

# **BlueCross BlueShield of Western New York**

## **2020 Formulary**

### **List of Covered Drugs**

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

HPMS Approved Formulary File Submission ID 00020267, Version Number 17

This formulary was updated on 8/25/2020. For more recent information or other questions, please contact BlueCross BlueShield of Western New York at 1-877-461-9218 or, for TTY users, 711, October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week and April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday, or visit [www.bcbswny.com/pharmacy](http://www.bcbswny.com/pharmacy).

**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 BlueCross BlueShield of Western New York. When it refers to “plan” or “our plan,” it means BlueCross BlueShield Retiree Pharmacy PDP.

This document includes list of the drugs (formulary) for our plan which is current as of 8/25/2020. 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, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021 and from time to time during the year.

## **What is the BlueCross BlueShield of Western New York Formulary?**

A formulary is a list of covered drugs selected by BlueCross BlueShield of Western New York 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. BlueCross BlueShield of Western New York will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross BlueShield of Western New York 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:

- **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 new generic drug 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, 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 60 day supply of the drug.
  - If we make these other changes, 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 BlueCross BlueShield of Western New York 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 8/25/2020. To get updated information about the drugs covered by BlueCross BlueShield of Western New York, please contact us. Our contact information appears on the front and back cover pages. In the event our plan makes a mid-year, non-maintenance change to the formulary we will notify you directly by mail. We will send you a written notification explaining the change and a new formulary page reflecting the correct text and benefit.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Anti-hypertensive Therapy”. If you know what your drug is used for, look for the category name in the list that begins on page number 2. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 132. 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?**

BlueCross BlueShield of Western New York 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:** BlueCross BlueShield of Western New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross BlueShield of Western New York before you fill your prescriptions. If you don't get approval, BlueCross BlueShield of Western New York may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross BlueShield of Western New York limits the amount of the drug that BlueCross BlueShield of Western New York will cover. For example, BlueCross BlueShield of Western New York provides 30 units per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueCross BlueShield of Western New York 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, BlueCross BlueShield of Western New York may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross BlueShield of Western New York will then cover Drug B.

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

You can ask BlueCross BlueShield of Western New York 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 BlueCross BlueShield of Western New York formulary?" on page V for information about how to request an exception.

### **What are over-the counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. BlueCross BlueShield of Western New York pays for certain OTC drugs. The cost to BlueCross BlueShield of Western New York will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, 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 learn that BlueCross BlueShield of Western New York does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by BlueCross BlueShield of Western New York. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by BlueCross BlueShield of Western New York.
- You can ask BlueCross BlueShield of Western New York 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 BlueCross BlueShield of Western New York Formulary?**

You can ask BlueCross BlueShield of Western New York to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the specialty tier). If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, BlueCross BlueShield of Western New York 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, BlueCross BlueShield of Western New York 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, cost sharing, or utilization restriction exception. **When you request a formulary, cost sharing 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'll 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 31-day emergency supply of that drug while you pursue a formulary exception.

If you submit a prescription for a transition eligible drug and it is rejected at Point of Sale, a message will be relayed to the pharmacists to call for additional instructions if you underwent a recent level of care change. After confirming that you had a level of care change, the pharmacist will be instructed to enter a series of override codes to allow you to receive a one-time transition supply of your prescription. At that time, all transition supply procedures will apply including member notifications for transition supply fills.

### **For more information**

For more detailed information about your BlueCross BlueShield of Western New York prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueCross BlueShield of Western New York, 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>.

### **BlueCross BlueShield of Western New York Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by BlueCross BlueShield of Western New York. If you have trouble finding your drug in the list, turn to the Index that begins on page 132.

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

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

A division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association. Enrollees can get prescription drugs shipped to their homes through the network mail order delivery program. Enrollees should expect to receive their mail order prescriptions 14-21 calendar days after the pharmacy initially receives the order. Please call the Pharmacy Services number located on the back of your member ID card if you do not receive your prescription within the appropriate amount of days.



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

### **List of Abbreviations**

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

**EXCL:** We offer additional coverage of some prescription drugs not normally covered under a Medicare prescription drug plan (enhanced drug coverage). The amount you pay when you fill a prescription for these excluded drugs will not count towards any True out-of-pocket (TROOP) cost calculation. In addition, if you are receiving “Extra Help” from Medicare to pay for your prescriptions, the “Extra Help” program will not pay for these drugs. Please see your evidence of coverage (EOC) for further details.

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

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

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

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

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



Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	5	B /D PA; EXCL; MO
AMBISOME	5	B /D PA; EXCL; MO
<i>amphotericin b</i>	4	B /D PA; EXCL; MO
ANCOBON	5	MO
CANCIDAS	5	B /D PA; EXCL; MO
<i>caspofungin</i>	5	B /D PA; EXCL
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	PA
CRESEMBA ORAL	5	MO
DIFLUCAN	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	PA
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
ORAVIG	4	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO
SPORANOX	4	MO
<i>terbinafine hcl oral</i>	2	MO
TOLSURA	5	MO
VFEND	5	MO
VFEND IV	4	PA; MO
<i>voriconazole intravenous</i>	2	PA; MO
<i>voriconazole oral</i>	5	MO
<b>ANTIVIRALS</b>		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B /D PA; EXCL; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO
APTIVUS (WITH VITAMIN E)	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO
<i>atazanavir oral capsule 300 mg</i>	5	MO
ATRIPLA	5	MO
BARACLUDE	5	MO
BIKTARVY	5	MO
<i>cidofovir</i>	5	B /D PA; EXCL; MO
CIMDUO	5	MO
COMBIVIR	5	MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DELSTRIGO	5	MO
DESCOVY	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	2	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR	4	MO
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR HBV ORAL TABLET	4	MO
EPZICOM	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B /D PA; EXCL; MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
HEPSERA	5	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL SOLUTION	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEDIPASVIR-SOFOSBUVIR	5	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	MO
<i>lopinavir-ritonavir</i>	2	MO
MAVYRET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	3	MO
RETROVIR INTRAVENOUS	3	MO
RETROVIR ORAL CAPSULE	4	MO
RETROVIR ORAL SYRUP	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
SITAVIG	4	MO

Drug Name	Drug Tier	Requirements /Limits
SOFOSBUVIR-VELPATASVIR	5	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; MO; QL (28 per 28 days)
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SUSTIVA ORAL CAPSULE 200 MG	5	MO
SUSTIVA ORAL CAPSULE 50 MG	4	MO
SUSTIVA ORAL TABLET	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TAMIFLU	4	MO
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
TRIZIVIR	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
TYBOST	4	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
VALCYTE	5	MO
<i>valganciclovir</i>	5	MO
VALTREX ORAL TABLET 1 GRAM	4	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	4	MO; QL (60 per 30 days)
VEMLIDY	5	MO
VIEKIRA PAK	5	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE	4	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	MO
VIREAD	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA	3	MO
ZEPATIER	5	PA; MO; QL (28 per 28 days)
ZIAGEN	4	MO
<i>zidovudine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX ORAL SUSPENSION	4	MO
<b>CEPHALOSPORINS</b>		
AVYCAZ	5	MO
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefepime injection</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotetan</i>	2	
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose,iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
<i>tazicef injection recon soln 1 gram</i>	2	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO
<i>tazicef intravenous</i>	2	
TEFLARO	5	MO
ZERBAXA	5	
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin</i>	2	MO
<i>clarithromycin</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
DIFICID	5	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
E.E.S. GRANULES	4	MO
ERYPED 200	4	MO
ERYPED 400	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral</i>	2	MO
ZITHROMAX INTRAVENOUS	4	MO
ZITHROMAX ORAL PACKET	4	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	MO

Drug Name	Drug Tier	Requirements /Limits
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	MO
ZITHROMAX TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO	4	MO; QL (12 per 30 days)
<i>albendazole</i>	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
AZACTAM	4	MO
<i>aztreonam</i>	2	MO
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	MO
BETHKIS	5	B /D PA; EXCL; MO; QL (224 per 28 days)
BILTRICIDE	4	MO
CAPASTAT	4	

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

Drug Name	Drug Tier	Requirements /Limits
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	2	MO
CLEOCIN HCL	4	MO
CLEOCIN INJECTION	4	MO
CLEOCIN PEDIATRIC	4	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
CUBICIN	5	MO
DALVANCE	4	MO
<i>dapsone oral</i>	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
<i>ertapenem</i>	2	MO
<i>ethambutol</i>	2	MO
FIRVANQ	4	MO
FLAGYL	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
IMPAVIDO	5	PA; MO
INVANZ INJECTION	4	MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
KITABIS PAK	5	MO
KRINTAFEL	4	MO
<i>lincomycin</i>	2	

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



Drug Name	Drug Tier	Requirements /Limits
<i>linezolid in dextrose 5%</i>	5	
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	2	MO
<i>linezolid-0.9% sodium chloride</i>	5	
MALARONE	4	MO
MALARONE PEDIATRIC	4	MO
<i>mefloquine</i>	2	MO
MEPRON	5	MO
<i>meropenem</i>	2	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	4	
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
MYAMBUTOL ORAL TABLET 400 MG	4	MO
MYCOBUTIN	4	MO
NEBUPENT	3	B /D PA; EXCL; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine inhalation</i>	2	B /D PA; EXCL; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	2	MO
PLAQUENIL	4	MO
<i>polymyxin b sulfate</i>	2	MO
<i>praziquantel</i>	2	MO
PRETOMANID	4	PA
PRIFTIN	3	MO
PRIMAQUINE	3	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>pyrazinamide</i>	2	MO
<i>pyrimethamine</i>	5	PA; MO
QUALAQUIN	4	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
RIFADIN ORAL CAPSULE 150 MG	4	MO
<i>rifampin</i>	2	MO
SIRTURO ORAL TABLET 100 MG	5	MO; LA
SIRTURO ORAL TABLET 20 MG	5	LA
SIVEXTRO INTRAVENOUS	5	
SIVEXTRO ORAL	5	MO
SOLOSEC	4	MO
STREPTOMYCIN	3	MO
STROMECTOL	4	MO
SYNERCID	5	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	MO
TOBI	5	B /D PA; EXCL; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	B /D PA; EXCL; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	MO
TRECTOR	3	MO
TYGACIL	5	MO
VABOMERE	4	
VANCOGIN	5	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	4	
<i>vancomycin oral capsule 125 mg</i>	2	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
<i>vancomycin oral recon soln</i>	2	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XENLETA ORAL	5	
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
ZEMDRI	5	
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	5	MO
ZYVOX ORAL	5	MO
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	MO
<i>ampicillin sodium intravenous</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	2	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO
<i>penicillin g potassium</i>	2	MO
<i>penicillin g procaine</i>	2	MO
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	
<i>piperacillin-tazobactam</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
UNASYN INJECTION RECON SOLN 15 GRAM	4	
UNASYN INJECTION RECON SOLN 3 GRAM	4	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	4	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	4	MO
<b>QUINOLONES</b>		
BAXDELA INTRAVENOUS	5	
BAXDELA ORAL	5	MO
CIPRO ORAL SUSPENSION, MIC ROCAPSULE RECON	4	MO
CIPRO ORAL TABLET 250 MG, 500 MG	4	MO
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	2	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
<b>SULFA'S / RELATED AGENTS</b>		
BACTRIM	4	MO
BACTRIM DS	4	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
<i>sulfatrim</i>	2	MO
<b>TETRACYCLINES</b>		
ACTICLATE	4	ST; MO
<i>demeclocycline</i>	4	MO
DORYX MPC	4	ST; MO
DORYX ORAL TABLET, DELAYE D RELEASE (DR/EC) 200 MG, 50 MG	4	ST; MO
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr 105 mg, 80 mg</i>	5	MO
<i>minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	2	MO
MINOCYCLINE ORAL TABLET EXTENDED RELEASE 24 HR 55 MG	5	ST; MO
MINOLIRA ER	4	ST; MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	MO
<i>morgidox</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
NUZYRA INTRAVENOUS	5	
NUZYRA ORAL	5	ST; MO
ORACEA	4	ST; MO
SEYSARA	5	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	5	ST; MO
TARGADOX	4	ST; MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	MO
VIBRAMYCIN ORAL SYRUP	3	MO
<b>URINARY TRACT AGENTS</b>		
HIPREX	4	MO
MACROBID	4	MO
MACRODANTIN	4	MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
MONUROL	4	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B /D PA; EXCL
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B /D PA; EXCL; MO
ELITEK	5	MO
KEPIVANCE	5	MO
KHAPZORY	5	B /D PA; EXCL
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B /D PA; EXCL; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B /D PA; EXCL
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B /D PA; EXCL
<i>levoleucovorin calcium intravenous solution</i>	5	B /D PA; EXCL
<i>mesna</i>	2	B /D PA; EXCL; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
XGEVA	5	B /D PA; EXCL; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone</i>	5	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B /D PA; EXCL; MO
ADCETRIS	5	B /D PA; EXCL; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B /D PA; EXCL; MO
<i>adriamycin intravenous solution</i>	2	B /D PA; EXCL
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B /D PA; EXCL
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	5	PA; MO
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B /D PA; EXCL; MO
ALIQOPA	5	B /D PA; EXCL; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ARRANON	5	B /D PA; EXCL
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	B /D PA; EXCL
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B /D PA; EXCL; MO
ARZERRA	5	B /D PA; EXCL; MO
ASTAGRAF XL	4	B /D PA; EXCL; MO
AVASTIN	5	B /D PA; EXCL; MO
AYVAKIT	5	PA; MO; LA
<i>azacitidine</i>	5	B /D PA; EXCL; MO
AZASAN	4	B /D PA; EXCL; MO
<i>azathioprine</i>	2	B /D PA; EXCL; MO
<i>azathioprine sodium</i>	2	B /D PA; EXCL
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B /D PA; EXCL; MO; LA
BELEODAQ	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
BENDEKA	5	B /D PA; EXCL; MO
BESPONSA	5	B /D PA; EXCL; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BICNU	5	B /D PA; EXCL; MO
<i>bleomycin</i>	2	B /D PA; EXCL; MO
BLINCYTO INTRAVENOUS KIT	5	B /D PA; EXCL; MO
BORTEZOMIB	5	B /D PA; EXCL; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; MO; LA
<i>busulfan</i>	5	B /D PA; EXCL
BYNFEZIA	5	MO
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
<i>capecitabine</i>	1	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B /D PA; EXCL; MO
<i>carmustine</i>	5	B /D PA; EXCL; MO
CASODEX	4	MO
CELLCEPT ORAL CAPSULE	4	B /D PA; EXCL; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	B /D PA; EXCL; MO
CELLCEPT ORAL TABLET	5	B /D PA; EXCL; MO
<i>cisplatin intravenous solution</i>	2	B /D PA; EXCL; MO
<i>cladribine</i>	5	B /D PA; EXCL; MO
<i>clofarabine</i>	5	B /D PA; EXCL
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)
COSMEGEN	5	B /D PA; EXCL; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cyclophosphamide oral capsule</i>	2	B /D PA; EXCL; MO
<i>cyclosporine intravenous</i>	2	B /D PA; EXCL
<i>cyclosporine modified</i>	2	B /D PA; EXCL; MO
<i>cyclosporine oral capsule</i>	2	B /D PA; EXCL; MO
CYRAMZA	5	B /D PA; EXCL; MO
<i>cytarabine</i>	2	B /D PA; EXCL; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B /D PA; EXCL; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B /D PA; EXCL
<i>dacarbazine</i>	2	B /D PA; EXCL; MO
<i>dactinomycin</i>	2	B /D PA; EXCL
DARZALEX	5	B /D PA; EXCL; MO; LA
<i>daunorubicin intravenous solution</i>	2	B /D PA; EXCL
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B /D PA; EXCL; MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B /D PA; EXCL
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B /D PA; EXCL; MO
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B /D PA; EXCL; MO
<i>doxorubicin intravenous solution</i>	2	B /D PA; EXCL; MO
<i>doxorubicin, peg-liposomal</i>	5	B /D PA; EXCL; MO
DROXIA	3	MO
ELIGARD	4	PA; MO
ELIGARD (3 MONTH)	4	PA; MO
ELIGARD (4 MONTH)	4	PA; MO
ELIGARD (6 MONTH)	4	PA; MO
ELZONRIS	5	PA; MO; LA
EMCYT	5	MO
EMPLICITI	5	B /D PA; EXCL; MO
ENVARUSUS XR	4	B /D PA; EXCL; MO
<i>epirubicin intravenous solution</i>	2	B /D PA; EXCL; MO
ERBITUX	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B /D PA; EXCL; MO
ETOPOPHOS	4	B /D PA; EXCL; MO
<i>etoposide intravenous</i>	2	B /D PA; EXCL; MO
<i>etoposide oral</i>	1	MO; EXCL
<i>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive)</i>	5	B /D PA; EXCL; MO
<i>exemestane</i>	2	MO
FARESTON	5	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B /D PA; EXCL; MO
FEMARA	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B /D PA; EXCL; MO

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

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B /D PA; EXCL; MO
<i>floxuridine</i>	2	B /D PA; EXCL
<i>fludarabine intravenous recon soln</i>	2	B /D PA; EXCL; MO
<i>fludarabine intravenous solution</i>	2	B /D PA; EXCL
<i>fluorouracil intravenous</i>	2	B /D PA; EXCL; MO
<i>flutamide</i>	2	MO
FOLOTYN	5	B /D PA; EXCL; MO
<i>fulvestrant</i>	5	B /D PA; EXCL; MO
GAZYVA	5	B /D PA; EXCL; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B /D PA; EXCL; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B /D PA; EXCL
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B /D PA; EXCL; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B /D PA; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B /D PA; EXCL
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B /D PA; EXCL; MO
<i>gengraf oral solution</i>	2	B /D PA; EXCL; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	MO
HALAVEN	5	B /D PA; EXCL; MO
HERCEPTIN HYLECTA	5	B /D PA; EXCL; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B /D PA; EXCL; MO
HYCAMTIN ORAL	3	MO; EXCL
HYDREA	4	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>idarubicin</i>	2	B /D PA; EXCL
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B /D PA; EXCL; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B /D PA; EXCL; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B /D PA; EXCL
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI	5	B /D PA; EXCL; MO; LA
IMURAN	4	B /D PA; EXCL; MO
INFUGEM	5	B /D PA; EXCL
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B /D PA; EXCL; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B /D PA; EXCL
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B /D PA; EXCL; MO
ISTODAX	5	B /D PA; EXCL; MO
IXEMPRA	5	B /D PA; EXCL; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B /D PA; EXCL; MO
KADCYLA	5	PA; MO
KANJINTI	5	B /D PA; EXCL; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KOSELUGO	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
KYPROLIS	5	B /D PA; EXCL; MO
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; MO; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI	5	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT- PED	5	PA; MO
LUPRON DEPOT- PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	3	B /D PA; EXCL; MO
MATULANE	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melfhalan</i>	2	B /D PA; EXCL; MO
<i>melfhalan hcl</i>	5	B /D PA; EXCL
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B /D PA; EXCL; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B /D PA; EXCL
<i>methotrexate sodium (pf) injection solution</i>	2	B /D PA; EXCL; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B /D PA; EXCL; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B /D PA; EXCL; MO
<i>mitoxantrone</i>	2	B /D PA; EXCL; MO

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

Drug Name	Drug Tier	Requirements /Limits
MVASI	5	B /D PA; EXCL; MO
<i>mycophenolate mofetil (hcl)</i>	2	B /D PA; EXCL
<i>mycophenolate mofetil oral capsule</i>	2	B /D PA; EXCL; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B /D PA; EXCL; MO
<i>mycophenolate mofetil oral tablet</i>	2	B /D PA; EXCL; MO
<i>mycophenolate sodium</i>	2	B /D PA; EXCL; MO
MYFORTIC	4	B /D PA; EXCL; MO
MYLERAN	3	MO; EXCL
MYLOTARG	5	B /D PA; EXCL; MO; LA
NEORAL	4	B /D PA; EXCL; MO
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
NILANDRON	5	MO
<i>nilutamide</i>	5	MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA
NULOJIX	5	B /D PA; EXCL; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OGIVRI	5	B /D PA; EXCL; MO
ONCASPAR	5	B /D PA; EXCL; MO
ONIVYDE	5	B /D PA; EXCL; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B /D PA; EXCL; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B /D PA; EXCL
<i>oxaliplatin intravenous solution</i>	2	B /D PA; EXCL; MO
<i>paclitaxel</i>	2	B /D PA; EXCL; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B /D PA; EXCL
PEMAZYRE	5	PA; MO; LA
PERJETA	5	B /D PA; EXCL; MO
PIQRAY	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B /D PA; EXCL; MO
POTELIGEO	5	PA; MO
PROGRAF INTRAVENOUS	3	B /D PA; EXCL; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	4	B /D PA; EXCL; MO
PROGRAF ORAL CAPSULE 5 MG	5	B /D PA; EXCL; MO
PROGRAF ORAL GRANULES IN PACKET	3	B /D PA; EXCL; MO
PURIXAN	5	
QINLOCK	5	PA; MO; LA
RAPAMUNE ORAL SOLUTION	5	B /D PA; EXCL; MO
RAPAMUNE ORAL TABLET 0.5 MG	4	B /D PA; EXCL; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	5	B /D PA; EXCL; MO
RETEVMO	5	PA; MO; LA
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	5	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYDAPT	5	PA; MO
SANDIMMUNE ORAL CAPSULE	4	B /D PA; EXCL; MO
SANDIMMUNE ORAL SOLUTION	3	B /D PA; EXCL; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	5	MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	4	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULA R SUSPENSION,EXT ENDED REL RECON	5	MO
SARCLISA	5	PA; MO; LA
SIGNIFOR	5	MO
SIKLOS	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B /D PA; EXCL
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B /D PA; EXCL; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>sirolimus oral solution</i>	5	B /D PA; EXCL; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B /D PA; EXCL; MO
<i>sirolimus oral tablet 2 mg</i>	5	B /D PA; EXCL; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B /D PA; EXCL; MO
SYNRIBO	5	B /D PA; EXCL; MO
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	2	B /D PA; EXCL; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
TARGRETIN	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; MO; LA
TECENTRIQ	5	B /D PA; EXCL; MO; LA
TEMODAR INTRAVENOUS	5	B /D PA; EXCL; MO
TEMODAR ORAL	3	MO; EXCL
<i>temozolomide</i>	1	MO; EXCL
<i>temsirolimus</i>	5	B /D PA; EXCL; MO
THALOMID	5	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	5	B /D PA; EXCL
<i>thiotepa injection recon soln 15 mg</i>	5	B /D PA; EXCL; MO
TIBSOVO	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>toposar</i>	2	B /D PA; EXCL; MO
<i>topotecan intravenous recon soln</i>	5	B /D PA; EXCL
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B /D PA; EXCL; MO
<i>toremifene</i>	5	MO
TORISEL	5	B /D PA; EXCL; MO
TRAZIMERA	5	B /D PA; EXCL; MO
TREANDA INTRAVENOUS RECON SOLN	5	B /D PA; EXCL; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B /D PA; EXCL; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TREXALL	4	B /D PA; EXCL; MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B /D PA; EXCL; MO
TRODELVY	5	PA; MO; LA
TRUXIMA	5	PA; MO
TUKYSA	5	PA; MO; LA
TURALIO	5	PA; MO; LA; QL (120 per 30 days)
TYKERB	5	PA; MO; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
UNITUXIN	5	B /D PA; EXCL; MO
<i>valrubicin</i>	5	B /D PA; EXCL; MO
VALSTAR	5	B /D PA; EXCL; MO
VANTAS	4	PA; MO
VECTIBIX	5	B /D PA; EXCL; MO
VELCADE	5	B /D PA; EXCL; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B /D PA; EXCL; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B /D PA; EXCL; MO
<i>vincristine</i>	2	B /D PA; EXCL; MO
<i>vinorelbine</i>	2	B /D PA; EXCL; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B /D PA; EXCL; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B /D PA; EXCL; MO
XELODA	3	MO; EXCL
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	5	PA; MO; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; MO; LA
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60MG TWICE WEEK (120 MG/WEEK)	5	PA; MO; LA; EXCL

Drug Name	Drug Tier	Requirements /Limits
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B /D PA; EXCL; MO
YONDELIS	5	B /D PA; EXCL; MO
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B /D PA; EXCL; MO
ZANOSAR	4	B /D PA; EXCL; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA; MO
ZIRABEV	5	B /D PA; EXCL; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	MO
ZORTRESS	5	B /D PA; EXCL; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)

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

**ANTICONVULSANTS**

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	4	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	2	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	2	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobazam oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO
DEPAKOTE SPRINKLES	4	MO
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
DILANTIN EXTENDED 100 MG	4	MO
DILANTIN INFATABS 50 MG	4	MO
DILANTIN-125 125 MG/5 ML	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
EQUETRO	4	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
FELBATOL	5	MO
FINTEPLA	5	PA; MO; LA
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	3	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GABITRIL	4	MO
GRALISE 30-DAY STARTER PACK	3	PA; QL (78 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	4	MO
KEPPRA XR	4	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	4	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	4	MO; QL (300 per 30 days)
LAMICTAL ODT	4	MO
LAMICTAL ORAL TABLET	4	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	MO
LAMICTAL STARTER (BLUE) KIT	4	MO
LAMICTAL STARTER (GREEN) KIT	4	MO
LAMICTAL STARTER (ORANGE) KIT	4	MO
LAMICTAL XR	4	MO
LAMICTAL XR STARTER (BLUE)	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL XR STARTER (GREEN)	4	MO
LAMICTAL XR STARTER (ORANGE)	4	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
MYSOLINE	5	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	4	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	4	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	4	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	4	MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
NEURONTIN ORAL TABLET 800 MG	4	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	5	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR	4	MO
PEGANONE	3	MO
<i>phenobarbital</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
PHENYTEK	4	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
QUDEXY XR	4	PA; MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	
SABRIL	5	MO; LA
SPRITAM	4	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	4	MO
TEGRETOL ORAL TABLET	4	MO
TEGRETOL XR	4	MO
<i>tiagabine</i>	4	MO
TOPAMAX	4	PA; MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	4	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	4	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PA; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	5	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	MO; LA
<i>vigadrone</i>	5	MO; LA
VIMPAT INTRAVENOUS	3	MO
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
XCOPRI MAINTENANCE PACK	5	MO
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	MO
XCOPRI ORAL TABLET 200 MG	5	MO
XCOPRI TITRATION PACK	4	MO
ZARONTIN	4	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA; MO
<i>zonisamide</i>	2	PA; MO
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	5	MO; LA
AZILECT	4	MO
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
COMTAN	4	MO
DUOPA	4	B /D PA; EXCL; MO
<i>entacapone</i>	2	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; MO; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
LODOSYN	4	MO
MIRAPEX ER	4	MO
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG	4	
NEUPRO	3	MO
NOURIANZ	5	MO; LA
OSMOLEX ER	4	PA; MO
PARLODEL	4	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole</i>	2	MO
RYTARY	4	MO
<i>selegiline hcl</i>	2	MO
SINEMET	4	MO
STALEVO 100	4	MO
STALEVO 125	4	MO
STALEVO 150	4	MO
STALEVO 200	4	MO
STALEVO 50	4	MO
STALEVO 75	4	MO

Drug Name	Drug Tier	Requirements /Limits
TASMAR ORAL TABLET 100 MG	5	MO
<i>tolcapone</i>	5	MO
XADAGO	4	MO
ZELAPAR	4	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	4	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	4	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO; QL (18 per 28 days)
AMERGE	4	MO; QL (18 per 28 days)
CAFERGOT	4	MO
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>eletriptan</i>	2	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
FROVA	4	MO; QL (27 per 28 days)
<i>frovatriptan</i>	2	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	4	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	4	MO; QL (36 per 28 days)
IMITREX ORAL	4	MO; QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	4	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	4	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	4	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	4	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	4	MO; QL (36 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>migergot</i>	2	MO
MIGRANAL	4	MO; QL (8 per 28 days)
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
NURTEC ODT	5	PA; MO; QL (16 per 30 days)
ONZETRA XSAIL	4	MO; QL (32 per 28 days)
RELPAK	4	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	4	PA; MO; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	4	PA; MO; QL (8 per 30 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
TOSYMRA	4	MO; QL (24 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	4	MO; QL (18 per 28 days)
UBRELVY ORAL TABLET 100 MG	5	PA; MO; QL (20 per 30 days)
UBRELVY ORAL TABLET 50 MG	3	PA; MO; QL (20 per 30 days)
ZEMBRACE SYMTOUCH	5	MO; QL (8 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)
ZOMIG	4	MO; QL (18 per 28 days)
ZOMIG ZMT	4	MO; QL (18 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	5	PA; MO; LA
ARICEPT	4	MO
AUBAGIO	5	PA; MO
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
EXELON TRANSDERMAL	4	MO
FIRDAPSE	5	PA; MO; LA
<i>galantamine</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	PA; MO; QL (60 per 30 days)
INGREZZA	5	PA; MO; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	5	PA; MO; LA; QL (28 per 28 days)
KEVEYIS	5	PA; MO
LEMTRADA	5	PA; MO
MAVENCLAD (10 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (4 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (5 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (6 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (7 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (8 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (9 TABLET PACK)	5	PA; MO; LA
MAYZENT ORAL TABLET 0.25 MG	5	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral tablet</i>	2	PA; MO
MEMANTINE ORAL TABLETS, DOSE PACK	4	PA; MO
NAMENDA ORAL TABLET	4	PA; MO
NAMENDA TITRATION PAK	4	PA; MO
NAMENDA XR	4	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
RAZADYNE ER	4	MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
RUZURGI	5	PA; MO
TECFIDERA	5	PA; MO; LA
TEGSEDI	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
VUMERITY	5	PA; MO
XENAZINE ORAL TABLET 12.5 MG	5	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	5	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
BACLOFEN ORAL TABLET 5 MG	4	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	4	MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO
FEXMID	4	PA
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B /D PA; EXCL; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B /D PA; EXCL
MESTINON ORAL	5	MO
MESTINON TIMESPAN	5	MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>pyridostigmine bromide oral syrup</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
ZANAFLEX	4	MO
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
ACTIQ	5	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ARYMO ER	4	PA; MO; QL (120 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine</i>	2	PA; MO; QL (4 per 28 days)
<i>buprenorphine hcl injection solution</i>	2	MO
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
BUTRANS	4	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	2	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	4	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	4	MO; QL (180 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	4	PA; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	4	PA; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 75 MCG/HR	5	PA; MO; QL (10 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	4	PA; MO; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 per 30 days)
<i>dvorah</i>	2	QL (300 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	MO; QL (400 per 30 days)
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 100 MCG/2 ML (50 MCG/ML)	3	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	5	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	PA; MO; QL (10 per 30 days)
FENTORA	5	PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone bitartrate</i>	2	PA; MO; QL (90 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (1200 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	2	MO; QL (2400 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	5	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	5	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	4	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	4	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 200 MG	5	PA; MO; QL (90 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	MO; QL (120 per 30 days)
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	5	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	2	QL (150 per 30 days)
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	2	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine intravenous solution 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral capsule,extend.relea se pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	5	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	PA; MO; QL (120 per 30 days)
NORCO	4	MO; QL (360 per 30 days)
OXAYDO	5	MO; QL (360 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 40 MG	4	PA; MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 20 MG, 30 MG, 60 MG	4	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; MO; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	MO; QL (360 per 30 days)
PRIMLEV	4	MO; QL (390 per 30 days)
<i>prolate</i>	2	QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	4	QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	5	PA; MO; QL (120 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	4	MO; QL (300 per 30 days)
XTAMPZA ER	4	PA; MO; QL (90 per 30 days)
ZOHYDRO ER CAPSULE, ORAL ONLY, ER 12HR	4	PA; MO; QL (90 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen</i>	1	EXCL
ARTHROTEC 50	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
ARTHROTEC 75	4	ST; MO
<i>aspirin childrens</i>	1	EXCL
<i>aspirin low dose</i>	1	MO; EXCL
<i>aspirin oral tablet</i>	1	MO; EXCL
<i>aspirin oral tablet, chewable</i>	1	MO; EXCL
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1	MO; EXCL
<i>aspirin, buffd-calcium carb-mag</i>	1	EXCL
<i>aspir-trin</i>	1	MO; EXCL
<i>bayer aspirin</i>	1	MO; EXCL
<i>bufferin</i>	1	MO; EXCL
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	4	MO; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	4	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol nasal</i>	2	MO; QL (10 per 28 days)
CAMBIA	4	ST; MO; QL (9 per 30 days)
CELEBREX	4	MO
<i>celecoxib</i>	2	MO
<i>children's aspirin</i>	1	MO; EXCL
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
CONZIP	4	PA; MO; QL (30 per 30 days)
DAYPRO	4	ST; MO
DICLOFENAC EPOLAMINE	4	PA; MO; QL (60 per 30 days)
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
DUEXIS	4	ST; MO
<i>e.c. prin</i>	1	EXCL
<i>ec-naproxen</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ecotrin</i>	1	MO; EXCL
<i>ecotrin low strength</i>	1	MO; EXCL
<i>etodolac</i>	2	MO
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	4	MO; QL (0.8 per 30 days)
FELDENE	4	ST; MO
FENOPROFEN ORAL CAPSULE 400 MG	4	ST; MO
<i>fenopropfen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
INDOCIN RECTAL	4	MO
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>lite coat aspirin</i>	1	EXCL
LODINE ORAL TABLET	4	ST
LUCEMYRA	5	PA; MO
<i>meclofenamate</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG	4	ST; MO
MOBIC ORAL TABLET 7.5 MG	4	ST; MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
NALFON ORAL TABLET	4	ST; MO
NALOXONE INJECTION AUTO-INJECTOR	4	MO; QL (0.8 per 30 days)
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
NAPRELAN CR	4	ST; MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
NUCYNTA ER	4	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	4	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	4	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	4	MO; QL (242 per 30 days)
<i>oxaprozin</i>	2	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	5	ST; MO; QL (224 per 28 days)
<i>piroxicam</i>	2	MO
RELAFEN DS	5	ST; MO
<i>salsalate</i>	1	MO
SPRIX	4	ST
<i>st joseph aspirin</i>	1	MO; EXCL
<i>st. joseph aspirin</i>	1	EXCL
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sulindac</i>	1	MO
TIVORBEX	4	ST; MO; QL (90 per 30 days)
<i>tolmetin</i>	2	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	4	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
<i>tri-buffered aspirin</i>	1	MO; EXCL
ULTRACET	4	MO; QL (240 per 30 days)
ULTRAM	4	MO; QL (240 per 30 days)
VIMOVO	5	ST; MO
VIVITROL	5	MO
VIVLODEX ORAL CAPSULE 10 MG	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
VIVLODEX ORAL CAPSULE 5 MG	4	ST; MO; QL (30 per 30 days)
ZIPSOR	4	ST; MO
ZORVOLEX	4	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	5	MO
ABILIFY MYCITE	5	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET	5	MO; QL (30 per 30 days)
ADASUVE	3	LA
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	4	MO
ADDERALL XR	4	MO
ADZENYS ER	4	MO
ADZENYS XR-ODT	4	MO
AMBIEN	4	MO; QL (30 per 30 days)
AMBIEN CR	4	MO; QL (30 per 30 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
AMPHETAMINE	4	
<i>amphetamine sulfate</i>	2	PA; MO
ANAFRANIL	4	MO
APLENZIN	4	MO; QL (30 per 30 days)
APTENSIO XR	4	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	MO
<i>armodafinil</i>	4	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	4	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	4	PA; MO; QL (150 per 30 days)
<i>atomoxetine</i>	2	MO
BELSOMRA	4	MO; QL (30 per 30 days)
BRISDELLE	4	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
CAPLYTA	5	MO
CELEXA ORAL TABLET	4	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
CLOZARIL ORAL TABLET 100 MG, 25 MG, 50 MG	4	
CLOZARIL ORAL TABLET 200 MG	5	
CONCERTA	4	MO
COTEMPLA XR-ODT	4	MO
CYMBALTA	4	MO; QL (60 per 30 days)
DAYTRANA	4	MO
DAYVIGO	4	MO; QL (30 per 30 days)
<i>desipramine</i>	2	MO
DESOXYN	4	PA; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE	4	MO
<i>dexmethylphenidate</i>	2	MO
<i>dextroamphetamine</i>	2	MO
<i>dextroamphetamine-amphetamine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
DYANAVEL XR	4	MO

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Drug Name	Drug Tier	Requirements /Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	4	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	4	MO; QL (90 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	4	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
EVEKEO	4	PA; MO
EVEKEO ODT	4	PA; MO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXTREL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FOCALIN	4	MO
FOCALIN XR	4	MO
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
GEODON ORAL	5	MO; QL (60 per 30 days)
<i>guanidine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
HALDOL	4	MO
HALDOL DECANOATE	4	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	5	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO

Drug Name	Drug Tier	Requirements /Limits
JORNAY PM	4	MO
KAPVAY	4	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	4	MO; QL (30 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
LITHOBID	4	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam injection syringe 4 mg/ml</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
LUNESTA	4	MO; QL (30 per 30 days)
<i>maprotiline</i>	2	MO
MARPLAN	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>methamphetamine</i>	2	PA; MO
METHYLIN ORAL SOLUTION	4	MO
METHYLPHENIDATE HCL ORAL CAPSULE, ER SPRINKLE, BIPHASIC 40-60	4	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	2	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	MO
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>molindone</i>	2	MO
MYDAYIS	4	MO
NARDIL	4	MO
<i>nefazodone</i>	2	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
NUVIGIL	4	PA; MO
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	2	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
PAMELOR	4	MO

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



Drug Name	Drug Tier	Requirements /Limits
PARNATE	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	2	MO; QL (30 per 30 days)
PAXIL CR	4	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	4	MO; QL (60 per 30 days)
<i>perphenazine</i>	2	MO
PERSERIS	5	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	4	MO; QL (60 per 30 days)
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
PRISTIQ	4	MO; QL (30 per 30 days)
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
PROVIGIL	5	PA; MO
PROZAC ORAL CAPSULE 10 MG	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PROZAC ORAL CAPSULE 20 MG	4	MO
PROZAC ORAL CAPSULE 40 MG	4	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
QUILLICHEW ER	4	MO
QUILLIVANT XR	4	MO
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
RELEXXII	4	MO
REMERON ORAL TABLET 15 MG, 30 MG	4	MO
REMERON SOLTAB	4	MO
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO
RISPERDAL ORAL SOLUTION	4	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	4	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	4	MO; QL (120 per 30 days)
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)
RITALIN	4	MO
RITALIN LA ORAL CAPSULE,ERBIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	4	MO
ROZEREM	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SAPHRIS	5	MO; QL (60 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	4	MO
SECUADO	5	QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	4	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 50 MG	4	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	4	MO; QL (30 per 30 days)
STRATTERA	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
SUNOSI	4	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	4	MO
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	1	MO
TRANXENE T-TAB ORAL TABLET 7.5 MG	4	PA; MO; QL (360 per 30 days)
<i>tranlycypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
VALIUM	4	PA; MO; QL (120 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	4	MO; QL (30 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
VYVANSE	4	MO
WAKIX	5	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	4	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QL (30 per 30 days)
XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>zenedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	2	
ZOLOFT ORAL CONCENTRATE	4	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	4	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	4	MO; QL (30 per 30 days)
<i>zolpidem oral</i>	2	MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	4	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	5	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 5 MG	4	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 15 MG, 20 MG	5	MO; QL (30 per 30 days)
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B /D PA; EXCL; MO
<i>amiodarone intravenous syringe</i>	2	B /D PA; EXCL
<i>amiodarone oral</i>	2	MO
BETAPACE AF	4	MO
<i>dofetilide</i>	2	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	MO
<i>lidocaine (pf) in d7.5w</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine</i>	2	MO
MULTAQ	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone</i>	2	MO
<i>quinidine gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
RYTHMOL SR	4	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	MO
SOTYLIZE	3	MO
TIKOSYN	4	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL	4	MO
ACCURETIC	4	MO
<i>acebutolol</i>	2	MO
ALDACTAZIDE	4	MO
ALDACTONE	4	MO
<i>aliskiren</i>	2	MO
ALTACE	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazyd</i>	2	MO
ATACAND	4	ST; MO
ATACAND HCT	4	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
AVALIDE	4	ST; MO
AVAPRO	4	ST; MO
AZOR	4	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BENICAR	4	ST; MO
BENICAR HCT	4	ST; MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
BYSTOLIC	3	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	4	MO
<i>candesartan</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
CARDIZEM CD	4	MO
CARDIZEM LA	4	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	4	ST; MO; QL (60 per 30 days)
CARDURA XL	4	ST; MO; QL (30 per 30 days)
CAROSPIR	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	2	MO
CATAPRES	4	MO
CATAPRES-TTS-1	4	MO; QL (4 per 28 days)
CATAPRES-TTS-2	4	MO; QL (4 per 28 days)
CATAPRES-TTS-3	4	MO; QL (4 per 28 days)
<i>chlorothiazide oral tablet 500 mg</i>	2	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
COREG	4	MO
COREG CR	4	MO
CORGARD	4	MO
COZAAR	4	ST; MO
DEMSEER	5	PA; MO
DIBENZYLINE	5	PA; MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr</i>	2	MO
DIOVAN	4	ST; MO
DIOVAN HCT	4	ST; MO
DIURIL	4	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DUTOPROL	4	MO
DYAZIDE	4	MO
DYRENIUM	4	MO
EDARBI	3	MO
EDARBYCLOR	3	MO
EDECRIN	5	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B /D PA; EXCL; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	MO
<i>ethacrynic acid</i>	5	MO
EXFORGE	4	ST; MO
EXFORGE HCT	4	ST; MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	4	ST; MO
<i>indapamide</i>	2	MO
INDERAL LA	4	MO
INNOPRAN XL	4	MO
INSpra	4	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	2	MO
KAPSPARGO SPRINKLE	4	MO
KATERZIA	4	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
LASIX	4	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR HCT	4	
LOPRESSOR ORAL TABLET 100 MG	4	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	4	MO
<i>mannitol 20 %</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>metirosine</i>	5	PA; MO
MICARDIS	4	ST; MO
MICARDIS HCT	4	ST; MO
MINIPRESS	4	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine</i>	2	MO
NORVASC	4	MO
NYMALIZE ORAL SYRINGE 60 MG/10 ML	5	
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
PRINIVIL ORAL TABLET 10 MG, 20 MG	4	MO
PROCARDIA XL	4	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
QBRELIS	4	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	MO
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	4	MO
<i>taztia xt</i>	2	MO
TEKTURNA	4	MO

Drug Name	Drug Tier	Requirements /Limits
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
TENORMIN	4	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
TIAZAC	4	MO
<i>timolol maleate oral</i>	2	MO
TOPROL XL	4	MO
<i>torse mide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	4	ST; MO
TWYNSTA	4	ST
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	4	MO
VASOTEC	4	MO
<i>veletri</i>	2	B /D PA; EXCL; MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
VERELAN	4	MO
VERELAN PM	4	MO
ZESTORETIC	4	MO
ZESTRIL	4	MO
ZIAC	4	MO
<b>COAGULATION THERAPY</b>		
AGGRENOX	4	MO
AMICAR	3	MO
<i>aminocaproic acid</i>	2	MO
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	5	MO

Drug Name	Drug Tier	Requirements /Limits
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	MO
<i>aspirin-dipyridamole</i>	2	MO
BEVYXXA	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
EFFIENT	4	MO
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
FRAGMIN SUBCUTANEOUS SOLUTION	5	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	5	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	MO
LOVENOX SUBCUTANEOUS SYRINGE	4	MO
MEPHYTON	3	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
<i>phytonadione (vitamin k1) injection solution</i>	1	EXCL
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	MO; EXCL
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	MO; EXCL
PLAVIX ORAL TABLET 75 MG	4	MO; QL (30 per 30 days)
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
SAVAYSA	4	MO
TAVALISSE	5	PA; MO; LA; QL (60 per 30 days)
<i>vitamin k</i>	1	MO; EXCL
<i>vitamin k1 injection</i>	1	MO; EXCL
<i>warfarin</i>	1	MO
XARELTO	3	MO
ZONTIVITY	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV	4	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	MO
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	4	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colesevelam</i>	2	MO
COLESTID ORAL PACKET	4	MO
COLESTID ORAL TABLET	4	MO
<i>colestipol</i>	2	MO
CRESTOR	4	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	4	ST; MO; QL (30 per 30 days)
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
FENOFIBRATE ORAL CAPSULE	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
FENOGLIDE	4	MO
FLOLIPID	4	ST; MO; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	5	PA; MO; LA
LESCOL XL	4	ST; MO; QL (30 per 30 days)
LIPITOR	4	ST; MO; QL (30 per 30 days)
LIPOFEN	4	MO
LIVALO	3	MO; QL (30 per 30 days)
LOPID	4	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	4	ST; MO
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
NIACOR	4	MO
NIASPAN EXTENDED-RELEASE	4	MO
<i>omega-3 acid ethyl esters</i>	4	ST; MO
PRALUENT PEN	3	PA; MO; QL (2 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG	4	ST; MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
QUESTRAN LIGHT ORAL POWDER	4	MO
QUESTRAN ORAL POWDER IN PACKET	4	MO
REPATHA	3	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
TRICOR	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
TRIGLIDE ORAL TABLET 160 MG	4	MO
TRILIPIX	4	MO
VASCEPA	3	MO
VYTORIN 10-10	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	4	ST; MO; QL (30 per 30 days)
WELCHOL	4	MO
ZETIA	4	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	ST; MO; QL (30 per 30 days)
ZYPITAMAG	4	ST; MO; QL (30 per 30 days)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B /D PA; EXCL; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B /D PA; EXCL
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	B /D PA; EXCL
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B /D PA; EXCL
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B /D PA; EXCL; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B /D PA; EXCL
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B /D PA; EXCL; MO
ENTRESTO	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	4	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
<i>milrinone</i>	2	B /D PA; EXCL; MO
<i>milrinone in 5 % dextrose</i>	2	B /D PA; EXCL; MO
<i>norepinephrine bitartrate</i>	2	
RANEXA	4	MO
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	B /D PA; EXCL
VECAMYL	5	
VYNDAMAX	5	PA; MO
VYNDAQEL	5	PA; MO
<b>NITRATES</b>		
ISORDIL	4	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
MINITRAN	4	MO
<i>nitro-bid</i>	2	MO
NITRO-DUR	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B /D PA; EXCL
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B /D PA; EXCL; MO
<i>nitroglycerin intravenous</i>	2	B /D PA; EXCL
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
NITROSTAT	4	MO

## DERMATOLOGICALS/TOPICAL THERAPY

### ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 25 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene-betamethasone topical ointment</i>	2	MO; QL (400 per 30 days)
CALCIPOTRIENE-BETAMETHASON E TOPICAL SUSPENSION	4	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	MO
COSENTYX	5	PA; MO
COSENTYX (2 SYRINGES)	5	PA; MO
COSENTYX PEN	5	PA; MO
COSENTYX PEN (2 PENS)	5	PA; MO
DOVONEX TOPICAL	4	MO; QL (120 per 30 days)
ENSTILAR	5	MO; QL (400 per 30 days)
ILUMYA	5	PA; MO
<i>selenium sulfide topical lotion</i>	2	MO
SILIQ	5	PA; MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	5	MO
SORILUX	4	MO; QL (120 per 30 days)
STELARA	5	PA; MO
TACLONEX	4	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	5	PA; MO
TALTZ SYRINGE	5	PA; MO
TREMFYA	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
VECTICAL	4	MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ALDARA	4	ST; MO
<i>ammonium lactate</i>	2	MO
CARAC	5	ST; MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	2	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	5	MO; QL (45 per 30 days)
DUPIXENT PEN	5	PA; MO
DUPIXENT SYRINGE	5	PA; MO
EFUDEX TOPICAL CREAM	4	ST; MO
ELIDEL	4	PA; MO; QL (100 per 30 days)
EUCRISA	4	PA; MO; QL (120 per 30 days)
FLUOROPLEX	4	ST; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	5	ST; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>glydo</i>	2	MO; QL (60 per 30 days)
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	5	ST; MO
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
LIDODERM	4	PA; MO; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO
OXSORALEN ULTRA	5	MO
PANRETIN	5	MO
PICATO	5	MO
<i>pimecrolimus</i>	2	PA; MO; QL (100 per 30 days)
PLIAGLIS	4	MO
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
PROTOPIC	4	PA; MO; QL (100 per 30 days)
<i>prudoxin</i>	2	MO; QL (45 per 30 days)
QBREXZA	4	MO
REGRANEX	5	MO
SANTYL	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
SILVADENE	4	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
TOLAK	4	MO
UVADEX	4	B /D PA; EXCL
VALCHLOR	5	MO
VEREGEN	4	MO
ZONALON	4	MO; QL (45 per 30 days)
ZTLIDO	4	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	5	ST; MO
<b>THERAPY FOR ACNE</b>		
ABSORICA	5	MO
ABSORICA LD	5	MO
ACANYA TOPICAL GEL WITH PUMP	4	MO
ACZONE	4	MO
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO
<i>adapalene topical solution</i>	2	PA
<i>adapalene topical swab</i>	2	PA

Drug Name	Drug Tier	Requirements /Limits
<i>adapalene-benzoyl peroxide</i>	2	PA; MO
AKLIEF	4	PA; MO
ALTRENO	4	PA; MO
<i>amneesteem</i>	2	MO
AMZEEQ	4	MO
ARAZLO	4	PA; MO
ATRALIN	4	PA; MO
<i>avita topical cream</i>	2	PA; MO
AVITA TOPICAL GEL	4	PA; MO
<i>azelaic acid</i>	2	MO
AZELEX	4	MO
BENZAACLIN PUMP	4	MO
BENZAMYCIN	4	MO
<i>claravis</i>	4	MO
CLEOCIN T TOPICAL GEL	4	MO; QL (120 per 30 days)
CLEOCIN T TOPICAL LOTION	4	MO; QL (120 per 30 days)
<i>clindacin p</i>	2	MO
CLINDAGEL	4	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical foam</i>	2	MO
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	MO
<i>clindamycin-tretinoin</i>	2	PA; MO
<i>dapsone topical gel</i>	2	MO
DAPSONE TOPICAL GEL WITH PUMP	4	MO
DIFFERIN TOPICAL CREAM	4	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	4	PA; MO
DIFFERIN TOPICAL LOTION	4	PA; MO
EPIDUO FORTE	4	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	4	PA; MO
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
EVOCLIN	4	MO
FABIOR	4	MO
FINACEA	4	ST; MO
<i>isotretinoin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
METROCREAM	4	ST; MO
METROGEL TOPICAL GEL 1 %	4	ST; MO
METROLOTION	4	ST
<i>metronidazole topical</i>	2	MO
MIRVASO TOPICAL GEL WITH PUMP	4	PA; MO
<i>myorisan</i>	2	MO
<i>neuac</i>	2	MO
NORITATE	5	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	4	MO
RETIN-A	4	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	4	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	PA; MO
RHOFADE	4	PA; MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
SOOLANTRA	4	ST; MO
<i>tazarotene</i>	2	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
TAZORAC TOPICAL CREAM 0.1 %	4	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin topical</i>	2	PA; MO
VELTIN	4	PA; MO
<i>zenatane</i>	4	MO
ZIANA	4	PA; MO
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX	4	MO; QL (30 per 30 days)
CORTISPORIN TOPICAL	4	MO
<i>gentamicin topical</i>	2	MO
KLARON	4	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (30 per 30 days)
<i>mupirocin calcium</i>	2	MO; QL (30 per 30 days)
NEO-SYNALAR	4	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
SULFAMYLON TOPICAL PACKET	5	MO
XEPI	4	MO; QL (30 per 30 days)
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
<i>econazole</i>	2	MO; QL (85 per 28 days)
ERTACZO	4	MO; QL (60 per 28 days)
EXTINA	4	MO; QL (100 per 28 days)
JUBLIA	4	MO
KERYDIN	4	MO
<i>ketconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ketodan</i>	2	MO; QL (100 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	4	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	4	MO; QL (120 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
LULICONAZOLE	4	MO; QL (60 per 28 days)
LUZU	4	MO; QL (60 per 28 days)
MENTAX	4	MO
<i>naftifine</i>	2	MO; QL (60 per 28 days)
NAFTIN TOPICAL CREAM 2 %	4	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO
OXISTAT	4	MO
XOLEGEL	4	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	2	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	5	PA; MO; QL (5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX TOPICAL OINTMENT	5	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
ALA-SCALP	4	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	
<i>apexicon e</i>	2	MO; QL (120 per 30 days)
<i>besser</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
BRYHALI	4	MO
CAPEX	3	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	4	MO; QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	4	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY, NON-AEROSOL	4	MO; QL (125 per 28 days)
CLOCORTOLONE PIVALATE	4	MO
<i>clodan</i>	2	MO; QL (236 per 28 days)
CLODERM	4	MO
CORDRAN TAPE LARGE ROLL	4	MO
CORDRAN TOPICAL CREAM	4	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	4	MO; QL (120 per 30 days)
CORDRAN TOPICAL OINTMENT	4	MO; QL (120 per 30 days)
CUTIVATE TOPICAL LOTION	4	MO
DERMA-SMOOTHIE/FS SCALP OIL	4	MO
DESONATE	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desonide</i>	4	MO
DESOWEN TOPICAL CREAM	4	
<i>desoximetasone</i>	2	MO
<i>diflorasone</i>	2	MO; QL (120 per 30 days)
DIPROLENE TOPICAL OINTMENT	4	MO
DUOBRII	5	MO; QL (200 per 30 days)
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>flurandrenolide</i>	2	MO; QL (120 per 30 days)
<i>fluticasone propionate topical</i>	2	MO
<i>halcinonide</i>	2	MO
<i>halobetasol propionate topical cream</i>	2	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	4	MO
<i>halobetasol propionate topical ointment</i>	2	MO
HALOG TOPICAL CREAM	4	MO
HALOG TOPICAL OINTMENT	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
IMPOYZ	4	MO; QL (120 per 28 days)
KENALOG TOPICAL	4	MO; QL (126 per 28 days)
LEXETTE	4	MO
LOCOID LIPOCREAM	4	MO
LOCOID TOPICAL LOTION	4	MO
LUXIQ	4	MO
<i>mometasone topical</i>	2	MO
<i>nolix</i>	2	MO; QL (120 per 30 days)
OLUX	4	MO; QL (100 per 28 days)
OLUX-E	4	MO; QL (100 per 28 days)
PANDEL	4	MO
<i>prednicarbate</i>	2	MO
PSORCON	4	QL (120 per 30 days)
SYNALAR TOPICAL CREAM	4	MO
TEXACORT	4	MO

Drug Name	Drug Tier	Requirements /Limits
TOPICORT	4	MO
<i>tovet emollient</i>	2	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	2	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO
TRIDESILON	4	MO
ULTRAVATE TOPICAL LOTION	5	MO
VANOS	5	MO; QL (120 per 30 days)
VERDESO	4	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	2	MO
ELIMITE	4	
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
NATROBA	4	MO
OVIDE	4	MO
<i>permethrin topical cream</i>	2	MO
SKLICE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
ADIPEX-P	3	MO; EXCL
<i>benzphetamine oral tablet 50 mg</i>	1	MO; EXCL
CONTRACE	3	MO; EXCL
<i>diethylpropion</i>	1	MO; EXCL
LOMAIRA	3	MO; EXCL
<i>phendimetrazine tartrate</i>	1	MO; EXCL
<i>phentermine</i>	1	MO; EXCL
QSYMIA	3	MO; EXCL
SAXENDA	3	MO; EXCL
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous</i>	2	MO
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
AGRYLIN	4	MO
<i>anagrelide</i>	2	MO
ANTABUSE	4	MO
ARALAST NP	5	MO; LA
AURYXIA	5	PA; MO
BUPHENYL	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	PA; MO; LA
CARNITOR ORAL	4	MO
<i>cevimeline</i>	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B /D PA; EXCL
CLINIMIX E 2.75%/D5W SULF FREE	4	B /D PA; EXCL
<i>clovique</i>	5	PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox oral tablet</i>	5	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>deferoxamine</i>	2	B /D PA; EXCL; MO
<i>dex4 glucose bits</i>	1	EXCL
<i>dex4 glucose oral gel</i>	1	MO; EXCL
DEX4 GLUCOSE ORAL GEL IN PACKET	1	MO; EXCL
DEX4 GLUCOSE ORAL LIQUID	1	MO; EXCL

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



Drug Name	Drug Tier	Requirements /Limits
<i>dex4 glucose oral tablet,chewable</i>	1	MO; EXCL
<i>dex4 glucose pouch pack</i>	1	EXCL
<i>dex4 glucose quick dissolve</i>	1	EXCL
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 20 % in water (d20w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	MO
DEXTROSE ORAL LIQUID	1	EXCL
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
ENDARI	5	PA; MO
EVOXAC	4	MO

Drug Name	Drug Tier	Requirements /Limits
EXJADE	5	PA; MO; LA
FERRIPROX	5	PA; MO
FERRIPROX (2 TIMES A DAY)	5	PA
FERRLECIT	3	MO; EXCL
FOSRENOL	4	MO
GLASSIA	5	MO; LA
<i>gluco burst</i>	1	EXCL
GLUCO SHOT	1	EXCL
<i>glucose bits</i>	1	EXCL
<i>glucose gel</i>	1	EXCL
<i>glucose oral tablet,chewable 4 gram</i>	1	MO; EXCL
GLUTOSE-15	1	MO; EXCL
GLUTOSE-45	1	MO; EXCL
<i>glutose-5</i>	1	EXCL
INCRELEX	5	MO; LA
JADENU	5	PA; MO
JADENU SPRINKLE	5	PA; MO
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LITHOSTAT	4	MO
LOKELMA	3	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
NITYR	4	PA; MO; LA
NORTHERA	5	PA; MO
ORFADIN	5	PA; MO; LA
OXBRYTA	5	PA; MO; LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO; LA
RAVICTI	5	PA; MO
RENAGEL ORAL TABLET 800 MG	4	MO
REVELA	5	MO
REVCIVI	5	PA; MO; LA
RILUTEK	5	MO
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	4	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl</i>	2	MO
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium ferric gluconat-sucrose</i>	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>sodium phenylbutyrate</i>	5	PA; MO
<i>sodium polystyrene (sorb free)</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
SYPRINE	5	PA; MO
THIOLA	5	MO
THIOLA EC	5	MO
TIGLUTIK	5	MO
<i>trientine</i>	5	PA; MO
TRUEPLUS GLUCOSE ORAL GEL IN PACKET	1	MO; EXCL
TRUEPLUS GLUCOSE ORAL LIQUID	1	EXCL
TRUEPLUS GLUCOSE ORAL TABLET,CHEWABLE	1	MO; EXCL
VELPHORO	5	MO
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	2	MO
XIAFLEX	5	PA; MO
XURIDEN	5	MO
ZEMAIRA	5	MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICODERM CQ	1	MO; EXCL
NICORETTE	1	MO; EXCL
<i>nicotine (polacrilex) buccal gum</i>	1	MO; EXCL
<i>nicotine (polacrilex) buccal lozenge</i>	1	MO; EXCL
NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE	1	EXCL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	MO; EXCL
<i>nicotine transdermal patch, td daily, sequential</i>	1	MO; EXCL
NICOTROL	4	MO
NICOTROL NS	4	MO
<i>quit 2 buccal gum</i>	1	EXCL
QUIT 2 BUCCAL LOZENGE	1	EXCL
<i>quit 4 buccal gum</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
QUIT 4 BUCCAL LOZENGE	1	EXCL
<i>stop smoking aid</i>	1	EXCL
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
PATANASE	4	MO; QL (30.5 per 30 days)
<i>periogard</i>	2	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	2	MO
CETRAXAL	4	
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
DERMOTIC OIL	4	MO
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	4	MO
CIPRODEX	3	MO
CIPROFLOXACIN-FLUOCINOLONE	4	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
OTOVEL	3	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR	5	PA; MO
<i>betamethasone acet,sod phos</i>	2	MO
CORTEF	4	MO
<i>cortisone</i>	2	MO
<i>decadron oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dexabliss</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
EMFLAZA	5	PA; MO; LA
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
MEDROL	4	B /D PA; EXCL; MO
MEDROL (PAK)	4	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B /D PA; EXCL; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	2	
<i>millipred oral tablet</i>	4	B /D PA; EXCL; MO
ORAPRED ODT	4	B /D PA; EXCL; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B /D PA; EXCL; MO
<i>prednisone intensol</i>	2	B /D PA; EXCL; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B /D PA; EXCL; MO
<i>prednisone oral tablets, dose pack</i>	1	MO
RAYOS	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	4	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (27 TABS)	4	
<i>triamcinolone acetonide injection</i>	2	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
TAPAZOLE	4	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ACCU-CHEK AVIVA PLUS TEST STRP	1	MO; EXCL
ACCU-CHEK GUIDE TEST STRIPS	1	MO; EXCL
ACCU-CHEK SMARTVIEW TEST STRIP	1	MO; EXCL
ACCUTREND GLUCOSE TEST STRIPS	1	MO; EXCL
ACTOPLUS MET	4	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ACTOS	4	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	4	PA; MO; QL (6 per 180 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	4	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	4	ST; MO
ADMELOG U-100 INSULIN LISPRO	4	ST; MO
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	4	MO
ALCOHOL PADS	3	MO
ALOGLIPTIN	4	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	4	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	4	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	4	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AMARYL ORAL TABLET 4 MG	4	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	ST; MO
APIDRA U-100 INSULIN	4	ST; MO
AVANDIA ORAL TABLET 2 MG, 4 MG	4	MO; QL (60 per 30 days)
BAQSIMI	3	MO
BASAGLAR KWIKPEN U-100 INSULIN	4	ST; MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CHEK-STIX CONTROL	1	EXCL
CHEMSTRIP 10 MD	1	MO; EXCL
CHEMSTRIP 10/SG	1	MO; EXCL
CHEMSTRIP 2 GP	1	MO; EXCL
CHEMSTRIP 50B	1	MO; EXCL
CHEMSTRIP 7	1	MO; EXCL
CHEMSTRIP 9	1	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
COMBISTIX REAGENT	1	EXCL
CYCLOSET	4	MO; QL (180 per 30 days)
<i>diazoxide</i>	2	MO
DROPLET INSULIN SYR HALF UNIT	3	
DROPLET INSULIN SYRINGE	3	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
DUETACT	4	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	4	ST; MO
FIASP PENFILL U-100 INSULIN	4	ST; MO
FIASP U-100 INSULIN	4	ST; MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	5	MO; QL (150 per 30 days)
FREESTYLE FREEDOM	3	EXCL
FREESTYLE FREEDOM LITE	3	MO; EXCL
FREESTYLE INSULINX	3	MO; EXCL
FREESTYLE INSULINX TEST STRIPS	3	MO; EXCL
FREESTYLE LITE METER	3	MO; EXCL
FREESTYLE LITE STRIPS	3	MO; EXCL
FREESTYLE PRECISION NEO STRIPS	3	MO; EXCL
FREESTYLE TEST	3	MO; EXCL
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
GLUCOTROL ORAL TABLET 10 MG	4	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	4	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	5	MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	5	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	4	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	4	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	4	MO; QL (180 per 30 days)
GLYXAMBI	4	ST; MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO
HEMA-COMBISTIX	1	EXCL
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO

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



Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
<i>insta-glucose (with dextrin)</i>	1	MO; EXCL
INSULIN ASP PRT-INSULIN ASPART	4	ST
INSULIN ASPART U-100	4	ST; MO
INSULIN LISPRO	4	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO	4	ST; MO
INSULIN PEN NEEDLE	3	MO

Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)
INVOKANA	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	4	ST; MO; QL (30 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
KAZANO	4	ST; MO; QL (60 per 30 days)
KETO-DIASTIX	1	MO; EXCL
KETONE CARE	1	EXCL
KETONE URINE TEST	1	MO; EXCL
KETOSTIX	1	MO; EXCL
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LABSTIX REAGENT	1	MO; EXCL
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULN	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral solution</i>	2	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	5	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	2	MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	5	MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	5	MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
MULTISTIX	1	EXCL
MULTISTIX 10 SG	1	MO; EXCL
MULTISTIX 5	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
MULTISTIX 7	1	EXCL
MULTISTIX 8 SG	1	EXCL
MULTISTIX 9	1	EXCL
MULTISTIX 9 SG	1	EXCL
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOFINE 32	3	MO
NOVOFINE PLUS	3	MO
NOVOLIN 70/30 U-100 INSULIN	4	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	4	ST; MO
NOVOLIN N FLEXPEN	4	ST; MO
NOVOLIN N NPH U-100 INSULIN	4	ST; MO
NOVOLIN R FLEXPEN	4	ST; MO
NOVOLIN R REGULAR U-100 INSULN	4	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	MO
OMNIPOD DASH 5 PACK POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
ONETOUCH ULTRA BLUE TEST STRIP	1	MO; EXCL
ONETOUCH ULTRA2 METER	3	MO; EXCL
ONETOUCH ULTRAMINI	3	MO; EXCL
ONETOUCH VERIO IQ METER	3	MO; EXCL
ONETOUCH VERIO METER	3	MO; EXCL
ONETOUCH VERIO TEST STRIPS	1	MO; EXCL
ONGLYZA	3	MO; QL (30 per 30 days)
OSENI	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PRECISION PCX PLUS TEST	3	EXCL
PRECISION PCX TEST	3	MO; EXCL
PRECISION POINT OF CARE TEST	3	MO; EXCL
PRECISION Q-I-D TEST	3	MO; EXCL
PRECISION XTRA MONITOR	3	MO; EXCL
PRECOSE ORAL TABLET 100 MG	4	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	4	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QL (180 per 30 days)
PROGLYCEM	3	MO
QTERN	3	MO; QL (30 per 30 days)
<i>relion glucose</i>	1	EXCL
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
RIOMET ER	4	MO; QL (600 per 30 days)
RYBELSUS	3	PA; MO
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO
STARLIX ORAL TABLET 120 MG	4	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	4	MO; QL (180 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)
STEGLUJAN	4	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	4	ST; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	4	ST; MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	4	ST; MO; QL (30 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	3	
TECHLITE INSULIN SYRINGE	3	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8"	3	
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
TRESIBA FLEXTOUCH U-200	4	ST; MO
TRESIBA U-100 INSULIN	4	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	4	ST; MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	MO
TRUEPLUS KETONE	1	MO; EXCL
TRUEPLUS PEN NEEDLE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
TRULICITY	3	PA; MO; QL (2 per 28 days)
URISTIX 4	1	MO; EXCL
URISTIX REAGENT	1	MO; EXCL
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	5	MO; QL (15 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA; MO
ANADROL-50	5	PA; MO
ANDRODERM	3	PA; MO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	4	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	4	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	4	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	4	PA; MO; QL (150 per 30 days)
AVEED	4	PA; MO; LA
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO; EXCL
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	MO; EXCL
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>cinacalcet oral tablet 30 mg</i>	2	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
DDAVP NASAL SPRAY WITH PUMP	4	MO
DDAVP ORAL	4	MO
DEPO-TESTOSTERONE	4	PA; MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
FOLLISTIM AQ SUBCUTANEOUS	3	MO; EXCL
FORTESTA	4	PA; MO; QL (120 per 30 days)
GALAFOLD	5	PA; MO; LA; QL (15 per 30 days)
GANIRELIX	3	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
GONAL-F	3	MO; EXCL
GONAL-F RFF	3	MO; EXCL
GONAL-F RFF REDI-JECT	3	MO; EXCL
ISTURISA	5	PA; MO; LA
JYNARQUE ORAL TABLET	5	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; MO; LA
KANUMA	5	PA; MO
KORLYM	5	PA; MO
KUVAN	5	PA; MO
LUMIZYME	5	PA; MO
MENOPUR	3	MO; EXCL
MEPSEVII	5	PA; MO
METHITEST	4	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
<i>miglustat</i>	5	MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATESTO	4	PA; MO; QL (21.96 per 30 days)
NATPARA	5	PA; MO; LA
NOCDURNA (MEN)	4	PA; MO; QL (30 per 30 days)
NOCDURNA (WOMEN)	4	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
NOCTIVA	4	PA; MO; QL (3.8 per 30 days)
ORLISSA	5	MO
OVIDREL	3	MO; EXCL
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	MO
RAYALDEE	5	MO
ROCALTROL	4	MO
SAMSCA	5	PA; MO
SENSIPAR ORAL TABLET 30 MG	4	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO

Drug Name	Drug Tier	Requirements /Limits
STIMATE	3	MO
STRENSIQ	5	PA; MO; LA
SYNAREL	5	MO
TESTIM	4	PA; MO; QL (300 per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; MO; QL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO; LA
VIMIZIM	5	PA; MO; LA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	4	PA; MO; QL (300 per 30 days)
XYOSTED	4	PA; MO; QL (2 per 28 days)
ZAVESCA	5	MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	MO
<i>zoledronic acid intravenous solution</i>	2	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B /D PA; EXCL; MO

### THYROID HORMONES

CYTOMEL	4	MO
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
SYNTHROID	4	MO
TIROSINT	4	MO
TIROSINT-SOL	4	MO
<i>unithroid</i>	1	MO

### GASTROENTEROLOGY

#### ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>atropine injection syringe 0.05 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	MO
CUVPOSA	4	MO
<i>dicyclomine intramuscular</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
LOMOTIL	4	MO
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine</i>	2	MO
MOTOFEN	4	MO
MYTESI	4	MO
<i>opium tincture</i>	2	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
ACTIGALL	4	MO
AKYNZEO (FOSNETUPITANT)	4	MO
<i>alophen (bisacodyl)</i>	1	EXCL
<i>alosetron</i>	5	MO
AMITIZA	4	ST; MO
ANUSOL-HC TOPICAL	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aprepitant</i>	2	B /D PA; EXCL; MO
APRISO	4	MO
ASACOL HD	4	MO
AZULFIDINE	4	MO
AZULFIDINE EN-TABS	4	MO
<i>balsalazide</i>	2	MO
<i>bisacodyl oral</i>	1	MO; EXCL
<i>bisa-lax (bisacodyl)</i>	1	EXCL
BONJESTA	4	MO
<i>budesonide oral capsule, delayed, extended release</i>	2	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CANASA	4	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CIMZIA	5	PA; MO
CIMZIA POWDER FOR RECONST	5	PA; MO
CIMZIA STARTER KIT	5	PA; MO
CINVANTI	3	MO
<i>citrate of magnesia</i>	1	EXCL
<i>citroma</i>	1	MO; EXCL
<i>clearlax oral powder</i>	1	MO; EXCL
<i>clearlax oral powder in packet</i>	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
CLENPIQ	4	MO
COLAZAL	5	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	4	MO
DICLEGIS	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>doxylamine-pyridoxine (vit b6)</i>	2	MO
<i>dronabinol oral capsule 10 mg</i>	2	B /D PA; EXCL; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B /D PA; EXCL; MO
<i>droperidol injection solution</i>	2	MO
<i>ducodyl (bisacodyl)</i>	1	EXCL
EMEND ORAL CAPSULE 80 MG	4	B /D PA; EXCL; MO
EMEND ORAL CAPSULE,DOSE PACK	4	B /D PA; EXCL; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B /D PA; EXCL; MO
ENTOCORT EC	5	MO
ENTYVIO	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>enulose</i>	2	MO
<i>fleet laxative (bisacodyl)</i>	1	EXCL
<i>fosaprepitant</i>	2	MO
GASTROCROM	4	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilax oral powder</i>	1	MO; EXCL
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>gentle laxative (bisacodyl) oral</i>	1	EXCL
<i>gentlelax</i>	1	EXCL
<i>glycolax oral powder</i>	1	EXCL
GOLYTELY	4	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B /D PA; EXCL; MO
<i>healthylax</i>	1	MO; EXCL
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
INFLECTRA	5	PA; MO
KRISTALOSE	4	MO
<i>lactulose oral packet</i>	2	
<i>lactulose oral solution</i>	2	MO
<i>laxaclear</i>	1	EXCL
<i>laxative (bisacodyl) oral</i>	1	EXCL
<i>laxative peg 3350 oral powder</i>	1	EXCL
LIALDA	4	MO
LINZESS	3	MO
LOTRONEX	5	MO
<i>magnesium citrate oral solution</i>	1	MO; EXCL
<i>magnesium hydroxide oral suspension 400 mg/5 ml</i>	1	MO; EXCL
MARINOL ORAL CAPSULE 10 MG, 5 MG	5	B /D PA; EXCL; MO
MARINOL ORAL CAPSULE 2.5 MG	4	B /D PA; EXCL; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	2	MO
<i>milk of magnesia</i>	1	MO; EXCL
<i>milk of magnesia concentrated</i>	1	MO; EXCL
<i>miralax oral powder in packet</i>	1	MO; EXCL
MOTEGRITY	4	ST; MO
MOVANTIK	3	MO
MOVIPREP	4	MO
<i>natura-lax</i>	1	EXCL
NULYTELY WITH FLAVOR PACKS	4	MO
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B /D PA; EXCL; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B /D PA; EXCL; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B /D PA; EXCL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B /D PA; EXCL; MO
<i>oral saline laxative liquid</i>	1	EXCL
OSMOPREP	4	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>palonosetron intravenous syringe</i>	2	
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	4	ST; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg-electrolyte</i>	2	
<i>peg-prep</i>	1	MO; EXCL
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT	5	ST; MO

Drug Name	Drug Tier	Requirements /Limits
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 4,000-14,375-15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	ST; MO
<i>phosphate laxative oral liquid</i>	1	EXCL
PLENVU	4	MO
<i>polyethylene glycol 3350</i>	1	MO; EXCL
<i>powderlax</i>	1	EXCL
PREPOPIK	4	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
<i>purelax</i>	1	EXCL
RECTIV	3	MO
REGLAN ORAL	4	MO
RELISTOR ORAL	5	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
ROWASA RECTAL ENEMA KIT	4	MO
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
<i>smoothlax</i>	1	EXCL
SUCRAID	5	PA; MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
SYMPROIC	3	MO
SYNDROS	5	B /D PA; EXCL; MO
TRANSDERM-SCOP	4	MO
<i>trilyte with flavor packets</i>	2	MO
TRULANCE	3	MO
UCERIS ORAL	5	MO
UCERIS RECTAL	4	MO
URSO 250	4	MO
URSO FORTE	4	MO
<i>ursodiol</i>	2	MO
VARUBI ORAL	3	B /D PA; EXCL; MO
VIBERZI	5	MO
VIOKACE	3	MO
<i>woman's laxative (bisacodyl) oral tablet</i>	1	EXCL
<i>women's gentle laxative(bisac)</i>	1	EXCL
<i>women's laxative (bisacodyl)</i>	1	EXCL
ZELNORM	4	MO

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO
ZOFRAN ORAL TABLET 8 MG	4	B /D PA; EXCL; MO
ZUPLENZ	4	B /D PA; EXCL; MO
<b>ULCER THERAPY</b>		
<i>acid reducer (omeprazole)</i>	1	EXCL
ACIPHEX	4	MO
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
CARAFATE	4	MO
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
CYTOTEC	4	MO
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	MO
<i>esomeprazole sodium</i>	2	
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>heartburn treatment 24 hour</i>	1	EXCL
HELIDAC	4	QL (224 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM 24HR	1	MO; EXCL
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	4	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	4	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine</i>	2	MO
OMECLAMOX-PAK	4	MO; QL (80 per 28 days)
<i>omeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
OMEPRAZOLE MAGNESIUM ORAL TABLET,DELAYE D RELEASE (DR/EC)	1	EXCL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole oral tablet,delayed release (dr/ec)</i>	1	MO; EXCL
<i>omeprazole oral tablet,disintegrat, delay rel</i>	1	EXCL
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg- gram</i>	5	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg- gram</i>	5	MO
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	5	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	5	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
PEPCID ORAL TABLET	4	MO
PREVACID 24HR	1	MO; EXCL
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 15 MG	4	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 30 MG	4	MO
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 15 MG	4	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 30 MG	4	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	4	MO
PRILOSEC OTC	1	MO; EXCL
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	4	MO
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 20 MG	4	MO; QL (30 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	4	MO
PYLERA	4	MO
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	MO
<i>sucralfate</i>	2	MO
TALICIA	4	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	5	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	5	MO
ZEGERID ORAL PACKET 20-1,680 MG	5	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	5	MO
ZEGERID OTC	1	MO; EXCL
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	5	B /D PA; EXCL; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; QL (15 per 28 days)
FULPHILA	5	PA; MO
GENOTROPIN	5	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; MO
GRANIX	5	PA; MO
HUMATROPE	5	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
INTRON A INJECTION RECON SOLN	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	B /D PA; EXCL; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B /D PA; EXCL; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B /D PA; EXCL; MO
NEULASTA	5	PA; MO
NEUPOGEN	5	PA; MO
NIVESTYM	5	PA; MO
NORDITROPIN FLEXPRO	5	PA; MO
NUTROPIN AQ NUSPIN	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	B /D PA; EXCL; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
SAIZEN	5	PA; MO
SAIZEN SAIZENPREP	5	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	MO
UDENYCA	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA; MO
ZORBTIVE	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT ) (PF)	3	MO
AFLURIA QD 2020-21(3YR UP)(PF)	3	EXCL
AFLURIA QD 2020-21(6- 35MO)(PF)	3	EXCL
AFLURIA QUAD 2020-2021(6MO UP)	3	EXCL
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BIVIGAM	5	PA; MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B /D PA; EXCL; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULA R SYRINGE	3	B /D PA; EXCL; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
FLUAD 2020-2021 (65 YR UP)(PF)	3	EXCL
FLUAD QUAD 2020-21(65Y UP)(PF)	3	EXCL
FLUARIX QUAD 2020-2021 (PF)	3	EXCL
FLUBLOK QUAD 2020-2021 (PF)	3	EXCL
FLUCELVAX QUAD 2020-2021	3	EXCL
FLUCELVAX QUAD 2020-2021 (PF)	3	EXCL
FLULAVAL QUAD 2020-2021 (PF)	3	EXCL
FLUZONE HIGHDOSE QUAD 20-21 PF	3	EXCL
FLUZONE QUAD 2020-2021	3	EXCL
FLUZONE QUAD 2020-2021 (PF)	3	EXCL
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GAMMAGARD LIQUID	5	PA; MO
GAMMAGARD S- D (IGA < 1 MCG/ML)	5	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GAMMAPLEX	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
GAMMAPLEX (WITH SORBITOL)	5	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B /D PA; EXCL; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
HYQVIA	5	B /D PA; EXCL; MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
OCTAGAM	5	PA; MO
ODACTRA	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; MO
PANZYGA	5	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PNEUMOVAX-23	3	MO; EXCL
PREVNAR 13 (PF)	3	MO; EXCL
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B /D PA; EXCL; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B /D PA; EXCL; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B /D PA; EXCL
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICE BCG	3	B /D PA; EXCL; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
COLCHICINE ORAL CAPSULE	4	ST; MO
<i>colchicine oral tablet</i>	2	MO
COLCRYS	3	MO
<i>febuxostat</i>	2	MO
GLOPERBA	4	ST
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid- colchicine</i>	2	MO
ULORIC	3	MO
ZYLOPRIM	4	MO
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG	4	ST; MO; QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ACTONEL ORAL TABLET 35 MG	4	ST; MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	4	ST; QL (30 per 30 days)
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
AELVIA	4	ST; MO; QL (4 per 28 days)
BINOSTO	4	ST; MO; QL (4 per 28 days)
BONIVA ORAL	4	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML ( 105MG/1.17MLX2)	5	PA; MO; QL (2.34 per 30 days)
EVISTA	4	MO
FORTEO	5	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA	5	PA; MO
ACTEMRA ACTPEN	5	PA; MO; QL (4 per 28 days)
ARAVA	5	MO; QL (30 per 30 days)
BENLYSTA	5	PA; MO
CUPRIMINE	5	MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
KEVZARA	5	PA; MO; QL (2.28 per 28 days)
KINERET	5	PA; MO
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
OLUMIANT	5	PA; MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
OTEZLA	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>penicillamine</i>	5	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	MO
RIDAURA	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI	5	PA; MO
SIMPONI ARIA	5	PA; MO
XELJANZ	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
ACTIVELLA ORAL TABLET 1- 0.5 MG	4	PA; MO
ALORA	4	PA; MO; QL (8 per 28 days)
<i>amabelz</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ANGELIQ	4	PA; MO
AYGESTIN	4	MO
BIJUVA	4	PA; MO
<i>camila</i>	2	MO
CLIMARA	4	PA; MO; QL (4 per 28 days)
CLIMARA PRO	4	PA; MO
COMBIPATCH	4	PA; MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA INTRAMUSCULA R SUSPENSION 150 MG/ML	4	MO
DEPO-PROVERA INTRAMUSCULA R SUSPENSION 400 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	4	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	4	PA; MO; QL (30 per 30 days)
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
ELESTRIN	4	PA; MO
ENDOMETRIN	3	MO; EXCL

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Drug Name	Drug Tier	Requirements /Limits
<i>errin</i>	2	MO
ESTRACE ORAL	4	PA; MO
ESTRACE VAGINAL	4	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
ESTROGEL	4	MO; QL (50 per 30 days)
EVAMIST	4	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	4	PA; MO
FEMRING	4	MO
<i>fyavolv</i>	2	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	MO
IMVEXXY MAINTENANCE PACK	4	MO
IMVEXXY STARTER PACK	4	MO
<i>incassia</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>jencycla</i>	2	MO
<i>jinteli</i>	2	PA; MO
<i>lopreeza oral tablet 1-0.5 mg</i>	2	PA; MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO
MENOSTAR	4	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	2	PA; MO
MINIVELLE	4	PA; MO; QL (8 per 28 days)
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	2	MO
PREFEST	4	PA; MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
PROMETRIUM	4	MO

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Drug Name	Drug Tier	Requirements /Limits
PROVERA	4	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
VAGIFEM	4	MO
VIVELLE-DOT	4	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	2	MO
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA	4	MO
CLEOCIN VAGINAL CREAM	4	MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
CLINDESSE	4	MO
<i>eluryng</i>	2	MO
<i>etonogestrel-ethinyl estradiol</i>	2	MO
GYNAZOLE-1	4	MO
<i>gynol ii</i>	1	MO; EXCL
INTRAROSA	4	MO
LUPANETA PACK (1 MONTH)	5	PA; MO
LUPANETA PACK (3 MONTH)	5	PA; MO
LYSTEDA	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>mifepristone</i>	2	LA
MIRENA	3	MO; LA

Drug Name	Drug Tier	Requirements /Limits
NEXPLANON	3	MO
NUVARING	4	MO
ORIAHNN	5	PA
OSPHENA	4	MO
PHEXXI	3	MO; EXCL
<i>terconazole</i>	2	MO
TODAY CONTRACEPTIVE SPONGE	1	MO; EXCL
<i>tranexamic acid oral</i>	2	MO
VAGINAL CONTRACEPTIVE FILM	1	MO; EXCL
<i>vaginal contraceptive foam</i>	1	EXCL
<i>vandazole</i>	2	MO
VCF CONTRACEPTIVE GEL	1	EXCL
<i>xulane</i>	2	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
AFTERA	1	EXCL
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethia</i>	2	MO
<i>amethia lo</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
BALCOLTRA	4	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
BEYAZ	4	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camrese</i>	2	MO
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	MO
<i>drospirenone-e.estradiol-lm,fa</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>econtra ez</i>	1	EXCL
<i>econtra one-step</i>	1	EXCL
<i>elinest</i>	2	MO
ELLA	3	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
GENERESS FE	4	MO
<i>gianvi (28)</i>	2	MO
<i>hailey 24 fe</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel oral tablet 1.5 mg</i>	1	EXCL
<i>levonorgestrel-ethinyl estrad</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
LO LOESTRIN FE	4	MO
LOESTRIN 1.5/30 (21)	4	MO
LOESTRIN 1/20 (21)	4	MO
LOESTRIN FE 1.5/30 (28-DAY)	4	MO
LOESTRIN FE 1/20 (28-DAY)	4	MO
<i>loryna (28)</i>	2	MO
LOSEASONIQUE	4	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutura (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>melodetta 24 fe</i>	2	MO
<i>mibelas 24 fe</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
MINASTRIN 24 FE	4	MO
<i>mono-linyah</i>	2	MO
<i>my choice</i>	1	EXCL
<i>my way</i>	1	MO; EXCL
NATAZIA	4	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>new day</i>	1	EXCL
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	2	MO
<i>opcicon one-step</i>	1	EXCL
<i>option-2</i>	1	EXCL
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
PLAN B ONE-STEP	1	EXCL
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
QUARTETTE	4	MO
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</i>	2	MO
SAFYRAL	4	MO
SEASONIQUE	4	MO
<i>setlakin</i>	2	MO
SLYND	4	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
TAKE ACTION	1	EXCL
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	2	MO
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>vylibra</i>	2	MO
<i>wera (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
YASMIN (28)	4	MO
YAZ (28)	4	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO
<b>OXYTOCICS</b>		
<i>methergine</i>	2	PA
<i>methylergonovine injection</i>	2	PA
<i>methylergonovine oral</i>	2	PA; MO
<i>oxytocin injection solution</i>	2	MO

## OPHTHALMOLOGY

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

Drug Name	Drug Tier	Requirements /Limits
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	2	MO
AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	3	MO
CILOXAN	4	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
MOXEZA	4	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
OCUFLOX	4	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
POLYTRIM	4	MO
<i>tobramycin</i>	2	MO
TOBREX	4	MO
VIGAMOX	4	MO
ZYMAXID	4	MO
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	2	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
<i>carteolol</i>	2	MO
ISTALOL	4	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
TIMOPTIC OCUDOSE (PF)	4	MO
TIMOPTIC-XE	4	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		

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

Drug Name	Drug Tier	Requirements /Limits
ALOCRIAL	4	MO
ALOMIDE	4	MO
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BEPREVE	4	MO
BLEPH-10	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>bss</i>	2	MO
CEQUA	4	MO; QL (60 per 30 days)
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA; MO
<i>epinastine</i>	2	MO
EYLEA	5	PA; MO
ISOPTO CARPINE	4	MO
LACRISERT	4	MO
LASTACFT	4	MO
LUCENTIS	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA; MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
XIIDRA	4	MO; QL (60 per 30 days)
ZERVIAE	4	MO
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	4	MO
ACULAR LS	4	MO
ACUVAIL (PF)	4	MO
<i>bromfenac</i>	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
NEVANAC	4	MO
PROLENSA	3	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	2	MO
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	4	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>bimatoprost ophthalmic (eye)</i>	2	MO
COMBIGAN	3	MO
COSOPT	4	MO
COSOPT (PF)	4	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	2	MO
TRUSOPT	4	MO
VYZULTA	4	MO
XALATAN	4	ST; MO
XELPROS	4	ST; MO
ZIOPTAN (PF)	4	ST; MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
MAXITROL	4	MO
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
TOBRADEX	4	MO
TOBRADEX ST	4	MO
<i>tobramycin-dexamethasone</i>	2	MO
ZYLET	3	MO
<b>STEROIDS</b>		
ALREX	4	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
DUREZOL	4	MO
FLAREX	4	MO
<i>fluorometholone</i>	2	MO
FML FORTE	4	MO
FML LIQUIFILM	4	MO
FML S.O.P.	4	MO
INVELTYS	4	MO
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	3	MO
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	4	MO
LOTEMAX OPTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>loteprednol etabonate</i>	2	MO
MAXIDEX	4	MO
OZURDEX	5	MO
PRED FORTE	4	MO
PRED MILD	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	4	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	4	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI HISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>24hour allergy</i>	1	EXCL
<i>24hr allergy relief</i>	1	EXCL
<i>adrenalin injection</i>	2	MO
<i>alavert</i>	1	MO; EXCL
<i>alavert d-12 allergy-sinus</i>	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>all day allergy (cetirizine) oral solution</i>	1	EXCL
<i>all day allergy (cetirizine) oral tablet</i>	1	EXCL
<i>all day allergy-d</i>	1	MO; EXCL
ALLEGRA ALLERGY	1	MO; EXCL
ALLEGRA-D 12 HOUR	1	MO; EXCL
ALLEGRA-D 24 HOUR	1	MO; EXCL
<i>allerclear</i>	1	EXCL
<i>allerclear d-12hr</i>	1	EXCL
<i>allerclear d-24hr</i>	1	MO; EXCL
<i>aller-ease oral tablet</i>	1	EXCL
<i>aller-fex</i>	1	EXCL
<i>allergy and congestion relief</i>	1	EXCL
<i>allergy complete-d</i>	1	EXCL
<i>allergy relief (cetirizine)</i>	1	EXCL
<i>allergy relief (fexofenadine)</i>	1	EXCL
<i>allergy relief (levocetirizin)</i>	1	EXCL
<i>allergy relief (loratadine) oral solution</i>	1	EXCL
<i>allergy relief (loratadine) oral tablet</i>	1	MO; EXCL
<i>allergy relief (loratadine) oral tablet, disintegrating</i>	1	EXCL
<i>allergy relief d12</i>	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>allergy relief d-24hr</i>	1	EXCL
<i>allergy relief,nasal decongest</i>	1	MO; EXCL
<i>allergy relief-d (cetirizine)</i>	1	EXCL
<i>allergy relief-d (loratadine)</i>	1	EXCL
<i>allergy relief-d(fexofenadine)</i>	1	EXCL
<i>allergy-congest relief-d(fexo)</i>	1	EXCL
<i>allergy-congestion relief-d oral tablet extended release 24 hr</i>	1	EXCL
<i>aller-tec</i>	1	EXCL
<i>aller-tec d</i>	1	EXCL
AUVI-Q	5	ST; MO; QL (2 per 30 days)
<i>benzonatate</i>	1	MO; EXCL
BROMFED DM	3	MO; EXCL
BROMPHENIRAMINE MALEATE (BULK)	3	EXCL
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	MO; EXCL
CAPCOF	3	MO; EXCL
<i>cetiri-d</i>	1	EXCL
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>cetirizine oral solution 5 mg/5 ml</i>	1	EXCL
<i>cetirizine oral tablet 10 mg</i>	1	MO; EXCL
CETIRIZINE ORAL TABLET 5 MG	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>cetirizine oral tablet,chewable</i>	1	MO; EXCL
<i>cetirizine-pseudoephedrine</i>	1	MO; EXCL
<i>child allergy relf(cetirizine) oral solution</i>	1	EXCL
<i>children's allegra allergy</i>	1	MO; EXCL
CHILDREN'S ALLERGY RELIEF(FEX)	1	EXCL
<i>children's allergy relief(lor) oral solution</i>	1	EXCL
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET,CHEWABLE	1	EXCL
<i>children's allergy(cetirizine)</i>	1	EXCL
<i>children's cetirizine oral solution</i>	1	EXCL
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG	1	MO; EXCL
<i>children's cetirizine oral tablet,chewable 5 mg</i>	1	MO; EXCL
CHILDREN'S CLARITIN	1	MO; EXCL
CHILDREN'S LORATADINE	1	EXCL
CHILDREN'S WAL-FEX	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>children's wal-zyr oral solution</i>	1	EXCL
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE	1	EXCL
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION	1	EXCL
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING	1	MO; EXCL
<i>child's all day allergy(cetir)</i>	1	EXCL
CHLORPHENIRAMINE MALEATE(BULK)	3	MO; EXCL
CLARINEX ORAL TABLET	4	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	4	MO; QL (60 per 30 days)
CLARITIN LIQUIGEL	1	MO; EXCL
CLARITIN ORAL SOLUTION	1	EXCL
CLARITIN ORAL TABLET	1	MO; EXCL
CLARITIN REDITABS	1	MO; EXCL
CLARITIN-D 12 HOUR	1	MO; EXCL
CLARITIN-D 24 HOUR	1	MO; EXCL
CLEMASTINE FUMARATE (BULK)	3	EXCL

Drug Name	Drug Tier	Requirements /Limits
CODEINE-GUAIFENESIN	3	MO; EXCL
CODITUSSIN AC	3	MO; EXCL
CODITUSSIN DAC	3	EXCL
<i>cyproheptadine</i>	1	MO; EXCL
CYPROHEPTADINE (BULK)	3	EXCL
<i>desloratadine</i>	2	MO; QL (30 per 30 days)
DIPHENHYDRAMINE (BULK)	3	MO; EXCL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	4	ST; MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	MO; QL (2 per 30 days)
EPIPEN	3	MO; QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
FEXOFENADINE (BULK)	3	EXCL

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Drug Name	Drug Tier	Requirements /Limits
FEXOFENADINE ORAL SUSPENSION	1	EXCL
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	1	MO; EXCL
<i>fexofenadine-pseudoephedrine</i>	1	EXCL
<i>g tussin ac</i>	1	MO; EXCL
<i>guaiaatussin ac</i>	1	MO; EXCL
HISTEX-AC	3	EXCL
<i>hydrocodone-chlorpheniramine</i>	1	MO; EXCL
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	MO; EXCL
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	3	EXCL
<i>hydrocodone-homatropine oral tablet</i>	1	MO; EXCL
<i>hydromet</i>	1	MO; EXCL
HYDROXYZINE HCL (BULK)	3	MO; EXCL
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	1	MO; EXCL
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
HYDROXYZINE PAMOATE (BULK)	3	MO; EXCL
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	MO; EXCL
KARBINAL ER	3	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
LEVOCETIRIZINE (BULK)	3	MO; EXCL
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>loradamed</i>	1	MO; EXCL
<i>lorata-d</i>	1	EXCL
LORATADINE (BULK)	3	EXCL
<i>lorata-dine d</i>	1	EXCL
<i>loratadine oral solution</i>	1	MO; EXCL
<i>loratadine oral tablet</i>	1	MO; EXCL
<i>loratadine oral tablet, disintegrating</i>	1	EXCL
LORATADINE, MICRONIZED (BULK)	3	EXCL
<i>loratadine-d</i>	1	MO; EXCL
MAR-COF CG	3	MO; EXCL
<i>maxi-tuss ac</i>	1	EXCL
MAXI-TUSS CD	3	EXCL
<i>m-clear wc</i>	1	MO; EXCL
M-END PE	3	MO; EXCL
NINJACOF-XG	3	MO; EXCL
OBREDON	3	MO; EXCL
PHENIRAMINE MALEATE (BULK)	3	EXCL
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	MO; EXCL
PROMETHAZINE (BULK)	3	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
<i>promethazine-codeine</i>	1	MO; EXCL
<i>promethazine-dm</i>	1	MO; EXCL
<i>promethazine-phenyleph-codeine</i>	1	MO; EXCL
<i>promethegan rectal suppository 12.5 mg, 50 mg</i>	1	MO; EXCL
PYRILAMINE MALEATE (BULK)	3	EXCL
RESPA-AR	3	MO; EXCL
SEMPREX-D	4	MO
SYMJEPI	4	MO; QL (2 per 30 days)
TESSALON PERLES	3	MO; EXCL
TRIPLENNAMINE (BULK)	3	EXCL
TRIPROLIDINE HCL (BULK)	3	EXCL
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	MO; EXCL
TUXARIN ER	3	MO; EXCL
TUZISTRA XR	3	MO; EXCL
<i>virtussin ac</i>	1	MO; EXCL
<i>virtussin dac</i>	1	MO; EXCL
<i>wal-fex allergy</i>	1	EXCL
<i>wal-fex d 12 hour</i>	1	EXCL
<i>wal-fex d 24 hour</i>	1	EXCL
<i>wal-itin d</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>wal-itin d 12 hour</i>	1	EXCL
<i>wal-itin oral solution</i>	1	EXCL
<i>wal-itin oral tablet</i>	1	EXCL
<i>wal-zyr (cetirizine)</i>	1	EXCL
<i>wal-zyr d</i>	1	EXCL
XYZAL	1	MO; EXCL
Z-TUSS AC	3	MO; EXCL
ZYRTEC ORAL CAPSULE	1	MO; EXCL
ZYRTEC ORAL TABLET	1	MO; EXCL
ZYRTEC ORAL TABLET,DISINTEGRATING	1	MO; EXCL
ZYRTEC-D	1	MO; EXCL
<b>PULMONARY AGENTS</b>		
ACCOLATE	4	MO
<i>acetylcysteine</i>	2	B /D PA; EXCL; MO
ADCIRCA	5	PA; MO; QL (60 per 30 days)
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
AIRDUO RESPICLICK	4	MO; QL (60 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	MO; QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	4	ST; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B /D PA; EXCL; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	4	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	4	MO; QL (6.1 per 30 days)
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambriasantan</i>	5	PA; MO; LA
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	2	MO; QL (23 per 30 days)
BECONASE AQ	4	MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 per 30 days)
BROVANA	4	B /D PA; EXCL; MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B /D PA; EXCL; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	B /D PA; EXCL; MO; QL (60 per 30 days)
BUDESONIDE-FORMOTEROL	4	MO; QL (10.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B /D PA; EXCL; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; MO
DUAKLIR PRESSAIR	5	MO; QL (1 per 30 days)
DULERA	3	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO
FASENRA PEN	5	PA; MO
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	4	MO; QL (60 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	4	ST; MO; QL (60 per 30 days)
HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B /D PA; EXCL; MO
<i>ipratropium-albuterol</i>	2	B /D PA; EXCL; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LETAIRIS	5	PA; MO; LA
<i>levalbuterol hcl</i>	2	B /D PA; EXCL; MO
LEVALBUTEROL TARTRATE	4	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	5	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
NASONEX	4	MO; QL (34 per 30 days)
NUCALA	5	PA; MO; LA; QL (3 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OMNARIS	4	MO; QL (12.5 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B /D PA; EXCL; MO
PROAIR DIGIHALER	4	ST; MO; QL (2 per 30 days)
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PROVENTIL HFA	4	ST; MO; QL (13.4 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	4	B /D PA; EXCL; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	4	B /D PA; EXCL; MO; QL (60 per 30 days)
PULMOZYME	5	B /D PA; EXCL; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	5	PA; MO; QL (90 per 30 days)
RUCONEST	5	PA; MO
SEEBRI NEOHALER	4	ST; MO; QL (60 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SINGULAIR	4	MO
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)

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

Drug Name	Drug Tier	Requirements /Limits
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
TAKHZYRO	5	PA; MO; LA
<i>terbutaline</i>	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER	5	PA; MO; LA
TRELEGY ELLIPTA	4	PA; MO; QL (60 per 30 days)
TRIKAFTA	5	PA; MO
TUDORZA PRESSAIR	4	ST; MO; QL (1 per 30 days)
TYVASO	5	B /D PA; EXCL; MO
TYVASO INSTITUTIONAL START KIT	5	B /D PA; EXCL

Drug Name	Drug Tier	Requirements /Limits
TYVASO REFILL KIT	5	B /D PA; EXCL; MO
TYVASO STARTER KIT	5	B /D PA; EXCL; MO
UTIBRON NEOHALER	4	MO; QL (60 per 30 days)
VENTAVIS	5	B /D PA; EXCL; MO
VENTOLIN HFA	4	ST; MO; QL (36 per 30 days)
<i>wixela inhub</i>	4	ST; MO; QL (60 per 30 days)
XHANCE	4	MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOPENEX	4	B /D PA; EXCL; MO
XOPENEX CONCENTRATE	4	B /D PA; EXCL; MO
XOPENEX HFA	4	ST; MO; QL (30 per 30 days)
YUPELRI	5	B /D PA; EXCL; MO; QL (90 per 30 days)
<i>zafirlukast</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
ZETONNA	4	MO; QL (6.1 per 30 days)
<i>zileuton</i>	5	MO
ZYFLO	5	MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	2	MO
DETROL	4	MO
DETROL LA	4	MO
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	4	MO
<i>flavoxate</i>	2	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	4	MO; QL (30 per 30 days)
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	2	MO
OXYTROL	4	MO; QL (8 per 28 days)
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>tropium</i>	2	MO
VESICARE	4	MO

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
AVODART	4	MO
<i>dutasteride</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
FLOMAX	4	ST; MO
JALYN	4	MO
PROSCAR	4	MO
RAPAFLO	4	ST; MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	4	ST; MO

### MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CAVERJECT IMPULSE	3	MO; EXCL
CAVERJECT INTRACAVERNOS AL RECON SOLN	3	MO; EXCL
CAVERJECT INTRACAVERNOS AL SYRINGE	3	EXCL
CIALIS ORAL TABLET 10 MG, 20 MG	3	MO; EXCL
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; MO; QL (30 per 30 days)
CYSTAGON	3	PA; MO; LA
EDEX	3	MO; EXCL
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
IFE-BIMIX 30/1	3	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
IFE-PG20	3	EXCL
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
LEVITRA ORAL TABLET 10 MG, 20 MG	3	MO; EXCL
MUSE	3	MO; EXCL
<i>potassium citrate</i>	2	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	5	PA; MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>sildenafil</i>	1	MO; EXCL
STAXYN	3	MO; EXCL
STENDRA	3	MO; EXCL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	MO; EXCL
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; MO; QL (30 per 30 days)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3	MO; EXCL
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO
<i>ildenafil</i>	1	MO; EXCL
VIAGRA	3	MO; EXCL
<b>URINARY ANESTHETICS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	MO; EXCL
PYRIDIUM	3	MO; EXCL
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
<i>albumin, human 25 %</i>	2	
<i>albuminar 25 %</i>	2	MO
<i>alburx (human) 25 %</i>	2	MO
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>plasbumin 25 %</i>	2	MO
<i>plasbumin 5 %</i>	2	
<b>ELECTROLYTES</b>		
<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	1	MO; EXCL
<i>calcium 500 + d oral tablet, chewable</i>	1	EXCL
<i>calcium 500 with d</i>	1	MO; EXCL
<i>calcium 600 + d(3) oral capsule</i>	1	MO; EXCL
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -400 unit</i>	1	MO; EXCL
<i>calcium 600 with vitamin d3 oral capsule 600 mg(1,500mg) -500 unit</i>	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>calcium 600 with vitamin d3 oral tablet, chewable</i>	1	MO; EXCL
<i>calcium acetate(phosphat bind)</i>	2	MO
<i>calcium carb and citrate-vitd3</i>	1	EXCL
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit</i>	1	MO; EXCL
<i>calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit, 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) -800 unit</i>	1	MO; EXCL
<i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500 mg(1,250mg) -400 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -200 unit</i>	1	EXCL
<i>calcium carbonate-vitamin d3 oral tablet, chewable</i>	1	MO; EXCL
<i>calcium chloride</i>	2	
<i>calcium citrate + d</i>	1	EXCL
<i>calcium citrate-vitamin d2</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>calcium citrate-vitamin d3 oral liquid</i>	1	MO; EXCL
<i>calcium citrate-vitamin d3 oral tablet 200 mg calcium -250 unit, 200-125 mg-unit, 250 mg calcium- 200 unit</i>	1	EXCL
<i>calcium citrate-vitamin d3 oral tablet 315 mg- 250 unit, 315 mg-5 mcg (200 unit)</i>	1	MO; EXCL
<i>calcium gluconate intravenous</i>	2	MO
<i>calcium with vitamin d</i>	1	EXCL
<i>citrus calcium-vitamin d3 oral tablet 200 mg calcium -250 unit</i>	1	MO; EXCL
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>hi-cal plus vit d</i>	1	EXCL
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	1	MO
<i>klor-con/ef</i>	2	MO
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ</b>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R	3	MO
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>oysco 500/d oral tablet</i>	1	MO; EXCL
<i>oyster shell + d3</i>	1	EXCL
<i>oyster shell calcium-vit d3 oral tablet</i>	1	MO; EXCL
<i>oystercal-d</i>	1	EXCL
PHOSLYRA	4	MO

Drug Name	Drug Tier	Requirements /Limits
POTABA ORAL CAPSULE	3	MO; EXCL
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	MO
<i>sodium chloride intravenous</i>	2	MO
<i>sodium phosphate</i>	2	MO
TPN ELECTROLYTES	4	

**MISCELLANEOUS NUTRITION PRODUCTS**

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



Drug Name	Drug Tier	Requirements /Limits
AMINOSYN II 10 %	3	B /D PA; EXCL
AMINOSYN II 15 %	3	B /D PA; EXCL
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B /D PA; EXCL
CLINIMIX 5%/D15W SULFITE FREE	3	B /D PA; EXCL
CLINIMIX 4.25%/D10W SULF FREE	3	B /D PA; EXCL
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B /D PA; EXCL
CLINIMIX E 4.25%/D10W SUL FREE	4	B /D PA; EXCL
CLINIMIX E 4.25%/D5W SULF FREE	4	B /D PA; EXCL
CLINIMIX E 5%/D15W SULFIT FREE	4	B /D PA; EXCL
CLINIMIX E 5%/D20W SULFIT FREE	4	B /D PA; EXCL
CLINISOL SF 15 %	4	B /D PA; EXCL; MO
<i>electrolyte-48 in d5w</i>	2	
FREAMINE HBC 6.9 %	4	B /D PA; EXCL
<i>freamine iii 10 %</i>	2	B /D PA; EXCL
HEPATAMINE 8%	3	B /D PA; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>intralipid intravenous emulsion 20 %</i>	2	B /D PA; EXCL
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B /D PA; EXCL
IONOSOL-MB IN D5W	3	
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B /D PA; EXCL
NORMOSOL-M IN 5 % DEXTROSE	4	
NORMOSOL-R PH 7.4	3	
NUTRILIPID	4	B /D PA; EXCL
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B /D PA; EXCL
<i>premasol 10 %</i>	2	B /D PA; EXCL; MO
PROCALAMINE 3%	4	B /D PA; EXCL
PROSOL 20 %	4	B /D PA; EXCL; MO
<i>travasol 10 %</i>	4	B /D PA; EXCL; MO
TROPHAMINE 10 %	3	B /D PA; EXCL; MO

### VITAMINS / HEMATINICS

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

Drug Name	Drug Tier	Requirements /Limits
AQUASOL A	3	MO; EXCL
ASCOR	3	EXCL
<i>ascorbic acid (vitamin c) injection</i>	1	MO; EXCL
<i>b complex 1 (with folic acid)</i>	1	MO; EXCL
<i>b complex 100 injection</i>	1	MO; EXCL
<i>b complex 100 oral</i>	1	EXCL
<i>b complex-vitamin b12</i>	1	MO; EXCL
<i>b complex-vitamin c-folic acid oral tablet</i>	1	MO; EXCL
<i>b-100 complex oral tablet extended release</i>	1	EXCL
B-12 COMPLIANCE	3	MO; EXCL
<i>balance b-100 (folic acid)</i>	1	EXCL
<i>balance b-50 (with folic acid)</i>	1	MO; EXCL
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	1	MO; EXCL
<i>balanced b-100 oral tablet 0.4 mg</i>	1	EXCL
<i>balanced b-50 oral tablet</i>	1	EXCL
<i>b-complex injection</i>	1	EXCL
<i>b-complex with vitamin c oral tablet</i>	1	MO; EXCL
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit)</i>	1	EXCL
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	1	MO; EXCL
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit)</i>	1	EXCL
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	1	MO; EXCL
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	EXCL
<i>complex b-100 oral tablet extended release</i>	1	MO; EXCL
<i>cyanocobalamin (vitamin b-12) injection</i>	1	MO; EXCL
<i>delta d3</i>	1	MO; EXCL
<i>dialyvite 800 oral tablet</i>	1	MO; EXCL
DRISDOL ORAL CAPSULE	3	MO; EXCL
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; EXCL
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	1	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
FERAHEME	3	MO; EXCL
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>folic acid injection</i>	1	MO; EXCL
<i>folic acid oral tablet</i>	1	MO; EXCL
<i>foltabs 800</i>	1	MO; EXCL
<i>full spectrum b-vitamin c</i>	1	MO; EXCL
<i>hydroxocobalamin</i>	1	MO; EXCL
INFED	3	MO; EXCL
INFUVITE ADULT	3	MO; EXCL
INFUVITE PEDIATRIC	3	MO; EXCL
INJECTAFER	3	MO; EXCL
<i>kids first vitamin d3</i>	1	EXCL
<i>kids vitamin d3</i>	1	EXCL
<i>kobee</i>	1	EXCL
<i>m.v.i. adult</i>	1	EXCL
M.V.I. PEDIATRIC	3	EXCL
MECOBALAMIN (VITAMIN B12) INJECTION	3	EXCL
NASCOBAL	3	MO; EXCL
<i>natural b-100 complex</i>	1	EXCL
PHYSICIANS EZ USE B-12	3	MO; EXCL
<i>prenatal vitamin oral tablet</i>	2	MO
<i>pyridoxine (vitamin b6) injection</i>	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>rena-vite</i>	1	MO; EXCL
<i>risacal-d</i>	1	MO; EXCL
<i>stress formula</i>	1	MO; EXCL
<i>stress formula 600 c</i>	1	EXCL
<i>stress formula with iron</i>	1	MO; EXCL
<i>stress formula with iron(sulf)</i>	1	MO; EXCL
<i>super b complex-vitamin c</i>	1	EXCL
<i>super b maxi complex</i>	1	EXCL
<i>super quint</i>	1	EXCL
<i>super quint b-50</i>	1	EXCL
<i>thiamine hcl (vitamin b1) injection</i>	1	MO; EXCL
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	EXCL
TRIFERIC HEMODIALYSIS SOLUTION	3	MO; EXCL
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML	3	MO; EXCL
VENOFER INTRAVENOUS SOLUTION 50 MG IRON/2.5 ML	3	EXCL
<i>vitajoy daily d</i>	1	EXCL
<i>vitamin b complex oral tablet</i>	1	EXCL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>vitamin b complex-folic acid oral tablet</i>	1	MO; EXCL
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	MO; EXCL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	MO; EXCL
<i>vitamin d3 oral tablet, chewable</i>	1	MO; EXCL
<i>vitamins b complex oral tablet</i>	1	EXCL

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

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PENTASA .....	94	piperacillin-tazobactam .....	12	potassium chloride-d5-	
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PEXEVA .....	50	PLEGRIDY .....	100	prasugrel .....	61
pfizerpen-g .....	12	plenamine .....	130	PRAVACHOL.....	62
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sodium chloride 5 %.....	129	STALEVO 150.....	32	sumatriptan-naproxen .....	34
sodium ferric gluconat-sucrose		STALEVO 200.....	32	SUNOSI.....	52
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sodium fluoride 5000 plus....	76	STALEVO 75.....	32	super b maxi complex.....	132
sodium fluoride-pot nitrate...	77	STAMARIL (PF) .....	103	super quints.....	132
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tamoxifen.....	24	terbutaline.....	124	tobramycin in 0.225 % nacl..	11
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This formulary was updated on 8/25/2020. For more recent information or other questions, please contact BlueCross BlueShield of Western New York at 1-877-461-9218 or, for TTY users, (TTY 711), October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week and April 1 – September 30, 8 a.m. to 8 p.m., Monday – Friday, or visit [www.bcbswny.com/pharmacy](http://www.bcbswny.com/pharmacy).