

## ConnectiCare Medicare Advantage Plans

Choice Plan 1 (HMO)

Choice Plan 2 (HMO)

Choice Plan 3 (HMO)

Flex Plan 1 (HMO-POS)

Flex Plan 2 (HMO-POS)

Flex Plan 3 (HMO-POS)

Passage Plan 1 (HMO)

Passage Dual (HMO SNP)

# 2019 Formulary (List of Covered Drugs)

### **PLEASE READ:**

**THIS DOCUMENT CONTAINS  
INFORMATION ABOUT THE  
DRUGS WE COVER IN THIS PLAN.**

00019197, V7

**ConnectiCare**

This formulary was updated on 08/23/2018. For more recent information or other questions, please contact ConnectiCare Member Services at 1-800-224-2273, or for TTY users, 1-800-842-9710, from 8 a.m. to 8 p.m. ET, seven days a week or visit [connecticare.com/medicare](http://connecticare.com/medicare).

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**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 ConnectiCare. When it refers to “plan” or “our plan,” it means ConnectiCare Medicare Advantage Plans. Our Medicare Advantage plans include Choice Plan 1 (HMO), Choice Plan 2 (HMO), Choice Plan 3 (HMO), Flex Plan 1 (HMO-POS), Flex Plan 2 (HMO-POS), Flex Plan 3 (HMO-POS), Passage Plan 1 (HMO) and Passage Dual (HMO SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 08/23/2018. 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, 2020, and from time to time during the year.

The Formulary may change at any time. You will receive notice when necessary. ConnectiCare, Inc. is a HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710).

## What is the ConnectiCare Formulary?

A formulary is a list of covered drugs selected by ConnectiCare 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. ConnectiCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a ConnectiCare 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled "How do I request an exception to the ConnectiCare Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. We may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 08/23/2018. To get updated information about the drugs covered by ConnectiCare, please contact us. Our contact information appears on the front and back cover pages.

Note: We do not make mid-year non-maintenance formulary changes. Existing members can view the updated formulary by visiting us on the web at [www.connecticare.com/medicare](http://www.connecticare.com/medicare). The formulary that is posted on our website is updated monthly.

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular-Hypertensive/Lipids". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. 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?

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ConnectiCare 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 ConnectiCare formulary?" on page v or 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 Member Services and ask if your drug is covered.

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, ConnectiCare 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, ConnectiCare 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, you will be allowed an "early" refill of your medications, as needed, to assist with your transition to your new level of care.

### **For more information**

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

If you have questions about ConnectiCare, 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>.

## ConnectiCare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by ConnectiCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

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

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

<b>B/D PA</b>	This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<b>LA</b>	Limited Availability. This prescription drug may be available only at certain pharmacies. For more information call Member Services.
<b>MO</b>	Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
<b>PA</b>	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill the prescription. If you don't get approval, we may not cover the drug.
<b>QL</b>	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
<b>ST</b>	Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
<b>LDS</b>	Limited day supply. For certain drugs, the plan limits the days' supply we will cover to one month.

Please refer to the tables below for information about how the plan’s cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for “Extra Help” or “Low Income Subsidy” (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider), which tells you about your drug coverage. If you don’t have this insert, please call Member Services at the number on the front or back cover pages and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider).

## Part D Prescription Drug Coverage for Passage Plan 1 (HMO)

Tier	Tier Name	Initial Coverage Stage	Coverage Gap Stage	Catastrophic Coverage Stage
<b>Tier 1</b>	Preferred Generic Drugs	Standard cost-sharing: \$9 per prescription. Preferred cost-sharing: \$2 per prescription.	37% coinsurance of the price of the drug	The greater of 5% of the cost, or \$3.40 copay
<b>Tier 2</b>	Generic Drugs	Standard cost-sharing: \$20 per prescription. Preferred cost-sharing: \$10 per prescription.	37% coinsurance of the price of the drug	The greater of 5% of the cost, or \$3.40 copay
<b>Tier 3</b>	Preferred Brand Drugs	Standard cost-sharing: \$47 per prescription. Preferred cost-sharing: \$42 per prescription.	25% of the price (plus dispensing fee) for brand drugs	The greater of 5% of the cost, or \$8.50 copay
<b>Tier 4</b>	Non-Preferred Drugs	Standard cost-sharing: \$100 per prescription. Preferred cost-sharing: \$95 per prescription.	25% of the price (plus dispensing fee) for brand drugs and 37% of the price for generic drugs	The greater of 5% of the cost, or \$3.40 copay for generic drugs \$8.50 copay for all other drugs
<b>Tier 5</b>	Specialty Drugs	33% coinsurance	25% of the price (plus dispensing fee) for brand drugs and 37% of the price for generic drugs	The greater of 5% of the cost, or \$3.40 copay for generic drugs \$8.50 copay for all other drugs

Please Note: Employer Group Health Plan (EGHP) please refer to your Summary of Benefits or contact Member Services for benefit details and cost sharing amounts.



Please refer to the tables below for information about how the plan’s cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for “Extra Help” or “Low Income Subsidy” (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider), which tells you about your drug coverage. If you don’t have this insert, please call Member Services at the number on the front or back cover pages and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider).

**Part D Prescription Drug Coverage for Flex Plan 2 (HMO-POS) and Flex Plan 3 (HMO-POS) and Choice Plan 3 (HMO)**

<b>Deductible</b>		<b>\$300</b>		
<b>Tier</b>	<b>Tier Name</b>	<b>Initial Coverage Stage</b>	<b>Coverage Gap Stage</b>	<b>Catastrophic Coverage Stage</b>
<b>Tier 1</b>	Preferred Generic Drugs	Standard cost-sharing: \$9 per prescription. Preferred cost-sharing: \$2 per prescription.	37% coinsurance of the price of the drug	The greater of 5% of the cost, or \$3.40 copay
<b>Tier 2</b>	Generic Drugs	Standard cost-sharing: \$20 per prescription. Preferred cost-sharing: \$10 per prescription.	37% coinsurance of the price of the drug	The greater of 5% of the cost, or \$3.40 copay
<b>Tier 3</b>	Preferred Brand Drugs	Standard cost-sharing: \$47 per prescription. Preferred cost-sharing: \$42 per prescription.	25% of the price (plus dispensing fee) for brand drugs	The greater of 5% of the cost, or \$8.50 copay
<b>Tier 4</b>	Non-Preferred Drugs	Standard cost-sharing: \$100 per prescription. Preferred cost-sharing: \$95 per prescription.	25% of the price (plus dispensing fee) for brand drugs and 37% of the price for generic drugs	The greater of 5% of the cost, or \$3.40 copay for generic drugs \$8.50 copay for all other drugs
<b>Tier 5</b>	Specialty Drugs	27% coinsurance	25% of the price (plus dispensing fee) for brand drugs and 37% of the price for generic drugs	The greater of 5% of the cost, or \$3.40 copay for generic drugs \$8.50 copay for all other drugs

Please Note: Employer Group Health Plan (EGHP) please refer to your Summary of Benefits or contact Member Services for benefit details and cost sharing amounts.

Please refer to the tables below for information about how the plan's cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for "Extra Help" or "Low Income Subsidy" (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider), which tells you about your drug coverage. If you don't have this insert, please call Member Services at the number on the front or back cover pages and ask for the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider).

### Part D Prescription Drug Coverage for Flex Plan 1 (HMO-POS) and Choice Plan 1 (HMO)

Deductible		\$300		
Tier	Tier Name	Initial Coverage Stage	Coverage Gap Stage	Catastrophic Coverage Stage
<b>Tier 1</b>	Preferred Generic Drugs	Standard cost-sharing: \$9 per prescription.  Preferred cost-sharing: \$2 per prescription.		The greater of 5% of the cost, or \$3.40 copay
<b>Tier 2</b>	Generic Drugs	Standard cost-sharing: \$20 per prescription.  Preferred cost-sharing: \$10 per prescription.		The greater of 5% of the cost, or \$3.40 copay
<b>Tier 3</b>	Preferred Brand Drugs	Standard cost-sharing: \$47 per prescription.  Preferred cost-sharing: \$42 per prescription.	25% of the price (plus dispensing fee) for brand drugs	The greater of 5% of the cost, or \$8.50 copay
<b>Tier 4</b>	Non-Preferred Drugs	Standard cost-sharing: \$100 per prescription.  Preferred cost-sharing: \$95 per prescription.	25% of the price (plus dispensing fee) for brand drugs and 37% of the price for generic drugs	The greater of 5% of the cost, or \$3.40 copay for generic drugs \$8.50 copay for all other drugs
<b>Tier 5</b>	Specialty Drugs	27% coinsurance	25% of the price (plus dispensing fee) for brand drugs and 37% of the price for generic drugs	The greater of 5% of the cost, or \$3.40 copay for generic drugs \$8.50 copay for all other drugs

Please Note: Employer Group Health Plan (EGHP) please refer to your Summary of Benefits or contact Member Services for benefit details and cost sharing amounts.

Please refer to the tables below for information about how the plan’s cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for “Extra Help” or “Low Income Subsidy” (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider), which tells you about your drug coverage. If you don’t have this insert, please call Member Services at the number on the front or back cover pages and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider).

## Part D Prescription Drug Coverage for Passage Dual (HMO SNP)

Tier	Tier Name	Initial Coverage Stage	Coverage Gap Stage	Catastrophic Coverage Stage
<b>Tier 1</b>	Preferred Generic Drugs	\$0 to \$3.40. The amount you pay is determined by the prescription and your low-income subsidy. Please refer to your LIS Rider and/or Evidence of Coverage for more information on what you pay.		\$0
<b>Tier 2</b>	Generic Drugs	\$0 to \$3.40. The amount you pay is determined by the prescription and your low-income subsidy. Please refer to your LIS Rider and/or Evidence of Coverage for more information on what you pay.		\$0
<b>Tier 3</b>	Preferred Brand Drugs	\$0 to \$8.50. The amount you pay is determined by the prescription and your low-income subsidy. Please refer to your LIS Rider and/or Evidence of Coverage for more information on what you pay.		\$0
<b>Tier 4</b>	Non-Preferred Drugs	\$0 to \$8.50. The amount you pay is determined by the prescription and your low-income subsidy. Please refer to your LIS Rider and/or Evidence of Coverage for more information on what you pay.		\$0
<b>Tier 5</b>	Specialty Drugs	\$0 to \$8.50. The amount you pay is determined by the prescription and your low-income subsidy. Please refer to your LIS Rider and/or Evidence of Coverage for more information on what you pay.		\$0

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

For Passage Dual members, your costs will be the same if you use a pharmacy that offers standard cost-sharing or a pharmacy that offers preferred cost-sharing.

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

Contact your State Medicaid program to find out what drugs are covered by Medicaid at 1-800-842-1508 or visit [www.ct.gov/dss](http://www.ct.gov/dss).

Please Note: Employer Group Health Plan (EGHP) please refer to your Summary of Benefits or contact Member Services for benefit details and cost sharing amounts.

## **Language & Non-Discrimination Notice**

ConnectiCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Committee for Civil Rights, ConnectiCare, Inc., 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-224-2273, and TTY: 1-800-842-9710. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-224-2273 (TTY: 1-800-842-9710).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-224-2273 (TTY: 1-800-842-9710).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-224-2273 (TTY: 1-800-842-9710)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-224-2273 (TTY: 1-800-842-9710).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-224-2273 (ATS: 1-800-842-9710).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-224-2273 (TTY: 1-800-842-9710).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-224-2273 (телетайп: 1-800-842-9710).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-224-2273 (TTY: 1-800-842-9710).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-224-2273-1 (رقم هاتف الصم والبكم: 800-842-9710-1).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-224-2273 (TTY: 1-800-842-9710)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-224-2273 (TTY: 1-800-842-9710).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-224-2273 (TTY: 1-800-842-9710) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-224-2273 (TTY: 1-800-842-9710).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-224-2273 (TTY: 1-800-842-9710).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយគឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-800-224-2273 (TTY: 1-800-842-9710)។

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-224-2273 (TTY: 1-800-842-9710).

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>amphotericin b injection recon soln</i>	2	B/D PA; MO
<i>caspofungin intravenous recon soln</i>	5	B/D PA; LDS
<i>clotrimazole mucous membrane troche</i>	2	MO
<i>fluconazole in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	B/D PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	B/D PA
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	2	MO
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin microsize oral tablet</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet</i>	2	MO
NOXAFIL ORAL SUSPENSION	5	MO; LDS
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>terbinafine hcl oral tablet</i>	2	MO; QL (90 per 365 days)
<i>voriconazole intravenous solution</i>	2	B/D PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	MO; LDS
<i>voriconazole oral tablet 200 mg</i>	5	MO; LDS
<i>voriconazole oral tablet 50 mg</i>	2	MO
<b>ANTIVIRALS</b>		
<i>abacavir oral solution</i>	2	MO; QL (960 per 30 days)
<i>abacavir oral tablet</i>	2	MO; QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet</i>	5	MO; LDS; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	MO; LDS; QL (60 per 30 days)
<i>acyclovir oral capsule</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	2	B/D PA
<i>acyclovir sodium intravenous solution</i>	2	B/D PA; MO
<i>adefovir oral tablet</i>	5	MO; LDS
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
APTIVUS ORAL CAPSULE	3	MO; QL (120 per 30 days)
APTIVUS ORAL SOLUTION	3	QL (285 per 28 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	2	MO; QL (30 per 30 days)
ATRIPLA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	3	MO
BIKTARVY ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
<i>cidofovir intravenous solution</i>	3	B/D PA; MO
COMPLERA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QL (270 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QL (180 per 30 days)
DESCOVY ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	2	QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	2	MO; QL (30 per 30 days)
EDURANT ORAL TABLET	4	MO; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	2	MO; QL (60 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	2	MO; QL (90 per 30 days)
<i>efavirenz oral tablet</i>	2	MO; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	MO; QL (680 per 28 days)
<i>entecavir oral tablet</i>	5	MO; LDS; QL (30 per 30 days)
EPCLUSA ORAL TABLET	5	PA; MO; LDS; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	MO
EVOTAZ ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg</i>	2	MO; QL (21 per 10 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famciclovir oral tablet 250 mg</i>	2	MO; QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; QL (21 per 7 days)
<i>fosamprenavir oral tablet</i>	5	MO; LDS; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; LDS; QL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
HARVONI ORAL TABLET	5	PA; MO; LDS; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; LDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
INVIRASE ORAL CAPSULE	5	MO; LDS; QL (300 per 30 days)
INVIRASE ORAL TABLET	5	MO; LDS; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET	5	MO; LDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	3	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET	3	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE	3	MO; QL (180 per 30 days)
JULUCA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO; QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; LDS; QL (120 per 30 days)
<i>lamivudine oral solution</i>	2	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	2	MO; QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	MO; QL (60 per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	4	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	3	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	5	MO; LDS; QL (480 per 30 days)
<i>nevirapine oral suspension</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	MO; QL (30 per 30 days)
NORVIR ORAL CAPSULE	3	QL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET	3	MO; QL (360 per 30 days)
NORVIR ORAL SOLUTION	3	MO; QL (480 per 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORVIR ORAL TABLET	3	MO; QL (360 per 30 days)
ODEFSEY ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	2	MO; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PREVYMIS INTRAVENOUS SOLUTION	5	PA; LDS
PREVYMIS ORAL TABLET	5	PA; MO; LDS
PREZCOBIX ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; LDS; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; LDS; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QL (210 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	MO; LDS; QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO; QL (60 per 180 days)
RESCRIPTOR ORAL TABLET	3	MO; QL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	3	MO; QL (270 per 30 days)
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	3	MO; QL (180 per 30 days)
<i>ribavirin oral capsule</i>	2	PA; MO
<i>ribavirin oral tablet 200 mg</i>	2	PA; MO
<i>rimantadine oral tablet</i>	2	MO
<i>ritonavir oral tablet</i>	2	MO; QL (360 per 30 days)
SELZENTRY ORAL SOLUTION	4	MO; QL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	MO; LDS; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	MO; QL (240 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; LDS; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	MO; QL (60 per 30 days)
<i>stavudine oral capsule</i>	2	MO; QL (60 per 30 days)
STRIBILD ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
SYMFI LO ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
SYMFI ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; MO; LDS
<i>tenofovir disoproxil fumarate oral tablet</i>	2	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; LDS; QL (60 per 30 days)
TRIUMEQ ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
TRUVADA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
TYBOST ORAL TABLET	3	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet</i>	2	MO
<i>valganciclovir oral recon soln</i>	5	MO; LDS
<i>valganciclovir oral tablet</i>	5	MO; LDS
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	4	MO; QL (60 per 30 days)
VIRACEPT ORAL TABLET 250 MG	3	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	MO; QL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	4	MO; QL (1200 per 30 days)
VIREAD ORAL POWDER	3	MO; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO; QL (30 per 30 days)
ZERIT ORAL RECON SOLN	4	MO
<i>zidovudine oral capsule</i>	2	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	B/D PA; MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	B/D PA; MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	B/D PA
<i>cefazolin intravenous recon soln</i>	2	B/D PA
<i>cefdinir oral capsule</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefдинир oral suspension for reconstitution</i>	1	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	B/D PA
<i>cefepime in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	2	B/D PA; MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	B/D PA; MO
<i>cefepime injection recon soln</i>	2	B/D PA; MO
<i>cefixime oral suspension for reconstitution</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefotaxime injection recon soln 10 gram</i>	2	B/D PA; MO
CEFOTETAN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
<i>cefotetan injection recon soln</i>	2	
<i>cefotetan intravenous recon soln</i>	2	
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	B/D PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	B/D PA
<i>cefpodoxime oral suspension for reconstitution</i>	2	MO
<i>cefpodoxime oral tablet</i>	2	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	B/D PA
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	2	B/D PA
<i>ceftriaxone intravenous recon soln</i>	2	B/D PA; MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	B/D PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	B/D PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	B/D PA
<i>cephalexin oral capsule</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	1	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
TEFLARO INTRAVENOUS RECON SOLN	4	B/D PA; MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln</i>	2	B/D PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr e.e.s. 400 oral tablet</i>	2	MO
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	B/D PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	2	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
ALBENZA ORAL TABLET	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	B/D PA; MO
<i>atovaquone oral suspension</i>	5	MO; LDS
<i>atovaquone-proguanil oral tablet</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aztreonam injection recon soln</i>	2	MO
<i>baciiim intramuscular recon soln</i>	2	
<i>bacitracin intramuscular recon soln</i>	2	MO
CAPASTAT INJECTION RECON SOLN	4	B/D PA
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	MO; LA; LDS; QL (84 per 28 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	2	B/D PA
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin palmitate hcl oral recon soln</i>	2	MO
<i>clindamycin phosphate injection solution</i>	2	B/D PA; MO
<i>clindamycin phosphate intravenous solution</i>	2	B/D PA
COARTEM ORAL TABLET	4	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	B/D PA; MO
<i>dapsone oral tablet</i>	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO; LDS
DARAPRIM ORAL TABLET	5	PA; MO; LDS
<i>ethambutol oral tablet</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	
<i>gentamicin injection solution 40 mg/ml</i>	2	B/D PA; MO
<i>hydroxychloroquine oral tablet</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	2	B/D PA; MO
<i>isoniazid injection solution</i>	2	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	2	MO
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	PA; LDS
<i>linezolid oral suspension for reconstitution</i>	4	PA; MO
<i>linezolid oral tablet</i>	5	PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	5	PA; LDS
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln</i>	2	B/D PA; MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	B/D PA; MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	2	B/D PA
<i>metro i.v. intravenous piggyback</i>	2	MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	2	MO
<i>metronidazole oral capsule</i>	2	MO
<i>metronidazole oral tablet</i>	2	MO
NEBUPENT INHALATION RECON SOLN	4	B/D PA; MO
<i>neomycin oral tablet</i>	2	MO
<i>paromomycin oral capsule</i>	2	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	MO
PENTAM INJECTION RECON SOLN	4	B/D PA; MO
<i>polymyxin b sulfate injection recon soln</i>	2	MO
PRIFTIN ORAL TABLET	4	MO
PRIMAQUINE ORAL TABLET	4	MO
<i>pyrazinamide oral tablet</i>	2	MO
<i>quinine sulfate oral capsule</i>	2	PA; MO
<i>rifabutin oral capsule</i>	2	MO
<i>rifampin intravenous recon soln</i>	2	B/D PA; MO
<i>rifampin oral capsule</i>	2	MO
SIRTURO ORAL TABLET	5	MO; LA; LDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	4	B/D PA; MO
SYNERCID INTRAVENOUS RECON SOLN	4	B/D PA
<i>tinidazole oral tablet</i>	2	MO
TOBI PODHALER INHALATION CAPSULE	5	LDS; QL (224 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; LDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	B/D PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin sulfate injection recon soln</i>	2	B/D PA
<i>tobramycin sulfate injection solution</i>	2	B/D PA; MO
TRECTOR ORAL TABLET	4	MO
TYGACIL INTRAVENOUS RECON SOLN	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	B/D PA
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	B/D PA; MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	2	B/D PA
VANCOMYCIN INJECTION RECON SOLN	2	B/D PA
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	2	B/D PA; MO
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	2	B/D PA; MO
<i>vancomycin oral capsule 125 mg</i>	4	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO; LDS
XIFAXAN ORAL TABLET 550 MG	5	MO; LDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	2	B/D PA; MO
<i>ampicillin sodium intravenous recon soln</i>	2	B/D PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	B/D PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	B/D PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	B/D PA
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	B/D PA; MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	4	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	B/D PA
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	2	B/D PA; MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	B/D PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	B/D PA; MO; LDS
<i>nafcillin intravenous recon soln</i>	2	B/D PA; MO
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	LDS
<i>oxacillin injection recon soln 2 gram</i>	2	MO
<i>oxacillin intravenous recon soln 1 gram</i>	2	B/D PA
<i>oxacillin intravenous recon soln 2 gram</i>	2	
<i>penicillin g potassium injection recon soln</i>	2	B/D PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	B/D PA
<i>penicillin g sodium injection recon soln</i>	2	B/D PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	2	MO
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	2	B/D PA
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	B/D PA; MO
<b>QUINOLONES</b>		
AVELOX IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK	4	B/D PA; MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</i>	2	MO
<i>ciprofloxacin hcl oral tablet</i>	2	MO
<i>ciprofloxacin oral suspension,microcapsule recon</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous solution</i>	2	B/D PA; MO
<i>levofloxacin oral solution</i>	2	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	2	MO
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine oral tablet</i>	2	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	B/D PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	MO
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tablet</i>	2	MO
<i>doxy-100 intravenous recon soln</i>	2	MO
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline hyclate oral tablet,delayed release (dr/ec)</i>	4	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	2	MO
<i>morgidox oral capsule 50 mg</i>	2	MO
<i>okebo oral capsule 75 mg</i>	4	MO
ORACEA ORAL CAPSULE, IR - DELAYED RELEASE, BIPHASE	4	MO
<i>tetracycline oral capsule</i>	2	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate oral tablet</i>	2	MO
<i>methenamine mandelate oral tablet 1 gram</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	MO
<i>trimethoprim oral tablet</i>	2	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	2	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	2	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	4	B/D PA
<i>levoleucovorin intravenous solution</i>	4	B/D PA
<i>mesna intravenous solution</i>	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO; LDS
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO; LDS
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	5	PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFINITOR ORAL TABLET	5	PA; MO; LDS
ALECENSA ORAL CAPSULE	5	PA; MO; LDS
ALIMTA INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
ALIQUOPA INTRAVENOUS RECON SOLN	5	PA; MO; LDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; LDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; LDS; QL (180 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; LDS; QL (30 per 30 days)
<i>anastrozole oral tablet</i>	2	MO; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	B/D PA; MO
AVASTIN INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
<i>azacitidine injection recon soln</i>	5	MO; LDS
AZASAN ORAL TABLET	3	B/D PA; MO
<i>azathioprine oral tablet</i>	2	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	2	B/D PA
BAVENCIO INTRAVENOUS SOLUTION	5	PA; MO; LDS
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
BENDEKA INTRAVENOUS SOLUTION	5	PA; MO; LDS
BESPONSА INTRAVENOUS RECON SOLN	5	PA; MO; LDS
<i>bexarotene oral capsule</i>	5	PA; MO; LDS
<i>bicalutamide oral tablet</i>	2	MO; QL (30 per 30 days)
BICNU INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>bleomycin injection recon soln</i>	2	B/D PA; MO
BOSULIF ORAL TABLET	5	PA; MO; LDS
BUSULFEX INTRAVENOUS SOLUTION	3	B/D PA
CABOMETYX ORAL TABLET	5	PA; MO; LA; LDS
CALQUENCE ORAL CAPSULE	5	PA; MO; LA; LDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	MO; LA; LDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	MO; LA; LDS; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine intravenous solution</i>	2	B/D PA; MO
<i>clofarabine intravenous solution</i>	5	B/D PA; LDS
COMETRIQ ORAL CAPSULE	5	PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COTELLIC ORAL TABLET	5	PA; MO; LA; LDS
<i>cyclophosphamide oral capsule</i>	4	B/D PA; MO
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	PA; MO; LDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
DARZALEX INTRAVENOUS SOLUTION	3	PA; MO
<i>daunorubicin intravenous solution</i>	2	B/D PA
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO; LDS
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO; LDS
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
EMCYT ORAL CAPSULE	3	MO
EMPLICITI INTRAVENOUS RECON SOLN	5	PA; MO; LDS
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	4	B/D PA; MO
ERIVEDGE ORAL CAPSULE	5	PA; MO; LDS
ERLEADA ORAL TABLET	5	PA; MO; LDS; QL (120 per 30 days)
ERWINAZE INJECTION RECON SOLN	5	PA; MO; LDS
<i>etoposide intravenous solution</i>	2	B/D PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>exemestane oral tablet</i>	2	MO
FARESTON ORAL TABLET	3	MO; QL (30 per 30 days)
FARYDAK ORAL CAPSULE	5	PA; MO; LDS
FASLODEX INTRAMUSCULAR SYRINGE	5	B/D PA; MO; LDS
<i>fludarabine intravenous recon soln</i>	4	B/D PA; MO
<i>fludarabine intravenous solution</i>	4	B/D PA
<i>fluorouracil intravenous solution</i>	2	B/D PA; MO
<i>flutamide oral capsule</i>	2	MO
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	B/D PA; MO; LDS
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PA; LDS
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D PA; MO; LDS
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	B/D PA; LDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; LDS
GLEOSTINE ORAL CAPSULE	4	MO
HERCEPTIN INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
HEXALEN ORAL CAPSULE	5	MO; LDS
<i>hydroxyurea oral capsule</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; LDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET	5	PA; MO; LDS
<i>idarubicin intravenous solution</i>	2	B/D PA
IDHIFA ORAL TABLET	5	PA; MO; LA; LDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i>	2	B/D PA; MO
<i>ifosfamide intravenous recon soln 3 gram</i>	3	B/D PA; MO
<i>ifosfamide intravenous solution</i>	3	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; LDS
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; LDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA; MO; LDS; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; LDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INLYTA ORAL TABLET	4	PA; MO
IRESSA ORAL TABLET	5	PA; MO; LDS
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	B/D PA
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO; LDS
JAKAFI ORAL TABLET 25 MG	5	PA; MO; LDS; QL (60 per 30 days)
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO; LDS
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO; LDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; LDS; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; LDS; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; LDS; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; LDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; LDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; LDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	PA; MO; LDS
LARTRUVO INTRAVENOUS SOLUTION	5	PA; MO; LDS
LENVIMA ORAL CAPSULE	5	PA; MO; LDS
<i>letrozole oral tablet</i>	2	MO; QL (30 per 30 days)
LEUKERAN ORAL TABLET	3	MO
<i>leuprolide subcutaneous kit</i>	2	PA; MO
LONSURF ORAL TABLET	5	PA; MO; LDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; MO; LDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; MO; LDS
LYNPARZA ORAL CAPSULE	5	PA; MO; LDS
LYNPARZA ORAL TABLET	5	PA; MO; LDS
LYSODREN ORAL TABLET	3	MO
MATULANE ORAL CAPSULE	5	MO; LDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET	5	PA; MO; LDS
<i>melphalan hcl intravenous recon soln</i>	2	B/D PA
<i>mercaptopurine oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln</i>	2	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
MUSTARGEN INJECTION RECON SOLN	3	B/D PA; MO
<i>mycophenolate mofetil hcl intravenous recon soln</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	PA; MO; LDS
NERLYNX ORAL TABLET	5	PA; MO; LA; LDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET	5	PA; MO; LA; LDS
<i>nilutamide oral tablet</i>	2	MO; QL (30 per 30 days)
NINLARO ORAL CAPSULE	5	PA; MO; LDS
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; LDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO; LDS
ODOMZO ORAL CAPSULE	5	PA; MO; LA; LDS
ONCASPAR INJECTION SOLUTION	5	PA; MO; LDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA; MO; LDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA
<i>oxaliplatin intravenous solution</i>	4	B/D PA; MO
<i>paclitaxel intravenous concentrate</i>	2	B/D PA; MO
PERJETA INTRAVENOUS SOLUTION	5	PA; MO; LDS
POMALYST ORAL CAPSULE	5	PA; MO; LA; LDS
PORTRAZZA INTRAVENOUS SOLUTION	5	PA; MO; LDS
PURIXAN ORAL SUSPENSION	4	MO
RAPAMUNE ORAL SOLUTION	3	B/D PA; MO
REVLIMID ORAL CAPSULE	5	PA; MO; LA; LDS
RITUXAN INTRAVENOUS CONCENTRATE	5	PA; MO; LDS
RUBRACA ORAL TABLET	5	PA; MO; LA; LDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE	5	PA; MO; LDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; MO; LDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral tablet</i>	2	B/D PA; MO
SOLTAMOX ORAL SOLUTION	4	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	B/D PA; MO; LDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	5	PA; MO; LDS; QL (30 per 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRYCEL ORAL TABLET 20 MG, 50 MG	5	PA; MO; LDS
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; LDS; QL (60 per 30 days)
STIVARGA ORAL TABLET	5	PA; MO; LDS
SUTENT ORAL CAPSULE	5	PA; MO; LDS
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; MO; LDS
TABLOID ORAL TABLET	3	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>tacrolimus oral capsule 5 mg</i>	4	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; LDS
TAGRISSO ORAL TABLET	5	PA; MO; LA; LDS
<i>tamoxifen oral tablet</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO; LDS
TARCEVA ORAL TABLET 150 MG	5	PA; MO; LDS; QL (30 per 30 days)
TARGRETIN TOPICAL GEL	5	MO; LDS; QL (60 per 30 days)
TASIGNA ORAL CAPSULE	5	PA; MO; LDS
TECENTRIQ INTRAVENOUS SOLUTION	5	PA; MO; LDS
THALOMID ORAL CAPSULE	5	PA; MO; LDS
<i>thiotepa injection recon soln</i>	5	PA; MO; LDS
<i>toposar intravenous solution</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA; LDS
<i>topotecan intravenous solution</i>	5	B/D PA; MO; LDS
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	3	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	B/D PA; MO; LDS
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	3	B/D PA; MO
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	B/D PA; MO; LDS
<i>tretinoin (chemotherapy) oral capsule</i>	5	MO; LDS
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	B/D PA; MO
TYKERB ORAL TABLET	5	PA; MO; LA; LDS
VELCADE INJECTION RECON SOLN	5	B/D PA; MO; LDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; MO; LA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA; LDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; MO; LA; LDS
VERZENIO ORAL TABLET	5	PA; MO; LA; LDS; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D PA
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	B/D PA; MO
<i>vincristine intravenous solution</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution</i>	2	B/D PA; MO
VOTRIENT ORAL TABLET	5	PA; MO; LDS
XALKORI ORAL CAPSULE	5	PA; MO; LDS
XATMEP ORAL SOLUTION	5	PA; MO; LDS
XERMELO ORAL TABLET	5	PA; MO; LDS; QL (84 per 28 days)
XTANDI ORAL CAPSULE	5	PA; MO; LDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	PA; MO; LDS
YONDELIS INTRAVENOUS RECON SOLN	5	PA; MO; LDS
YONSA ORAL TABLET	5	PA; LDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	5	PA; MO; LDS
ZEJULA ORAL CAPSULE	5	PA; MO; LA; LDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET	5	PA; MO; LDS
ZOLINZA ORAL CAPSULE	5	MO; LDS; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG	3	B/D PA; MO
ZORTRESS ORAL TABLET 0.75 MG	5	B/D PA; MO; LDS
ZYDELIG ORAL TABLET	5	PA; MO; LDS
ZYKADIA ORAL CAPSULE	5	PA; MO; LDS; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	MO; LDS; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	MO; LDS; QL (60 per 30 days)

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

### **ANTICONVULSANTS**

APTIOM ORAL TABLET	4	PA; MO
BANZEL ORAL SUSPENSION	4	PA; MO
BANZEL ORAL TABLET	4	PA; MO
BRIVIACT INTRAVENOUS SOLUTION	4	PA
BRIVIACT ORAL SOLUTION	5	PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRIVIACT ORAL TABLET	5	PA; MO; LDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clonazepam oral tablet</i>	2	MO
<i>clonazepam oral tablet, disintegrating</i>	2	PA; MO
DIASTAT RECTAL KIT	4	MO
DILANTIN 30 MG ORAL CAPSULE	4	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO
<i>epitol oral tablet</i>	1	MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<i>felbamate oral suspension</i>	2	MO
<i>felbamate oral tablet</i>	2	MO
<i>fosphenytoin injection solution</i>	2	B/D PA; MO
FYCOMPA ORAL SUSPENSION	4	PA; MO
FYCOMPA ORAL TABLET	4	PA; MO
<i>gabapentin oral capsule 100 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral capsule 300 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG, 16 MG	4	MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	2	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous solution</i>	2	B/D PA; MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	4	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	4	PA; MO
<i>oxcarbazepine oral suspension</i>	2	MO
<i>oxcarbazepine oral tablet</i>	2	MO
PEGANONE ORAL TABLET	4	MO
<i>phenobarbital oral elixir</i>	2	PA; MO
<i>phenobarbital oral tablet</i>	2	PA; MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended release oral capsule</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	B/D PA; MO
<i>primidone oral tablet</i>	2	MO
<i>roweepra oral tablet</i>	4	MO
<i>roweepra xr oral tablet extended release 24 hr</i>	4	
SABRIL ORAL TABLET	5	PA; MO; LA; LDS
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
<i>tiagabine oral tablet</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium intravenous solution</i>	2	B/D PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>valproic acid oral capsule</i>	2	MO
<i>vigabatrin oral powder in packet</i>	5	PA; MO; LA; LDS
VIMPAT INTRAVENOUS SOLUTION	4	PA
VIMPAT ORAL SOLUTION	4	PA; MO
VIMPAT ORAL TABLET	4	PA; MO
<i>zonisamide oral capsule</i>	2	PA; MO
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA; LDS
<i>benztropine injection solution</i>	2	B/D PA; MO
<i>benztropine oral tablet</i>	2	PA; MO
<i>bromocriptine oral capsule</i>	2	MO
<i>bromocriptine oral tablet</i>	2	MO
<i>carbidopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	MO
<i>entacapone oral tablet</i>	2	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	PA; MO
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr</i>	2	MO
<i>rasagiline oral tablet</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	2	MO
<i>selegiline hcl oral capsule</i>	2	MO
<i>selegiline hcl oral tablet</i>	2	MO
<i>tolcapone oral tablet</i>	2	MO
<i>trihexyphenidyl oral elixir</i>	2	PA; MO
<i>trihexyphenidyl oral tablet</i>	2	PA; MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>dihydroergotamine injection solution</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dihydroergotamine nasal spray,non-aerosol</i>	2	MO
<i>migergot rectal suppository</i>	2	MO
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (36 per 30 days)
<i>sumatriptan nasal spray,non-aerosol</i>	2	MO
<i>sumatriptan succinate oral tablet</i>	2	MO; QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (10 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (10 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (10 per 30 days)
<i>zolmitriptan oral tablet</i>	2	MO; QL (12 per 30 days)
<i>zolmitriptan oral tablet,disintegrating</i>	2	MO; QL (12 per 30 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	5	PA; MO; LA; LDS
AUBAGIO ORAL TABLET	5	MO; LDS
<i>donepezil oral tablet</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating</i>	2	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	2	MO
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	MO; LDS
<i>glatiramer subcutaneous syringe</i>	5	PA; MO; LDS
<i>glatopa subcutaneous syringe</i>	5	PA; MO; LDS
INGREZZA ORAL CAPSULE	5	PA; MO; LA; LDS; QL (30 per 30 days)
KEVEYIS ORAL TABLET	5	PA; MO; LDS
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	4	PA; MO
NUEDEXTA ORAL CAPSULE	4	PA; MO
RADICAVA INTRAVENOUS PIGGYBACK	5	PA; MO; LDS
<i>rivastigmine tartrate oral capsule 1.5 mg</i>	2	MO; QL (240 per 30 days)
<i>rivastigmine tartrate oral capsule 3 mg</i>	2	MO; QL (120 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	2	MO; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine transdermal patch 24 hour</i>	2	MO; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	MO; LA; LDS
<i>tetrabenazine oral tablet</i>	5	PA; MO; LDS
TYSABRI INTRAVENOUS SOLUTION	5	PA; MO; LDS
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	2	PA; MO
<i>dantrolene oral capsule</i>	2	MO
<i>meprobamate oral tablet</i>	2	PA; MO
MESTINON ORAL SYRUP	3	MO
<i>metaxalone oral tablet</i>	2	PA; MO
<i>pyridostigmine bromide oral tablet</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol injection solution</i>	3	B/D PA
<i>tizanidine oral capsule</i>	2	MO
<i>tizanidine oral tablet</i>	2	MO
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i>	2	B/D PA; MO
<i>buprenorphine hcl injection syringe</i>	2	B/D PA
<i>buprenorphine hcl sublingual tablet</i>	2	MO
<i>butalbital-acetaminop-caff-cod oral capsule</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; MO; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet</i>	4	PA; MO; QL (180 per 30 days)
<i>codeine sulfate oral tablet</i>	2	MO; QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	B/D PA; MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	B/D PA; QL (2000 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; MO; LDS; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	5	PA; MO; LDS; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	5	PA; MO; LDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	5	PA; MO; LDS; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	5	PA; MO; LDS; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	5	PA; MO; LDS; QL (58 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	B/D PA
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	2	B/D PA; MO
<i>hydromorphone oral liquid</i>	2	MO; QL (1500 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>ibuprofen-oxycodone oral tablet</i>	2	MO; QL (28 per 30 days)
<b>KADIAN ORAL CAPSULE, EXTENDED RELEASE PELLETS 200 MG</b>	4	PA; MO; QL (60 per 30 days)
<i>levorphanol tartrate oral tablet</i>	2	MO; QL (120 per 30 days)
<i>methadone injection solution</i>	2	B/D PA
<i>methadone intensol oral concentrate</i>	2	MO
<i>methadone oral concentrate</i>	2	MO
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	B/D PA
<i>morphine (pf) injection solution 1 mg/ml</i>	2	B/D PA; MO
<i>morphine concentrate oral solution</i>	2	MO; QL (300 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	4	B/D PA; MO; QL (200 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	4	B/D PA; QL (250 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml</i>	2	B/D PA
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	2	B/D PA
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	4	B/D PA; QL (200 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	4	B/D PA; QL (250 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	PA; MO; QL (50 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extended release pellets</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
OXYCODONE ORAL SYRINGE	2	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	2	MO; QL (134 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (200 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	2	PA; MO; QL (67 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	2	PA; MO; QL (50 per 30 days)

## **NON-NARCOTIC ANALGESICS**

<i>buprenorphine-naloxone sublingual tablet</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution</i>	2	MO
<i>butorphanol tartrate nasal spray, non-aerosol</i>	2	MO; QL (5 per 30 days)
<i>celecoxib oral capsule</i>	2	MO
<i>diclofenac potassium oral tablet</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	4	MO; QL (600 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	4	MO; QL (1000 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed release, biphasic</i>	2	MO
<i>diflunisal oral tablet</i>	2	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet</i>	2	MO
<i>ibu oral tablet</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	2	MO
<i>indomethacin oral capsule, extended release</i>	2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	MO
<i>ketoprofen oral capsule, extended release pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate oral capsule</i>	2	MO
<i>mefenamic acid oral capsule</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meloxicam oral suspension</i>	2	
<i>meloxicam oral tablet</i>	1	MO
<i>nabumetone oral tablet</i>	2	MO
<i>nalbuphine injection solution</i>	2	B/D PA; MO
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone oral tablet</i>	2	MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	4	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	MO
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
NUCYNTA ORAL TABLET	3	MO
<i>oxaprozin oral tablet</i>	2	MO
<i>piroxicam oral capsule</i>	2	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)
<i>sulindac oral tablet</i>	2	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	MO; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	MO; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	MO; LDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	5	MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam oral tablet</i>	2	MO
<i>alprazolam oral tablet extended release 24 hr</i>	2	PA; MO
<i>alprazolam oral tablet,disintegrating</i>	2	MO
<i>amitriptyline oral tablet</i>	2	PA; MO
<i>amoxapine oral tablet</i>	2	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	4	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	5	MO; LDS
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 12 hr</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr</i>	2	MO
<i>bupirone oral tablet</i>	2	MO
<i>chlorpromazine injection solution</i>	2	MO
<i>chlorpromazine oral tablet</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine oral capsule</i>	2	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO; QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet</i>	2	PA; MO
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
<i>desipramine oral tablet</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 5 mg</i>	2	MO; QL (60 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 30 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	2	MO; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	2	MO; QL (120 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	2	MO; QL (120 per 30 days)
<i>dextroamphetamine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO; QL (90 per 30 days)
<i>diazepam intensol oral concentrate</i>	2	PA; MO
<i>diazepam oral concentrate</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO
<i>doxepin oral capsule</i>	2	PA; MO
<i>doxepin oral concentrate</i>	2	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec)</i>	2	MO
EMSAM TRANSDERMAL PATCH 24 HOUR	4	MO
<i>ergoloid oral tablet</i>	2	PA; MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	2	MO
<i>eszopiclone oral tablet</i>	2	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	4	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule</i>	2	MO
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	MO
<i>fluoxetine oral tablet 60 mg</i>	4	MO
<i>fluphenazine decanoate injection solution</i>	2	MO
<i>fluphenazine hcl injection solution</i>	2	MO
<i>fluphenazine hcl oral concentrate</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine hcl oral elixir</i>	2	MO
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	MO
<i>fluvoxamine oral tablet</i>	2	MO
GEODON INTRAMUSCULAR RECON SOLN	4	MO
<i>guanfacine oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>guanidine oral tablet</i>	2	MO
<i>haloperidol decanoate intramuscular solution</i>	2	MO
<i>haloperidol lactate injection solution</i>	2	MO
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	2	MO
HETLIOZ ORAL CAPSULE	5	PA; MO; LDS; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	2	PA; MO
<i>imipramine pamoate oral capsule</i>	2	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	MO; LDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR	4	MO
LATUDA ORAL TABLET	4	MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol oral concentrate</i>	2	PA; MO
<i>lorazepam oral concentrate</i>	2	PA; MO
<i>lorazepam oral tablet</i>	2	PA; MO
<i>loxapine succinate oral capsule</i>	2	MO
<i>maprotiline oral tablet</i>	2	MO
MARPLAN ORAL TABLET	4	MO
<i>metadate oral tablet extended release</i>	2	MO; QL (90 per 30 days)
<i>methamphetamine oral tablet</i>	2	PA; MO; QL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	MO; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg</i>	2	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg</i>	2	MO; QL (120 per 30 days)
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating 30 mg, 45 mg</i>	2	MO
<i>modafinil oral tablet</i>	2	PA; MO
<i>nefazodone oral tablet</i>	2	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	2	MO
NUPLAZID ORAL TABLET 17 MG	5	PA; MO; LDS; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet,disintegrating</i>	2	MO
<i>olanzapine-fluoxetine oral capsule</i>	2	MO
<i>oxazepam oral capsule</i>	2	PA; MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	5	MO; LDS; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	5	MO; LDS; QL (60 per 30 days)
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO
<i>paroxetine mesylate(menop.sym) oral capsule</i>	2	MO
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine oral tablet</i>	2	MO
<i>perphenazine-amitriptyline oral tablet</i>	2	PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	2	MO
<i>protriptyline oral tablet</i>	2	MO
<i>quetiapine oral tablet</i>	2	MO
<i>quetiapine oral tablet extended release 24 hr</i>	4	MO
REXULTI ORAL TABLET	5	MO; LDS
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO; LDS
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet</i>	2	MO
<i>risperidone oral tablet, disintegrating</i>	2	MO
ROZEREM ORAL TABLET	4	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	4	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	MO
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam oral capsule</i>	2	PA; MO
<i>thioridazine oral tablet</i>	2	PA; MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranlycypromine oral tablet</i>	2	MO
<i>trazodone oral tablet</i>	2	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	2	PA; MO
TRINTELLIX ORAL TABLET	4	MO
<i>venlafaxine oral capsule, extended release 24hr</i>	2	MO
<i>venlafaxine oral tablet</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	4	MO
VERSACLOZ ORAL SUSPENSION	5	LDS
VIIBRYD ORAL TABLET	3	MO

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



Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	MO; LDS; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	MO; LDS; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	5	MO; LDS; QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	5	MO; LDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM ORAL SOLUTION	5	MO; LA; LDS
<i>ziprasidone hcl oral capsule</i>	2	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
<i>zolpidem oral tablet, extended release multiphase</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	MO

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet</i>	2	MO
<i>dofetilide oral capsule</i>	2	MO
<i>flecainide oral tablet</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	B/D PA; MO
<i>mexiletine oral capsule</i>	2	MO
MULTAQ ORAL TABLET	3	MO; QL (60 per 30 days)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone oral capsule,extended release 12 hr</i>	2	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate injection solution</i>	2	MO
<i>quinidine gluconate oral tablet extended release</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet</i>	2	MO
<i>sotalol oral tablet</i>	2	MO

### ANTIHYPERTENSIVE THERAPY

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acebutolol oral capsule</i>	1	MO
<i>afeditab cr oral tablet extended release</i>	1	MO
<i>amiloride oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	2	MO
<i>amlodipine-valsartan oral tablet</i>	2	MO
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	1	MO; QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)
<i>betaxolol oral tablet</i>	2	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	MO
<i>bumetanide injection solution</i>	2	MO
<i>bumetanide oral tablet</i>	2	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	MO; QL (30 per 30 days)
BYSTOLIC ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
<i>candesartan oral tablet</i>	2	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr</i>	2	MO
<i>carvedilol oral tablet</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	4	ST; MO
<i>chlorothiazide oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	2	MO
DEMSER ORAL CAPSULE	5	PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl intravenous recon soln</i>	2	B/D PA
<i>diltiazem hcl intravenous solution</i>	2	B/D PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr oral capsule, extended release 24h degradable</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>eplerenone oral tablet</i>	2	MO
<i>eprosartan oral tablet</i>	2	MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril oral tablet</i>	1	MO; QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO; QL (120 per 30 days)
<i>furosemide injection syringe</i>	2	B/D PA; MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	2	B/D PA; MO
<i>hydralazine oral tablet</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isradipine oral capsule</i>	2	MO
<i>labetalol intravenous solution</i>	2	B/D PA; MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	B/D PA
<i>labetalol oral tablet</i>	2	MO
<i>lisinopril oral tablet</i>	1	MO; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO; QL (60 per 30 days)
<i>losartan oral tablet 100 mg</i>	1	MO; QL (45 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)
<i>matzim la oral tablet extended release 24 hr</i>	2	MO
<i>methyclothiazide oral tablet</i>	2	MO
<i>methyldopa-hydrochlorothiazide oral tablet</i>	2	PA; MO
<i>metolazone oral tablet</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	1	B/D PA; MO
<i>metoprolol tartrate intravenous syringe</i>	1	B/D PA
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	2	MO
<i>minoxidil oral tablet</i>	2	MO
<i>moexipril oral tablet</i>	2	MO
<i>moexipril-hydrochlorothiazide oral tablet</i>	2	MO
<i>nadolol oral tablet</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral capsule</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	2	MO
<i>olmesartan oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i>	2	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	2	MO; QL (30 per 30 days)
<i>perindopril erbumine oral tablet</i>	2	MO
<i>phenoxybenzamine oral capsule</i>	5	PA; MO; LDS
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	2	MO
<i>propranolol intravenous solution</i>	2	B/D PA
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazide oral tablet</i>	2	MO
<i>quinapril oral tablet</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>ramipril oral capsule</i>	1	MO
REMODULIN INJECTION SOLUTION	5	B/D PA; MO; LDS
<i>spironolactone oral tablet</i>	2	MO
<i>spironolactone-hydrochlorothiazide oral tablet</i>	2	MO
<i>taztia xt oral capsule,extended release 24 hr</i>	2	MO
TEKTURNA HCT ORAL TABLET	3	MO
TEKTURNA ORAL TABLET	3	MO
<i>telmisartan oral tablet</i>	2	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>timolol maleate oral tablet</i>	2	MO
<i>torse mide oral tablet</i>	2	MO
<i>trandolapril oral tablet</i>	2	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>triamterene-hydrochlorothiazide oral capsule</i>	2	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	2	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA; LDS; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; LDS
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)
<i>verapamil intravenous solution</i>	1	B/D PA; MO
<i>verapamil intravenous syringe</i>	2	B/D PA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO

## COAGULATION THERAPY

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	MO
BRILINTA ORAL TABLET	3	MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO; QL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO
COUMADIN ORAL TABLET	3	MO
ELIQUIS ORAL TABLET	3	MO
ELIQUIS ORAL TABLETS,DOSE PACK	3	MO
<i>enoxaparin subcutaneous solution</i>	4	MO; QL (180 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; LDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; LDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; LDS; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	5	MO; LDS; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	5	MO; LDS; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	5	MO; LDS; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	5	MO; LDS; QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO; QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	5	MO; LDS; QL (9 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	B/D PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	B/D PA; MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	2	B/D PA
<i>heparin (porcine) injection cartridge</i>	2	B/D PA; MO
<i>heparin (porcine) injection solution</i>	2	B/D PA; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	B/D PA
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	B/D PA; MO
<i>heparin, porcine (pf) injection solution</i>	2	B/D PA; MO
<i>heparin, porcine (pf) injection syringe</i>	2	B/D PA; MO
<i>jantoven oral tablet</i>	3	MO
<i>pentoxifylline oral tablet extended release</i>	2	MO
PRADAXA ORAL CAPSULE	4	MO
<i>prasugrel oral tablet</i>	2	MO
PROMACTA ORAL TABLET	5	PA; MO; LA; LDS
<i>warfarin oral tablet</i>	1	MO
XARELTO ORAL TABLET	3	MO
XARELTO ORAL TABLETS,DOSE PACK	3	MO

### **LIPID/CHOLESTEROL LOWERING AGENTS**

<i>amlodipine-atorvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	1	MO; QL (45 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	MO
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colesevelam oral tablet</i>	2	MO
<i>colestipol oral granules</i>	2	MO
<i>colestipol oral packet</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
<i>ezetimibe oral tablet</i>	2	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate nanocrystallized oral tablet</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fenofibric acid oral tablet</i>	2	MO
<i>gemfibrozil oral tablet</i>	1	MO
JUXTAPID ORAL CAPSULE	5	PA; MO; LA; LDS
KYNAMRO SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	MO; QL (45 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	2	MO
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; LDS; QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; LDS; QL (4 per 28 days)
<i>pravastatin oral tablet</i>	1	MO; QL (45 per 30 days)
<i>prevalite oral powder</i>	2	MO
<i>prevalite oral powder in packet</i>	2	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	5	PA; MO; LDS; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
WELCHOL ORAL POWDER IN PACKET	3	MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL TABLET	4	PA; MO
<i>digitek oral tablet</i>	1	PA; MO
<i>digox oral tablet</i>	1	PA; MO
<i>digoxin injection solution</i>	2	PA; MO
<i>digoxin oral solution 50 mcg/ml</i>	2	PA; MO
<i>digoxin oral tablet</i>	1	PA; MO
ENTRESTO ORAL TABLET	3	MO
LANOXIN ORAL TABLET	4	PA; MO

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



Drug Name	Drug Tier	Requirements/Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; QL (60 per 30 days)
VECAMYL ORAL TABLET	4	
<b>NITRATES</b>		
ISORDIL ORAL TABLET	3	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	2	MO
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO; LDS
<i>calcipotriene scalp solution</i>	2	MO; QL (60 per 30 days)
<i>calcipotriene topical cream</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	4	MO
<i>calcitrene topical ointment</i>	4	MO
<i>calcitriol topical ointment</i>	2	MO
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (2 per 28 days)
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; LDS; QL (1 per 84 days)
STELARA SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (1 per 84 days)
<b>MISCELLANEOUS DERMATOLOGICALS</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO; LDS; QL (100 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
ELIDEL TOPICAL CREAM	4	ST; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	5	MO; LDS; QL (30 per 30 days)
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	B/D PA; MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	B/D PA
<i>lidocaine hcl injection solution</i>	2	B/D PA; MO
<i>lidocaine hcl laryngotracheal solution</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	2	MO; QL (50 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	2	MO
PANRETIN TOPICAL GEL	5	MO; LDS
<i>podofilox topical solution</i>	2	MO
REGRANEX TOPICAL GEL	5	MO; LDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT	3	MO
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>tacrolimus topical ointment</i>	4	MO
VALCHLOR TOPICAL GEL	5	MO; LDS
<b>THERAPY FOR ACNE</b>		
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO
<i>adapalene topical gel with pump</i>	2	PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amneesteem oral capsule</i>	2	MO
<i>claravis oral capsule</i>	4	MO
<i>clindamycin phosphate topical foam</i>	2	MO
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	MO
<i>ery pads topical swab</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin with ethanol topical swab</i>	2	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	2	MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>tazarotene topical cream</i>	4	MO
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	2	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA; MO
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	2	MO
<i>gentamicin topical ointment</i>	2	MO
<i>mupirocin calcium topical cream</i>	2	MO
<i>mupirocin topical ointment</i>	2	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	2	MO
SULFAMYLON TOPICAL CREAM	4	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclopirox topical cream</i>	2	MO
<i>ciclopirox topical gel</i>	2	MO
<i>ciclopirox topical shampoo</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO
<i>clotrimazole topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical lotion</i>	2	MO
<i>econazole topical cream</i>	2	MO
<i>ketconazole topical cream</i>	2	MO
<i>ketconazole topical foam</i>	2	MO
<i>ketconazole topical shampoo</i>	2	MO
<i>nyamyc topical powder</i>	2	MO
<i>nystatin topical cream</i>	2	MO
<i>nystatin topical ointment</i>	2	MO
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone topical cream</i>	2	MO
<i>nystatin-triamcinolone topical ointment</i>	2	MO
<i>nystop topical powder</i>	2	MO
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	2	MO
DENAVIR TOPICAL CREAM	5	MO; LDS; QL (5 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>desoximetasone topical cream</i>	2	MO
<i>desoximetasone topical gel</i>	2	MO
<i>desoximetasone topical ointment</i>	2	MO
<i>diflorasone topical cream</i>	2	MO
<i>diflorasone topical ointment</i>	2	MO
<i>fluocinolone and shower cap scalp oil</i>	2	MO
<i>fluocinolone topical oil</i>	2	MO
<i>fluocinolone topical ointment</i>	2	MO
<i>fluocinolone topical solution</i>	2	MO
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical lotion</i>	2	MO
<i>fluticasone topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone butyr-emollient topical cream</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	2	MO
<i>hydrocortisone-min oil-wht pet topical ointment</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical ointment</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex topical ointment</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO

## **TOPICAL SCABICIDES / PEDICULICIDES**

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

Drug Name	Drug Tier	Requirements/Limits
<i>lindane topical shampoo</i>	2	MO
<i>malathion topical lotion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	2	MO
ADAGEN INTRAMUSCULAR SOLUTION	5	B/D PA; MO; LDS
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide oral capsule</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	B/D PA; MO; LA; LDS
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	B/D PA; MO; LDS
AURYXIA ORAL TABLET	5	MO; LDS
<i>cevimeline oral capsule</i>	2	MO
CHEMET ORAL CAPSULE	3	MO
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 2.75%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX N9G20E 2.75%-D10W(SF) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	B/D PA
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	B/D PA; MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	2	B/D PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextrose 20 % in water (d20w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	2	B/D PA
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	B/D PA; MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	B/D PA
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose with sodium chloride intravenous parenteral solution</i>	2	B/D PA
<i>disulfiram oral tablet</i>	2	MO
<i>etidronate disodium oral tablet 400 mg</i>	2	MO
EXJADE ORAL TABLET, DISPERSIBLE 125 MG	4	MO; LA
EXJADE ORAL TABLET, DISPERSIBLE 250 MG, 500 MG	5	MO; LA; LDS
FERRIPROX ORAL TABLET	5	PA; MO; LDS
INCRELEX SUBCUTANEOUS SOLUTION	5	B/D PA; MO; LA; LDS
<i>kionex (with sorbitol) oral suspension</i>	4	MO
<i>lanthanum oral tablet, chewable</i>	4	MO
<i>levocarnitine (with sugar) oral solution</i>	2	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>midodrine oral tablet</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORTHERA ORAL CAPSULE	5	PA; MO; LDS
<i>pilocarpine hcl oral tablet</i>	2	MO
RAVICTI ORAL LIQUID	5	PA; MO; LDS
<i>riluzole oral tablet</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO
<i>sevelamer carbonate oral powder in packet</i>	2	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO
<i>sodium chloride irrigation solution</i>	2	MO
<i>sodium polystyrene (sorb.free) oral suspension</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sodium polystyrene sulfonate oral suspension</i>	2	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	2	
<i>sps (with sorbitol) oral suspension</i>	2	MO
<i>sps (with sorbitol) rectal enema</i>	2	
SYPRINE ORAL CAPSULE	5	PA; MO; LDS
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK	2	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET	4	MO
CHANTIX ORAL TABLET	4	MO
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	4	MO
NICOTROL INHALATION CARTRIDGE	3	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal spray, aerosol</i>	2	MO; QL (60 per 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azelastine nasal spray,non-aerosol</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	2	MO
<i>denta 5000 plus dental cream</i>	2	MO
<i>dentagel dental gel</i>	2	MO
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	2	MO; QL (60 per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal spray,non-aerosol</i>	4	MO; QL (30.5 per 30 days)
<i>paroex oral rinse mucous membrane mouthwash</i>	2	MO
<i>periogard mucous membrane mouthwash</i>	2	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	2	MO

### **MISCELLANEOUS OTIC PREPARATIONS**

<i>acetic acid otic (ear) solution</i>	2	MO
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	MO
<i>ofloxacin otic (ear) drops</i>	2	MO

### **OTIC STEROID / ANTIBIOTIC**

<b>CIPRODEX OTIC (EAR) DROPS,SUSPENSION</b>	4	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	MO

### **ENDOCRINE/DIABETES**

#### **ADRENAL HORMONES**

<b>ACTHAR H.P. INJECTION GEL</b>	5	PA; MO; LDS
<i>cortisone oral tablet</i>	2	MO
<i>dexamethasone intensol oral drops</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	B/D PA; MO
<i>dexamethasone sodium phosphate injection solution</i>	2	B/D PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone sodium phosphate injection syringe</i>	2	B/D PA; MO
<i>fludrocortisone oral tablet</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
KENALOG INJECTION SUSPENSION	4	MO
<i>methylprednisolone acetate injection suspension</i>	2	B/D PA; MO
<i>methylprednisolone oral tablet</i>	2	MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	B/D PA; MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	2	B/D PA; MO
<i>millipred oral tablet</i>	2	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	MO
<i>prednisone intensol oral concentrate</i>	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
SOLU-CORTEF (PF) INJECTION RECON SOLN	3	B/D PA; MO
SOLU-CORTEF INJECTION RECON SOLN	3	B/D PA; MO
<i>triamcinolone acetonide injection suspension</i>	2	MO
<i>veripred 20 oral solution</i>	2	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil oral tablet</i>	2	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet</i>	2	MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	ST; MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	4	ST; MO; QL (30 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alcohol pads topical pads, medicated</i>	3	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	MO
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	MO
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED RELEASE RECON	3	MO
BYETTA SUBCUTANEOUS PEN INJECTOR	3	MO
CYCLOSET ORAL TABLET	4	ST; MO
FARXIGA ORAL TABLET	3	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	2	MO; QL (60 per 30 days)
<i>glipizide-metformin oral tablet 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	MO
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	3	MO
<i>glyburide micronized oral tablet</i>	2	ST; MO
<i>glyburide oral tablet</i>	2	ST; MO
<i>glyburide-metformin oral tablet</i>	2	ST; MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>nateglinide oral tablet</i>	2	MO
NEEDLES, INSULIN DISP., SAFETY	3	MO
NOVOFINE NEEDLE	3	MO
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION	3	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	MO
NOVOTWIST NEEDLE	3	MO
ONGLYZA ORAL TABLET	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR	3	MO
<i>pioglitazone oral tablet</i>	2	MO
<i>pioglitazone-glimepiride oral tablet</i>	2	MO; QL (30 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pioglitazone-metformin oral tablet</i>	2	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	4	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (930 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>repaglinide-metformin oral tablet</i>	2	MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	MO
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
<i>tolazamide oral tablet</i>	2	MO
<i>tolbutamide oral tablet</i>	1	MO
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	MO
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	MO
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
ANADROL-50 ORAL TABLET	4	PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	MO
<i>cabergoline oral tablet</i>	2	MO; QL (20 per 30 days)
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	B/D PA; MO
<i>calcitriol oral solution</i>	2	B/D PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	B/D PA; MO; LDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; MO
<i>danazol oral capsule</i>	2	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray,non-aerosol</i>	2	MO
<i>desmopressin oral tablet</i>	2	MO
ELAPRASE INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
ELELYSO INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO; LDS
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; MO; LA; LDS; QL (56 per 28 days)
KORLYM ORAL TABLET	5	PA; MO; LDS
KUVAN ORAL TABLET,SOLUBLE	5	PA; MO; LDS
<i>methyltestosterone oral capsule</i>	2	MO
MIACALCIN INJECTION SOLUTION	3	B/D PA; MO
<i>miglustat oral capsule</i>	5	MO; LA; LDS
NAGLAZYME INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA; LDS
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	5	MO; LDS
<i>oxandrolone oral tablet 2.5 mg</i>	2	MO
<i>pamidronate intravenous recon soln</i>	2	B/D PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pamidronate intravenous solution</i>	2	B/D PA; MO
<i>paricalcitol oral capsule</i>	2	B/D PA; MO
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO; LDS; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; MO; LDS; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	5	B/D PA; MO; LDS; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	B/D PA; MO; LDS; QL (120 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN	5	B/D PA; MO; LDS
SYNAREL NASAL SPRAY, NON-AEROSOL	3	MO
<i>testosterone cypionate intramuscular oil</i>	2	B/D PA; MO
<i>testosterone enanthate intramuscular oil</i>	2	B/D PA; MO
VPRIV INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
ZEMPLAR INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
ZOMETA INTRAVENOUS PIGGYBACK	5	B/D PA; MO; LDS
<b>THYROID HORMONES</b>		
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	MO
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
SYNTHROID ORAL TABLET	4	MO
<i>unithroid oral tablet</i>	1	MO
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection solution</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine oral tablet</i>	2	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron oral tablet</i>	5	PA; MO; LDS; QL (60 per 30 days)
AMITIZA ORAL CAPSULE	3	MO; QL (60 per 30 days)
<i>aprepitant oral capsule</i>	4	B/D PA; MO
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA; MO
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR	3	MO
<i>balsalazide oral capsule</i>	2	MO
<i>budesonide oral capsule, delayed, extended release</i>	5	MO; LDS
CANASA RECTAL SUPPOSITORY	3	MO
CHOLBAM ORAL CAPSULE	5	PA; MO; LDS
<i>compro rectal suppository</i>	2	MO
<i>constulose oral solution</i>	2	MO
<i>cromolyn oral concentrate</i>	2	MO
CYSTADANE ORAL POWDER	5	MO; LDS
DELZICOL ORAL CAPSULE (WITH DELAYED RELEASE TABLETS)	4	MO
DIPENTUM ORAL CAPSULE	4	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>enulose oral solution</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO; LDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO; LDS
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>gavilyte-n oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	MO
<i>granisetron (pf) intravenous solution</i>	2	B/D PA; MO
<i>granisetron hcl intravenous solution</i>	2	B/D PA; MO
<i>granisetron hcl oral tablet</i>	2	B/D PA; MO
<i>hydrocortisone rectal enema</i>	2	MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution</i>	2	MO
LINZESS ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	B/D PA; MO
<i>metoclopramide hcl injection syringe</i>	2	B/D PA
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK ORAL TABLET	3	MO
MOVIPREP ORAL POWDER IN PACKET	3	MO
<i>ondansetron hcl (pf) injection solution</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection syringe</i>	2	B/D PA; MO
<i>ondansetron hcl intravenous solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PA; MO
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	4	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-electrolyte oral recon soln</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE	4	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>polyethylene glycol 3350 oral powder in packet</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	2	MO
<i>procto-pak topical cream with perineal applicator</i>	2	MO
<i>proctosol hc topical cream with perineal applicator</i>	2	MO
<i>proctozone-hc topical cream with perineal applicator</i>	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; LDS
RELISTOR SUBCUTANEOUS SYRINGE	5	MO; LDS
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO; LDS
SANCUSO TRANSDERMAL PATCH WEEKLY	3	MO; QL (2 per 15 days)
<i>scopolamine base transdermal patch 3 day</i>	4	MO; QL (10 per 30 days)
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	MO
<i>trilyte with flavor packets oral recon soln</i>	2	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	4	B/D PA; MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000-16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 -27,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
<b>ULCER THERAPY</b>		
<i>amoxicillin-clarithromycin-lansoprazole oral combo pack</i>	2	MO
CARAFATE ORAL SUSPENSION	3	MO
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	2	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE	3	MO
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	B/D PA
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	B/D PA; MO
<i>famotidine (pf) intravenous solution</i>	2	B/D PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	2	B/D PA; MO
<i>famotidine intravenous solution</i>	2	B/D PA; MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	MO
<i>misoprostol oral tablet</i>	2	MO
<i>nizatidine oral capsule</i>	2	MO
<i>nizatidine oral solution</i>	2	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	2	MO
<i>ranitidine hcl injection solution 25 mg/ml</i>	2	B/D PA; MO
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
<i>sucralfate oral tablet</i>	2	MO

## **IMMUNOLOGY, VACCINES / BIOTECHNOLOGY**

### **BIOTECHNOLOGY DRUGS**

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; MO; LDS
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; MO; LDS
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	5	PA; MO; LDS; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; LDS; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; LDS; QL (15 per 30 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA; MO; LDS
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; LDS; QL (15 per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; LDS; QL (15 per 30 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LDS
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	B/D PA; MO; LDS
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML)	4	B/D PA; MO
INTRON A INJECTION SOLUTION	5	B/D PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEUKINE INJECTION RECON SOLN	5	PA; MO; LDS
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO; LDS
NEUPOGEN INJECTION SOLUTION	5	PA; MO; LDS
NEUPOGEN INJECTION SYRINGE	5	PA; MO; LDS
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; LDS; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; LDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; LDS; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; LDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; LDS; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO; QL (24 per 30 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO; LDS; QL (24 per 30 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; LDS; QL (6 per 30 days)
PROLEUKIN INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; LDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; LDS; QL (4.2 per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (6 per 28 days)
SYLATRON SUBCUTANEOUS KIT	5	PA; MO; LDS
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
BEXSERO INTRAMUSCULAR SYRINGE	4	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole intravenous solution</i>	2	B/D PA
GAMMAGARD LIQUID INJECTION SOLUTION	5	PA; MO; LDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
GAMUNEX-C INJECTION SOLUTION	3	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	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	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	4	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL INJECTION SUSPENSION	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	MO
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	4	
ROTATEQ VACCINE ORAL SOLUTION	3	MO
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	4	B/D PA; MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	MO
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	4	MO
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	4	B/D PA; MO
TRUMENBA INTRAMUSCULAR SYRINGE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	4	MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO; QL (1 per 365 days)

## MUSCULOSKELETAL / RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol oral tablet</i>	1	MO
<i>allopurinol sodium intravenous recon soln</i>	2	B/D PA
COLCRYS ORAL TABLET	3	MO
<i>probenecid oral tablet</i>	2	MO
<i>probenecid-colchicine oral tablet</i>	2	MO
ULORIC ORAL TABLET	3	MO

### OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (375 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (5 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR	5	MO; LDS; QL (2.4 per 28 days)
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	4	PA; MO
<i>raloxifene oral tablet</i>	2	MO
<i>risedronate oral tablet</i>	2	MO
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	MO; LDS; QL (1.56 per 30 days)

### OTHER RHEUMATOLOGICALS

BENLYSTA INTRAVENOUS RECON SOLN	4	B/D PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
CUPRIMINE ORAL CAPSULE	5	PA; MO; LDS
DEPEN TITRATABS ORAL TABLET	4	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; LDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; LDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PA; MO; LDS; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PA; MO; LDS; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; LDS; QL (6 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PA; MO; LDS; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; LDS; QL (2 per 180 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; LDS; QL (6 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; LDS; QL (4 per 180 days)
HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	5	PA; MO; LDS; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; LDS; QL (2 per 28 days)
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; LDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; LDS; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; LDS; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)

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



Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; LDS; QL (55 per 180 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; LDS; QL (55 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (60 per 30 days)
XELJANZ ORAL TABLET 5 MG	5	PA; MO; LDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; LDS; QL (30 per 30 days)

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

<i>camila oral tablet</i>	2	MO
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	4	MO
CRINONE VAGINAL GEL	4	PA; MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	B/D PA; MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>errin oral tablet</i>	2	MO
<i>estradiol oral tablet</i>	2	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	MO
<i>estradiol transdermal patch weekly</i>	2	MO
<i>estradiol vaginal cream</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	PA; MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	MO
<i>jolivette oral tablet</i>	2	MO
<i>lyza oral tablet</i>	2	MO
<i>medroxyprogesterone intramuscular suspension</i>	2	MO; QL (1 per 90 days)
<i>medroxyprogesterone intramuscular syringe</i>	2	MO; QL (1 per 90 days)
<i>medroxyprogesterone oral tablet</i>	2	MO
<i>norethindrone (contraceptive) oral tablet</i>	2	MO
<i>norethindrone acetate oral tablet</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREMARIN INJECTION RECON SOLN	4	B/D PA; MO
PREMARIN VAGINAL CREAM	4	MO
<i>progesterone micronized oral capsule</i>	2	MO
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal cream</i>	2	MO
<i>metronidazole vaginal gel</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO
<i>tranexamic acid oral tablet</i>	2	MO
<i>vandazole vaginal gel</i>	2	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO
<i>amethia lo oral tablets,dose pack,3 month</i>	2	MO
<i>amethia oral tablets,dose pack,3 month</i>	2	MO
<i>amethyst oral tablet</i>	2	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	2	MO
<i>aubra oral tablet</i>	2	MO
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>balziva (28) oral tablet</i>	2	MO
<i>blisovi 24 fe oral tablet</i>	2	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	MO
<i>blisovi fe 1/20 (28) oral tablet</i>	2	MO
<i>briellyn oral tablet</i>	2	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	2	MO
<i>camrese oral tablets,dose pack,3 month</i>	2	MO
<i>caziant (28) oral tablet</i>	2	MO
<i>chateal oral tablet</i>	2	MO
<i>cryselle (28) oral tablet</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclafem 1/35 (28) oral tablet</i>	2	MO
<i>cyclafem 7/7/7 (28) oral tablet</i>	2	MO
<i>dasetta 1/35 (28) oral tablet</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	2	MO
<i>daysee oral tablets,dose pack,3 month</i>	2	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	2	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	MO
<i>elinest oral tablet</i>	2	MO
ELLA ORAL TABLET	3	
<i>emoquette oral tablet</i>	2	MO
<i>enpresse oral tablet</i>	2	MO
<i>enskyce oral tablet</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<i>falmina (28) oral tablet</i>	2	MO
<i>gianvi (28) oral tablet</i>	2	MO
<i>introvale oral tablets,dose pack,3 month</i>	2	MO
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO
<i>junel 1.5/30 (21) oral tablet</i>	2	MO
<i>junel 1/20 (21) oral tablet</i>	2	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	2	MO
<i>junel fe 1/20 (28) oral tablet</i>	2	MO
<i>junel fe 24 oral tablet</i>	2	MO
<i>kariva (28) oral tablet</i>	2	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kimidess (28) oral tablet</i>	2	MO
<i>kurvelo oral tablet</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>larissia oral tablet</i>	2	MO
<i>layolis fe oral tablet,chewable</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	MO
<i>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lutra (28) oral tablet</i>	2	MO
<i>marlissa oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>mono-linyah oral tablet</i>	2	MO
<i>mononessa (28) oral tablet</i>	2	MO
<i>myzilra oral tablet</i>	2	MO
<i>necon 0.5/35 (28) oral tablet</i>	2	MO
<i>necon 7/7/7 (28) oral tablet</i>	2	MO
<i>nikki (28) oral tablet</i>	2	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg- 35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>ocella oral tablet</i>	2	MO
<i>ogestrel (28) oral tablet</i>	2	MO
<i>orsythia oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtrea (28) oral tablet</i>	2	MO
<i>pirmella oral tablet</i>	2	MO
<i>portia oral tablet</i>	2	MO
<i>previfem oral tablet</i>	2	MO
<i>quasense oral tablets,dose pack,3 month</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rajani oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO
<i>tri-estarylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-linyah oral tablet</i>	2	MO
<i>trinessa (28) oral tablet</i>	2	MO
<i>tri-previfem (28) oral tablet</i>	2	MO
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>vestura (28) oral tablet</i>	2	MO
<i>viorele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>wymzya fe oral tablet, chewable</i>	2	MO
<i>zarah oral tablet</i>	2	MO
<i>zenchent (28) oral tablet</i>	2	MO
<i>zovia 1/35e (28) oral tablet</i>	2	MO
<b>OXYTOCICS</b>		
METHYLERGONOVINE INJECTION SOLUTION	2	B/D PA
<i>methylergonovine oral tablet</i>	2	MO
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	2	MO
AZASITE OPHTHALMIC (EYE) DROPS	3	MO
<i>bacitracin ophthalmic (eye) ointment</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO
<i>gatifloxacin ophthalmic (eye) drops</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	MO
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops</i>	2	MO
BETIMOL OPHTHALMIC (EYE) DROPS	4	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>metipranolol ophthalmic (eye) drops</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>azelastine ophthalmic (eye) drops</i>	2	MO
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
<i>cromolyn ophthalmic (eye) drops</i>	2	MO
CYSTARAN OPHTHALMIC (EYE) DROPS	4	MO
<i>epinastine ophthalmic (eye) drops</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LASTACAFT OPHTHALMIC (EYE) DROPS	3	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	4	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	2	MO
PAZEO OPHTHALMIC (EYE) DROPS	3	MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	MO; QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	MO

#### **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS**

<i>diclofenac sodium ophthalmic (eye) drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>ketorolac ophthalmic (eye) drops</i>	2	MO

#### **ORAL DRUGS FOR GLAUCOMA**

<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	2	MO

#### **OTHER GLAUCOMA DRUGS**

COMBIGAN OPHTHALMIC (EYE) DROPS	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO; QL (2.5 per 30 days)
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	MO; QL (2.5 per 30 days)

#### **STERIOD-ANTIBIOTIC COMBINATIONS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	MO
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	MO
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
DUREZOL OPHTHALMIC (EYE) DROPS	3	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	MO
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops</i>	2	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral tablet 2.68 mg</i>	2	PA; MO
<i>cyproheptadine oral syrup</i>	2	PA; MO
<i>cyproheptadine oral tablet</i>	2	PA; MO
<i>desloratadine oral tablet</i>	2	MO
<i>desloratadine oral tablet,disintegrating</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	B/D PA; MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl injection syringe</i>	2	B/D PA; MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	MO; QL (4 per 2 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
<i>hydroxyzine hcl intramuscular solution</i>	2	B/D PA; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	4	MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral tablet</i>	2	PA; MO
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADCIRCA ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)
ADEMPAS ORAL TABLET	5	PA; MO; LA; LDS; QL (90 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER	3	MO; QL (24 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	B/D PA; MO; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D PA; MO; QL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	2	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	MO
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	MO; QL (30 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (30 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASMANEX HFA AEROSOL INHALER	3	MO; QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES)	3	QL (2 per 30 days)
ATROVENT HFA AEROSOL INHALER	4	MO; QL (26 per 30 days)
BEVESPI AEROSPHERE HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	B/D PA; MO
<i>budesonide nasal spray,non-aerosol</i>	2	MO
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO; LDS
COMBIVENT RESPIMAT INHALATION MIST	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA; MO; QL (240 per 30 days)
DALIRESP ORAL TABLET	4	MO
ESBRIET ORAL CAPSULE	5	PA; MO; LDS
ESBRIET ORAL TABLET	5	PA; MO; LDS
FIRAZYR SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (36 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (21 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal spray,suspension</i>	2	MO; QL (16 per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO; QL (315 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO; QL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; LDS; QL (60 per 30 days)
KALYDECO ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)
LETAIRIS ORAL TABLET	5	PA; MO; LA; LDS; QL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	2	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D PA; MO; QL (90 per 30 days)
<i>metaproterenol oral syrup</i>	2	MO
<i>metaproterenol oral tablet</i>	2	MO
<i>mometasone nasal spray,non-aerosol</i>	4	MO; QL (51 per 30 days)
<i>montelukast oral granules in packet</i>	2	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet,chewable</i>	2	MO
OFEV ORAL CAPSULE	5	PA; MO; LDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; MO; LA; LDS; QL (30 per 30 days)
ORKAMBI ORAL TABLET	5	PA; MO; LDS
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (120 per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO; LDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (120 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SYMBICORT HFA AEROSOL INHALER	3	MO; QL (20 per 30 days)
<i>terbutaline oral tablet</i>	2	MO
<i>terbutaline subcutaneous solution</i>	2	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET	5	PA; MO; LA; LDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MO; LA; LDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide nasal spray, aerosol</i>	2	MO; QL (17 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (1 per 30 days)
VENTOLIN HFA AEROSOL INHALER	3	MO; QL (36 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; LDS; QL (6 per 28 days)
<i>zafirlukast oral tablet</i>	2	MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate oral tablet</i>	2	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	ST; MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
<i>trospium oral capsule, extended release 24hr</i>	2	MO
<i>trospium oral tablet</i>	2	MO
VESICARE ORAL TABLET	3	MO

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin oral capsule</i>	2	MO

### MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride oral tablet</i>	2	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; MO; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE	3	MO; LA
ELMIRON ORAL CAPSULE	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate oral tablet extended release</i>	2	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>klor-con 10 oral tablet extended release</i>	2	MO
<i>klor-con 8 oral tablet extended release</i>	2	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con oral packet</i>	2	MO
<i>klor-con sprinkle oral capsule, extended release</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	B/D PA; MO
<i>magnesium sulfate injection syringe</i>	2	B/D PA
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
<i>potassium bicarb and chloride oral tablet, effervescent</i>	2	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	B/D PA
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	B/D PA
<i>ringer's intravenous parenteral solution</i>	2	B/D PA
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 5 % intravenous parenteral solution</i>	2	
<i>sodium chloride intravenous parenteral solution</i>	2	MO
<i>sodium lactate intravenous solution</i>	2	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-PF 7 % SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%/D25W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%-D25W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D25W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D25W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX N14G30E 4.25%-D15W SF INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX N9G15E 2.75%-D7.5W SF INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	B/D PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
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PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>plenamine intravenous parenteral solution</i>	2	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO

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



Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO

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

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glyburide-metformin .....	54	hydroxychloroquine .....	8	ISENTRESS .....	3
glycopyrrolate .....	58	hydroxyprogesterone caproate .....	68	ISENTRESS HD .....	3
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HUMIRA PEN CROHN'S- UC-HS START .....	67	INLYTA .....	17	junel fe 1/20 (28) .....	70
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KISQALI FEMARA CO-		levobunolol .....	73	MONTH).....	17
PACK.....	17	levocarnitine.....	50	LUPRON DEPOT-PED.....	18
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LANTUS U-100 INSULIN .	55	lisinopril .....	38	MENACTRA (PF) .....	65
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methylprednisolone.....	53	MULTAQ .....	36	NEXAVAR .....	18
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NOVOFINE .....	55	ONFI .....	23	penicillin g procaine.....	11
NOVOLIN 70/30 U-100		ONGLYZA .....	55	penicillin g sodium.....	11
INSULIN .....	55	OPDIVO .....	19	penicillin v potassium .....	11
NOVOLIN N NPH U-100		OPSUMIT .....	78	PENTAM .....	9
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NOVOTWIST.....	55	oxaprozin.....	30	phenytoin sodium.....	23
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NUCYNTA .....	30	oxcarbazepine .....	23	philith .....	71
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<b>O</b>		pacerone .....	36	piperacillin-tazobactam.....	11
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olanzapine .....	34	paramomycin .....	9	podofilox .....	45
olanzapine-fluoxetine.....	34	paroxetine hcl.....	34	polycin.....	73
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potassium chloride in 0.9%nacl .....	80	procto-pak .....	61	RELISTOR.....	61
potassium chloride in 5 % dex .....	80	proctosol hc .....	61	REMICADE.....	61
potassium chloride in lr-d5 ..	80	proctozone-hc.....	61	REMODULIN.....	40
potassium chloride in water .	80	progesterone micronized .....	69	repaglinide.....	56
potassium chloride-0.45 % nacl .....	81	PROGLYCEM.....	56	repaglinide-metformin .....	56
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potassium chloride-d5- 0.3%nacl .....	81	PROLIA .....	66	REPATHA PUSHTRONEX	43
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prevalite .....	43	quinidine gluconate.....	36	rivastigmine.....	26
previfem.....	71	quinidine sulfate.....	36	rivastigmine tartrate .....	25
PREVYMIS .....	4	quinine sulfate .....	9	rizatriptan .....	25
PREZCOBIX .....	4	<b>R</b>		ropinirole .....	24
PREZISTA.....	4	RABAVERT (PF).....	65	rosuvastatin .....	43
PRIFTIN .....	9	RADICAVA .....	25	ROTARIX .....	65
PRIMAQUINE .....	9	rajani .....	72	ROTATEQ VACCINE .....	65
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probenecid.....	66	ramipril.....	40	roweepra xr .....	23
probenecid-colchicine .....	66	RANEXA.....	44	ROZEREM.....	35
procainamide.....	36	ranitidine hcl .....	62	RUBRACA .....	19
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SEREVENT DISKUS.....	78	sulfacetamide sodium.....	74	terazosin .....	40
sertraline.....	35	sulfacetamide sodium (acne)	46	terbinafine hcl .....	1
sevelamer carbonate.....	51	sulfacetamide-prednisolone .	74	terbutaline.....	78
sf 52		sulfadiazine .....	12	terconazole .....	69
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