



Anthem Dual Advantage (HMO SNP) 2015 Formulary (List of Covered Drugs)

Please read: This document contains information about some of the drugs we cover in this plan.

This formulary was updated on August 1, 2014. For more recent information or other questions, please contact Anthem Dual Advantage (HMO SNP) Customer Service at **1-866-673-4157** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit www.anthem.com/shop.

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 Anthem Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Anthem Dual Advantage (HMO SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of August 1, 2014. 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, 2015 and from time to time during the year.

What is the Anthem Dual Advantage (HMO SNP) formulary?

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

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2015. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Medications." If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 50. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *irbesartan 75mg tablets*. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Anthem Dual Advantage (HMO SNP)'s formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

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

How do I request an exception to the Anthem Dual Advantage (HMO SNP)'s formulary?

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

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

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription.

You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term-care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day/7 days a week. TTY

users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Our plan's formulary

The formulary on page 7 provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 50.

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

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

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

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

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

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

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-866-673-4157, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

INJ - Injectable: The drug is available in injectable form.

MO - Mail Orders: Prescription drugs available through mail order.

Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$2.65. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 2: Nonpreferred Generic	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$2.65. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$6.60. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 4: Nonpreferred Brand	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$6.60. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 5: Specialty Tier	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$6.60. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00

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

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lower-case italics (e.g. *atenolol*)

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

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

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

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

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

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service 1-866-673-4157, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

INJ - Injectable: The drug is available in injectable form.

MO - Mail Order: Prescription drugs available through mail order.

Drug Name	Drug Tier	Requirements/ Limits
Anti - Infectives		
<i>abacavir</i>	4	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
ABELCET	5	B/D PAR; MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension</i>	3	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	4	B/D PAR; MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PAR
<i>adefovir</i>	5	MO
ALBENZA	4	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO; QLL (180 per 3 days)
ALINIA ORAL TABLET	4	MO
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
AMBISOME	5	B/D PAR; MO
<i>amikacin injection</i>	4	B/D PAR; MO
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	2	MO
<i>amphotericin b</i>	4	B/D PAR; MO
<i>ampicillin</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg</i>	4	B/D PAR; MO
<i>ampicillin sodium injection recon soln 500 mg</i>	4	B/D PAR
<i>ampicillin sodium intravenous</i>	4	B/D PAR

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram</i>	4	B/D PAR
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	4	B/D PAR; MO
<i>ampicillin-sulbactam intravenous</i>	4	B/D PAR
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil</i>	4	MO
ATRIPLA	5	MO
<i>azithromycin intravenous</i>	4	B/D PAR; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	2	MO; QLL (15 per 1 day)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	3	MO; QLL (46 per 1 day)
<i>azithromycin oral tablet 250 mg</i>	2	MO; QLL (6 per 1 day)
<i>azithromycin oral tablet 500 mg</i>	2	MO; QLL (3 per 1 day)
<i>azithromycin oral tablet 600 mg</i>	2	MO; QLL (8 per 1 day)
<i>aztreonam</i>	4	MO
BARACLUDE	5	PAR; MO
BICILLIN C-R	4	MO
BICILLIN L-A	4	MO
CANCIDAS	5	B/D PAR; MO
CAPASTAT	4	B/D PAR
CAYSTON	5	PAR; MO; LA
<i>cefactor oral capsule 250 mg</i>	2	MO
<i>cefactor oral capsule 500 mg</i>	3	MO
<i>cefactor oral suspension for reconstitution</i>	2	MO
<i>cefactor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution</i>	3	MO
<i>cefadroxil oral tablet</i>	3	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	4	B/D PAR; MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	4	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin injection recon soln 1 gram</i>	4	B/D PAR; MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 500 mg</i>	4	B/D PAR
<i>cefazolin intravenous</i>	4	B/D PAR
<i>cefdinir oral capsule</i>	3	MO
<i>cefdinir oral suspension for reconstitution</i>	4	MO
<i>cefepime</i>	4	B/D PAR; MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	4	
<i>cefotaxime injection recon soln 10 gram</i>	4	MO
<i>cefotetan</i>	4	
<i>cefoxitin in dextrose, iso-osm</i>	4	B/D PAR
<i>cefoxitin intravenous recon soln 1 gram</i>	4	B/D PAR; MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	4	B/D PAR
<i>cefpodoxime</i>	4	MO
<i>cefprozil oral suspension for reconstitution</i>	3	MO
<i>cefprozil oral tablet 250 mg</i>	2	MO
<i>cefprozil oral tablet 500 mg</i>	3	MO
<i>ceftazidime in d5w</i>	4	
<i>ceftazidime injection recon soln 1 gram, 6 gram</i>	4	B/D PAR
<i>ceftazidime injection recon soln 2 gram</i>	4	B/D PAR; MO
<i>ceftriaxone in dextrose, iso-os</i>	4	B/D PAR; MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	B/D PAR; MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	B/D PAR
<i>ceftriaxone intravenous</i>	4	B/D PAR; MO
<i>cefuroxime axetil</i>	2	MO
<i>cefuroxime sodium injection</i>	4	B/D PAR; MO
<i>cefuroxime sodium intravenous</i>	4	B/D PAR
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>cephalexin oral tablet</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate oral</i>	2	MO
<i>cidofovir</i>	5	B/D PAR; MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	4	MO
<i>ciprofloxacin intravenous solution 200 mg/20 ml</i>	4	B/D PAR; MO
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	4	B/D PAR
<i>ciprofloxacin oral tablet</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO; QLL (28 per 1 day)
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in dextrose 5 %</i>	4	B/D PAR; MO
<i>clindamycin phosphate injection</i>	4	B/D PAR; MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	4	B/D PAR
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	B/D PAR; MO
<i>clotrimazole mucous membrane</i>	2	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	B/D PAR; MO
COMPLERA	5	MO
CRIXIVAN	3	MO
CUBICIN	5	B/D PAR; MO
<i>dapsone</i>	3	MO
DARAPRIM	3	MO
<i>demeclocycline oral tablet 150 mg</i>	3	MO
<i>demeclocycline oral tablet 300 mg</i>	4	MO
<i>dicloxacillin</i>	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg</i>	3	MO
<i>didanosine oral capsule, delayed release(dr/ec) 400 mg</i>	4	MO
DIFICID	5	PAR; MO
DORIBAX	4	
DOXY-100	4	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous</i>	4	B/D PAR
<i>doxycycline hyclate oral capsule 100 mg</i>	3	MO
<i>doxycycline hyclate oral capsule 50 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg</i>	3	MO
<i>doxycycline hyclate oral tablet 20 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 150 mg</i>	4	MO
EDURANT	5	MO
EMTRIVA	4	MO
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR ORAL SOLUTION	4	MO
EPZICOM	5	MO
ERYTHROCIN (AS STEARATE)	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	B/D PAR
<i>erythromycin ethylsuccinate oral</i>	3	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet 250 mg</i>	3	MO
<i>erythromycin oral tablet 500 mg</i>	4	MO
<i>erythromycin-sulfisoxazole</i>	2	MO
<i>ethambutol</i>	2	MO
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	4	MO; QLL (21 per 7 days)
<i>fluconazole in dextrose(iso-o)</i>	4	B/D PAR
<i>fluconazole in nacl (iso-osm)</i>	4	B/D PAR
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	MO
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	5	MO
<i>foscarnet</i>	4	B/D PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
FUZEON	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium</i>	4	MO
<i>gentamicin in nacl (iso-osm)</i>	4	
<i>gentamicin injection</i>	4	MO
<i>gentamicin sulfate (ped) (pf)</i>	4	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	4	MO
<i>gentamicin sulfate (pf) intravenous solution 60 mg/6 ml, 80 mg/8 ml</i>	4	
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet 250 mg</i>	3	MO
HEPSERA	5	PAR; MO
<i>hydroxychloroquine oral</i>	1	MO
<i>imipenem-cilastatin</i>	3	MO
INCIVEK	5	PAR; MO; QLL (180 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	4	
INVANZ INJECTION	4	MO
INVANZ INTRAVENOUS	4	
INVIRASE	5	MO
ISENTRESS ORAL POWDER IN PACKET	4	
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	3	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole</i>	4	PAR; MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	4	MO
KALETRA ORAL TABLET 200-50 MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
KETEK	3	MO; QLL (20 per 1 day)
<i>ketoconazole oral</i>	2	MO
<i>lamivudine oral tablet 100 mg, 150 mg</i>	3	MO
<i>lamivudine oral tablet 300 mg</i>	4	MO
<i>lamivudine-zidovudine</i>	5	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin oral tablet</i>	2	MO; QLL (14 per 1 day)
LEXIVA ORAL SUSPENSION	4	MO
LEXIVA ORAL TABLET	5	MO
LINCOCIN	4	MO
<i>mefloquine</i>	2	MO
MEPRON	5	PAR; MO
<i>meropenem</i>	4	B/D PAR; MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
METRO I.V.	4	MO
<i>metronidazole in nacl (iso-os)</i>	4	MO
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet 100 mg, 75 mg</i>	3	MO
<i>minocycline oral tablet 50 mg</i>	2	MO
MOXATAG	4	
<i>moxifloxacin</i>	2	MO; QLL (21 per 1 day)
MYCAMINE	5	MO
MYCOBUTIN	4	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	B/D PAR
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	B/D PAR; MO
<i>nafcillin injection recon soln 1 gram</i>	4	B/D PAR; MO
<i>nafcillin injection recon soln 10 gram, 2 gram</i>	5	B/D PAR; MO
<i>nafcillin intravenous recon soln 1 gram</i>	5	B/D PAR
<i>nafcillin intravenous recon soln 2 gram</i>	5	B/D PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT	3	B/D PAR; MO
<i>neomycin</i>	2	MO
<i>nevirapine oral suspension</i>	4	MO
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
<i>nitrofurantoin macrocrystal</i>	4	PAR; MO
<i>nitrofurantoin monohydr/m-cryst</i>	4	PAR; MO
NORVIR	4	MO
NOXAFIL ORAL SUSPENSION	5	PAR; MO; QLL (630 per 30 days)
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
OLYSIO	5	PAR; MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>oxacillin injection recon soln 10 gram</i>	5	MO
<i>oxacillin intravenous recon soln 1 gram</i>	5	
<i>oxacillin intravenous recon soln 2 gram</i>	4	
<i>paromomycin</i>	3	MO
PASER	4	MO
<i>penicillin g pot in dextrose</i>	4	B/D PAR
<i>penicillin g potassium</i>	4	B/D PAR; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	B/D PAR; MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	4	B/D PAR
<i>penicillin g sodium</i>	4	B/D PAR; MO
<i>penicillin v potassium</i>	2	MO
PENTAM	4	MO
PFIZERPEN-G	4	B/D PAR
<i>piperacillin-tazobactam</i>	4	B/D PAR; MO
<i>polymyxin b sulfate</i>	4	MO
PREZISTA ORAL SUSPENSION	5	MO

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
PRIFTIN	3	MO
<i>primaquine</i>	3	MO
<i>pyrazinamide</i>	2	MO
REBETOL ORAL SOLUTION	5	PAR; MO
RELENZA DISKHALER	3	MO; QLL (60 per 180 days)
RESCRIPTOR	4	MO
RETROVIR INTRAVENOUS	4	
REYATAZ	5	MO
RIBASPHERE ORAL CAPSULE	3	PAR; MO
RIBASPHERE ORAL TABLET 200 MG	3	PAR; MO
<i>ribavirin</i>	3	PAR; MO
<i>rifabutin</i>	3	MO
<i>rifampin intravenous</i>	4	B/D PAR; MO
<i>rifampin oral</i>	2	MO
RIFATER	3	MO
<i>rimantadine</i>	3	MO
SELZENTRY	5	MO
SOVALDI	5	PAR; MO
<i>stavudine</i>	3	MO
<i>streptomycin intramuscular</i>	4	MO
STRIBILD	5	MO
STROMEKTOL	3	MO
<i>sulfadiazine oral</i>	3	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	B/D PAR; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
SUPRAX ORAL TABLET	4	MO
SUSTIVA	3	MO
SYNAGIS	5	PAR; MO; LA
SYNERCID	5	
TAMIFLU ORAL CAPSULE 30 MG	3	MO; QLL (84 per 1 day)
TAMIFLU ORAL CAPSULE 45 MG	3	MO; QLL (42 per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL CAPSULE 75 MG	3	MO; QLL (56 per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QLL (360 per 180 days)
TEFLARO	4	MO
<i>terbinafine oral</i>	1	MO; QLL (30 per 30 days)
<i>tetracycline</i>	2	MO
TIMENTIN INTRAVENOUS RECON SOLN 3.1 G	4	MO
TIMENTIN INTRAVENOUS RECON SOLN 31 GRAM	4	
<i>tinidazole oral tablet 250 mg</i>	2	MO
<i>tinidazole oral tablet 500 mg</i>	4	MO
TIVICAY	5	MO
TOBI	5	B/D PAR; MO; QLL (280 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	B/D PAR; MO; QLL (280 per 28 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	4	MO
<i>tobramycin sulfate injection recon soln</i>	4	B/D PAR
<i>tobramycin sulfate injection solution</i>	4	B/D PAR; MO
TRECTOR	4	MO
<i>trimethoprim</i>	2	MO
TRIZIVIR	5	MO
TRUVADA	5	MO
TYGACIL	5	MO
TYZEKA	5	PAR; MO
<i>valacyclovir</i>	3	MO; QLL (30 per 1 day)
VALCYTE ORAL TABLET	5	MO
<i>vancomycin in d5w intravenous piggyback 1 gram/200 ml</i>	4	B/D PAR; MO
<i>vancomycin in d5w intravenous piggyback 500 mg/100 ml</i>	4	B/D PAR
<i>vancomycin in dextrose iso-osm</i>	4	B/D PAR
<i>vancomycin intravenous</i>	4	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral capsule 125 mg</i>	5	PAR; MO; QLL (40 per 1 day)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; MO; QLL (300 per 30 days)
VICTRELIS	5	PAR; MO; QLL (360 per 30 days)
VIDEX 2 GRAM PEDIATRIC	3	MO
VIDEX 4 GRAM PEDIATRIC	3	MO
VIRACEPT	5	MO
VIRAMUNE XR	4	MO
VIRAZOLE	5	PAR; MO
VIREAD ORAL POWDER	5	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 300 MG	5	MO
VIREAD ORAL TABLET 200 MG, 250 MG	4	MO
VISTIDE	5	B/D PAR; MO
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; MO; QLL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	5	PAR; MO; QLL (120 per 30 days)
ZIAGEN ORAL SOLUTION	4	MO
<i>zidovudine</i>	3	MO
ZMAX	3	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	5	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	5	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; MO; QLL (1800 per 1 day)
ZYVOX ORAL TABLET	5	PAR; MO; QLL (28 per 1 day)
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	5	B/D PAR; MO
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	4	B/D PAR

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
ADRUCIL INTRAVENOUS SOLUTION 5 GRAM/100 ML, 500 MG/10 ML	4	B/D PAR; MO
AFINITOR	5	PAR; MO
AFINITOR DISPERZ	5	PAR; MO
ALIMTA	5	PAR; MO
ALKERAN ORAL	4	B/D PAR; MO
<i>amifostine crystalline</i>	5	PAR; MO
<i>anastrozole</i>	3	MO
ARRANON	4	B/D PAR
ARZERRA	5	B/D PAR; MO
ASTAGRAF XL	4	B/D PAR; MO
AVASTIN	5	PAR; MO
<i>azacitidine</i>	5	PAR; MO
<i>azathioprine</i>	2	B/D PAR; MO
<i>bicalutamide</i>	3	MO
BICNU	4	B/D PAR; MO
<i>bleomycin</i>	4	B/D PAR; MO
BOSULIF	5	PAR; MO
BUSULFEX	4	B/D PAR
CAPRELSA	5	PAR; MO; LA
<i>carboplatin intravenous solution</i>	4	B/D PAR; MO
CELLCEPT INTRAVENOUS	4	B/D PAR
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	B/D PAR; MO
<i>cisplatin</i>	4	B/D PAR; MO
<i>cladribine</i>	5	B/D PAR; MO
CLOLAR	5	B/D PAR; MO
COMETRIQ	5	PAR; MO
COSMEGEN	5	B/D PAR; MO
<i>cyclophosphamide oral tablet 25 mg</i>	2	B/D PAR; MO
<i>cyclophosphamide oral tablet 50 mg</i>	3	B/D PAR; MO
<i>cyclosporine intravenous</i>	4	B/D PAR
<i>cyclosporine modified</i>	3	B/D PAR; MO
<i>cyclosporine oral capsule 100 mg</i>	4	B/D PAR; MO
<i>cyclosporine oral capsule 25 mg</i>	3	B/D PAR; MO
CYRAMZA	5	PAR; MO
<i>cytarabine</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection recon soln 1 gram</i>	4	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PAR
<i>dacarbazine</i>	4	B/D PAR; MO
DACOGEN	5	B/D PAR; MO
<i>daunorubicin intravenous solution</i>	4	B/D PAR
<i>decitabine</i>	5	B/D PAR; MO
<i>dexrazoxane intravenous recon soln 250 mg</i>	5	B/D PAR
<i>dexrazoxane intravenous recon soln 500 mg</i>	5	B/D PAR; MO
DOCEFREZ	5	B/D PAR
<i>docetaxel intravenous solution 140 mg/7 ml (20 mg/ml), 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PAR
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PAR; MO
DOXIL	5	B/D PAR; MO
<i>doxorubicin intravenous recon soln</i>	4	B/D PAR
<i>doxorubicin intravenous solution</i>	4	B/D PAR; MO
ELITEK	5	PAR
EMCYT	4	MO
<i>epirubicin intravenous recon soln 50 mg</i>	4	B/D PAR
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	B/D PAR
<i>epirubicin intravenous solution 50 mg/25 ml</i>	4	B/D PAR; MO
ERBITUX	5	PAR; MO
ERIVEDGE	5	PAR; MO
ERWINAZE	5	B/D PAR
ETOPOPHOS	4	B/D PAR; MO
<i>etoposide intravenous</i>	3	B/D PAR; MO
<i>exemestane</i>	3	MO
FARESTON	5	MO
FASLODEX	5	PAR; MO
FIRMAGON KIT W	5	B/D PAR; MO
DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PAR; MO
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PAR; MO
FIRMAGON SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PAR; MO
<i>fludarabine intravenous recon soln</i>	4	B/D PAR; MO
<i>fludarabine intravenous solution</i>	4	B/D PAR
<i>fluorouracil intravenous</i>	4	B/D PAR; MO
<i>flutamide</i>	3	MO
FOLOTYN	5	B/D PAR; MO
FUSILEV	5	B/D PAR; MO
GAZYVA	5	PAR; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PAR
<i>gemcitabine intravenous solution</i>	5	B/D PAR
GENGRAF ORAL CAPSULE	3	B/D PAR; MO
GENGRAF ORAL SOLUTION	4	B/D PAR; MO
GILOTRIF	5	PAR; MO
GLEEVEC	5	PAR; MO
HALAVEN	5	PAR; MO
HECORIA ORAL CAPSULE 0.5 MG, 1 MG	2	B/D PAR; MO
HECORIA ORAL CAPSULE 5 MG	5	B/D PAR; MO
HERCEPTIN	5	PAR; MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
ICLUSIG	5	PAR; MO
IDAMYCIN PFS	5	B/D PAR; MO
<i>idarubicin</i>	5	B/D PAR
IFEX	4	B/D PAR; MO
<i>ifosfamide intravenous recon soln 1 gram</i>	4	B/D PAR; MO
<i>ifosfamide intravenous recon soln 3 gram</i>	4	B/D PAR
<i>ifosfamide intravenous solution</i>	4	B/D PAR
IMBRUVICA	5	PAR; MO
INLYTA	5	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	5	B/D PAR; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	B/D PAR
ISTODAX	5	PAR; MO
IXEMPRA	5	B/D PAR; MO
JAKAFI	5	PAR; MO
JEVTANA	5	B/D PAR; MO
KADCYLA	5	PAR; MO
<i>letrozole</i>	3	MO
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	4	B/D PAR; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	4	B/D PAR
<i>leucovorin calcium oral</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide</i>	4	PAR; MO
<i>lomustine</i>	4	MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PAR; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PAR; MO
LYSODREN	3	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	3	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PAR; MO
<i>megestrol oral tablet</i>	3	PAR; MO
MEKINIST	5	PAR; MO
<i>melphalan</i>	4	B/D PAR
<i>mercaptopurine</i>	2	MO
<i>mesna</i>	4	B/D PAR; MO
MESNEX INTRAVENOUS	4	B/D PAR
MESNEX ORAL	5	MO
<i>methotrexate sodium (pf) injection recon soln</i>	4	B/D PAR
<i>methotrexate sodium (pf) injection solution</i>	4	B/D PAR; MO
<i>methotrexate sodium injection</i>	4	B/D PAR; MO
<i>methotrexate sodium oral</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin</i>	4	B/D PAR; MO
<i>mitoxantrone</i>	3	B/D PAR; MO
MUSTARGEN	4	B/D PAR; MO
<i>mycophenolate mofetil</i>	3	B/D PAR; MO
NEXAVAR	5	PAR; MO; LA; QLL (120 per 30 days)
NILANDRON	5	MO
NIPENT	5	B/D PAR; MO
NULOJIX	5	B/D PAR; MO
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	5	PAR; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PAR; MO
ONCASPAR	5	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	5	B/D PAR
<i>oxaliplatin intravenous solution</i>	5	B/D PAR; MO
<i>paclitaxel</i>	4	B/D PAR; MO
PERJETA	5	PAR; MO
POMALYST	5	PAR; MO
PROGRAF INTRAVENOUS	4	B/D PAR; MO
RAPAMUNE ORAL SOLUTION	3	B/D PAR; MO
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PAR; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	5	B/D PAR; MO
REVLIMID ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	PAR; MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; MO; LA; QLL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RITUXAN	5	PAR; MO
SANDOSTATIN LAR DEPOT	5	PAR; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO
<i>sirolimus</i>	3	B/D PAR; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	MO
SPRYCEL	5	PAR; MO
STIVARGA	5	PAR; MO; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	5	PAR; MO
SUTENT ORAL CAPSULE 37.5 MG	5	PAR
SYNRIBO	5	PAR; MO
TABLOID	4	MO
<i>tacrolimus oral capsule 0.5 mg</i>	3	B/D PAR; MO
<i>tacrolimus oral capsule 1 mg</i>	4	B/D PAR; MO
<i>tacrolimus oral capsule 5 mg</i>	5	B/D PAR; MO
TAFINLAR	5	PAR; MO
<i>tamoxifen</i>	2	MO
TARCEVA	5	PAR; MO
TARGRETIN	5	PAR; MO
TASIGNA	5	PAR; MO
TAXOTERE	5	B/D PAR; MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (60 per 30 days)
<i>thiotepa</i>	4	B/D PAR; MO
TOPOSAR	4	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	5	B/D PAR; MO
<i>topotecan intravenous solution</i>	5	B/D PAR
TORISEL	5	B/D PAR; MO
TREANDA	5	B/D PAR; MO
TRELSTAR	5	MO
TRELSTAR DEPOT	5	
TRELSTAR LA	5	
<i>tratinostat (chemotherapy)</i>	5	MO
TRISENOX	5	B/D PAR; MO
TYKERB	5	PAR; MO; LA
VECTIBIX	5	PAR; MO
VELCADE	5	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
VIDAZA	5	PAR; MO
<i>vinblastine intravenous solution</i>	4	B/D PAR; MO
VINCASAR PFS	4	B/D PAR
<i>vincristine</i>	4	B/D PAR; MO
<i>vinorelbine</i>	4	B/D PAR; MO
VOTRIENT	5	PAR; MO
XALKORI	5	PAR; MO
XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
XTANDI	5	PAR; MO
YERVOY	5	PAR; MO
ZALTRAP	5	PAR; MO
ZANOSAR	4	B/D PAR; MO
ZELBORAF	5	PAR; MO
ZOLINZA	5	PAR; MO
ZORTRESS ORAL TABLET 0.25 MG	4	B/D PAR; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PAR; MO
ZYKADIA	5	PAR; MO
ZYTIGA	5	PAR; MO
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	5	MO; QLL (90 per 30 days)
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 15 MG	5	MO; QLL (60 per 30 days)
ABILIFY INTRAMUSCULAR	4	B/D PAR; MO
ABILIFY MAINTENA	5	MO; QLL (1 per 28 days)
ABILIFY ORAL SOLUTION	5	MO; QLL (900 per 30 days)
ABILIFY ORAL TABLET 10 MG	5	MO; QLL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG, 20 MG	5	MO; QLL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	5	MO; QLL (450 per 30 days)
ABILIFY ORAL TABLET 30 MG	5	MO; QLL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	5	MO; QLL (180 per 30 days)
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 100	5	PAR; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MCG, 200 MCG, 300 MCG, 400 MCG		
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 600 MCG, 800 MCG	5	PAR; MO; QLL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	3	QLL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QLL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	3	MO; QLL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	3	MO; QLL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QLL (180 per 30 days)
ACTIQ	5	PAR; MO; QLL (120 per 30 days)
ADASUVE	4	
<i>alprazolam oral tablet</i>	3	MO; QLL (90 per 30 days)
<i>amitriptyline</i>	3	PAR; MO
<i>amoxapine</i>	2	MO
AMPHETAMINE SALT COMBO ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PAR; MO; QLL (90 per 30 days)
AMPHETAMINE SALT COMBO ORAL TABLET 30 MG	3	PAR; MO; QLL (60 per 30 days)
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
APOKYN	5	PAR; MO; LA
APTIOM	4	ST; MO
AZILECT	3	MO
<i>baclofen</i>	2	MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	4	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine injection</i>	4	PAR; MO
<i>benztropine oral</i>	3	PAR; MO
BRINTELLIX ORAL TABLET 10 MG	4	ST; MO; QLL (60 per 30 days)
BRINTELLIX ORAL TABLET 20 MG	4	ST; MO; QLL (30 per 30 days)
BRINTELLIX ORAL TABLET 5 MG	4	ST; MO; QLL (120 per 30 days)
<i>bromocriptine</i>	3	MO
<i>buprenorphine injection syringe</i>	4	B/D PAR
<i>buprenorphine sublingual tablet, sublingual 2 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>buprenorphine sublingual tablet, sublingual 8 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet, sublingual 2-0.5 mg</i>	4	PAR; MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet, sublingual 8-2 mg</i>	4	PAR; MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 100 mg</i>	2	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg, 200 mg</i>	2	MO; QLL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QLL (45 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg</i>	1	MO
<i>bupirone oral tablet 30 mg</i>	3	MO
<i>bupirone oral tablet 5 mg, 7.5 mg</i>	2	MO
<i>butorphanol tartrate injection</i>	4	MO
<i>butorphanol tartrate nasal</i>	3	MO; QLL (5 per 28 days)
<i>carbamazepine</i>	3	MO
<i>carbidopa-levodopa</i>	3	MO
CELONTIN	4	MO
<i>chlorpromazine injection</i>	4	PAR; MO
<i>chlorpromazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine oral tablet 100 mg, 200 mg</i>	3	PAR; MO
<i>citalopram oral solution</i>	2	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>clomipramine</i>	4	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	3	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	3	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	3	PAR; MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	3	PAR; MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	3	PAR; MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	3	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	3	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	PAR; MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 100 mg</i>	3	QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	3	QLL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	4	QLL (2160 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet, disintegrating 25 mg</i>	4	QLL (1080 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE KIT 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)
<i>cyclobenzaprine</i>	4	PAR; MO
<i>dantrolene</i>	3	MO
<i>desipramine oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>desipramine oral tablet 150 mg</i>	3	MO
<i>desvenlafaxine fumarate oral tablet extended release 24hr 100 mg</i>	4	MO; QLL (120 per 30 days)
<i>desvenlafaxine fumarate oral tablet extended release 24hr 50 mg</i>	4	MO; QLL (240 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i>	4	MO; QLL (120 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 50 mg</i>	4	MO; QLL (240 per 30 days)
<i>desvenlafaxine oral tablet extended release 24hr 100 mg</i>	4	QLL (120 per 30 days)
<i>desvenlafaxine oral tablet extended release 24hr 50 mg</i>	4	QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	3	PAR; MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
DIAZEPAM INTENSOL	3	PAR; MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml</i>	3	MO; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	3	PAR; MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	3	MO; QLL (2 per 1 day)
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diflunisal</i>	2	MO
<i>dihydroergotamine injection</i>	3	MO
DILANTIN	3	MO
DILANTIN INFATABS	3	MO

Drug Name	Drug Tier	Requirements/Limits
DISKETS	3	QLL (30 per 30 days)
<i>divalproex</i>	3	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	3	MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	3	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	3	PAR; MO
<i>duloxetine oral capsule, delayed release(drlec) 20 mg</i>	3	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i>	3	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 60 mg</i>	3	MO; QLL (60 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	4	B/D PAR; MO
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	4	B/D PAR
EMSAM	5	PAR; MO; QLL (30 per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	MO; QLL (360 per 30 days)
ENDODAN	3	MO; QLL (360 per 30 days)
<i>entacapone</i>	3	MO
EPITOL	3	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 per 30 days)
<i>ergoloid</i>	3	PAR; MO
<i>escitalopram oxalate oral solution</i>	3	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)
<i>ethosuximide</i>	3	MO
<i>etodolac</i>	2	MO
FANAPT ORAL TABLET 1 MG	4	MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG	5	MO; QLL (72 per 30 days)
FANAPT ORAL TABLET 12 MG	4	MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	4	MO; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	QLL (8 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG	4	QLL (270 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG	4	QLL (2160 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG	4	QLL (180 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 200 MG	4	QLL (135 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 25 MG	4	QLL (1080 per 30 days)
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet 400 mg</i>	3	MO
<i>felbamate oral tablet 600 mg</i>	5	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>fentanyl citrate</i>	5	PAR; MO; QLL (120 per 30 days)
<i>fentanyl patches</i>	4	ST; MO; QLL (15 per 30 days)
FENTORA	5	PAR; MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PAR; MO; QLL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	2	MO; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QLL (120 per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	4	MO; QLL (30 per 30 days)
<i>fluphenazine decanoate</i>	4	B/D PAR; MO
<i>fluphenazine hcl injection</i>	4	B/D PAR; MO
<i>fluphenazine hcl oral</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	4	B/D PAR; MO
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 8 MG	4	MO; QLL (45 per 30 days)	<i>hydromorphone (pf) injection solution 1 mg/ml</i>	4	
<i>gabapentin oral capsule 100 mg</i>	3	MO; QLL (1080 per 30 days)	<i>hydromorphone (pf) injection solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>gabapentin oral capsule 300 mg</i>	3	MO; QLL (360 per 30 days)	<i>hydromorphone injection solution</i>	4	MO; QLL (180 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	3	MO; QLL (270 per 30 days)	<i>hydromorphone injection syringe 1 mg/ml</i>	4	
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QLL (2160 per 30 days)	<i>hydromorphone injection syringe 2 mg/ml</i>	4	QLL (180 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QLL (2160 per 30 days)	<i>hydromorphone injection syringe 4 mg/ml</i>	4	MO
<i>gabapentin oral tablet 600 mg</i>	3	MO; QLL (180 per 30 days)	<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QLL (360 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	3	MO; QLL (135 per 30 days)	<i>hydromorphone oral tablet 8 mg</i>	3	MO; QLL (180 per 30 days)
GABITRIL	4	MO	<i>ibuprofen oral suspension</i>	1	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO; QLL (30 per 30 days)	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>galantamine oral solution</i>	3	MO; QLL (180 per 30 days)	<i>ibuprofen-oxycodone</i>	3	MO; QLL (28 per 1 day)
<i>galantamine oral tablet</i>	3	MO; QLL (60 per 30 days)	<i>imipramine hcl</i>	3	PAR; MO
GEODON	4	B/D PAR; MO	INTUNIV ER	4	PAR; MO; QLL (30 per 30 days)
INTRAMUSCULAR			INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	4	MO; QLL (240 per 30 days)
GILENYA	5	PAR; MO; QLL (30 per 30 days)	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; QLL (120 per 30 days)
<i>guanidine</i>	4	MO	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QLL (60 per 30 days)
<i>haloperidol</i>	2	MO	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	5	MO; QLL (40 per 30 days)
<i>haloperidol decanoate</i>	4	B/D PAR; MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	B/D PAR; MO; QLL (2 per 28 days)
<i>haloperidol lactate injection</i>	4	B/D PAR; MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	B/D PAR; MO; QLL (2 per 28 days)
<i>haloperidol lactate oral</i>	2	MO			
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	PAR; MO; QLL (120 per 30 days)			
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml</i>	3	QLL (2700 per 30 days)			
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QLL (2700 per 30 days)			
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (360 per 30 days)			
<i>hydrocodone-ibuprofen</i>	3	MO; QLL (480 per 30 days)			

Drug Name	Drug Tier	Requirements/Limits
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	3	MO
LATUDA ORAL TABLET 120 MG	5	MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	4	MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	4	MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 60 MG	4	MO; QLL (75 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QLL (60 per 30 days)
LAZANDA	5	PAR; MO; QLL (30 per 30 days)
<i>levetiracetam intravenous</i>	4	B/D PAR; MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>levetiracetam oral tablet</i>	3	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lithium citrate</i>	2	MO
<i>lorazepam oral tablet</i>	1	MO; QLL (90 per 30 days)
<i>loxapine succinate</i>	2	MO
LYRICA ORAL CAPSULE 100 MG	4	PAR; MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE 150 MG	4	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	2	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	2	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	MO
MARPLAN	3	MO
<i>meclofenamate oral</i>	4	MO
<i>mefenamic acid</i>	4	MO
<i>meloxicam oral suspension</i>	3	MO; QLL (300 per 30 days)
<i>meloxicam oral tablet</i>	1	MO; QLL (30 per 30 days)
MESTINON ORAL SYRUP	3	MO
MESTINON TIMESPAN	3	MO
METHADONE INTENSOL	3	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	3	QLL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	MO; QLL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	MO; QLL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>methadone oral tablet, soluble</i>	3	QLL (30 per 30 days)
METHADOSE ORAL CONCENTRATE	3	QLL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
METHADOSE ORAL TABLET,SOLUBLE	3	MO; QLL (30 per 30 days)
<i>methylphenidate oral tablet</i>	3	PAR; MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet,disintegrating 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet,disintegrating 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet,disintegrating 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	B/D PAR
<i>morphine (pf) injection solution 1 mg/ml</i>	4	B/D PAR; MO
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	4	MO
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	4	
<i>morphine concentrate oral solution</i>	3	MO; QLL (270 per 30 days)
<i>morphine intravenous cartridge</i>	4	
<i>morphine intravenous pt controlled analgesia syring</i>	4	B/D PAR
<i>morphine intravenous solution 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml</i>	4	
<i>morphine intravenous solution 50 mg/ml</i>	4	MO
<i>morphine intravenous syringe</i>	4	
<i>morphine oral solution 10 mg/5 ml</i>	3	MO; QLL (2700 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral solution 20 mg/5 ml</i>	3	MO; QLL (1350 per 30 days)
<i>morphine oral tablet 15 mg</i>	3	MO; QLL (360 per 30 days)
<i>morphine oral tablet 30 mg</i>	3	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	3	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	3	MO; QLL (60 per 30 days)
<i>morphine rectal</i>	3	MO; QLL (180 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	4	B/D PAR; MO
<i>naloxone injection solution</i>	4	
<i>naloxone injection syringe 0.4 mg/ml</i>	4	
<i>naloxone injection syringe 1 mg/ml</i>	3	MO
<i>naltrexone</i>	2	MO
NAMENDA ORAL SOLUTION	3	PAR; MO; QLL (300 per 30 days)
NAMENDA ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
NAMENDA ORAL TABLET 5 MG	3	MO; QLL (90 per 30 days)
NAMENDA TITRATION PAK	3	MO; QLL (60 per 30 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PAR; MO; QLL (28 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet 250 mg</i>	2	MO
<i>naproxen oral tablet 375 mg, 500 mg</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
<i>naratriptan</i>	3	MO; QLL (9 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 100 mg</i>	2	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	2	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	2	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	2	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	2	MO; QLL (360 per 30 days)
NEUPRO	4	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule 10 mg</i>	1	MO
<i>nortriptyline oral capsule 25 mg, 50 mg, 75 mg</i>	2	MO
<i>nortriptyline oral solution</i>	2	MO
NUEDEXTA	3	MO; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	4	B/D PAR; MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	5	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	3	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	4	PAR; MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ONFI ORAL TABLET 20 MG	4	PAR; MO; QLL (60 per 30 days)
ORAP	3	MO
<i>oxaprozin</i>	3	MO
<i>oxazepam</i>	2	PAR; MO; QLL (120 per 30 days)
<i>oxcarbazepine</i>	3	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QLL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QLL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	MO; QLL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QLL (1800 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone oral tablet 15 mg</i>	3	MO; QLL (540 per 30 days)
<i>oxycodone oral tablet 20 mg, 30 mg</i>	3	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone-aspirin</i>	3	MO; QLL (360 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	2	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	2	MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
PEGANONE	4	MO
<i>perphenazine</i>	2	MO
<i>phenelzine</i>	3	MO
<i>phenobarbital oral elixir</i>	3	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	3	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	3	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	3	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	3	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	3	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	3	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	3	PAR; MO; QLL (123 per 30 days)
<i>phenytoin oral suspension 100 mg/4 ml</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	MO
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium intravenous solution</i>	4	B/D PAR; MO
<i>phenytoin sodium intravenous syringe</i>	4	B/D PAR
<i>piroxicam</i>	2	MO
POTIGA ORAL TABLET 200 MG, 400 MG	4	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 300 MG	5	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	4	MO; QLL (270 per 30 days)
<i>pramipexole</i>	3	MO
<i>primidone</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	PAR; MO; QLL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	PAR; MO; QLL (240 per 30 days)
<i>protriptyline oral tablet 10 mg</i>	3	MO
<i>protriptyline oral tablet 5 mg</i>	2	MO
<i>pyridostigmine bromide</i>	2	MO
<i>quetiapine oral tablet 100 mg</i>	3	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	3	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	3	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	3	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	3	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	3	MO; QLL (480 per 30 days)
REGONOL	4	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	B/D PAR; MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML	5	B/D PAR; MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	5	B/D PAR; MO
<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (160 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	3	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	3	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	3	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	3	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	MO; QLL (160 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	3	MO; QLL (60 per 30 days)
<i>ropinirole</i>	3	MO
ROXICET ORAL TABLET	2	MO; QLL (360 per 30 days)
ROZEREM	3	MO; QLL (30 per 30 days)
SABRIL ORAL POWDER IN PACKET	4	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	PAR; MO; LA; QLL (180 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET, SUBLINGUAL 10 MG	4	MO; QLL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET, SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET, SUBLINGUAL 10 MG	4	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET, SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	3	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QLL (160 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	MO; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (480 per 30 days)
<i>sertraline oral concentrate</i>	2	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	2	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	2	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	PAR; MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	PAR; MO; QLL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	PAR; MO; QLL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	PAR; MO; QLL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	PAR; MO; QLL (90 per 30 days)
SUBSYS	5	PAR; MO; LA; QLL (120 per 30 days)
<i>sulindac oral</i>	2	MO
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	3	MO; QLL (8 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	3	MO; QLL (16 per 30 days)
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QLL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QLL (4 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QLL (4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous syringe</i>	4	QLL (4 per 30 days)
SURMONTIL	4	PAR; MO
TASMAR	5	MO
TECFIDERA	5	PAR; MO
<i>thioridazine</i>	3	PAR; MO
<i>thiothixene</i>	2	MO
<i>tiagabine</i>	3	MO
<i>tizanidine oral tablet</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	3	PAR; MO
<i>topiramate oral tablet 100 mg</i>	3	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	3	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	3	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	2	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QLL (240 per 30 days)
<i>tranylcypromine</i>	3	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	2	MO
<i>trifluoperazine</i>	2	MO
TYSABRI	5	MO; LA
<i>valproate sodium</i>	4	B/D PAR; MO
<i>valproic acid</i>	3	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	MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	2	MO; QLL (113 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	2	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	2	MO; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	3	MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	MO; QLL (90 per 30 days)
VERSACLOZ	5	LA; QLL (600 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK	4	ST; MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	4	PAR; QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	PAR; MO; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	PAR; MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	4	PAR; MO; QLL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	4	PAR; MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	PAR; MO; QLL (240 per 30 days)
VOLTAREN	3	MO; QLL (1000 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	5	PAR; MO; LA; QLL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
XENAZINE ORAL TABLET 25 MG	5	PAR; MO; LA; QLL (120 per 30 days)
XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	PAR; MO; QLL (30 per 30 days)
ZAMICET	3	MO; QLL (2700 per 30 days)
ZENZEDI ORAL TABLET 10 MG	4	PAR; MO; QLL (180 per 30 days)
ZENZEDI ORAL TABLET 5 MG	4	PAR; MO; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	3	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	3	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	MO; QLL (60 per 30 days)
<i>zolpidem</i>	3	PAR; MO; QLL (30 per 30 days)
<i>zonisamide</i>	3	MO
Cardiovascular, Hypertension / Lipids		
<i>acebutolol oral</i>	1	MO
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	4	MO; QLL (60 per 30 days)
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG	4	MO; QLL (30 per 30 days)
AFEDITAB CR	2	MO
AGGRENOX	3	MO; QLL (60 per 30 days)
ALTOPREV	4	PAR; MO; QLL (30 per 30 days)
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>aminocaproic acid oral solution</i>	2	MO
<i>amiodarone intravenous solution</i>	4	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	4	B/D PAR
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg</i>	1	MO; QLL (30 per 30 days)
<i>amlodipine oral tablet 5 mg</i>	1	MO; QLL (45 per 30 days)
<i>amlodipine-atorvastatin</i>	2	MO; QLL (30 per 30 days)
<i>amlodipine-benazepril</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	1	MO; QLL (30 per 30 days)
AZOR	3	MO; QLL (30 per 30 days)
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR HCT	3	MO; QLL (30 per 30 days)
BENICAR ORAL TABLET 20 MG, 40 MG	3	MO; QLL (30 per 30 days)
BENICAR ORAL TABLET 5 MG	3	MO; QLL (60 per 30 days)
<i>betaxolol oral</i>	1	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BRILINTA	4	MO; QLL (60 per 30 days)
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	3	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	MO; QLL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	1	MO; QLL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	1	MO; QLL (60 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	1	MO; QLL (30 per 30 days)
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARTIA XT	2	MO
<i>carvedilol</i>	1	MO
CATAPRES-TTS-3	1	MO; QLL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	4	MO
<i>chlorthalidone</i>	1	MO
<i>cholestyramine (with sugar)</i>	2	MO
CHOLESTYRAMINE LIGHT	2	MO
<i>cilostazol</i>	2	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	2	MO; QLL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr</i>	3	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	4	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO; QLL (30 per 30 days)
<i>colestipol</i>	2	MO
COREG CR	4	ST; MO
COUMADIN	4	MO
CRESTOR	3	ST; MO; QLL (30 per 30 days)
DEMSER	4	MO
DIGOX ORAL TABLET 125 MCG	2	MO; QLL (30 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg</i>	3	MO; QLL (30 per 30 days)
DILT-XR	2	MO
<i>diltiazem hcl intravenous recon soln</i>	4	
<i>diltiazem hcl intravenous solution</i>	4	B/D PAR
<i>diltiazem hcl oral capsule, extended release</i>	2	MO
<i>diltiazem hcl oral capsule,ext release degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet 120 mg</i>	2	MO
<i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	MO
DIOVAN ORAL TABLET 160 MG	3	MO; QLL (60 per 30 days)
DIOVAN ORAL TABLET 320 MG	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DIOVAN ORAL TABLET 40 MG, 80 MG	3	MO; QLL (90 per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>doxazosin oral tablet 8 mg</i>	3	MO
EFFIENT	3	MO; QLL (30 per 30 days)
ELIQUIS	3	MO; QLL (60 per 30 days)
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>enoxaparin subcutaneous solution</i>	4	MO; QLL (84 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml</i>	4	MO; QLL (28 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i>	5	MO; QLL (22.4 per 30 days)
<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	5	MO; QLL (28 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QLL (8.4 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QLL (11.2 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QLL (16.8 per 30 days)
<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i>	4	MO; QLL (22.4 per 30 days)
<i>eplerenone</i>	2	MO
<i>eprosartan</i>	2	MO; QLL (30 per 30 days)
EXFORGE	3	MO; QLL (30 per 30 days)
EXFORGE HCT	3	MO; QLL (30 per 30 days)
<i>felodipine</i>	2	MO
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	2	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	MO; QLL (30 per 30 days)
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet</i>	2	MO; QLL (30 per 30 days)
<i>fenofibric acid (choline) dr capsules</i>	2	MO
<i>flecainide</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin</i>	2	MO; QLL (60 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QLL (18 per 30 days)
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	5	ST; MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 UNIT/ML, 12,500 UNIT/0.5 ML, 15,000 UNIT/0.6 ML, 18,000 UNIT/0.72 ML, 7,500 UNIT/0.3 ML	5	ST; MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 UNIT/0.2 ML, 5,000 UNIT/0.2 ML	4	ST; MO
<i>furosemide injection</i>	4	B/D PAR; MO
<i>furosemide oral solution</i>	1	MO
<i>furosemide oral tablet 20 mg, 80 mg</i>	1	MO
<i>gemfibrozil oral</i>	2	MO
<i>guanfacine</i>	2	PAR; MO
<i>heparin (porcine)</i>	4	B/D PAR; MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	4	B/D PAR
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	4	B/D PAR; MO
<i>heparin (porcine) in nacl (pf)</i>	4	B/D PAR
<i>heparin(porcine) in 0.45% nacl</i>	4	B/D PAR
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	4	B/D PAR
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	4	B/D PAR; MO
<i>heparin, porcine (pf) injection syringe</i>	4	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine injection</i>	4	B/D PAR; MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO; QLL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	1	MO; QLL (30 per 30 days)
<i>isosorbide dinitrate</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>	1	MO
<i>isradipine</i>	2	MO
JANTOVEN	1	MO
<i>labetalol intravenous solution</i>	4	B/D PAR; MO
<i>labetalol oral</i>	2	MO
LANOXIN ORAL TABLET 125 MCG	3	MO; QLL (30 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	3	MO
<i>lisinopril</i>	6	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan oral tablet 100 mg</i>	6	MO; QLL (30 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	6	MO; QLL (60 per 30 days)
<i>losartan-hydrochlorothiazide</i>	1	MO; QLL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QLL (60 per 30 days)
<i>methyclothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	4	B/D PAR; MO
<i>metoprolol tartrate intravenous syringe</i>	4	B/D PAR
<i>metoprolol tartrate oral</i>	1	MO
<i>mexiletine</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	3	MO; QLL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (30 per 30 days)
NIACOR	3	MO
<i>nicardipine intravenous</i>	4	MO
<i>nicardipine oral</i>	2	MO
NIFEDICAL XL	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	3	MO
<i>nitroglycerin intravenous</i>	4	B/D PAR
<i>nitroglycerin transdermal</i>	2	MO
NITROSTAT	3	MO
<i>omega-3 acid ethyl esters</i>	3	PAR; MO
PACERONE ORAL TABLET 100 MG	3	MO
PACERONE ORAL TABLET 200 MG, 400 MG	2	MO
<i>pentoxifylline</i>	2	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
PRADAXA	4	MO; QLL (60 per 30 days)
<i>pravastatin</i>	1	MO; QLL (30 per 30 days)
<i>prazosin oral capsule 1 mg</i>	1	MO
<i>prazosin oral capsule 2 mg, 5 mg</i>	2	MO
PREVALITE	2	MO
<i>procainamide injection solution 100 mg/ml</i>	4	B/D PAR; MO
<i>procainamide injection solution 500 mg/ml</i>	4	B/D PAR
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; MO; LA; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (60 per 30 days)
<i>propafenone oral tablet</i>	2	MO
<i>propranolol intravenous</i>	4	B/D PAR
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol oral tablet 60 mg</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg</i>	1	MO
<i>quinidine sulfate oral tablet 300 mg</i>	2	MO
<i>quinidine sulfate oral tablet extended release</i>	2	MO
<i>ramipril</i>	1	MO
RANEXA	4	PAR; MO
<i>reserpine oral tablet 0.1 mg</i>	1	PAR; MO
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG	4	MO; QLL (60 per 30 days)
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG, 750-20 MG	4	MO; QLL (30 per 30 days)
<i>simvastatin</i>	6	MO; QLL (30 per 30 days)
SORINE ORAL TABLET 120 MG, 160 MG, 80 MG	2	MO
SORINE ORAL TABLET 240 MG	2	
SOTALOL AF ORAL TABLET 120 MG, 160 MG	2	MO
SOTALOL AF ORAL TABLET 80 MG	1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO
<i>sotalol oral tablet 80 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>spironolactone</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TAZTIA XT	2	MO
TEKTURNA	4	MO; QLL (30 per 30 days)
TEKTURNA HCT	4	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 80 mg</i>	1	MO; QLL (60 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	1	MO; QLL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	1	MO; QLL (60 per 30 days)
<i>terazosin</i>	1	MO
TIKOSYN	4	MO
<i>timolol maleate oral</i>	1	MO
<i>toremide intravenous</i>	4	
<i>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>tranexamic acid intravenous</i>	3	B/D PAR; MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRILIPIX	3	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO; QLL (30 per 30 days)
VECAMYL	4	
<i>verapamil intravenous solution</i>	4	B/D PAR; MO
<i>verapamil intravenous syringe</i>	4	B/D PAR
<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 120 mg, 80 mg</i>	1	MO
<i>verapamil oral tablet 40 mg</i>	2	MO
<i>verapamil oral tablet extended release</i>	2	MO
<i>warfarin</i>	1	MO
WELCHOL	3	MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZETIA	4	PAR; MO; QLL (30 per 30 days)
Dermatologicals/Topical Therapy		
<i>acitretin</i>	5	MO
<i>acyclovir topical</i>	4	MO; QLL (30 per 30 days)
<i>adapalene topical gel 0.1 %</i>	3	MO
<i>alclometasone</i>	2	MO
<i>amcinonide</i>	2	MO
<i>ammonium lactate</i>	2	MO
AMNESTEEM ORAL CAPSULE 10 MG	3	MO
AMNESTEEM ORAL CAPSULE 20 MG, 40 MG	4	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	3	MO
<i>betamethasone, augmented topical ointment</i>	3	MO
<i>calcipotriene topical cream</i>	4	MO; QLL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QLL (120 per 30 days)
<i>calcipotriene topical solution</i>	3	MO; QLL (60 per 30 days)
CICLODAN TOPICAL CREAM	3	MO
CICLODAN TOPICAL SOLUTION	3	PAR; MO
<i>ciclopirox topical cream</i>	2	MO
<i>ciclopirox topical gel</i>	3	MO
<i>ciclopirox topical shampoo</i>	2	MO
<i>ciclopirox topical solution</i>	2	PAR; MO
<i>ciclopirox topical suspension</i>	2	MO
CLARAVIS	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide</i>	3	MO
<i>clobetasol topical cream</i>	2	MO
<i>clobetasol topical foam</i>	2	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	2	MO
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol topical solution</i>	2	MO
<i>clobetasol-emollient topical cream</i>	2	MO
<i>clobetasol-emollient topical foam</i>	4	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical lotion</i>	3	MO
CORMAX	2	MO
DENAVIR	3	MO; QLL (5 per 1 day)
<i>desonide topical cream</i>	3	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	3	MO
<i>desoximetasone topical cream</i>	2	MO
<i>desoximetasone topical gel</i>	2	MO
<i>desoximetasone topical ointment 0.25 %</i>	2	MO
<i>diclofenac sodium topical gel</i>	3	PAR; MO; QLL (100 per 30 days)
<i>diflorasone</i>	2	MO
<i>econazole topical</i>	2	MO
ELIDEL	4	PAR; MO; QLL (60 per 1 day)
ERY PADS	2	MO
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical ointment</i>	2	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO
<i>fluocinonide topical gel</i>	2	MO
<i>fluocinonide topical ointment</i>	2	MO
<i>fluocinonide topical solution</i>	2	MO
FLUOCINONIDE-E	2	MO
<i>fluocinonide-emollient</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical cream</i>	4	MO
<i>fluorouracil topical solution 2 %</i>	2	MO
<i>fluorouracil topical solution 5 %</i>	3	MO
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	2	MO
<i>gentamicin topical</i>	2	MO
<i>halobetasol propionate</i>	3	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	1	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 topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	3	MO
<i>hydrocortisone-min oil-wht pet</i>	2	MO
<i>imiquimod</i>	4	MO
<i>ketconazole topical</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane gel</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 %</i>	2	MO
<i>lidocaine topical adhesive patch, medicated</i>	3	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO
LIDOCAINE VISCOUS	2	MO
<i>lidocaine-prilocaine topical cream</i>	3	MO
<i>lidocaine-prilocaine topical kit</i>	3	MO
<i>lindane topical shampoo</i>	3	MO
<i>malathion</i>	4	MO
<i>methoxsalen rapid</i>	5	PAR

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel 0.75 %</i>	2	MO
<i>metronidazole topical lotion</i>	3	MO
<i>mometasone</i>	2	MO
<i>mupirocin</i>	2	MO
MYORISAN	4	
NYAMYC	2	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone</i>	3	MO
NYSTOP	2	MO
PANRETIN	5	MO
PEDI-DRI	3	MO
<i>permethrin topical cream</i>	4	MO
<i>podofilox</i>	2	MO
<i>prednicarbate</i>	2	MO
ROSADAN TOPICAL CREAM	2	MO
ROSADAN TOPICAL GEL	2	MO
SANTYL	4	MO; QLL (30 per 30 days)
<i>selenium sulfide topical suspension</i>	2	MO
<i>silver sulfadiazine</i>	2	MO
SOLARAZE	5	PAR; MO; QLL (100 per 30 days)
SSD	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
TAZORAC	4	PAR; MO
THERMAZENE	2	MO
<i>tretinoin topical</i>	2	MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	MO
TRIANEX	2	MO
TRIDERM	2	MO
UVADEX	4	B/D PAR
VALCHLOR	5	MO
ZENATANE	3	MO
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	3	MO
<i>acetic acid irrigation</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine intravenous</i>	2	B/D PAR
ACTONEL ORAL TABLET 30 MG	4	ST; MO; QLL (30 per 30 days)
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>anagrelide</i>	3	MO
ARALAST NP	5	PAR; MO; LA
BUPHENYL ORAL TABLET	5	PAR; MO
BUPROBAN	2	MO; QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
<i>cevimeline</i>	3	MO
CHANTIX	4	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	4	PAR; MO; QLL (53 per 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX E 2.75%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D PAR
<i>d10 % & 0.45 % sodium chloride</i>	4	B/D PAR
<i>d2.5 %-0.45 % sodium chloride</i>	4	B/D PAR
<i>d5 % and 0.9 % sodium chloride</i>	4	B/D PAR; MO
<i>d5 %-0.45 % sodium chloride</i>	4	B/D PAR; MO
<i>dextrose 10 % & 0.2 % nacl</i>	4	B/D PAR
<i>dextrose 10 % in water (d10w)</i>	4	B/D PAR; MO
<i>dextrose 25 % in water (d25w)</i>	4	B/D PAR
<i>dextrose 30 % in water (d30w)</i>	4	B/D PAR
<i>dextrose 40 % in water (d40w)</i>	4	B/D PAR
<i>dextrose 5 % in water (d5w)</i>	4	B/D PAR; MO
<i>dextrose 5 %-lactated ringers</i>	4	B/D PAR; MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	B/D PAR
<i>dextrose 5%-0.3 % sod.chloride</i>	4	B/D PAR
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	B/D PAR; MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	B/D PAR
<i>dextrose 70 % in water (d70w)</i>	4	B/D PAR
<i>disulfiram</i>	3	MO
<i>etidronate disodium</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
EXJADE	5	PAR; MO; LA
GLASSIA	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>lactated ringers irrigation</i>	4	B/D PAR; MO
<i>levocarnitine (with sugar)</i>	2	B/D PAR; MO
<i>levocarnitine intravenous</i>	4	B/D PAR; MO
<i>levocarnitine oral tablet</i>	2	B/D PAR; MO
<i>midodrine</i>	3	MO
<i>neomycin-polymyxin b gu</i>	4	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
ORFADIN	5	MO; LA
PHYSIOLYTE	4	B/D PAR
PHYSIOSOL IRRIGATION	4	B/D PAR
<i>pilocarpine hcl oral tablet 5 mg</i>	2	MO
<i>pilocarpine hcl oral tablet 7.5 mg</i>	3	MO
PROLASTIN-C	5	PAR; MO; LA
REVELA ORAL POWDER IN PACKET	5	MO; QLL (90 per 30 days)
REVELA ORAL TABLET	3	MO; QLL (270 per 30 days)
<i>riluzole</i>	5	MO
<i>ringers irrigation</i>	4	B/D PAR; MO
<i>sevelamer carbonate</i>	3	MO; QLL (270 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	B/D PAR; MO
<i>sodium chloride irrigation</i>	4	MO
<i>sodium phenylbutyrate</i>	5	PAR; MO
SODIUM POLYSTYRENE (SORB FREE)	3	
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sodium polystyrene sulfonate oral suspension</i>	3	
<i>sodium polystyrene sulfonate rectal</i>	3	
SPS ORAL	3	MO
SPS RECTAL	3	
SYPRINE	5	MO
<i>water for irrigation, sterile</i>	4	B/D PAR; MO
ZEMAIRA	5	PAR; MO; LA
Ear, Nose / Throat Medications		
ACETASOL HC	3	MO
<i>acetic acid otic</i>	2	MO
<i>acetic acid-aluminum acetate</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine nasal aerosol,spray</i>	2	MO; QLL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol</i>	3	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CIPRODEX	3	MO
DENTA 5000 PLUS	2	MO
DENTAGEL	2	MO
<i>fluocinolone acetonide oil</i>	3	MO
<i>hydrocortisone-acetic acid</i>	3	MO
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic</i>	2	MO
<i>ofloxacin otic</i>	2	MO
PERIOGARD	1	MO
SF 5000 PLUS	2	MO
<i>sodium fluoride dental</i>	2	MO
<i>triamcinolone acetonide dental</i>	3	MO
TYZINE NASAL DROPS 0.05 %	4	MO
Endocrine/Diabetes		
<i>acarbose oral tablet 100 mg</i>	2	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QLL (180 per 30 days)
ACTHAR H.P.	5	PAR; MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QLL (45 per 30 days)
ALCOHOL PADS	1	
ALDURAZYME	5	PAR; MO
ANDROGEL	3	PAR; MO; QLL (300 per 30 days)
TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PAR; MO; QLL (150 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
20.25 MG/1.25 GRAM (1.62 %)		
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PAR; MO; QLL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PAR; MO; QLL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PAR; MO; QLL (60 per 30 days)
ANDROXY	4	PAR; MO
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	3	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/0.04 ML	3	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/0.02 ML	3	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon)</i>	2	MO; QLL (4 per 30 days)
<i>calcitriol intravenous</i>	4	B/D PAR; MO
<i>calcitriol oral capsule</i>	2	B/D PAR; MO
<i>calcitriol oral solution</i>	3	B/D PAR; MO
CEREZYME	5	PAR; MO
<i>cortisone</i>	2	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
<i>danazol oral</i>	3	MO
<i>desmopressin injection</i>	4	B/D PAR; MO
<i>desmopressin nasal</i>	4	MO
<i>desmopressin oral</i>	3	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet 0.5 mg, 1.5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	2	MO
<i>dexamethasone sodium phos (pf)</i>	4	MO
<i>dexamethasone sodium phosphate injection</i>	4	MO
<i>doxercalciferol intravenous</i>	4	B/D PAR
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	2	MO
FORTICAL	2	MO; QLL (4 per 30 days)
<i>gauze pads 2 x 2</i>	1	QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QLL (120 per 30 days)
GLUCAGEN	3	
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY TABLET,ER	4	MO
GLUMETZA ORAL GAST.RETENTION 24 HR 1,000 MG	4	MO; QLL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	MO; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML)	4	PAR
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	4	PAR; MO
HUMALOG	3	MO
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50-50	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMAPEN LUXURA HD	3	MO; QLL (200 per 30 days)
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN	3	MO
HUMULIN 70/30 PEN	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN	3	MO
HUMULIN N PEN	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 "CONCENTRATED"	5	MO
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	2	MO
<i>hydrocortisone oral tablet 20 mg</i>	1	MO
<i>insulin pen needle</i>	3	MO; QLL (200 per 30 days)
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	MO; QLL (200 per 30 days)
<i>insulin syringe (disp) u-100 1 ml</i>	3	QLL (200 per 30 days)
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	MO; QLL (200 per 30 days)
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QLL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QLL (30 per 30 days)
KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO; LA
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	4	MO
LEVEMIR FLEXPEN	4	MO
LEVEMIR FLEXTOUCH	4	MO
<i>levothyroxine 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>levothyroxine oral tablet 300 mcg</i>	2	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 150 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
LEVOXYL ORAL TABLET 125 MCG, 137 MCG, 175 MCG	2	MO
<i>liothyronine intravenous</i>	5	
<i>liothyronine oral</i>	2	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; QLL (76 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; QLL (153 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (80 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	MO; QLL (75 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	MO; QLL (150 per 30 days)
<i>methimazole oral tablet 10 mg</i>	2	MO
<i>methimazole oral tablet 5 mg</i>	1	MO
<i>methylprednisolone acetate</i>	4	B/D PAR; MO
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO
<i>methylprednisolone oral tablet 32 mg</i>	3	MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	4	B/D PAR; MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	4	B/D PAR
<i>methylprednisolone sodium succ intravenous</i>	4	B/D PAR; MO
MYOZYME	5	PAR; MO
NAGLAZYME	5	PAR; MO; LA
<i>nateglinide oral tablet 120 mg</i>	2	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QLL (180 per 30 days)
<i>needles, insulin disp.,safety</i>	3	QLL (200 per 30 days)
NOVOPEN ECHO	3	MO; QLL (200 per 30 days)
ONGLYZA ORAL TABLET 2.5 MG	3	MO; QLL (60 per 30 days)
ONGLYZA ORAL TABLET 5 MG	3	MO; QLL (30 per 30 days)
ORAPRED ODT ORAL TABLET,DISINTEGRATING 30 MG	2	MO
<i>oxandrolone oral tablet 10 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>pamidronate</i>	4	B/D PAR; MO
<i>paricalcitol</i>	4	B/D PAR; MO
<i>pioglitazone oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	3	MO; QLL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QLL (90 per 30 days)
PRANDIMET	4	MO; QLL (150 per 30 days)
PRANDIN ORAL TABLET 0.5 MG	4	MO; QLL (960 per 30 days)
PRANDIN ORAL TABLET 1 MG	4	MO; QLL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	4	MO; QLL (240 per 30 days)
<i>prednisolone</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
PREDNISONONE INTENSOL	2	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
PROGLYCEM	4	MO
<i>propylthiouracil</i>	2	MO
<i>repaglinide oral tablet 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	4	MO; QLL (240 per 30 days)
SAMSCA ORAL TABLET 15 MG	5	PAR; MO; QLL (120 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO; LA
STIMATE	4	MO
SYMLINPEN 120	5	PAR; MO; QLL (11 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60	4	PAR; MO; QLL (6 per 30 days)
SYNAREL	5	PAR; MO
SYNTHROID	3	MO
TESTIM	3	PAR; MO; QLL (300 per 30 days)
<i>testosterone cypionate</i>	4	B/D PAR; MO
<i>testosterone enanthate</i>	4	B/D PAR; MO
<i>tolazamide oral tablet 250 mg</i>	2	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QLL (180 per 30 days)
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	4	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
VERIPRED 20	2	MO
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)
ZAVESCA	5	PAR; MO; LA
<i>zoledronic acid intravenous recon soln</i>	5	
<i>zoledronic acid intravenous solution</i>	5	PAR; MO
ZOMETA	5	PAR; MO
Gastroenterology		
ALOXI	4	MO
ASACOL HD	3	MO
<i>atropine injection syringe</i>	4	B/D PAR
<i>balsalazide</i>	3	MO
<i>budesonide oral</i>	5	MO
CIMZIA	5	PAR; MO; QLL (6 per 28 days)
CIMZIA POWDER FOR RECONST	5	PAR; MO; QLL (6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT	5	PAR; MO; QLL (6 per 28 days)
COMPRO	4	PAR; MO
CONSTULOSE	2	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
DELZICOL	3	MO
DEXILANT	4	ST; MO; QLL (30 per 30 days)
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet</i>	2	MO
DIPENTUM	5	MO
<i>diphenoxylate-atropine oral tablet</i>	2	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PAR; MO; QLL (120 per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (4 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 1 day)
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (8 per 30 days)
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PAR; MO; QLL (12 per 30 days)
ENULOSE	2	MO
<i>esomeprazole sodium</i>	4	
<i>famotidine (pf)</i>	4	B/D PAR; MO
<i>famotidine (pf)-nacl (iso-os)</i>	4	B/D PAR
<i>famotidine intravenous</i>	4	B/D PAR; MO
<i>famotidine oral suspension</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
GATTEX 30-VIAL	5	MO
GATTEX ONE-VIAL	5	MO
GAVILYTE-C	2	MO
GAVILYTE-G	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
GAVILYTE-N	3	MO
GENERLAC	2	MO
<i>glycopyrrolate injection</i>	4	MO
<i>glycopyrrolate oral</i>	2	MO
<i>hydrocortisone rectal</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	2	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2	MO
<i>lansoprazole</i>	3	MO; QLL (30 per 30 days)
LINZESS	3	MO
<i>loperamide oral capsule</i>	2	MO
LOTRONEX	5	PAR; MO; QLL (60 per 30 days)
<i>meclizine oral tablet</i>	2	MO
<i>mesalamine rectal</i>	3	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>methscopolamine oral</i>	3	MO
<i>metoclopramide hcl injection solution</i>	4	B/D PAR; MO
<i>metoclopramide hcl injection syringe</i>	4	B/D PAR
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>misoprostol</i>	2	MO
<i>nizatidine oral capsule</i>	2	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	MO; QLL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	4	B/D PAR; MO
<i>ondansetron hcl (pf) injection syringe</i>	4	B/D PAR
<i>ondansetron hcl intravenous</i>	4	B/D PAR; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg</i>	3	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 8 mg</i>	2	B/D PAR; MO; QLL (90 per 30 days)
<i>opium tincture</i>	2	MO
OSMOPREP	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole intravenous</i>	4	MO
<i>pantoprazole oral</i>	2	MO; QLL (30 per 30 days)
<i>paregoric</i>	2	MO
<i>peg 3350-electrolytes</i>	2	MO
PEG-3350 WITH FLAVOR PACKS	2	MO
<i>peg-electrolyte soln</i>	2	
PENTASA	3	MO
<i>polyethylene glycol 3350 oral</i>	2	MO
<i>prochlorperazine</i>	3	PAR; MO
<i>prochlorperazine edisylate</i>	4	PAR; MO
<i>prochlorperazine maleate oral</i>	2	PAR; MO
PROCTO-PAK	2	MO
PROCTOZONE-HC	2	MO
<i>propantheline</i>	2	MO
<i>ranitidine hcl injection</i>	4	B/D PAR; MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
RELISTOR	4	PAR; MO
REMICADE	5	PAR; MO
SUCRAID	5	MO
<i>sucralfate oral tablet</i>	2	MO
<i>sulfasalazine</i>	2	MO
SULFAZINE	1	MO
SULFAZINE EC	2	MO
TRILYTE WITH FLAVOR PACKETS	3	MO
UCERIS	5	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	3	MO

Immunology, Vaccines / Biotechnology

ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML	5	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION	4	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML		
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	5	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PAR; MO
ARCALYST	5	PAR; MO
AVONEX ADMINISTRATION PACK	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	5	PAR; MO; QLL (4 per 28 days)
<i>bcg vaccine, live (pf)</i>	4	
BIVIGAM	5	PAR; MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PAR; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM		
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 3 GRAM	5	PAR
CERVARIX VACCINE (PF)	3	MO
COMVAX (PF)	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPORT	4	PAR; MO
ENGERIX-B (PF)	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
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	PAR; MO; QLL (12 per 28 days)
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PAR; MO; QLL (12 per 28 days)
EXTAVIA SUBCUTANEOUS KIT	5	PAR; MO
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PAR
<i>fomepizole</i>	5	MO
GAMASTAN S/D	3	PAR; MO
GAMMAGARD LIQUID	5	PAR; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PAR; MO
GAMUNEX-C	5	PAR; MO
GARDASIL (PF)	3	MO
GENOTROPIN	5	PAR; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PAR; 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	PAR; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
ILARIS (PF)	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	4	PAR; MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PAR; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	4	PAR; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	PAR; MO
IPOL	3	MO
IXIARO (PF)	3	MO
LEUKINE	5	PAR; MO
M-M-R II (PF)	3	MO
MENACTRA (PF)	3	MO
MENOMUNE - A/C/Y/W-135	3	
MENOMUNE - A/C/Y/W-135 (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
MOZOBIL	5	PAR; MO
NEULASTA	5	PAR; MO; QLL (2 per 28 days)
NEUMEGA	5	PAR; MO; QLL (21 per 21 days)
NEUPOGEN	5	PAR; MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	PAR; MO
PEGASYS CONVENIENCE PACK	5	PAR; MO
PEGASYS PROCLICK	5	PAR; MO
PRIVIGEN	5	PAR; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR; MO; QLL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PAR; MO; QLL (12 per 28 days)
PROLEUKIN	5	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
PROQUAD (PF)	3	
RABAVERT (PF)	4	MO
REBIF (WITH ALBUMIN)	5	PAR; MO
REBIF REBIDOSE	5	PAR; MO
REBIF TITRATION PACK	5	PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PAR
ROTARIX	3	
ROTATEQ VACCINE	3	
SYLATRON	5	PAR; MO
SYLATRON 4-PACK	5	PAR; MO
<i>tetanus toxoid, adsorbed (pf)</i>	3	MO
<i>tetanus, diphtheria tox ped (pf)</i>	3	MO
<i>tetanus-diphtheria toxoids-td</i>	3	MO
TEV-TROPIN	4	PAR; MO
THYMOGLOBULIN	5	B/D PAR
TICE BCG	4	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF)	3	MO
VARIZIG	3	
XEOMIN	4	PAR; MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
Musculoskeletal / Rheumatology		
ACTEMRA INTRAVENOUS	5	PAR; MO
ACTONEL ORAL TABLET 150 MG	4	ST; MO; QLL (1 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
ACTONEL ORAL TABLET 35 MG	4	ST; MO; QLL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	4	ST; MO; QLL (30 per 30 days)
<i>alendronate oral solution</i>	2	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QLL (4 per 28 days)
<i>allopurinol</i>	1	MO
ALOPRIM	4	B/D PAR
BENLYSTA	5	PAR; MO
BONIVA INTRAVENOUS	4	B/D PAR; MO
<i>colchicine-probenecid</i>	2	MO
COLCRYS	3	MO
DEPEN TITRATABS	4	MO
ENBREL SUBCUTANEOUS KIT	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PAR; MO; QLL (8 per 28 days)
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)
EVISTA	3	MO; QLL (30 per 30 days)
FORTEO	5	PAR; MO; QLL (3 per 28 days)
FOSAMAX	4	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QLL (4 per 28 days)
HUMIRA CROHN'S DIS START PCK	5	PAR; MO; QLL (4.8 per 365 days)
HUMIRA PEN	5	PAR; MO; QLL (3.2 per 28 days)
HUMIRA PSORIASIS STARTER PACK	5	PAR; MO; QLL (3.2 per 28 days)
HUMIRA SUBCUTANEOUS KIT 20 MG/0.4 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS KIT 40 MG/0.8 ML	5	PAR; MO; QLL (3.2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate intravenous</i>	4	B/D PAR; MO
<i>ibandronate oral</i>	2	MO; QLL (1 per 28 days)
KINERET	5	PAR; MO; QLL (28 per 28 days)
<i>leflunomide</i>	2	MO
<i>probenecid</i>	2	MO
PROLIA	4	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	3	MO; QLL (30 per 30 days)
RIDAURA	4	MO
SAVELLA ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	3	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QLL (1 per 365 days)
SIMPONI	5	PAR; MO; QLL (1 per 28 days)
ULORIC	3	MO
Obstetrics / Gynecology		
ALTAVERA (28)	4	MO
ALYACEN 1/35 (28)	4	MO
ALYACEN 7/7/7 (28)	4	MO
AMETHIA	4	MO
AMETHYST	4	MO
APRI	4	MO
ARANELLE (28)	4	MO
AVIANE	4	MO
AZURETTE (28)	4	MO
BALZIVA (28)	4	MO
BRIELLYN	4	MO
CAMILA	4	MO
CAZIAN (28)	4	MO
<i>clindamycin phosphate vaginal</i>	3	MO
CRYSSELLE (28)	4	MO
DASETTA 1/35 (28)	4	MO
DASETTA 7/7/7 (28)	4	MO
<i>drospirenone-ethinyl estradiol</i>	4	
ELINEST	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
ELLA	3	MO
EMOQUETTE	4	MO
ENPRESSE	4	MO
ERRIN	4	MO
ESTARYLLA	4	MO
<i>estradiol oral</i>	3	PAR; MO
<i>estradiol transdermal</i>	3	PAR; MO; QLL (4 per 28 days)
<i>estradiol valerate</i>	4	MO
FALMINA (28)	4	MO
GILDAGIA	4	MO
GILDESS	4	MO
GILDESS FE	4	MO
HEATHER	4	MO
INTROVALE	4	MO
JOLESSA	4	MO
JOLIVETTE	4	MO
JUNEL 1.5/30 (21)	4	MO
JUNEL 1/20 (21)	4	MO
JUNEL FE 1.5/30 (28)	4	MO
JUNEL FE 1/20 (28)	4	MO
KARIVA (28)	4	MO
KELNOR 1/35 (28)	4	MO
LEENA 28	4	MO
LESSINA	4	MO
LEVONEST (28)	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	MO
LEVORA-28	4	MO
LORYNA (28)	4	MO
LOW-OGESTREL (28)	4	MO
LUTERA (28)	4	MO
LYZA	3	
MARLISSA	4	MO
<i>medroxyprogesterone intramuscular</i>	4	B/D PAR; MO
<i>medroxyprogesterone oral</i>	1	MO
MENEST	4	PAR; MO
<i>metronidazole vaginal</i>	2	MO
MICONAZOLE-3 VAGINAL SUPPOSITORY	4	MO; QLL (6 per 30 days)
MICROGESTIN 1.5/30 (21)	4	MO

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN 1/20 (21)	4	MO
MICROGESTIN FE 1.5/30 (28)	4	MO
MICROGESTIN FE 1/20 (28)	4	MO
MONO-LINYAH	4	MO
MONONESSA (28)	4	MO
MYZILRA	4	MO
NECON 0.5/35 (28)	4	MO
NECON 1/35 (28)	4	MO
NECON 1/50 (28)	4	MO
NECON 10/11 (28)	4	MO
NECON 7/7/7 (28)	4	MO
NORA-BE	4	MO
<i>norethindrone (contraceptive)</i>	3	MO
<i>norethindrone acetate</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO
NORTREL 0.5/35 (28)	4	MO
NORTREL 1/35 (21)	4	MO
NORTREL 1/35 (28)	4	MO
NORTREL 7/7/7 (28)	4	MO
NUVARING	4	MO
OCELLA	4	MO
OGESTREL (28)	4	MO
ORSYTHIA	4	MO
ORTHO EVRA	4	MO
PHILITH	4	MO
PIMTREA (28)	4	MO
PIRMELLA ORAL TABLET 1-35 MG-MCG	4	MO
PORTIA	4	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	4	MO
PREVIFEM	4	MO
<i>progesterone micronized</i>	2	ST; MO
QUASENSE	4	MO
RECLIPSEN (28)	4	MO
SPRINTEC (28)	4	MO
SRONYX	4	MO
SYEDA	4	MO
<i>terconazole vaginal cream 0.4 %</i>	2	MO
<i>terconazole vaginal cream 0.8 %</i>	3	MO
<i>terconazole vaginal suppository</i>	4	MO
TILIA FE	4	MO
<i>tranexamic acid oral</i>	3	MO
TRI-ESTARYLLA	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
TRI-LEGEST FE	4	MO
TRI-LINYAH	4	MO
TRI-PREVIFEM (28)	4	MO
TRI-SPRINTEC (28)	4	MO
TRINESSA (28)	4	MO
TRIVORA (28)	4	MO
VANDAZOLE	2	MO
VELIVET TRIPHASIC REGIMEN (28)	4	MO
VESTURA (28)	4	MO
VIORELE (28)	4	MO
VYFEMLA (28)	4	MO
ZARAH	4	MO
ZAZOLE	2	
ZENCHENT (28)	4	MO
ZENCHENT FE	4	MO
ZOVIA 1/35E (28)	4	MO
ZOVIA 1/50E (28)	4	MO
Ophthalmology		
<i>acetazolamide oral</i>	2	MO
<i>acetazolamide sodium</i>	4	
AK-POLY-BAC	1	MO
ALPHAGAN P OPTHALMIC DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>azelastine ophthalmic</i>	2	MO
<i>bacitracin ophthalmic</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic</i>	1	MO
<i>betaxolol ophthalmic</i>	2	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine</i>	2	MO
<i>carteolol</i>	1	MO
<i>ciprofloxacin ophthalmic</i>	2	MO
COMBIGAN	3	MO
<i>cromolyn ophthalmic</i>	2	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	2	MO
<i>diclofenac sodium ophthalmic</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
DUREZOL	3	MO
<i>erythromycin ophthalmic</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen sodium</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
GENTAK	2	MO
<i>gentamicin ophthalmic drops</i>	2	MO
<i>gentamicin ophthalmic ointment</i>	2	
<i>ketorolac ophthalmic</i>	2	MO
LACRISERT	3	MO
<i>latanoprost</i>	1	MO
<i>levobunolol ophthalmic drops 0.25 %</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic</i>	2	MO
LUMIGAN	3	MO
<i>methazolamide oral</i>	2	MO
<i>metipranolol</i>	2	MO
MOXEZA	3	MO
<i>naphazoline</i>	1	MO
NATACYN	3	MO
NEO-POLYCIN	2	
NEO-POLYCIN HC	2	
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-dexameth</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	3	MO
NEVANAC	3	MO
<i>ofloxacin ophthalmic</i>	1	MO
PATADAY	3	MO
PATANOL	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic</i>	2	MO
POLYCIN	2	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic</i>	2	MO
RESCULA	4	MO
RESTASIS	3	MO
<i>sulfacetamide sodium ophthalmic drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<i>timolol maleate ophthalmic drops</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic gel forming solution</i>	2	MO
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE (PF)	4	MO
TIMOPTIC-XE	4	MO
TOBRADEX OPHTHALMIC OINTMENT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin</i>	2	MO
<i>tobramycin-dexamethasone</i>	3	MO
TRAVATAN Z	3	MO
<i>travoprost (benzalkonium)</i>	2	MO
<i>trifluridine</i>	3	MO
<i>tropicamide ophthalmic</i>	2	MO
VIGAMOX	3	MO
ZIOPTAN (PF)	4	MO
ZIRGAN	3	MO
Respiratory And Allergy		
<i>acetylcysteine solution</i>	2	B/D PAR; MO
ADRENACLICK	4	MO; QLL (2 per 1 day)
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	3	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg / 3 ml (0.083 %)</i>	2	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/ 0.5 ml, 5 mg/ml</i>	2	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet 2 mg</i>	4	MO
<i>albuterol sulfate oral tablet 4 mg</i>	3	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	2	MO
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	3	MO
<i>aminophylline intravenous solution 250 mg/10 ml</i>	4	MO
<i>aminophylline intravenous solution 500 mg/20 ml</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES)	3	MO; QLL (0.14 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	3	MO; QLL (0.24 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QLL (0.24 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)
BREO ELLIPTA	3	MO; QLL (60 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO; QLL (300 per 30 days)
CINRYZE	5	PAR; MO
<i>clemastine oral tablet 2.68 mg</i>	3	PAR; MO
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PAR; MO; QLL (240 per 30 days)
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
<i>desloratadine</i>	2	MO; QLL (30 per 30 days)
<i>diphenhydramine hcl injection</i>	4	PAR; MO
DULERA	3	MO; QLL (13 per 30 days)
ELIXOPHYLLIN	3	MO
<i>epinephrine (pf)</i>	4	MO
<i>epinephrine injection auto-injector</i>	4	MO; QLL (2 per 1 day)
<i>epinephrine injection solution 1 mg/ml (1:1,000)</i>	4	MO
<i>epinephrine injection syringe</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
EPIPEN 2-PAK	4	MO; QLL (2 per 1 day)
EPIPEN JR 2-PAK	4	MO; QLL (2 per 1 day)
FIRAZYR	5	PAR; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACTUATION	3	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
<i>flunisolide</i>	2	MO; QLL (50 per 30 days)
<i>fluticasone nasal</i>	1	MO; QLL (16 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO
<i>ipratropium-albuterol</i>	2	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO	5	PAR; MO; QLL (60 per 30 days)
LETAIRIS	5	PAR; MO; LA; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	4	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	4	B/D PAR; MO; QLL (540 per 30 days)
<i>levocetirizine oral solution</i>	2	MO; QLL (300 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral granules in packet</i>	3	MO; QLL (30 per 30 days)
<i>montelukast oral tablet</i>	2	MO; QLL (30 per 30 days)
<i>montelukast oral tablet, chewable</i>	2	MO; QLL (30 per 30 days)
NASONEX	3	MO; QLL (17 per 30 days)
PERFOROMIST	4	B/D PAR; MO; QLL (120 per 30 days)
PROAIR HFA	3	MO; QLL (18 per 30 days)
<i>promethazine injection solution</i>	4	PAR; MO
<i>promethazine injection syringe</i>	4	PAR
PULMOZYME	5	B/D PAR; MO
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	3	MO; QLL (9 per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	3	MO; QLL (18 per 30 days)
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>sildenafil</i>	5	PAR; MO; QLL (90 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 per 30 days)
<i>terbutaline oral</i>	2	MO
<i>theophylline oral solution</i>	2	
<i>theophylline oral tablet extended release</i>	2	MO
<i>theophylline oral tablet extended release 12 hr 100 mg</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 200 mg, 300 mg, 450 mg</i>	2	MO
TRACLEER	5	PAR; MO; LA; QLL (60 per 30 days)
<i>triamcinolone acetonide nasal</i>	2	MO; QLL (34 per 30 days)
VENTAVIS	5	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR	5	PAR; MO; LA; QLL (6 per 28 days)
<i>zafirlukast</i>	2	MO; QLL (60 per 30 days)
Urologicals		
<i>alfuzosin</i>	2	MO
<i>ammonium chloride</i>	4	
<i>bethanechol chloride</i>	2	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PAR; MO; QLL (30 per 30 days)
CYSTAGON	3	MO; LA
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>flavoxate</i>	2	MO
<i>oxybutynin chloride oral syrup</i>	2	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QLL (30 per 30 days)
<i>potassium citrate oral tablet extended release 10 meq, 5 meq</i>	2	MO
<i>tamsulosin</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO; QLL (60 per 30 days)
TOVIAZ	3	MO; QLL (30 per 30 days)
<i>trospium oral tablet</i>	2	MO; QLL (60 per 30 days)
Vitamins, Hematinics / Electrolytes		
AMINOSYN 10 %	4	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	4	B/D PAR
AMINOSYN 8.5 %	4	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN II 10 %	4	B/D PAR
AMINOSYN II 15 %	4	B/D PAR
AMINOSYN II 7 %	4	B/D PAR
AMINOSYN II 8.5 %	4	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	4	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN M 3.5 %	4	B/D PAR
AMINOSYN-HBC 7%	4	B/D PAR
AMINOSYN-PF 10 %	4	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR
AMINOSYN-RF 5.2 %	4	B/D PAR
BAL-CARE DHA	2	MO
<i>calcium acetate oral capsule</i>	2	MO
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	4	B/D PAR
CLINIMIX 2.75%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX 4.25%-D20W SULF-FREE	4	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	4	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	4	
CLINIMIX E 4.25%/D25W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	4	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PAR
COMPLETE NATAL DHA	2	MO
COMPLETENATE	2	MO
FLUORITAB ORAL TABLET,CHEWABLE 1 MG FLUORIDE (2.2 MG)	2	MO
FOLCAL DHA	2	MO
FOLCAPS OMEGA-3 (ASPARTO-GLY)	2	MO
FOLIVANE-OB	2	MO
FOLIVANE-PRX DHA NF	2	MO
FREAMINE III 10 %	4	B/D PAR
HEMENATAL OB	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
HEMENATAL OB + DHA	2	MO
HEPATAMINE 8%	4	B/D PAR
HEPATASOL 8 %	4	B/D PAR
INATAL ADVANCE	2	MO
INATAL ULTRA	2	MO
INTRALIPID INTRAVENOUS EMULSION 20 %	4	B/D PAR; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR
IONOSOL-B IN D5W	4	
IONOSOL-MB IN D5W	4	
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 %	4	B/D PAR
DEXTROSE		
ISOLYTE-S	4	
K-EFFERVESCENT	1	MO
KLOR-CON 10	2	MO
KLOR-CON M10	2	MO
KLOR-CON M15	2	MO
KLOR-CON M20	2	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	MO
KLOR-CON/EF	1	MO
<i>lactated ringers intravenous</i>	4	B/D PAR; MO
LIPOSYN III INTRAVENOUS EMULSION 10 %, 20 %	4	B/D PAR
<i>magnesium sulfate injection solution</i>	4	B/D PAR; MO
<i>magnesium sulfate injection syringe</i>	4	B/D PAR
<i>magnesium sulfate intravenous</i>	4	B/D PAR
NEPHRAMINE 5.4 %	4	B/D PAR
NORMOSOL-M IN 5 %	4	B/D PAR
DEXTROSE		
NORMOSOL-R	4	B/D PAR
NORMOSOL-R IN 5 %	4	B/D PAR
DEXTROSE		
NORMOSOL-R PH 7.4	4	B/D PAR
PHOSPHA 250 NEUTRAL	2	MO
PLASMA-LYTE 148	4	B/D PAR
PLASMA-LYTE A	4	
PLASMA-LYTE-56 IN 5 %	4	B/D PAR
DEXTROSE		
PNV OB+DHA	2	MO
PNV-DHA	2	MO
PNV-SELECT	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium bicarb & chloride</i>	2	MO
<i>potassium bicarb-citric acid</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	B/D PAR
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	4	B/D PAR; MO
<i>potassium chloride in 0.9%nacl</i>	4	B/D PAR
<i>potassium chloride in 5 % dex</i>	4	B/D PAR
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	B/D PAR; MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	4	B/D PAR
<i>potassium chloride intravenous parenteral solution</i>	4	B/D PAR; MO
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 30 meq/100 ml</i>	4	B/D PAR
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	4	B/D PAR
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	B/D PAR; MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	B/D PAR
<i>potassium chloride-d5-0.3%nacl</i>	4	B/D PAR
<i>potassium chloride-d5-0.9%nacl</i>	4	B/D PAR
PR NATAL 400	2	MO
PR NATAL 400 EC	2	MO
PR NATAL 430	2	MO
PR NATAL 430 EC	2	MO
PREMASOL 10 %	4	B/D PAR

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Drug Name	Drug Tier	Requirements/Limits
PREMASOL 6 %	4	B/D PAR
PRENA1	2	MO
PRENA1 PLUS	2	MO
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATABS FA	2	MO
PRENATAL PLUS (CALCIUM CARB)	2	MO
PRENATAL VITAMIN	2	
PRENATAL VITAMINS LOW IRON	2	
PROCALAMINE 3%	4	B/D PAR
PROSOL 20 %	4	B/D PAR; MO
RELNATE DHA	2	MO
<i>ringers intravenous</i>	4	B/D PAR
SE-NATAL 19	2	MO
SE-NATAL 19 (WITH DOCUSATE)	2	MO
SE-TAN DHA	2	MO
SETONET	2	MO
SETONET-EC	2	MO
<i>sodium bicarbonate intravenous solution</i>	4	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml)</i>	4	
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	4	MO
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	B/D PAR; MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	4	B/D PAR
<i>sodium chloride 3 %</i>	4	B/D PAR; MO
<i>sodium chloride 5 %</i>	4	B/D PAR
<i>sodium chloride intravenous</i>	4	B/D PAR; MO
<i>sodium fluoride oral tablet</i>	2	
<i>sodium fluoride oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	2	MO
<i>sodium lactate intravenous</i>	4	
TARON-PREX PRENATAL-DHA	2	MO
TL-CARE DHA	2	
TL-SELECT	2	MO

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES	4	B/D PAR
TRAVASOL 10 %	4	B/D PAR
TRIADVANCE	2	MO
TRINATAL GT	2	MO
TRINATAL RX 1	2	MO
TRIVEEN-DUO DHA	2	MO
TRIVEEN-PRX RNF	2	MO
TROPHAMINE 10 %	4	B/D PAR
TROPHAMINE 6%	4	B/D PAR
ULTIMATECARE ONE NF	2	MO
VEMAVITE-PRX-2	2	MO
VENA-BAL DHA	2	MO
VIRT-PN	2	MO
VIRT-PN DHA	2	MO
VOL-NATE	2	MO
VOL-PLUS	2	MO
VP-CH-PNV	2	MO
ZATEAN-CH	2	MO
ZATEAN-PN	2	MO
ZATEAN-PN DHA	2	MO
ZATEAN-PN PLUS	2	MO
ZINGIBER	2	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 7.

Index of Drugs:

Legend

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

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

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

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<i>gabapentin oral capsule 300 mg</i>	20	<i>ml</i>	10
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<i>gabapentin oral solution 250 mg/5 ml</i>	20	<i>mg/8 ml</i>	10
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