MO; QLL (113 per 30 days)	GEODON INTRAMUSCULAR	4	MO
<i>venlafaxine hcl oral tablet 25 mg</i>	3	MO; QLL (450 per 30 days)	<i>lamotrigine oral tablet chewable 25 mg</i>	2	MO
<i>venlafaxine hcl oral tablet 37.5 mg</i>	3	MO; QLL (300 per 30 days)	<i>lamotrigine oral tablet chewable 5 mg</i>	2	MO
<i>venlafaxine hcl oral tablet 50 mg</i>	3	MO; QLL (225 per 30 days)	LITHIUM	3	MO
<i>venlafaxine hcl oral tablet 75 mg</i>	3	MO; QLL (150 per 30 days)	<i>lithium carbonate er</i>	2	MO
Bipolar Agents			<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>carbamazepine er oral capsule extended release 12 hour</i>	4	MO	<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	4	MO	<i>lithium carbonate oral tablet</i>	2	MO
<i>carbamazepine oral suspension</i>	4	MO	<i>olanzapine intramuscular</i>	4	MO; QLL (90 per 30 days)
<i>carbamazepine oral tablet</i>	1	MO	<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>carbamazepine oral tablet chewable</i>	2	MO	<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	4	MO	<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	4	MO	<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	2	MO	<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	3	MO	<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)
<i>epitol</i>	1	MO	<i>olanzapine oral tablet dispersible 10 mg</i>	4	MO; QLL (60 per 30 days)
			<i>olanzapine oral tablet dispersible 15 mg</i>	4	MO; QLL (40 per 30 days)
			<i>olanzapine oral tablet dispersible 20 mg</i>	4	MO; QLL (30 per 30 days)
			<i>olanzapine oral tablet dispersible 5 mg</i>	4	MO; QLL (120 per 30 days)

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
PERSERIS	5	MO; QLL (1 per 28 days)	risperidone oral tablet 1 mg	2	MO; QLL (480 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg	4	MO; QLL (150 per 30 days)	risperidone oral tablet 2 mg	2	MO; QLL (240 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	4	MO; QLL (120 per 30 days)	risperidone oral tablet 3 mg	2	MO; QLL (150 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg	4	MO; QLL (80 per 30 days)	risperidone oral tablet 4 mg	2	MO; QLL (120 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 400 mg	4	MO; QLL (60 per 30 days)	risperidone oral tablet dispersible 0.25 mg	4	MO; QLL (1920 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (480 per 30 days)	risperidone oral tablet dispersible 0.5 mg	4	MO; QLL (960 per 30 days)
quetiapine fumarate oral tablet 100 mg	2	MO; QLL (240 per 30 days)	risperidone oral tablet dispersible 1 mg	4	MO; QLL (480 per 30 days)
quetiapine fumarate oral tablet 200 mg	2	MO; QLL (120 per 30 days)	risperidone oral tablet dispersible 2 mg	4	MO; QLL (240 per 30 days)
quetiapine fumarate oral tablet 25 mg	2	MO; QLL (960 per 30 days)	risperidone oral tablet dispersible 3 mg	4	MO; QLL (150 per 30 days)
quetiapine fumarate oral tablet 300 mg	2	MO; QLL (80 per 30 days)	risperidone oral tablet dispersible 4 mg	4	MO; QLL (120 per 30 days)
quetiapine fumarate oral tablet 400 mg	2	MO; QLL (60 per 30 days)	SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	5	MO; QLL (60 per 30 days)
quetiapine fumarate oral tablet 50 mg	2	MO; QLL (480 per 30 days)	SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	MO; QLL (240 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	MO; QLL (2 per 28 days)	SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	MO; QLL (2 per 28 days)	SECUADO	5	QLL (30 per 30 days)
risperidone oral solution	3	MO; QLL (480 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	4	MO; QLL (150 per 30 days)
risperidone oral tablet 0.25 mg	2	MO; QLL (1920 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	4	MO; QLL (120 per 30 days)
risperidone oral tablet 0.5 mg	2	MO; QLL (960 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	4	MO; QLL (80 per 30 days)
			SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	5	MO; QLL (60 per 30 days)
			SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (480 per 30 days)

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	4	MO	BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (2.4 per 30 days)
valproic acid oral capsule	3	MO	BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (1.2 per 30 days)
valproic acid oral solution	2	MO	CAREONE UNIFINE PENTIPS PLUS 29G X 12MM	2	MO; QLL (200 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QLL (30 per 30 days)	CLEVER CHOICE COMFORT EZ 29G X 12MM	2	MO; QLL (200 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	MO	colesevelam hcl	3	MO
ziprasidone hcl oral capsule 20 mg	4	MO; QLL (240 per 30 days)	COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	MO; QLL (200 per 30 days)
ziprasidone hcl oral capsule 40 mg	4	MO; QLL (120 per 30 days)	CVS GAUZE STERILE PAD 2"X2"	1	MO; QLL (200 per 30 days)
ziprasidone hcl oral capsule 60 mg, 80 mg	4	MO; QLL (60 per 30 days)	CYCLOSET	4	ST; MO; QLL (180 per 30 days)
ziprasidone mesylate	4	MO	diazoxide oral	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	4	MO; QLL (2 per 28 days)	DROPLET PEN NEEDLES 30G X 8 MM	2	MO; QLL (200 per 30 days)
RECONSTITUTED 210 MG			DUETACT ORAL TABLET 30-4 MG	4	MO; QLL (30 per 30 days)
Blood Glucose Regulators			EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM	2	MO; QLL (200 per 30 days)
1ST TIER UNIFINE PENTIPS 29G X 12MM	2	MO; QLL (200 per 30 days)	EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	2	MO; QLL (200 per 30 days)
acarbose oral tablet 100 mg	2	MO; QLL (90 per 30 days)	EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	MO; QLL (200 per 30 days)
acarbose oral tablet 25 mg	2	MO; QLL (360 per 30 days)	FARXIGA	3	QLL (30 per 30 days)
acarbose oral tablet 50 mg	2	MO; QLL (180 per 30 days)	glimepiride oral tablet 1 mg	6	MO; CG; QLL (240 per 30 days)
AMARYL ORAL TABLET 1 MG	4	MO; QLL (240 per 30 days)	glimepiride oral tablet 2 mg	6	MO; CG; QLL (120 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QLL (120 per 30 days)	glimepiride oral tablet 4 mg	6	MO; CG; QLL (60 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QLL (60 per 30 days)	glipizide er oral tablet extended release 24 hour 10 mg	6	MO; CG; QLL (60 per 30 days)
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	MO; QLL (200 per 30 days)	glipizide er oral tablet extended release 24 hour 2.5 mg	6	MO; CG; QLL (240 per 30 days)
AVANDIA ORAL TABLET 2 MG	4	PAR; MO; QLL (120 per 30 days)	glipizide er oral tablet extended release 24 hour 5 mg	6	MO; CG; QLL (120 per 30 days)
AVANDIA ORAL TABLET 4 MG	4	PAR; MO; QLL (60 per 30 days)			
BYDUREON BCISE	3	MO; QLL (4 per 28 days)			
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	MO; QLL (4 per 28 days)			

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
glipizide oral tablet 10 mg	6	MO; CG; QLL (120 per 30 days)	glyburide micronized oral tablet 3 mg	2	PAR; MO; QLL (120 per 30 days)
glipizide oral tablet 5 mg	6	MO; CG; QLL (240 per 30 days)	glyburide micronized oral tablet 6 mg	2	PAR; MO; QLL (60 per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	6	MO; CG; QLL (60 per 30 days)	glyburide oral tablet 1.25 mg	2	PAR; MO; QLL (480 per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg	6	MO; CG; QLL (240 per 30 days)	glyburide oral tablet 2.5 mg	2	PAR; MO; QLL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 5 mg	6	MO; CG; QLL (120 per 30 days)	glyburide oral tablet 5 mg	2	PAR; MO; QLL (120 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	6	MO; CG; QLL (240 per 30 days)	glyburide-metformin oral tablet 1.25-250 mg	2	PAR; MO; QLL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	6	MO; CG; QLL (120 per 30 days)	glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	PAR; MO; QLL (120 per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	2	MO; QLL (200 per 30 days)	GLYSET ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
GLUCAGEN HYPOKIT	3	MO	GLYSET ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
GLUCAGON EMERGENCY INJECTION KIT	4	MO	GLYSET ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)	H-E-B INCONTROL PEN NEEDLES 29G X 12MM	2	MO; QLL (200 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	4	MO; QLL (240 per 30 days)	HUMALOG	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	4	MO; QLL (60 per 30 days)	HUMALOG JUNIOR	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG	4	MO; QLL (240 per 30 days)	KWIKPEN		
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	4	MO; QLL (120 per 30 days)	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5	MO; QLL (120 per 30 days)	HUMALOG MIX 50/50	3	MO
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5	MO; QLL (120 per 30 days)	HUMALOG MIX 75/25	3	MO
glyburide micronized oral tablet 1.5 mg	2	PAR; MO; QLL (240 per 30 days)	KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
			HUMALOG MIX 75/25	3	MO
			HUMALOG MIX 75/25	3	MO
			KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
			HUMULIN 70/30	3	MO
			HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
			HUMULIN N	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 Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG	3	MO; QLL (60 per 30 days)
HUMULIN R	3	MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QLL (30 per 30 days)
HUMULIN R U-500 (CONCENTRATED)	5	PAR; MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QLL (30 per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; MO	KORLYM	5	PAR; LA
INSULIN LISPRO (1 UNIT DIAL)	3	MO	KROGER PEN NEEDLES 31G X 8 MM	2	MO; QLL (200 per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN	3	MO	LANTUS	3	MO
INSULIN LISPRO PROT & LISPRO	3	MO	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO	LEVEMIR	3	MO
INSUPEN PEN NEEDLES 29G X 12MM	2	MO; QLL (200 per 30 days)	LEVEMIR FLEXTOUCH	3	MO
JANUMET	3	MO; QLL (60 per 30 days)	MARATHON MEDICAL PENTIPS 29G X 12MM	2	MO; QLL (200 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	MO; QLL (30 per 30 days)	<i>metformin hcl er (mod) release 24 hour 1000 mg</i>	5	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)	<i>metformin hcl er (mod) release 24 hour 500 mg</i>	5	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)	<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	4	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)	<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	4	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	6	MO; CG; QLL (120 per 30 days)
JARDIANCE	3	MO; QLL (30 per 30 days)	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	6	MO; CG; QLL (60 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)	<i>metformin hcl oral tablet 1000 mg</i>	6	MO; CG; QLL (60 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)	<i>metformin hcl oral tablet 500 mg</i>	6	MO; CG; QLL (150 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG	3	MO; 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 Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
metformin hcl oral tablet 850 mg	6	MO; CG; QLL (90 per 30 days)	RIOMET	4	MO; QLL (780 per 30 days)
miglitol oral tablet 100 mg	4	MO; QLL (90 per 30 days)	RIOMET ER	4	MO; QLL (780 per 30 days)
miglitol oral tablet 25 mg	4	MO; QLL (360 per 30 days)	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; MO; QLL (11 per 30 days)
miglitol oral tablet 50 mg	4	MO; QLL (180 per 30 days)	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; MO; QLL (6 per 30 days)
nateglinide oral tablet 120 mg	4	MO; QLL (90 per 30 days)	SYNJARDY	3	MO; QLL (60 per 30 days)
nateglinide oral tablet 60 mg	4	MO; QLL (180 per 30 days)	SYNJARDY XR ORAL TABLET	3	MO; QLL (60 per EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	MO	SYNJARDY XR ORAL TABLET	3	MO; QLL (30 per EXTENDED RELEASE 24 HOUR 25-1000 MG)
OZEMPIC (1 MG/DOSE)	3	MO	TECHLITE PEN NEEDLES	2	MO; QLL (200 per 29G X 12MM)
PC UNIFINE PENTIPS 29G X 12MM	2	MO; QLL (200 per 30 days)	tolbutamide	2	MO; QLL (180 per 30 days)
pioglitazone hcl oral tablet 15 mg	2	MO; QLL (90 per 30 days)	TOUJEON MAX SOLOSTAR	3	MO
pioglitazone hcl oral tablet 30 mg	2	MO; QLL (45 per 30 days)	TOUJEON SOLOSTAR	3	MO
pioglitazone hcl oral tablet 45 mg	2	MO; QLL (30 per 30 days)	TRADJENTA	3	MO; QLL (30 per 30 days)
pioglitazone hcl- glimepiride	4	MO; QLL (30 per 30 days)	TRULICITY	3	MO; QLL (2 per 28 days)
pioglitazone hcl-metformin hcl	4	MO; QLL (90 per 30 days)	UNIFINE PENTIPS 30G X 5 MM	2	MO; QLL (200 per 30 days)
PRECOSE ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)	VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (9 per 30 days)
PRECOSE ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)	XIGDUO XR ORAL TABLET	3	QLL (30 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)	EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG		
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	MO; QLL (200 per 30 days)	XIGDUO XR ORAL TABLET	3	QLL (60 per 30 days)
PROGLYCEM	4	MO	EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG		
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	MO; QLL (200 per 30 days)	Blood Products/ Modifiers/ Volume Expanders		
RELION PEN NEEDLES 29G X 12MM	2	MO; QLL (200 per 30 days)	AGGRENOX	4	ST; MO; QLL (60 per 30 days)
repaglinide oral tablet 0.5 mg	3	MO; QLL (960 per 30 days)	anagrelide hcl	3	MO
repaglinide oral tablet 1 mg	3	MO; QLL (480 per 30 days)			
repaglinide oral tablet 2 mg	3	MO; QLL (240 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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5 PAR	enoxaparin sodium subcutaneous solution 30 mg/0.3ml	4 MO; QLL (16.8 per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4 PAR	enoxaparin sodium subcutaneous solution 40 mg/0.4ml	4 MO; QLL (22.4 per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4 PAR	enoxaparin sodium subcutaneous solution 60 mg/0.6ml	4 MO; QLL (33.6 per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5 PAR	fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5 MO; QLL (24 per 30 days)
aspirin-dipyridamole er	3 ST; MO; QLL (60 per 30 days)	fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4 MO; QLL (15 per 30 days)
BRILINTA	3 MO; QLL (60 per 30 days)	fondaparinux sodium subcutaneous solution 5 mg/0.4ml	5 MO; QLL (12 per 30 days)
cilostazol	2 MO	fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	5 MO; QLL (18 per 30 days)
clopidogrel bisulfate oral tablet 300 mg	2 MO; QLL (1 per 30 days)	FULPHILA	5 PAR; QLL (1.2 per 28 days)
clopidogrel bisulfate oral tablet 75 mg	2 MO; QLL (30 per 30 days)	GRANIX	5 PAR
EFFIENT	3 MO; QLL (30 per 30 days)	HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 12500-0.45 UT/ 250ML-%, 25000-0.45 UT/ 500ML-%	4 B/D PAR; MO
ELIQUIS	3 MO; QLL (60 per 30 days)	HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 25000-0.45 UT/ 250ML-%	4 MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3 MO; QLL (74 per 180 days); NE	HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%	4 MO
enoxaparin sodium injection	4 MO; QLL (168 per 28 days)	heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	4 MO
enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml	4 MO; QLL (56 per 28 days)	heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	3 B/D PAR; MO
enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml	4 MO; QLL (44.8 per 28 days)	jantoven	1 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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5 PAR; QLL (1.2 per 28 days)	acetazolamide er	4 MO
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5 PAR	acetazolamide oral tablet	2 MO
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5 PAR	125 mg	
NIVESTYM	5 PAR	acetazolamide oral tablet	3 MO
PRADAXA	4 MO; QLL (60 per 30 days)	250 mg	
<i>prasugrel hcl</i>	3 MO; QLL (30 per 30 days)	acetazolamide sodium	4 MO
PROCIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4 PAR	<i>afeditab cr oral tablet</i>	2 MO
PROCIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5 PAR	extended release 24 hour	
PROMACTA ORAL PACKET 12.5 MG	5 PAR; LA; QLL (360 per 30 days)	30 mg	
PROMACTA ORAL PACKET 25 MG	5 PAR; LA; QLL (180 per 30 days)	<i>afeditab cr oral tablet</i>	2
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5 PAR; LA; QLL (30 per 30 days)	extended release 24 hour	
PROMACTA ORAL TABLET 50 MG	5 PAR; LA; QLL (90 per 30 days)	60 mg	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	3	ALDACTAZIDE ORAL TABLET 25-25 MG	4 MO
<i>tranexamic acid oral</i>	3 MO	<i>aliskiren fumarate</i>	3 MO
<i>warfarin sodium oral</i>	1 MO	<i>aliskiren fumarate</i>	3 MO
XARELTO ORAL TABLET 10 MG, 20 MG	3 MO; QLL (30 per 30 days)	ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4 MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	3 MO; QLL (60 per 30 days)	ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	4 PAR; MO
XARELTO STARTER PACK	3 MO; NE	ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	5 PAR; MO
ZARXIO	5 PAR	<i>amiloride hcl oral</i>	3 MO
Cardiovascular Agents		<i>amiloride-</i>	1 MO
ACCUPRIL	4 MO	<i>hydrochlorothiazide</i>	
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	4 MO	<i>amiodarone hcl</i>	4 B/D PAR; MO
<i>acebutolol hcl oral</i>	2 MO	<i>intravenous</i>	
		<i>amiodarone hcl oral tablet</i>	2 MO
		100 mg, 200 mg	
		<i>amiodarone hcl oral tablet</i>	4 MO
		400 mg	
		<i>amlodipine besy-benazepril hcl oral capsule</i> 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	2 MO
		<i>amlodipine besy-benazepril hcl oral capsule</i> 2.5-10 mg	3 MO
		<i>amlodipine besylate oral</i>	1 MO
		<i>amlodipine besylate-valsartan</i>	2 MO
		<i>amlodipine-atorvastatin</i>	3 MO
		<i>amlodipine-olmesartan</i>	3 MO
		<i>amlodipine-valsartan-hctz</i>	4 MO
		ATACAND	4 MO

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ATACAND HCT	4 MO	clonidine hcl oral	1 MO
atenolol oral	1 MO	colesevelam hcl	3 MO
atenolol-chlorthalidone	1 MO	colestipol hcl	2 MO
atorvastatin calcium oral	6 MO; CG	CORLANOR ORAL SOLUTION	4 PAR; MO; QLL (560 per 28 days)
AVALIDE ORAL TABLET	4 MO	CORLANOR ORAL TABLET	4 PAR; MO; QLL (60 per 30 days)
150-12.5 MG, 300-12.5 MG		COZAAR	4 MO
AVALIDE ORAL TABLET	4 MO	CRESTOR	3 MO
150-12.5 MG, 300-12.5 MG		DEMSER	5 MO
AVAPRO	4 MO	digitek oral tablet 125 mcg	2 MO
AZOR	3 MO	digitek oral tablet 250 mcg	2 PAR; MO
benazepril hcl oral	6 MO; CG	digox oral tablet 125 mcg	2 MO
benazepril- hydrochlorothiazide	6 MO; CG	digox oral tablet 250 mcg	2 PAR; MO
BENICAR	3 MO	digoxin injection	4 PAR; MO
BENICAR HCT	3 MO	digoxin oral solution	3 MO
betaxolol hcl oral	2 MO	digoxin oral tablet 125 mcg	2 MO
BIDIL	3 MO; QLL (180 per 30 days)	digoxin oral tablet 250 mcg	2 PAR; MO
bisoprolol fumarate	2 MO	dilt-xr	2 MO
bisoprolol- hydrochlorothiazide	1 MO	diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2
bumetanide injection	3 MO	diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2 MO
bumetanide oral tablet 0.5 mg, 1 mg	2 MO	diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2 MO
bumetanide oral tablet 2 mg	3 MO	diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4 MO
BYSTOLIC	4 MO	diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4 MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	4 MO	diltiazem hcl er oral capsule extended release 12 hour	3 MO
candesartan cilexetil	3 MO		
candesartan cilexetil-hctz	3 MO		
captopril oral	1 MO		
captopril- hydrochlorothiazide	1 MO		
CARDIZEM LA	4 MO		
cartia xt	2 MO		
carvedilol	1 MO		
chlorothiazide sodium	4 MO		
chlorthalidone oral tablet 25 mg, 50 mg	2 MO		
cholestyramine light	2 MO		
cholestyramine oral	2 MO		
clonidine	4 MO; QLL (4 per 28 days)		

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
diltiazem hcl er oral capsule extended release	2	MO	furosemide injection solution 10 mg/ml	3	MO
24 hour 120 mg, 180 mg, 240 mg			furosemide injection solution 10 mg/ml (4ml syringe)	3	
diltiazem hcl intravenous solution	4	MO	furosemide oral solution 10 mg/ml, 8 mg/ml	1	MO
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	4	MO	furosemide oral tablet	1	MO
diltiazem hcl oral	1	MO	gemfibrozil oral	2	MO
DIOVAN HCT	4	MO	guanfacine hcl oral	2	PAR; MO
disopyramide phosphate oral	4	PAR; MO	hydralazine hcl injection	4	MO
dofetilide	4		hydralazine hcl oral	2	MO
doxazosin mesylate oral	2	MO	hydrochlorothiazide oral	1	MO
DYAZIDE	4	MO	HYZAAR	4	MO
enalapril maleate oral	6	MO; CG	indapamide oral	1	MO
enalapril- hydrochlorothiazide	6	MO; CG	irbesartan	6	MO; CG
ENTRESTO	3	PAR; MO	irbesartan- hydrochlorothiazide	1	MO
eplerenone	4	MO	irbesartan- hydrochlorothiazide	1	MO
EXFORGE	4	MO	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	MO
EXFORGE HCT	4	MO	isosorbide mononitrate	2	MO
ezetimibe	4	MO	isosorbide mononitrate er	2	MO
felodipine er	2	MO	isradipine	3	MO
fenofibrate micronized oral capsule 130 mg	3	MO	JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	PAR; LA
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	MO	JUXTAPID ORAL CAPSULE 30 MG	5	PAR; LA; QLL (30 per 30 days)
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	MO	labetalol hcl intravenous solution	4	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	MO	labetalol hcl oral tablet 100 mg, 200 mg	2	MO
fenofibric acid oral capsule delayed release 135 mg	3	MO	labetalol hcl oral tablet 300 mg	3	MO
fenofibric acid oral capsule delayed release 45 mg	2	MO	LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	MO
flecainide acetate	2	MO	LIPITOR ORAL TABLET 10 MG	4	MO
fluvastatin sodium oral capsule 20 mg	3	MO	lisinopril oral	6	MO; CG
fluvastatin sodium oral capsule 40 mg	4	MO	lisinopril- hydrochlorothiazide	6	MO; CG
fosinopril sodium	6	MO; CG	LOPID	4	MO
fosinopril sodium-hctz	1	MO	losartan potassium oral	6	MO; CG
			losartan potassium-hctz	6	MO; CG

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4 MO	<i>nifedipine er osmotic release</i>	2 MO
<i>lovastatin</i>	6 MO; CG	<i>nimodipine oral</i>	4 MO
<i>matzim la</i>	4 MO	NITRO-BID	3 MO
MAXZIDE	4 MO	NITROGLYCERIN	4 B/D PAR; MO
MAXZIDE-25	4 MO	INTRAVENOUS	
<i>methazolamide oral</i>	4 MO	<i>nitroglycerin sublingual</i>	3 MO
<i>methyldopa oral</i>	2 PAR; MO	<i>nitroglycerin transdermal patch 24 hour</i>	2 MO
<i>metolazeone oral tablet 10 mg, 5 mg</i>	3 MO	<i>nitroglycerin translingual solution</i>	4 MO
<i>metolazeone oral tablet 2.5 mg</i>	2 MO	NITROSTAT	3 MO
<i>metoprolol succinate er</i>	2 MO	NORPACE	4 PAR; MO
<i>metoprolol tartrate intravenous solution 5 mg/ 5ml</i>	4 MO	NORTHERA ORAL CAPSULE	5 PAR; LA; QLL (540 100 MG per 30 days)
<i>metoprolol tartrate oral</i>	1 MO	NORTHERA ORAL CAPSULE	5 PAR; LA; QLL (270 200 MG per 30 days)
<i>metoprolol- hydrochlorothiazide</i>	2 MO	NORTHERA ORAL CAPSULE	5 PAR; LA; QLL (180 300 MG per 30 days)
<i>metyrosine</i>	5	NORVASC	4 MO
<i>mexiletine hcl oral capsule 150 mg, 250 mg</i>	3 MO	<i>olmesartan medoxomil oral</i>	3 MO
<i>mexiletine hcl oral capsule 200 mg</i>	4 MO	<i>olmesartan medoxomil-hctz</i>	3 MO
MICARDIS	4 MO	<i>olmesartan medoxomil-hctz</i>	3 MO
MICARDIS HCT	4 MO	<i>olmesartan-amlodipine-hctz</i>	3 MO
<i>midodrine hcl</i>	4 MO	<i>omega-3-acid ethyl esters</i>	3 MO
MINIPRESS ORAL CAPSULE 2 MG	4 MO	<i>pacerone oral tablet 100 mg, 200 mg</i>	2 MO
<i>minitran</i>	2 MO	<i>pacerone oral tablet 400 mg</i>	4 MO
<i>minoxidil oral</i>	2 MO	<i>pentoxifylline er</i>	2 MO
<i>moexipril hcl</i>	1 MO	<i>perindopril erbumine</i>	1 MO
MULTAQ	4 MO; QLL (60 per 30 days)	<i>pindolol oral tablet 10 mg</i>	3 MO
<i>nadolol oral tablet 20 mg, 40 mg</i>	3 MO	<i>pindolol oral tablet 5 mg</i>	2 MO
<i>nadolol oral tablet 80 mg</i>	4 MO	PRALUENT	4 PAR; QLL (2 per 28 days)
<i>niacin (antihyperlipidemic)</i>	2 MO	SUBCUTANEOUS	
<i>niacin er (antihyperlipidemic)</i>	4 MO	SOLUTION AUTO-INJECTOR	
<i>niacor</i>	2 MO	PRAVACHOL ORAL TABLET 20 MG	4 MO
<i>nicardipine hcl intravenous</i>	4 MO	<i>pravastatin sodium</i>	6 MO; CG
<i>nicardipine hcl oral</i>	2 MO	<i>prazosin hcl oral</i>	2 MO
<i>nifedipine er</i>	2 MO	<i>prevalite</i>	2 MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PRINIVIL ORAL TABLET 10 MG, 20 MG	4	MO	sorine oral tablet 120 mg, 160 mg, 240 mg	2	MO
procainamide hcl injection	4	MO	sorine oral tablet 80 mg	1	MO
PROCARDIA	4	PAR; MO	sotalol hcl (af) oral tablet 120 mg, 160 mg	2	MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	4	MO	sotalol hcl (af) oral tablet 80 mg	1	MO
propafenone hcl oral tablet 150 mg	2	MO	sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	2	MO
propafenone hcl oral tablet 225 mg	3	MO	sotalol hcl oral tablet 80 mg	1	MO
propafenone hcl oral tablet 300 mg	4	MO	spironolactone oral	1	MO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg	3	MO	spironolactone-hctz	2	MO
propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg	2	MO	SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG	5	MO
propranolol hcl intravenous	4	MO	taztia xt	2	MO
propranolol hcl oral solution	2	MO	TEKTURNAR	3	MO
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO	TEKTURNAHCT	3	MO
propranolol hcl oral tablet 60 mg	2	MO	telmisartan	3	MO
propranolol-hctz	2	MO	telmisartan-amiodipine	3	MO
quinapril hcl	6	MO; CG	telmisartan-hctz	3	MO
quinapril-hydrochlorothiazide	1	MO	TENORETIC 100	4	MO
quinidine sulfate oral	2	MO	TENORETIC 50	4	MO
ramipril	6	MO; CG	terazosin hcl oral	1	MO
RANEXA	3	ST; MO	tiadylt er	2	MO
ranolazine er	3	ST; MO	TIAZAC	4	MO
RECTIV	4	MO; QLL (30 per 30 days)	TIKOSYN	4	
REPATHA	3	PAR; QLL (3 per 28 days)	timolol maleate oral tablet 10 mg, 5 mg	2	MO
REPATHA PUSHTRONEX SYSTEM	3	PAR; QLL (3.5 per 28 days)	timolol maleate oral tablet 20 mg	3	MO
REPATHA SURECLICK	3	PAR; QLL (3 per 28 days)	TOPROL XL	4	MO
rosuvastatin calcium	6	MO; CG	torsemide oral	2	MO
simvastatin oral tablet	6	MO; CG	trandolapril	6	MO; CG

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
TRILPIX ORAL CAPSULE DELAYED RELEASE 45 MG	4	MO	amphetamine- <i>dextroamphetamine oral tablet</i> 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	3	PAR; MO; QLL (90 per 30 days)
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	MO	amphetamine- <i>dextroamphetamine oral tablet</i> 30 mg	3	PAR; MO; QLL (60 per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	5	PAR; LA; QLL (60 per 30 days)	AMPYRA	5	PAR; LA; QLL (60 per 30 days)
valsartan	1	MO	atomoxetine hcl oral capsule	4	MO; QLL (60 per 30 days)
valsartan- <i>hydrochlorothiazide</i>	6	MO; CG	atomoxetine hcl oral capsule	4	MO; QLL (30 per 30 days)
VASCEPA	4	MO	AUBAGIO	5	PAR; LA; QLL (30 per 30 days)
VASERETIC	4	MO	AUSTEDO	5	PAR; LA; QLL (120 per 30 days)
VASOTEC ORAL TABLET 2.5 MG	4	MO	AVONEX PEN INTRAMUSCULAR AUTO- INJECTOR KIT	5	PAR; QLL (4 per 28 days)
verapamil hcl er oral <i>capsule extended release</i> 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	2	MO	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PAR; QLL (4 per 28 days)
verapamil hcl er oral <i>capsule extended release</i> 24 hour 360 mg	3	MO	BETASERON SUBCUTANEOUS KIT	5	PAR; QLL (15 per 30 days)
verapamil hcl er oral tablet <i>extended release</i> 120 mg	2	MO	BOTOX	4	PAR
verapamil hcl er oral tablet <i>extended release</i> 180 mg, 240 mg	1	MO	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PAR; QLL (30 per 30 days)
verapamil hcl intravenous	4	MO	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PAR; QLL (12 per 28 days)
verapamil hcl oral	1	MO	dalfampridine er	5	PAR; QLL (60 per 30 days)
ZESTORETIC	4	MO	dextroamphetamine <i>sulfate oral tablet</i> 10 mg	4	MO; QLL (180 per 30 days)
ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	MO	dextroamphetamine <i>sulfate oral tablet</i> 5 mg	4	MO; QLL (90 per 30 days)
ZETIA	4	MO	diazepam intensol	2	MO; QLL (240 per 30 days)
ZOCOR ORAL TABLET 10 MG, 5 MG	4	MO			
Central Nervous System Agents					
acetylcysteine intravenous	2				
alprazolam xr oral tablet <i>extended release</i> 24 hour 0.5 mg, 2 mg, 3 mg	3	MO; QLL (120 per 30 days)			
amphetamine- <i>dextroamphet er</i>	4	PAR; MO; QLL (30 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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
duloxetine hcl oral capsule <i>delayed release particles</i> 20 mg	4	MO; QLL (180 per 30 days)	LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QLL (60 per 30 days)
duloxetine hcl oral capsule <i>delayed release particles</i> 30 mg	4	MO; QLL (120 per 30 days)	LYRICA ORAL CAPSULE 25 MG	4	MO; QLL (720 per 30 days)
duloxetine hcl oral capsule <i>delayed release particles</i> 40 mg	3	MO; QLL (90 per 30 days)	LYRICA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
duloxetine hcl oral capsule <i>delayed release particles</i> 60 mg	4	MO; QLL (60 per 30 days)	LYRICA ORAL CAPSULE 75 MG	4	MO; QLL (240 per 30 days)
DYSPORT	4	PAR	LYRICA ORAL SOLUTION	4	MO; QLL (900 per 30 days)
fomepizole intravenous <i>solution 1.5 gm/1.5ml</i>	5	MO	metadate er oral tablet <i>extended release 20 mg</i>	4	PAR; MO; QLL (90 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PAR; QLL (30 per 30 days)	methylphenidate hcl er oral <i>tablet extended release 10 mg, 20 mg</i>	4	PAR; MO; QLL (90 per 30 days)
glatiramer acetate <i>subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PAR; QLL (30 per 30 days)	methylphenidate hcl oral <i>solution 10 mg/5ml</i>	3	PAR; MO; QLL (900 per 30 days)
glatiramer acetate <i>subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PAR; QLL (12 per 28 days)	methylphenidate hcl oral <i>solution 5 mg/5ml</i>	3	PAR; MO; QLL (1800 per 30 days)
glatopa subcutaneous <i>solution prefilled syringe 20 mg/ml</i>	5	PAR; QLL (30 per 30 days)	methylphenidate hcl oral <i>tablet</i>	3	PAR; MO; QLL (90 per 30 days)
glatopa subcutaneous <i>solution prefilled syringe 40 mg/ml</i>	5	PAR; QLL (12 per 28 days)	NUEDEXTA	3	PAR; MO; QLL (60 per 30 days)
guanfacine hcl er	4	PAR; MO; QLL (30 per 30 days)	PLEGRIDY	5	PAR; QLL (1 per 28 days)
hydroxyzine hcl <i>intramuscular solution 25 mg/ml</i>	4	PAR; MO	PLEGRIDY STARTER PACK	5	PAR
hydroxyzine hcl <i>intramuscular solution 50 mg/ml</i>	3	PAR; MO	pregabalin oral capsule 100 mg	1	MO; QLL (180 per 30 days)
lorazepam intensol	3	MO; QLL (150 per 30 days)	pregabalin oral capsule 150 mg	1	MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 100 MG	4	MO; QLL (180 per 30 days)	pregabalin oral capsule 200 mg	1	MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	MO; QLL (120 per 30 days)	pregabalin oral capsule 225 mg, 300 mg	1	MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	MO; QLL (90 per 30 days)	pregabalin oral capsule 25 mg	1	MO; QLL (720 per 30 days)
			pregabalin oral capsule 50 mg	1	MO; QLL (360 per 30 days)
			pregabalin oral capsule 75 mg	1	MO; QLL (240 per 30 days)
			pregabalin oral solution	1	MO; QLL (900 per 30 days)
			riluzole	4	
			SAVELLA ORAL TABLET 100 MG	3	MO; 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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
SAVELLA ORAL TABLET 12.5 MG	3 MO; QLL (480 per 30 days)	<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	3 MO
SAVELLA ORAL TABLET 25 MG	3 MO; QLL (240 per 30 days)	<i>minocycline hcl oral capsule</i>	2 MO
SAVELLA ORAL TABLET 50 MG	3 MO; QLL (120 per 30 days)	<i>minocycline hcl oral tablet</i>	4 MO
SAVELLA TITRATION PACK	3 MO	<i>monodoxine nl oral capsule</i>	2 MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4 MO; QLL (60 per 30 days)	<i>100 mg oralone</i>	2 MO
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4 MO; QLL (30 per 30 days)	<i>paroex</i>	1 MO
TECFIDERA	5 PAR; LA	<i>periogard</i>	1 MO
<i>tetrabenazine oral tablet 12.5 mg</i>	5 PAR; QLL (240 per 30 days)	<i>pilocarpine hcl oral sf</i>	4 MO 2 MO
<i>tetrabenazine oral tablet 25 mg</i>	5 PAR; QLL (120 per 30 days)	<i>sf 5000 plus</i>	2 MO
TYSABRI	5 PAR; LA	<i>sodium fluoride 5000 plus sodium fluoride 5000 ppm dental cream</i>	2 MO
VECAMYL	4 MO	<i>sodium fluoride dental cream</i>	2 MO
XENAZINE ORAL TABLET 12.5 MG	5 PAR; QLL (240 per 30 days)	<i>sodium fluoride dental gel 1.1 %</i>	2 MO
XENAZINE ORAL TABLET 25 MG	5 PAR; QLL (120 per 30 days)	<i>triamcinolone acetonide mouth/throat</i>	3 MO
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	4 PAR	Dermatological Agents	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	5 PAR	<i>acitretin oral capsule 10 mg, 25 mg</i>	4 MO
<i>zenzedi oral tablet 10 mg</i>	4 MO; QLL (180 per 30 days)	<i>acitretin oral capsule 17.5 mg</i>	5 MO
<i>zenzedi oral tablet 5 mg</i>	4 MO; QLL (90 per 30 days)	<i>adapalene external cream</i>	4 MO
ZULRESSO	5 PAR; MO	<i>adapalene external gel 0.1 %</i>	4 MO
Dental And Oral Agents		<i>ammonium lactate external</i>	2 MO
<i>cevimeline hcl</i>	4 MO	<i>amnesteem</i>	4 MO
<i>chlorhexidine gluconate mouth/throat</i>	1 MO	<i>avita</i>	3 PAR; MO; QLL (45 per 30 days)
<i>denta 5000 plus</i>	2 MO	<i>benzoyl peroxide- erythromycin</i>	3 MO
<i>dentagel</i>	2 MO	<i>beser external lotion</i>	4 MO
<i>doxycycline hyclate oral capsule</i>	3 MO	<i>betamethasone dipropionate external lotion</i>	3 MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	3 MO	<i>calcipotriene external cream</i>	4 MO; QLL (120 per 30 days)
		<i>calcipotriene external ointment</i>	3 MO; QLL (120 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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>calcipotriene external solution</i>	4 MO; QLL (60 per 30 days)	<i>fluorouracil external cream 5 %</i>	3 MO
<i>calcitrene</i>	4 MO; QLL (120 per 30 days)	<i>fluorouracil external solution</i>	2 MO
<i>calcitriol external</i>	4 MO	<i>fluticasone propionate external cream</i>	3 MO
<i>cyclodan external solution</i>	2 MO	<i>fluticasone propionate external lotion</i>	4 MO
<i>claravis</i>	4 MO	<i>fluticasone propionate external ointment</i>	3 MO
<i>clindacin etz external swab</i>	2 MO	<i>hydrocortisone butyrlipo base</i>	2 MO
<i>clindamycin phos-benzoyl peroxy external gel 1-5 %, 1.2-5 %</i>	4 MO	<i>imiquimod external</i>	4 MO
<i>clotrimazole- betamethasone external cream</i>	3 MO	<i>isotretinoin oral</i>	4 MO
<i>clotrimazole- betamethasone external lotion</i>	4 MO	<i>methoxsalen rapid</i>	5
COSENTYX	5 PAR; LA; QLL (8 per 28 days)	<i>monodoxine nl oral capsule 100 mg</i>	2 MO
COSENTYX (300 MG DOSE)	5 PAR; LA; QLL (8 per 28 days)	<i>myorisan</i>	4 MO
COSENTYX SENSOREADY (300 MG)	5 PAR; LA; QLL (8 per 28 days)	<i>neuac external gel</i>	4 MO
COSENTYX SENSOREADY PEN	5 PAR; LA; QLL (8 per 28 days)	<i>nystatin-triamcinolone</i>	4 MO
<i>diclofenac sodium transdermal gel 1 %</i>	3 MO; QLL (1000 per 30 days)	PICATO	5 MO
<i>diclofenac sodium transdermal gel 3 %</i>	4 PAR; MO; QLL (100 per 30 days)	<i>pimecrolimus</i>	4 PAR; MO; QLL (100 per 90 days); NE
<i>doxycycline hydiate oral capsule 50 mg</i>	3 MO	<i>podofilox external</i>	4 MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2 MO	<i>prednicarbate external cream</i>	4 MO
<i>doxycycline monohydrate oral tablet 100 mg</i>	2 MO	<i>rosadan external cream</i>	4 MO
<i>doxycycline monohydrate oral tablet 50 mg</i>	3 MO	<i>rosadan external gel</i>	3 MO
ELIDEL	4 PAR; MO; QLL (100 per 90 days); NE	SANTYL	4 MO; QLL (30 per 30 days); NE
<i>fluocinolone acetonide body</i>	4 MO; QLL (120 per 30 days)	<i>selenium sulfide external lotion</i>	2 MO
<i>fluocinonide external cream 0.05 %</i>	2 MO; QLL (240 per 30 days)	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5 PAR; QLL (1 per 28 days)
<i>fluocinonide external cream 0.1 %</i>	5 MO; QLL (120 per 30 days)	<i>tacrolimus external ointment</i>	4 PAR; MO; QLL (100 per 90 days); NE
		TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5 PAR; LA; QLL (4 per 28 days)
		<i>tazarotene external</i>	4 PAR; MO
		TAZORAC	4 PAR; MO
		TEMOVATE EXTERNAL CREAM	5 MO; QLL (120 per 30 days)
		TEMOVATE EXTERNAL OINTMENT	4 MO; QLL (120 per 30 days)

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
tretinoin external cream	3 PAR; MO; QLL (45 per 30 days)	deferasirox oral tablet soluble	5 PAR
tretinoin external gel 0.01 %, 0.025 %	3 PAR; MO; QLL (45 per 30 days)	DEPEN TITRATABS	5 MO
triamcinolone acetonide external ointment 0.05 %	5	dextrose in lactated ringers	3 MO
TRIANEX	5 MO	dextrose intravenous solution 10 %, 5 %	4 MO
VALCHLOR	5 PAR; LA	DEXTROSE INTRAVENOUS SOLUTION 20 %, 40 %	4 MO
VOLTAREN TRANSDERMAL	3 MO; QLL (1000 per 30 days)	dextrose intravenous solution 250 mg/ml, 30 %, 70 %	4 MO
zenatane	4 MO	dextrose intravenous solution 50 %	4
Electrolytes/Minerals/Metals/Vitamins		DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	4 MO
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	4 B/D PAR; MO	dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %	4 MO
AMINOSYN-PF calcitriol intravenous solution 1 mcg/ml	4 B/D PAR; MO	dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %	3 MO
CARBAGLU	5 PAR; LA	doxercalciferol	4 B/D PAR; MO
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5 PAR; LA	effer-k oral tablet effervescent 25 meq	1 MO
CLINIMIX E/DEXTROSE (2.75/5)	4 B/D PAR; MO	elite-ob	2 MO
CLINIMIX E/DEXTROSE (4.25/10)	4 B/D PAR; MO	EXJADE	5 PAR; LA
CLINIMIX E/DEXTROSE (4.25/15)	4 B/D PAR; MO	fluoritab oral tablet chewable 1.1 (0.5 f) mg	2 MO
CLINIMIX E/DEXTROSE (5/20)	4 B/D PAR; MO	fluoritab oral tablet chewable 2.2 (1 f) mg	2
clinimix e/dextrose (8/10)	4 B/D PAR; MO	FREAMINE HBC	4 B/D PAR; MO
clinimix e/dextrose (8/14)	4 B/D PAR; MO	FREAMINE III INTRAVENOUS SOLUTION 10 %	4 B/D PAR; MO
CLINIMIX/DEXTROSE (4.25/10)	4 B/D PAR; MO	hepatamine	4 B/D PAR; MO
CLINIMIX/DEXTROSE (4.25/5)	4 B/D PAR; MO	intralipid intravenous emulsion 20 %	4 B/D PAR; MO
CLINIMIX/DEXTROSE (5/15)	4 B/D PAR; MO	INTRALIPID INTRAVENOUS EMULSION 30 %	4 B/D PAR; MO
CLINIMIX/DEXTROSE (5/20)	4 B/D PAR; MO	IONOSOL-MB IN D5W	4 MO
clinimix/dextrose (6/5)	4 B/D PAR; MO	ISOLYTE-P IN D5W	4 MO
clinimix/dextrose (8/10)	4 B/D PAR; MO	ISOLYTE-S	4 MO
clinimix/dextrose (8/14)	4 B/D PAR; MO	ISOLYTE-S PH 7.4	4 MO
CLINOLIPID	4 B/D PAR; MO	K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	3 MO
clovique	5		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	4 MO	MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/50ML, 40 GM/1000ML	4 MO
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%	4 MO	MOZOBIL	5 PAR
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	3 MO	NEPHRAMINE	4 B/D PAR; MO
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	4 MO	NEULASTA ONPRO	5 PAR; QLL (1.2 per 28 days)
KCL-LACTATED RINGERS- D5W	4 MO	NORMOSOL-M IN D5W	4 MO
<i>kionex oral suspension</i>	3 MO	NORMOSOL-R	4 MO
<i>klor-con 10</i>	2 MO	NORMOSOL-R IN D5W	4 MO
<i>klor-con 10</i>	2 MO	NORMOSOL-R PH 7.4	4 MO
<i>klor-con m10</i>	2 MO	<i>nutrilipid</i>	4 B/D PAR; MO
<i>klor-con m10</i>	2 MO	OSMOPREP	4 MO
<i>klor-con m15</i>	2 MO	<i>penicillamine oral tablet</i>	5
<i>klor-con m15</i>	2 MO	<i>physiolyte</i>	4 MO
<i>klor-con m20</i>	2 MO	<i>physiosol irrigation</i>	4 MO
<i>klor-con m20</i>	2 MO	PLASMA-LYTE 148	4 MO
<i>klor-con oral packet 20 meq</i>	4 MO	PLASMA-LYTE A	4 MO
<i>klor-con oral tablet extended release</i>	2 MO	<i>pnv-dha</i>	2 MO
<i>klor-con oral tablet extended release</i>	2 MO	<i>pnv-select</i>	2 MO
<i>klor-con sprinkle</i>	2 MO	<i>potassium bicarbonate oral</i>	1 MO
<i>klor-con/ef</i>	1 MO	<i>potassium chloride crys er</i>	2 MO
<i>lactated ringers intravenous</i>	3 MO	<i>potassium chloride er</i>	2 MO
<i>lactated ringers irrigation</i>	4 MO	<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%-%</i>	4 MO
<i>levocarnitine oral solution</i>	3 B/D PAR; MO	<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	4 MO
LEVOCARNITINE ORAL TABLET	3 B/D PAR; MO	<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml</i>	3 MO
<i>levocarnitine sf</i>	3 B/D PAR; MO	<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/50ml</i>	4 MO
<i>magnesium sulfate injection solution 50 %</i>	3	<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	4
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>		<i>potassium chloride intravenous solution 2 meq/ml, 40 meq/100ml</i>	4 MO
		<i>potassium chloride oral packet</i>	4 MO

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO	SPRINE	5	
<i>PREMASOL INTRAVENOUS SOLUTION 10 %</i>	4	B/D PAR; MO	<i>tis-u-sol</i>	4	MO
<i>PROCALAMINE</i>	4	B/D PAR; MO	<i>tolvaptan oral tablet 30 mg</i>	5	PAR; QLL (60 per 30 days)
<i>PROSOL</i>	4	B/D PAR; MO	TRAVASOL	4	B/D PAR; MO
<i>ringers</i>	4	MO	<i>trientine hcl</i>	5	
<i>ringers irrigation</i>	4	MO	TROPHAMINE	4	B/D PAR; MO
<i>SAMSCA ORAL TABLET 15 MG</i>	5	PAR; QLL (30 per 30 days)	INTRAVENOUS SOLUTION 10 %		
<i>SAMSCA ORAL TABLET 30 MG</i>	5	PAR; QLL (60 per 30 days)	VPRIV	5	PAR
<i>sodium bicarbonate intravenous solution 4.2 %</i>	4		Gastrointestinal Agents		
<i>sodium bicarbonate intravenous solution 7.5 %, 8.4 %</i>	4	MO	<i>alosetron hcl</i>	5	PAR; MO; QLL (60 per 30 days)
<i>sodium chloride injection solution 2.5 meq/ml</i>	4	MO	AMITIZA	3	MO; QLL (60 per 30 days)
<i>sodium chloride intravenous solution 0.45 %</i>	2	MO	<i>atropine sulfate injection solution 0.4 mg/ml, 8 mg/20ml</i>	4	MO
<i>sodium chloride intravenous solution 0.9 %</i>	3	MO	<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 1 mg/10ml</i>	4	MO
<i>sodium chloride intravenous solution 3 %, 5 %</i>	4	MO	<i>atropine sulfate injection solution prefilled syringe 0.5 mg/5ml</i>	4	
<i>sodium chloride intravenous solution 4 meq/ml</i>	4	MO	<i>budesonide er oral tablet extended release 24 hour</i>	5	PAR; MO
<i>sodium chloride irrigation solution 0.9 %</i>	3	MO	<i>budesonide oral</i>	4	MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	MO	CARAFATE ORAL	4	MO
<i>sodium fluoride oral tablet chewable</i>	2		SUSPENSION		
<i>sodium polystyrene sulfonate oral powder</i>	4		<i>cimetidine hcl oral</i>	3	MO
<i>sodium polystyrene sulfonate oral suspension</i>	3	MO	<i>cimetidine oral</i>	3	MO
<i>sodium polystyrene sulfonate rectal</i>	4	MO	<i>constulose</i>	2	MO
<i>sps</i>	3	MO	DELZICOL	3	MO
<i>sterile water for irrigation</i>	3	MO	DEXILANT	4	ST; MO; QLL (30 per 30 days)
<i>SUPREP BOWEL PREP KIT</i>	3	MO	<i>dicyclomine hcl oral capsule</i>	1	MO
			<i>dicyclomine hcl oral solution</i>	4	MO
			<i>dicyclomine hcl oral tablet</i>	2	MO
			<i>diphenoxylate-atropine oral liquid</i>	1	MO
			<i>diphenoxylate-atropine oral tablet</i>	3	MO
			<i>enulose</i>	2	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>esomeprazole magnesium oral capsule delayed release</i>	4	MO; QLL (30 per 30 days)	<i>misoprostol oral tablet 100 mcg</i>	3	MO
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	4	MO	<i>misoprostol oral tablet 200 mcg</i>	4	MO
<i>famotidine intravenous solution 20 mg/2ml</i>	3	MO	<i>MOVANTIK</i>	3	MO; QLL (30 per 30 days)
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	4	MO	<i>MOVIPREP</i>	4	MO
<i>famotidine oral suspension reconstituted</i>	4	MO	<i>nizatidine oral capsule</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO	<i>omeprazole oral capsule delayed release</i>	2	MO
<i>famotidine premixed GATTEX</i>	3	MO	<i>opium</i>	2	MO
<i>gavilyte-c</i>	2	MO	<i>pantoprazole sodium intravenous</i>	4	MO
<i>gavilyte-g</i>	2	MO	<i>pantoprazole sodium oral tablet delayed release</i>	1	MO
<i>gavilyte-n with flavor pack</i>	2	MO	<i>peg 3350-kcl-na bicarb-nacl</i>	2	MO
<i>generlac</i>	2	MO	<i>peg-3350/electrolytes</i>	2	MO
<i>glycopyrrolate injection solution</i>	4	MO	<i>peg-3350/electrolytes/ascorbat</i>	4	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO	<i>peg-kcl-nacl-nasulf-na asc-c</i>	4	MO
<i>lactulose encephalopathy</i>	2	MO	<i>polyethylene glycol 3350 oral packet</i>	2	
<i>lactulose oral solution</i>	2	MO	<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	4	MO	<i>proctozone-hc external</i>	1	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	4	MO; QLL (30 per 30 days)	<i>propantheline bromide oral</i>	4	PAR; MO
<i>LINZESS</i>	3	MO; QLL (30 per 30 days)	<i>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML</i>	5	PAR; MO; QLL (18 per 30 days)
<i>loperamide hcl oral capsule</i>	3	MO	<i>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)</i>	5	PAR; QLL (18 per 30 days)
<i>mesalamine oral capsule delayed release</i>	3	MO	<i>RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML</i>	5	PAR; MO; QLL (12 per 30 days)
<i>mesalamine-cleanser</i>	4	MO	<i>REMICADE</i>	5	PAR
<i>methscopolamine bromide oral</i>	4	MO	<i>scopolamine</i>	4	MO; QLL (10 per 28 days)
<i>metoclopramide hcl injection</i>	4	MO	<i>SUCRALFATE ORAL SUSPENSION</i>	4	MO
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	2	MO	<i>sucralfate oral tablet</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO	<i>TRANSDERM-SCOP (1.5 MG)</i>	4	MO; QLL (10 per 28 days)
			<i>trilyte</i>	2	MO
			<i>ursodiol oral</i>	3	MO

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment					
ALDURAZYME	5	PAR; LA	dutasteride oral	4	MO; QLL (30 per 30 days)
BUPHENYL ORAL TABLET	5	PAR; LA	dutasteride-tamsulosin hcl	3	MO; QLL (30 per 30 days)
CERDELGA	5	PAR	ELMIRON	4	MO
CREON	3	MO	finasteride oral tablet 5 mg	2	MO
CYSTADANE	5	LA	flavoxate hcl	3	MO
CYSTAGON	3	LA	JYNARQUE ORAL TABLET	5	PAR; LA; QLL (120 per 30 days)
ELAPRASE	5	PAR; LA	methenamine mandelate oral	2	MO
FABRAZYME	5	PAR; LA	methergine oral	5	MO
KUVAN ORAL TABLET SOLUBLE	5	PAR; LA	methylergonovine maleate oral	4	MO
LUMIZYME	5	PAR; LA	MINIPRESS ORAL CAPSULE 2 MG	4	MO
miglustat	5	PAR; LA	MYRBETRIQ	4	MO; QLL (30 per 30 days)
NAGLAZYME	5	PAR; LA	neomycin-polymyxin b gu	4	MO
nitisinone	5	PAR	oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	3	MO; QLL (60 per 30 days)
ORFADIN	5	PAR; LA	oxybutynin chloride er oral tablet extended release 24 hour 5 mg	3	MO; QLL (30 per 30 days)
RAVICTI	5	PAR; LA; QLL (525 per 30 days)	oxybutynin chloride oral syrup	2	MO; QLL (600 per 30 days)
sodium phenylbutyrate oral tablet	5	PAR	oxybutynin chloride oral tablet	2	MO; QLL (120 per 30 days)
SUCRAID	5	LA	penicillamine oral tablet	5	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3		potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)	4	MO
Genitourinary Agents					
acetic acid irrigation	2	MO	potassium citrate er oral tablet extended release 5 meq (540 mg)	3	MO
alfuzosin hcl er	2	MO	prazosin hcl oral	2	MO
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg	3	MO	RENVELA ORAL TABLET	5	MO; QLL (540 per 30 days)
bethanechol chloride oral tablet 50 mg	4	MO	sevelamer carbonate oral packet 0.8 gm	5	MO; QLL (540 per 30 days)
calcium acetate (phos binder) oral capsule	2	MO	sevelamer carbonate oral packet 2.4 gm	5	MO; QLL (180 per 30 days)
calcium acetate (phos binder) oral tablet	3	MO	sevelamer carbonate oral tablet	3	MO; QLL (540 per 30 days)
calcium acetate oral tablet 667 mg	3	MO			
clovique	5				
DEPEN TITRATABS	5	MO			
doxazosin mesylate oral	2	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 Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
sodium phenylbutyrate oral powder 3 gm/tsp	5 PAR	betamethasone dipropionate aug external cream	2 MO
solifenacin succinate	4 MO; QLL (30 per 30 days)	betamethasone dipropionate aug external gel	4 MO
tamsulosin hcl	2 MO	betamethasone dipropionate aug external lotion	4 MO
terazosin hcl oral	1 MO	betamethasone dipropionate aug external ointment	4 MO
THIOLA	5 PAR; MO	betamethasone dipropionate external cream	4 MO
tolterodine tartrate	4 MO; QLL (60 per 30 days)	betamethasone dipropionate external ointment	4 MO
tolterodine tartrate er	4 MO; QLL (30 per 30 days)	betamethasone dipropionate external ointment	4 MO
tolvaptan oral tablet 30 mg	5 PAR; QLL (60 per 30 days)	betamethasone dipropionate external ointment	4 MO
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4 MO; QLL (30 per 30 days)	betamethasone dipropionate external ointment	4 MO
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	4 QLL (30 per 30 days)	betamethasone valerate external cream	2 MO
trospium chloride	4 MO; QLL (60 per 30 days)	betamethasone valerate external lotion	4 MO
trospium chloride er	4 MO; QLL (30 per 30 days)	betamethasone valerate external ointment	3 MO
VESICARE	4 MO; QLL (30 per 30 days)	clobetasol prop emollient base	3 MO; QLL (120 per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			
ACTHAR	5 PAR; LA; This medication is covered for the following indication(s): Spasms, Infantile	clobetasol propionate e	3 MO; QLL (120 per 30 days)
ala-cort external cream	1 MO	clobetasol propionate emulsion	4 MO; QLL (100 per 30 days)
alclometasone	4 MO	clobetasol propionate external cream	2 MO; QLL (120 per 30 days)
dipropionate external cream		clobetasol propionate external foam	4 MO; QLL (100 per 30 days)
alclometasone	3 MO	clobetasol propionate external gel	2 MO
dipropionate external ointment		clobetasol propionate external lotion	4 MO
amcinonide external cream	4 MO	clobetasol propionate external ointment	3 MO; QLL (120 per 30 days)
amcinonide external lotion	4 MO	clobetasol propionate external shampoo	4 MO
AMCINONIDE EXTERNAL OINTMENT	4 MO	clobetasol propionate external solution	2 MO
		CLOBEX EXTERNAL LOTION	4 MO
		cladan external shampoo	4 MO

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
cortisone acetate oral	4 MO	halobetasol propionate external ointment	4 MO
desonide external cream	4 MO	HALOG EXTERNAL CREAM	5 MO
desonide external lotion	4 MO	HALOG EXTERNAL OINTMENT	4 MO
desonide external ointment	4 MO	HEMADY	5
desoximetasone external cream	4 MO	hydrocortisone (perianal) external cream 1 %	2 MO
desoximetasone external gel	4 MO	hydrocortisone (perianal) external cream 2.5 %	1 MO
desoximetasone external ointment 0.25 %	4 MO	hydrocortisone butyrate external cream	2 MO
DEXAMETHASONE INTENSOL	4 MO	hydrocortisone butyrate external ointment	4 MO
dexamethasone oral elixir	4 MO	hydrocortisone butyrate external solution	2 MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1 MO	hydrocortisone external cream 1 %, 2.5 %	1 MO
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	2 MO	hydrocortisone external lotion 2.5 %	3 MO
diflorasone diacetate external	4 MO	hydrocortisone external ointment 1 %, 2.5 %	1 MO
fludrocortisone acetate oral	3 MO	hydrocortisone oral tablet 10 mg, 5 mg	3 MO
fluocinolone acetonide external	4 MO; QLL (120 per 30 days)	hydrocortisone oral tablet 20 mg	2 MO
fluocinolone acetonide otic	4 MO	hydrocortisone valerate	4 MO
fluocinolone acetonide scalp	4 MO; QLL (120 per 30 days)	methylprednisolone oral tablet 16 mg, 32 mg, 4 mg	3 MO
fluocinonide emulsified base	2 MO; QLL (240 per 30 days)	methylprednisolone oral tablet 8 mg	4 MO
fluocinonide external cream 0.1 %	5 MO; QLL (120 per 30 days)	methylprednisolone oral tablet therapy pack	3 MO
fluocinonide external gel	3 MO; QLL (240 per 30 days)	mometasone furoate external	2 MO
fluocinonide external ointment	3 MO; QLL (240 per 30 days)	prednicarbate external ointment	4 MO
fluocinonide external solution	4 MO; QLL (240 per 30 days)	prednisolone oral solution	3 MO
fluticasone propionate external cream	3 MO	prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	4 MO
fluticasone propionate external lotion	4 MO	prednisolone sodium phosphate oral tablet dispersible	4 MO
fluticasone propionate external ointment	3 MO	PREDNISONE INTENSOL	4 MO
halcinonide	4		
halobetasol propionate external cream	4 MO		

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>prednisone oral solution</i>	3	MO	STIMATE	5	
<i>prednisone oral tablet</i>	1	MO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>prednisone oral tablet</i>	1	MO	<i>misoprostol oral tablet 200 mcg</i>	4	MO
<i>therapy pack</i>			Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>proto-pak external</i>	2	MO	<i>afirmelle</i>	3	MO
<i>protozone-hc external</i>	1	MO	<i>ALORA</i>	4	PAR; MO; QLL (8 per 28 days)
<i>tovet external foam</i>	4	MO; QLL (100 per 30 days)	<i>altavera</i>	3	MO
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	1	MO	<i>alyacen 1/35</i>	4	MO
<i>triamcinolone acetonide external cream 0.1 %</i>	2	MO	<i>alyacen 7/7/7</i>	3	MO
<i>triamcinolone acetonide external lotion</i>	3	MO	<i>amabelz</i>	4	PAR; MO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO	<i>amethia</i>	4	MO
<i>triderm external cream 0.1 %</i>	2	MO	<i>amethyst</i>	3	MO
<i>triderm external cream 0.5 %</i>	1	MO	<i>ANADROL-50</i>	5	PAR; MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			<i>ANDROGEL PUMP</i>	3	PAR; MO; QLL (150 per 30 days)
<i>desmopressin ace spray refrig</i>	4	MO	<i>ANDROGEL TRANSDERMAL GEL 20.25 MG/ACT (1.62%)</i>	3	PAR; MO; QLL (112.5 per 30 days)
<i>desmopressin acetate injection</i>	4	MO	<i>ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)</i>	3	PAR; MO; QLL (150 per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	3	MO	<i>api</i>	3	MO
<i>desmopressin acetate oral tablet 0.2 mg</i>	4	MO	<i>aranelle</i>	3	MO
<i>desmopressin acetate spray</i>	4	MO	<i>ashlyna</i>	4	MO
<i>EGRIFTA SV</i>	5	PAR; LA	<i>aubra</i>	3	MO
<i>INCRELEX</i>	5	PAR; LA	<i>aubra eq</i>	3	MO
<i>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR</i>	5	PAR	<i>aurovela 1.5/30</i>	3	MO
<i>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</i>	5	PAR; LA	<i>aurovela 1/20</i>	3	MO
<i>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</i>	5	PAR; LA	<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
			<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

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
budesonide er oral tablet extended release 24 hour	5 PAR; MO	estradiol transdermal patch twice weekly	4 PAR; QLL (8 per 28 days)
budesonide oral	4 MO	estradiol transdermal patch weekly	4 PAR; MO; QLL (4 per 28 days)
camila	3 MO	estradiol vaginal	4 MO
camrese	4 MO	estradiol valerate	4 MO
caziant	3 MO	intramuscular oil 20 mg/ml	
chateal	3 MO	estradiol valerate	4 MO
chateal eq	3 MO	intramuscular oil 40 mg/ml	
cryselle-28	4 MO	estradiol-norethindrone acet	4 PAR; MO
cyclafem 1/35	4 MO	ESTRING	4 MO; QLL (1 per 90 days); NE
cyclafem 7/7/7	3 MO	ethynodiol diac-eth	3 MO
cyred	3 MO	estradiol oral tablet 1-35 mg-mcg	
cyred eq	3	ethynodiol diac-eth	4 MO
danazol oral	3 MO	estradiol oral tablet 1-50 mg-mcg	
dasetta 1/35	4 MO	etongestrel-ethinyl	4 MO
dasetta 7/7/7	3 MO	estradiol	
daysee	4 MO	EVAMIST	4 PAR; MO
deblitane	3 MO	falmina	3 MO
DELESTROGEN	4 MO	FEMRING	4 MO; QLL (1 per 90 days); NE
delyla	3 MO	femynor	3 MO
DEPO-ESTRADIOL	3 MO	fyavolv	3 PAR; MO
DEPO-PROVERA	4 MO	gianvi	4 MO
INTRAMUSCULAR SUSPENSION 400 MG/ML		hailey 1.5/30	3 MO
desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)	4 MO	hailey 24 fe	4 MO
desogestrel-ethinyl estradiol oral tablet 0.15- 30 mg-mcg	3 MO	HAILEY FE 1.5/30	3 MO
drospirenone-ethinyl	4 MO	hailey fe 1/20	3 MO
estradiol		heather	3 MO
ELESTRIN	4 PAR; MO	incassia	3 MO
elinest	4 MO	introvale	4 MO
ELLA	3	isibloom	3 MO
eluryng	4 MO	jaimiess	4 MO
emoquette	3 MO	jasmiel	4 MO
enpresse-28	3 MO	jencycla	3 MO
enskyce oral tablet 0.15-30	3 MO	jinteli	3 PAR; MO
mg-mcg		jolessa	4 MO
errin	3 MO	juleber	3 MO
estarrylla	3 MO	junel 1.5/30	3 MO
ESTRACE VAGINAL	4 MO	junel 1/20	3 MO
estradiol oral	1 PAR; MO	junel fe 1.5/30	3 MO

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
junel fe 1/20	3	MO	megestrol acetate oral tablet	3	PAR; MO
junel fe 24	4	MO	MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PAR; MO
kalliga	3	MO	microgestin 1.5/30	3	MO
kariva	4	MO	microgestin 1/20	3	MO
kelnor 1/35	3	MO	microgestin fe 1.5/30	3	MO
kelnor 1/50	4	MO	microgestin fe 1/20	3	MO
kurvelo	3	MO	mili	3	MO
larin 1.5/30	3	MO	mimvey	4	PAR; MO
larin 1/20	3	MO	MINIVELLE	4	PAR; MO; QLL (8 per 28 days)
larin 24 fe	4	MO	mono-linyah	3	MO
larin fe 1.5/30	3	MO	mononessa	3	MO
larin fe 1/20	3	MO	necon 0.5/35 (28)	3	MO
larissa	3	MO	nikki	4	MO
leena	3	MO	nora-be	3	MO
lessina	3	MO	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	3	MO
levonest	3	MO	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	4	MO
levonorg-eth estrad triphasic oral tablet 50-30/ 75-40/ 125-30 mcg	3	MO	norethindrone acet-ethinyl est oral tablet	3	MO
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg	4	MO	norethindrone acetate oral	3	MO
levonorgestrel-ethinyl estrad	3	MO	norethindrone oral	3	MO
levora 0.15/30 (28)	3	MO	norethindrone-eth estradiol	3	PAR; MO
lillow	3	MO	norgestim-eth estrad triphasic oral tablet 0.18/ 0.215/0.25 mg-25 mcg	3	MO
LO LOESTRIN FE	4	MO	norgestim-eth estrad triphasic oral tablet 0.18/ 0.215/0.25 mg-35 mcg	4	MO
lo-zumandimine	4	MO	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	3	MO
lopreeza oral tablet 1-0.5 mg	4	PAR; MO	norlyda	3	MO
loryna	4	MO	norlyroc	3	MO
low-ogestrel	4	MO	nortrel 0.5/35 (28)	3	MO
lutera	3	MO	nortrel 1/35 (21)	4	MO
lyza	3	MO	nortrel 1/35 (28)	4	MO
marlissa	3	MO	nortrel 7/7/7	3	MO
marlissa	3	MO	NUVARING	4	MO
medroxyprogesterone acetate intramuscular	3	MO	ocella	4	MO
medroxyprogesterone acetate oral	1	MO			
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	2	PAR; MO			

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>orsythia</i>	3	MO	<i>testosterone transdermal gel</i>	3	PAR; MO; QLL (300 per 30 days)
ORTHO MICRONOR	4	MO	12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)		
<i>oxandrolone oral tablet 10 mg</i>	4	PAR; MO; QLL (60 per 30 days)	<i>testosterone transdermal gel</i>	3	PAR; MO; QLL (112.5 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PAR; MO; QLL (240 per 30 days)	<i>philit</i>	4	MO
<i>pimtrea</i>	4	MO	<i>trifemynor</i>	4	MO
<i>permella 1/35</i>	4	MO	<i>tri-estarrylla</i>	4	MO
<i>permella 7/7/7</i>	3	MO	<i>tri-legest fe</i>	4	MO
<i>portia-28</i>	3	MO	<i>tri-linyah</i>	4	MO
PREMARIN ORAL	3	PAR; MO	<i>tri-lo-estarrylla</i>	3	MO
PREMARIN VAGINAL	3	MO	<i>tri-lo-marzia</i>	3	MO
PREMPHASE	3	PAR; MO	<i>tri-lo-mili</i>	3	MO
PREMPRO	3	PAR; MO	<i>tri-lo-sprintec</i>	3	MO
<i>previfem</i>	3	MO	<i>tri-mili</i>	4	MO
<i>progesterone micronized oral</i>	3	MO	<i>tri-previfem</i>	4	MO
<i>raloxifene hcl</i>	3	MO; QLL (30 per 30 days)	<i>tri-sprintec</i>	4	MO
<i>reclipsen</i>	3	MO	<i>tri-vylibra</i>	4	MO
<i>setlakin</i>	4	MO	<i>tri-vylibra lo</i>	3	MO
<i>sharobel</i>	3	MO	<i>trinessa (28)</i>	4	MO
<i>simliya</i>	4	MO	<i>trivora (28)</i>	3	MO
<i>simpesse</i>	4	MO	<i>tulana</i>	3	MO
<i>sprintec 28</i>	3	MO	VAGIFEM VAGINAL TABLET	4	MO
<i>sronyx</i>	3	MO	10 MCG		
<i>syeda</i>	4	MO	<i>velivet</i>	3	MO
<i>tarina 24 fe</i>	4	MO	<i>vienva</i>	3	MO
<i>tarina fe 1/20</i>	3	MO	<i>viorele</i>	4	MO
<i>tarina fe 1/20 eq</i>	3	MO	VIVELLE-DOT	4	PAR; MO; QLL (8 per 28 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PAR; MO	<i>volnea</i>	4	MO
<i>testosterone enanthate intramuscular solution</i>	4	PAR; MO	<i>vyfemla</i>	4	MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	3	PAR; MO; QLL (150 per 30 days)	<i>vylibra</i>	3	MO
<i>testosterone transdermal gel 10 mg/act (2%)</i>	3	PAR; MO; QLL (120 per 30 days)	<i>wera</i>	3	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)					
ARMOUR THYROID					
CYTOMEL					

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
euthyrox	1	MO	SYNAREL	5	PAR
levo-t	1	MO	TRELSTAR MIXJECT	5	PAR; QLL (1 per 84 days); NE
levothyroxine sodium oral	1	MO	INTRAMUSCULAR SUSPENSION		
levoxyl	1	MO	RECONSTITUTED 11.25 MG		
liothyronine sodium intravenous	5	MO	TRELSTAR MIXJECT	5	PAR; QLL (1 per 168 days); NE
liothyronine sodium oral	2	MO	INTRAMUSCULAR SUSPENSION		
np thyroid	2	PAR; MO	RECONSTITUTED 22.5 MG		
SYNTHROID	3	MO	TRELSTAR MIXJECT	5	PAR; QLL (1 per 28 days)
unithroid	1	MO	INTRAMUSCULAR SUSPENSION		
Hormonal Agents, Suppressant (Adrenal)			RECONSTITUTED 3.75 MG		
LYSODREN	3	MO	Hormonal Agents, Suppressant (Thyroid)		
Hormonal Agents, Suppressant (Pituitary)			methimazole oral	2	MO
bromocriptine mesylate oral	4	MO	propylthiouracil oral	3	MO
cabergoline	3	MO	TAPAZOLE	3	MO
FIRMAGON (240 MG DOSE)	5	PAR; QLL (4 per 365 days); NE	Immunological Agents		
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PAR; QLL (1 per 28 days)	ACTHIB	3	MO
leuprolide acetate injection	4	PAR	ACTIMMUNE	5	PAR; LA
LUPRON DEPOT (1-MONTH)	5	PAR; QLL (1 per 28 days)	ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE)	3	
LUPRON DEPOT (3-MONTH)	5	PAR; QLL (1 per 84 days); NE	ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	MO
LUPRON DEPOT (4-MONTH)	5	PAR; QLL (1 per 112 days); NE	AFINITOR DISPERZ	5	PAR
LUPRON DEPOT (6-MONTH)	5	PAR; QLL (1 per 168 days); NE	AFINITOR ORAL TABLET 2.5 MG	5	PAR
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PAR; QLL (1 per 28 days)	ALIMTA	5	PAR
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PAR; QLL (1 per 28 days)	ARCALYST	5	PAR
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PAR	azathioprine oral	2	B/D PAR; MO
octreotide acetate injection solution 500 mcg/ml	5	PAR	AZATHIOPRINE SODIUM	4	B/D PAR; MO
SIGNIFOR	5	PAR; LA	BCG VACCINE	4	MO
SOMATULINE DEPOT	5	PAR	BENLYSTA	5	PAR
SOMAVERT	5	PAR; LA	BEXSERO	3	MO
			BOOSTRIX	3	
			INTRAMUSCULAR SUSPENSION 5-2.5-18.5 (0.5ML SYRINGE)		
			BOOSTRIX	3	MO
			INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 LF-MCG/0.5		
			CELLCEPT INTRAVENOUS	4	B/D PAR
			CINRYZE	5	PAR; LA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
cyclosporine intravenous	4 B/D PAR	GAMUNEX-C INJECTION	5 PAR
cyclosporine modified oral capsule 100 mg, 25 mg	4 B/D PAR	SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	
cyclosporine modified oral capsule 50 mg	2 B/D PAR		
cyclosporine modified oral solution	4 B/D PAR	GAMUNEX-C INJECTION	4 PAR
cyclosporine oral capsule	4 B/D PAR	SOLUTION 2.5 GM/25ML	
DAPTACEL	3 MO	GARDASIL 9	3 MO
INTRAMUSCULAR SUSPENSION 23-15-5		gengraf oral capsule 100 mg, 25 mg	4 B/D PAR
DEPEN TITRATABS	5 MO	gengraf oral solution	4 B/D PAR
DIPHTHERIA-TETANUS TOXOIDS DT	3 MO	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML 1 ML	3
ELIDEL	4 PAR; MO; QLL (100 per 90 days); NE	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3 MO
ENBREL MINI	5 PAR; QLL (8 per 28 days)	HIBERIX INJECTION	3 MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5 PAR; QLL (4.08 per 28 days)	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5 PAR; QLL (6 per 365 days); NE
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5 PAR; QLL (8 per 28 days)	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5 PAR; QLL (12 per 365 days); NE
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5 PAR; QLL (8 per 28 days)	HUMIRA PEN SUBCUTANEOUS PEN-Injector Kit	5 PAR; QLL (4 per 28 days)
ENGERIX-B INJECTION	3 B/D PAR; MO	HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-Injector Kit 40 MG/0.8ML	5 PAR; QLL (12 per 365 days); NE
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4 B/D PAR	HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-Injector Kit 80 MG/0.8ML	5 PAR; QLL (6 per 365 days); NE
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5 B/D PAR	HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-Injector Kit 40 MG/0.8ML	5 PAR; QLL (8 per 365 days); NE
everolimus oral tablet 0.25 mg	4 B/D PAR; MO		
everolimus oral tablet 0.5 mg, 0.75 mg	5 B/D PAR		
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	5 PAR		
FIRAZYR	5 PAR		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/ 0.8ML & 40MG/0.4ML	5 PAR; QLL (6 per 365 days); NE	<i>leflunomide oral tablet 10 mg</i>	4 MO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/ 0.4ML	5 PAR; QLL (2 per 28 days)	<i>leflunomide oral tablet 20 mg</i>	3 MO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5 PAR; QLL (4 per 28 days)	<i>leflunomide oral tablet 20 mg</i>	3 MO
HYPERRAB	5	M-M-R II INJECTION	3 MO
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/ 10ML	3 B/D PAR; MO	MENACTRA	3 MO
HYPERRAB S/D INJECTION SOLUTION 300 UNIT/2ML	3	MENVEO	3 MO
<i>icatibant acetate</i>	5 PAR	<i>mercaptopurine oral</i>	3 MO
IMOGLAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	<i>methotrexate oral</i>	2 MO
IMOVAL RABIES	3 MO	<i>methotrexate sodium (pf) injection solution 50 mg/ 2ml</i>	2 MO
INFANRIX	3 MO	<i>methotrexate sodium injection solution 50 mg/ 2ml</i>	4 MO
INGREZZA ORAL CAPSULE 40 MG	5 PAR; QLL (60 per 30 days)	<i>methotrexate sodium oral</i>	2 MO
INGREZZA ORAL CAPSULE 80 MG	5 PAR; QLL (30 per 30 days)	<i>mycophenolate mofetil hcl</i>	4 B/D PAR
INGREZZA ORAL CAPSULE THERAPY PACK	5 PAR; QLL (28 per 365 days); NE	<i>mycophenolate mofetil oral capsule</i>	2 B/D PAR
IPOL	3 MO	<i>mycophenolate mofetil oral suspension reconstituted</i>	5 B/D PAR
IXIARO	3 MO	<i>mycophenolate mofetil oral tablet</i>	2 B/D PAR
KEDRAB INJECTION SOLUTION 1500 UNIT/ 10ML	3 MO	<i>mycophenolate sodium</i>	4 B/D PAR
KEDRAB INJECTION SOLUTION 300 UNIT/2ML	3	NULOJIX	5 PAR
KEYTRUDA INTRAVENOUS SOLUTION	5 PAR	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/ 300ML, 5 GM/100ML	5 PAR
KINRIX INTRAMUSCULAR SUSPENSION	3 MO	PEDIARIX	3 MO
KINRIX INTRAMUSCULAR SUSPENSION INJECTION 0.5 ML	3	PEDVAX HIB INTRAMUSCULAR SUSPENSION	3 MO
<i>leflunomide oral tablet 10 mg</i>	4 MO	PENTACEL	3 MO
		<i>pimecrolimus</i>	4 PAR; MO; QLL (100 per 90 days); NE
		PROGRAF INTRAVENOUS	5 B/D PAR
		PROGRAF ORAL PACKET	4 B/D PAR
		PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3 MO

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
QUADRACEL	3	MO	VAQTA INTRAMUSCULAR	3	MO
RABAVERT	4	MO	SUSPENSION 25 UNIT/		
RAPAMUNE ORAL SOLUTION	5	B/D PAR	0.5ML, 50 UNIT/ML		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML (1ML SYRINGE)	3	B/D PAR	VARIVAX	3	MO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	B/D PAR; MO	VARIZIG INTRAMUSCULAR SOLUTION	3	
RIDAURA	5	MO	XATMEP	4	
ROTARIX	3	MO	XELJANZ	5	PAR; QLL (60 per 30 days)
ROTATEQ ORAL SOLUTION	3	MO	YF-VAX	3	MO
SANDIMMUNE ORAL SOLUTION	4	B/D PAR	ZORTRESS	5	B/D PAR
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/ 0.5ML	3	MO	Inflammatory Bowel Disease Agents		
SIMULECT	5	B/D PAR	APRISO	3	MO
<i>sirolimus oral solution</i>	5	B/D PAR	ASACOL HD	3	MO
<i>sirolimus oral tablet</i>	4	B/D PAR	<i>balsalazide disodium</i>	4	MO
STAMARIL	3	MO	<i>budesonide er oral tablet</i>	5	PAR; MO extended release 24 hour
SYNAGIS	5	PAR	<i>budesonide oral</i>	4	MO
<i>tacrolimus oral</i>	4	B/D PAR	CANASA	5	MO
TDVAX	3	MO	<i>cortisone acetate oral</i>	4	MO
TENIVAC	4	MO	DELZICOL	3	MO
THYMOGLOBULIN	5	B/D PAR	<i>dexamethasone oral elixir</i>	4	MO
TRUMENBA	3	MO	<i>dexamethasone oral tablet</i>	1	MO 0.5 mg, 0.75 mg, 1 mg, 1.5 mg
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO	<i>dexamethasone oral tablet</i>	2	MO 2 mg, 4 mg, 6 mg
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	MO	DIPENTUM	5	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (0.5ML SYRINGE)	3		<i>hydrocortisone oral tablet</i>	3	MO 10 mg, 5 mg
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/ 0.5ML 0.5 ML, 50 UNIT/ML 1 ML	3		<i>hydrocortisone oral tablet</i>	2	MO 20 mg
			<i>hydrocortisone rectal enema</i>	4	MO
			LIALDA	3	MO
			<i>mesalamine er</i>	3	MO
			<i>mesalamine oral</i>	3	MO
			<i>mesalamine rectal enema</i>	3	MO
			<i>mesalamine rectal suppository</i>	4	MO
			<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg</i>	3	MO
			<i>methylprednisolone oral tablet 8 mg</i>	4	MO
			<i>methylprednisolone oral tablet therapy pack</i>	3	MO

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	3	MO	ibandronate sodium oral	2	MO; QLL (1 per 28 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5	MO	MIACALCIN INJECTION	5	B/D PAR; MO
<i>prednisolone acetate ophthalmic</i>	2	MO	NATPARA	5	PAR; QLL (2 per 28 days)
<i>prednisolone oral solution</i>	3	MO	<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	4	
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	4	MO	PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	B/D PAR
<i>prednisolone sodium phosphate oral tablet dispersible</i>	4	MO	<i>pamidronate disodium intravenous solution reconstituted</i>	4	
PREDNISONE INTENSOL	4	MO	<i>paricalcitol oral</i>	4	B/D PAR; MO
<i>prednisone oral solution</i>	3	MO	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PAR; QLL (2 per 365 days); NE
<i>prednisone oral tablet</i>	1	MO	<i>risedronate sodium oral tablet 150 mg</i>	4	ST; MO; QLL (1 per 28 days)
<i>procto-med hc external</i>	1	MO	<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>proctosol hc external</i>	1	MO	<i>risedronate sodium oral tablet 35 mg</i>	4	ST; MO; QLL (4 per 28 days)
<i>sulfasalazine oral</i>	2	MO	<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	4	ST; QLL (4 per 28 days)
Metabolic Bone Disease Agents			<i>risedronate sodium oral delayed release</i>	4	ST; MO; QLL (4 per 28 days)
<i>alendronate sodium oral solution</i>	3	MO; QLL (300 per 28 days)	SENSIPAR ORAL TABLET 30 MG, 60 MG	5	B/D PAR; QLL (60 per 30 days)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	6	MO; CG; QLL (30 per 30 days)	SENSIPAR ORAL TABLET 90 MG	5	B/D PAR; QLL (120 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	6	MO; CG; QLL (4 per 28 days)	<i>teriparatide (recombinant)</i>	5	PAR; QLL (3 per 28 days)
BONIVA INTRAVENOUS	4	B/D PAR; MO	TYMLOS	5	PAR; QLL (1.56 per 28 days)
<i>calcitonin (salmon)</i>	3	MO; QLL (4 per 30 days)	XGEVA	5	PAR; QLL (5.1 per 28 days)
<i>calcitriol oral capsule</i>	2	B/D PAR; MO	<i>zoledronic acid intravenous concentrate</i>	4	PAR
<i>calcitriol oral solution</i>	3	B/D PAR; MO	<i>zoledronic acid intravenous solution</i>	4	PAR
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	5	B/D PAR; QLL (60 per 30 days)	Ophthalmic Agents		
<i>cinacalcet hcl oral tablet 90 mg</i>	5	B/D PAR; QLL (120 per 30 days)	<i>acetazolamide oral tablet 125 mg</i>	2	MO
<i>doxercalciferol oral</i>	4	B/D PAR; MO			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; QLL (3 per 28 days)			
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QLL (4 per 28 days)			
FOSAMAX PLUS D	4	ST; MO; QLL (4 per 28 days)			
<i>ibandronate sodium intravenous</i>	4	B/D PAR			

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
acetazolamide oral tablet 250 mg	3	MO	epinastine hcl	3	MO
ak-poly-bac	2	MO	fluorometholone ophthalmic	2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO	flurbiprofen sodium	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	MO	ILEVRO	3	MO
apraclonidine hcl	3	MO	isopto atropine	3	MO
ATROPINE SULFATE OPHTHALMIC OINTMENT	3	MO	ISOPTO CARPINE	4	MO
atropine sulfate ophthalmic solution 1 %	3	MO	ketorolac tromethamine ophthalmic	2	MO
azelastine hcl ophthalmic	3	MO	LACRISERT	3	MO; QLL (60 per 30 days)
AZOPT	4	MO	latanoprost ophthalmic	1	MO
bacitracin-neomycin- polymyxin-hc	2	MO	levobunolol hcl ophthalmic solution 0.5 %	2	MO
bacitracin-polymyxin b ophthalmic ointment 500- 10000 unit/gm	2	MO	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
betaxolol hcl ophthalmic	2	MO	methazolamide oral	4	MO
BETIMOL	4	MO	neo-polycin	3	MO
BETOPTIC-S	4	MO	neo-polycin hc	2	MO
bimatoprost ophthalmic	3	MO	neomycin-bacitracin zn- polymyx ophthalmic ointment 5-400-10000	3	MO
bimatoprost ophthalmic	3	MO	neomycin-polymyxin- dexameth	2	MO
BLEPHAMIDE S.O.P.	4	MO	neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000-.025	3	MO
brimonidine tartrate ophthalmic solution 0.15 %	3	MO	neomycin-polymyxin-hc ophthalmic suspension 3.5- 10000-1	3	MO
brimonidine tartrate ophthalmic solution 0.2 %	2	MO	olopatadine hcl ophthalmic solution 0.1 %	4	MO
bromfenac sodium (once- daily)	4	MO	olopatadine hcl ophthalmic solution 0.2 %	3	MO
carteolol hcl	1	MO	PAZEO	3	MO
COMBIGAN	3	MO	PHOSPHOLINE IODIDE	4	MO
COSOPT	4	MO	pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	MO
cromolyn sodium ophthalmic	2	MO	polycin	2	MO
CYSTARAN	5	LA	polymyxin b-trimethoprim	1	MO
dexamethasone sodium phosphate ophthalmic	2	MO	prednisolone acetate ophthalmic	2	MO
diclofenac sodium ophthalmic	2	MO	PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC	3	MO
dorzolamide hcl ophthalmic	2	MO	proparacaine hcl ophthalmic	3	MO
dorzolamide hcl-timolol mal	2	MO			
DUREZOL	3	MO			

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
RESTASIS	3 MO; QLL (60 per 30 days)	<i>neomycin-polymyxin-hc otic</i>	2 MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3 MO; QLL (5.5 per 28 days)	<i>ofloxacin oral tablet 300 mg</i>	3 MO
RHOPRESSA	3 MO	Respiratory Tract/ Pulmonary Agents	
ROCKLATAN	3 MO	<i>acetylcysteine inhalation</i>	2 B/D PAR; MO
SIMBRINZA	3 MO	ADEMPAS	5 PAR; LA
<i>sulfacetamide sodium ophthalmic ointment</i>	3 MO	ADVAIR DISKUS	3 MO; QLL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic ointment</i>	3 MO	ADVAIR DISKUS	3 MO; QLL (60 per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2 MO	ADVAIR HFA	3 MO; QLL (12 per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	2 MO	ADVAIR HFA	3 MO; QLL (12 per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1 MO	ADVAIR HFA	3 MO; QLL (12 per 30 days)
TIMOPTIC OCUDOSE	4 MO	<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>	3 MO
OPHTHALMIC SOLUTION 0.25 %		<i>albuterol sulfate er oral tablet extended release 12 hour 8 mg</i>	4 MO
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %	4 MO	<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2 MO
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %	4 MO	<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	2
TOBRADEX ST	3 MO	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2 B/D PAR; MO; QLL (360 per 30 days)
<i>tobramycin-dexamethasone</i>	3 MO	<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	2 B/D PAR; MO; QLL (60 per 30 days)
TRAVATAN Z	3 MO	<i>albuterol sulfate oral syrup</i>	1 MO
<i>travoprost (bak free)</i>	3 MO	<i>albuterol sulfate oral tablet</i>	4 MO
XALATAN	4 MO	<i>ambrisentan</i>	5 PAR; LA; QLL (30 per 30 days)
XIIDRA	3 MO; QLL (60 per 30 days)	<i>aminophylline intravenous</i>	4 MO
ZIOPTAN	4 MO		
Otic Agents			
CIPRODEX	3 MO		
<i>ciprofloxacin-dexamethasone</i>	3 MO		
CORTISPORIN-TC	4 MO		
<i>flac</i>	4 MO		
<i>hydrocortisone-acetic acid</i>	4 MO		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ANORO ELLIPTA	3 MO; QLL (60 per 30 days)	cromolyn sodium inhalation	2 B/D PAR; MO; QLL (240 per 30 days)
ARALAST NP	5 PAR; LA	cromolyn sodium oral	4 MO
INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG		cyproeptadine hcl oral	3 PAR; MO
ARNUITY ELLIPTA	3 MO; QLL (30 per 30 days)	DALIRESP	4 PAR; MO; QLL (30 per 30 days)
ASMANEX (120 METERED DOSES)	3 MO; QLL (1 per 30 days)	desloratadine	2 MO
ASMANEX (14 METERED DOSES)	3 MO; QLL (2 per 30 days)	diphenhydramine hcl injection	3 MO
ASMANEX (30 METERED DOSES)	3 MO; QLL (1 per 30 days)	DULERA	3 MO; QLL (13 per 30 days)
ASMANEX (60 METERED DOSES)	3 MO; QLL (1 per 30 days)	ELIXOPHYLLIN	3 MO
ASMANEX (7 METERED DOSES)	3 MO; QLL (4 per 30 days)	epinephrine injection solution 30 mg/30ml	4 MO
ASMANEX HFA	3 MO; QLL (13 per 30 days)	epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	3 MO; QLL (2 per 28 days)
ATROVENT HFA	4 MO; QLL (26 per 30 days)	EPINEPHRINE PF INJECTION SOLUTION	4 MO
azelastine hcl nasal spray 0.1 %, 137 mcg/	3 MO; QLL (30 per 25 days)	ESBRIET ORAL CAPSULE	5 PAR; QLL (270 per 30 days)
azelastine hcl nasal solution 0.15 %	4 MO; QLL (30 per 25 days)	ESBRIET ORAL CAPSULE	5 PAR; QLL (270 per 30 days)
bosentan	5 PAR; LA; QLL (60 per 30 days)	ESBRIET ORAL TABLET 267	5 PAR; QLL (270 per MG)
BREO ELLIPTA	3 MO; QLL (60 per 30 days)	ESBRIET ORAL TABLET 267	5 PAR; QLL (270 per MG)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	4 B/D PAR; MO; QLL (120 per 30 days)	ESBRIET ORAL TABLET 801	5 PAR; QLL (90 per MG)
budesonide inhalation suspension 1 mg/2ml	4 B/D PAR; MO; QLL (60 per 30 days)	ESBRIET ORAL TABLET 801	5 PAR; QLL (90 per MG)
budesonide-formoterol fumarate	3 MO; QLL (11 per 30 days)	FLOVENT DISKUS POWDER BREATH ACTIVATED 100 MCG/BLIST	3 MO; QLL (60 per 30 days)
CAYSTON	5 PAR; LA	FLOVENT DISKUS POWDER BREATH ACTIVATED 250 MCG/BLIST	3 MO; QLL (240 per 30 days)
cetirizine hcl allergy child	2 MO	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	3 MO; QLL (12 per 30 days)
cetirizine hcl oral solution	2 MO	FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	3 MO; QLL (24 per 30 days)
clemastine fumarate oral tablet 2.68 mg	2 PAR; MO	FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3 MO; QLL (11 per 30 days)
COMBIVENT RESPIMAT	4 MO; QLL (8 per 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
flunisolide nasal solution 25 mcg/act (0.025%)	2	MO; QLL (75 per 30 days)	levocetirizine dihydrochloride oral solution	4	MO
fluticasone propionate external lotion	4	MO	levocetirizine dihydrochloride oral tablet	2	MO
fluticasone propionate nasal	1	MO; QLL (16 per 30 days)	metaproterenol sulfate oral syrup	2	MO
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	MO; QLL (60 per 30 days)	mometasone furoate nasal	3	MO
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	MO; QLL (60 per 30 days)	montelukast sodium oral packet	4	MO
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	MO; QLL (60 per 30 days)	montelukast sodium oral tablet	2	MO
hydroxyzine hcl oral syrup 10 mg, 50 mg	3	PAR; MO	montelukast sodium oral tablet chewable	3	MO
hydroxyzine hcl oral tablet 10 mg, 50 mg	3	PAR; MO	NASONEX	3	MO
hydroxyzine hcl oral tablet 25 mg	2	PAR; MO	NUCALA	5	PAR; LA
hydroxyzine pamoate oral	3	PAR; MO	OFEV	5	PAR; QLL (60 per 30 days)
ipratropium bromide inhalation	2	B/D PAR; MO	OFEV	5	PAR; QLL (60 per 30 days)
ipratropium bromide nasal	2	MO; QLL (30 per 30 days)	OPSUMIT	5	PAR; LA; QLL (30 per 30 days)
ipratropium-albuterol	2	B/D PAR; MO; QLL (540 per 30 days)	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PAR; LA
KALYDECO ORAL TABLET	5	PAR; QLL (60 per 30 days)	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PAR; LA
LETAIRIS	5	PAR; LA; QLL (30 per 30 days)	ORKAMBI ORAL TABLET	5	PAR; QLL (120 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	4	B/D PAR; MO; QLL (270 per 30 days)	PERFOROMIST	5	B/D PAR; MO; QLL (120 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	4	B/D PAR; MO; QLL (540 per 30 days)	PROAIR HFA	3	MO
levalbuterol tartrate	4	MO; QLL (45 per 30 days)	PROAIR RESPICLICK	3	MO

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
QVAR REDIHALER	3 MO; QLL (22 per 30 days)	TRELEGY ELLIPTA	3 MO; QLL (60 per 30 days)
INHALATION AEROSOL		INHALATION AEROSOL	
BREATH ACTIVATED 80		POWDER BREATH	
MCG/ACT		ACTIVATED 100-62.5-25	
REMODULIN INJECTION	5 PAR; LA	MCG/INH	
SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/ 20ML, 50 MG/20ML		<i>treprostinil</i>	5 PAR; LA
SEREVENT DISKUS	3 MO; QLL (60 per 30 days)	VENTAVIS	5 PAR; QLL (270 per 30 days)
<i>sildenafil citrate oral tablet</i>	4 PAR; QLL (90 per 30 days)	VENTOLIN HFA	3 MO
20 mg		<i>wixela inhub</i>	3 MO; QLL (60 per 30 days)
SPIRIVA HANDIHALER	3 MO; QLL (30 per 30 days)	<i>wixela inhub</i>	3 MO; QLL (60 per 30 days)
SPIRIVA RESPIMAT	3 MO; QLL (4 per 30 days)	XOLAIR SUBCUTANEOUS	5 PAR; LA; QLL (6 per 28 days)
STIOLTO RESPIMAT	3 MO; QLL (4 per 30 days)	RECONSTITUTED	
SYMBICORT	3 MO; QLL (11 per 30 days)	<i>zafirlukast</i>	4 MO
SYMJEPI	3 MO; QLL (2 per 28 days)	Skeletal Muscle Relaxants	
<i>terbutaline sulfate injection</i>	4 MO	<i>carisoprodol oral tablet</i>	3 PAR; MO
<i>terbutaline sulfate oral</i>	3 MO	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2 PAR; MO
<i>theophylline</i>	2 MO	<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4 PAR; MO
<i>theophylline er oral tablet extended release 12 hour</i>	2 MO	<i>methocarbamol oral</i>	4 PAR; MO
<i>300 mg, 450 mg</i>		<i>tizanidine hcl oral tablet</i>	2 MO
<i>theophylline er oral tablet extended release 24 hour</i>	2 MO	Sleep Disorder Agents	
TRACLEER ORAL TABLET	5 PAR; LA; QLL (60 per 30 days)	<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4 PAR; MO; QLL (30 per 30 days)
TRACLEER ORAL TABLET SOLUBLE	5 PAR; LA; QLL (120 per 30 days)	<i>armodafinil oral tablet 50 mg</i>	4 PAR; MO; QLL (60 per 30 days)
TRELEGY ELLIPTA	3 MO; QLL (60 per 30 days)	<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2 PAR; MO
TRELEGY ELLIPTA INHALATION AEROSOL	3 MO; QLL (60 per 30 days)	<i>doxepin hcl oral concentrate</i>	2 PAR; MO
POWDER BREATH ACTIVATED 100-62.5-25		<i>eszopiclone</i>	4 MO; QLL (30 per 30 days)
MCG/INH		HETLIOZ	5 PAR; LA; QLL (30 per 30 days)
		<i>modafinil oral tablet 100 mg</i>	4 PAR; MO
		<i>modafinil oral tablet 200 mg</i>	4 PAR; MO; QLL (60 per 30 days)
		<i>ramelteon</i>	3 MO; QLL (30 per 30 days)

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

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

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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