



# **UPMC *for Life*** **2015 Formulary** **(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID: 00015350, Version Number 6.

This formulary was updated on September 24, 2014. For more recent information or other questions, please contact UPMC *for Life* Member Services at **1-877-539-3080** or, for TTY users, **1-800-361-2629**, from 8 a.m. to 8 p.m., seven days a week,\* or visit **[www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare)**.

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**UPMC *for Life***  
UPMC Health Plan Medicare Program



**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 UPMC Health Plan. When it refers to “plan” or “our plan,” it means UPMC *for Life*.

This document includes a list of drugs (formulary) for our plan, which is current as of September 24, 2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2016, and from to time during the year.

UPMC *for Life* has a contract with Medicare to provide HMO and PPO plans. Enrollment in UPMC *for Life* depends on contract renewal.

This document may be available in an alternative format such as Braille, large print, or audio. Please call Member Services at **1-877-539-3080**, or, for TTY users, **1-800-361-2629**,) from 8 a.m. to 8 p.m., seven days a week.\*

## **What is the UPMC *for Life* formulary?**

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

## **Can the formulary (drug list) change?**

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

If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 24, 2014. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

If our plan makes non-maintenance drug changes to this formulary that were approved by the Centers for Medicare & Medicaid Services (CMS), we will notify members by mailing errata sheets that list the prescription drug, change made, and the effective date. This will enable members to have the most up-to-date information regarding the covered drugs on the plan's formulary.

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

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

### **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 103. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section "How do I request an exception to the UPMC *for Life* formulary?" on page iv for information about how to request an exception.

## What if my drug is not on the formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the UPMC *for Life* formulary?

You can ask us 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 drug 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 93-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

In addition, all members who experience a level-of-care change are eligible for a transition supply. A level-of-care change is when a member changes from one treatment setting to another. For example, if a member is discharged from an inpatient facility to home on a non-formulary medication, the member will be eligible for a transition supply of that non-formulary medication. You can receive up to a 30-day supply of the medication (unless you have a prescription written for fewer days) after being discharged, to allow time for you and your physician to switch to a formulary alternative or request an exception. After your first 30-day supply, we will not pay for the drug, unless an exception was approved. Our transition policy applies only to those drugs that are “Part D drugs.” The transition policy cannot be used to cover non-Part D drugs.

### **For more information**

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

If you have questions about UPMC *for Life*, 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>.

## UPMC *for Life* Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by UPMC *for Life*. If you have trouble finding your drug on the list, turn to the Index that begins on page 103.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CELEBREX) and generic drugs are listed in lower-case italics (e.g., *bupropion*).
- The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

## Formulary Drug Tiers

The formulary drug tier table provides the tier description (e.g., generic) and member cost-sharing for prescription drugs on each drug tier. Please refer to the tables below based on the plan you are a member of, UPMC *for Life* HMO or PPO plan. For additional information on your plan, please refer to the Evidence of Coverage, or contact Member Services at **1-877-539-3080**, from 8 a.m. to 8 p.m., seven days a week. TTY users should call **1-800-361-2629**, from 8 a.m. to 8 p.m., seven days a week.\*

### UPMC *for Life* drug tiers and cost-sharing amounts for 2015:

#### Western Pennsylvania Region:

- UPMC *for Life* HMO Rx
- UPMC *for Life* HMO Rx Enhanced

Drug Tier Number	Drug Tier Description	Member Cost-Sharing (30- or 90-day supply)
1	Generic drug tier	<ul style="list-style-type: none"> <li>• \$8 copay for a 30-day retail supply</li> <li>• \$24 copay for a 90-day retail supply</li> <li>• \$16 copay for a 90-day mail-order supply</li> </ul>
2	Preferred Brand drug tier	<ul style="list-style-type: none"> <li>• \$45 copay for a 30-day retail supply</li> <li>• \$135 copay for a 90-day retail supply</li> <li>• \$112.50 copay for a 90-day mail-order supply</li> </ul>
3	Non-preferred Brand drug tier	<ul style="list-style-type: none"> <li>• \$95 copay for a 30-day retail supply</li> <li>• \$285 copay for a 90-day retail supply</li> <li>• \$285 copay for a 90-day mail-order supply</li> </ul>
4	Specialty drug tier	<ul style="list-style-type: none"> <li>• 33% coinsurance for a 30-day retail or mail-order supply (only)</li> </ul>
5	Select Care drug tier <ul style="list-style-type: none"> <li>• Select \$0 generic drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for a 30-day retail supply</li> <li>• \$0 copay for a 90-day retail supply</li> <li>• \$0 copay for a 90-day mail-order supply</li> </ul>

NOTE: Drugs are provided in a Long-term Care Facility up to a 31-day supply.

**UPMC for Life drug tiers and cost-sharing amounts for 2015:**

**Western Pennsylvania Region:**

- UPMC for Life HMO Deductible with Rx
- UPMC for Life PPO High Deductible with Rx
- UPMC for Life PPO Rx Enhanced

<b>Drug Tier Number</b>	<b>Drug Tier Description</b>	<b>Member Cost-Sharing (30- or 90-day supply)</b>
<b>1</b>	Generic drug tier	<ul style="list-style-type: none"> <li>• \$10 copay for a 30-day retail supply</li> <li>• \$30 copay for a 90-day retail supply</li> <li>• \$20 copay for a 90-day mail-order supply</li> </ul>
<b>2</b>	Preferred Brand drug tier	<ul style="list-style-type: none"> <li>• \$45 copay for a 30-day retail supply</li> <li>• \$135 copay for a 90-day retail supply</li> <li>• \$112.50 copay for a 90-day mail-order supply</li> </ul>
<b>3</b>	Non-preferred Brand drug tier	<ul style="list-style-type: none"> <li>• \$95 copay for a 30-day retail supply</li> <li>• \$285 copay for a 90-day retail supply</li> <li>• \$285 copay for a 90-day mail-order supply</li> </ul>
<b>4</b>	Specialty drug tier	<ul style="list-style-type: none"> <li>• 33% coinsurance for a 30-day retail or mail-order supply (only)</li> </ul>
<b>5</b>	Select Care drug tier <ul style="list-style-type: none"> <li>• Select \$0 generic drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for a 30-day retail supply</li> <li>• \$0 copay for a 90-day retail supply</li> <li>• \$0 copay for a 90-day mail-order supply</li> </ul>

NOTE: Drugs are provided in a Long-term Care Facility up to a 31-day supply.

**UPMC *for Life* drug tiers and cost-sharing amounts for 2015:**

**Lancaster County Region:**

- UPMC *for Life* HMO Deductible with Rx
- UPMC *for Life* PPO High Deductible with Rx

<b>Drug Tier Number</b>	<b>Drug Tier Description</b>	<b>Member Cost-Sharing (30- or 90-day supply)</b>
<b>1</b>	Generic drug tier	<ul style="list-style-type: none"> <li>• \$10 copay for a 30-day retail supply</li> <li>• \$30 copay for a 90-day retail supply</li> <li>• \$20 copay for a 90-day mail-order supply</li> </ul>
<b>2</b>	Preferred Brand drug tier	<ul style="list-style-type: none"> <li>• \$45 copay for a 30-day retail supply</li> <li>• \$135 copay for a 90-day retail supply</li> <li>• \$112.50 copay for a 90-day mail-order supply</li> </ul>
<b>3</b>	Non-preferred Brand drug tier	<ul style="list-style-type: none"> <li>• \$95 copay for a 30-day retail supply</li> <li>• \$285 copay for a 90-day retail supply</li> <li>• \$285 copay for a 90-day mail-order supply</li> </ul>
<b>4</b>	Specialty drug tier	<ul style="list-style-type: none"> <li>• 33% coinsurance for a 30-day retail or mail-order supply (only)</li> </ul>
<b>5</b>	Select Care drug tier <ul style="list-style-type: none"> <li>• Select \$0 generic drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for a 30-day retail supply</li> <li>• \$0 copay for a 90-day retail supply</li> <li>• \$0 copay for a 90-day mail-order supply</li> </ul>

NOTE: Drugs are provided in a Long-term Care Facility up to a 31-day supply.

## **List of Abbreviations**

**B/D:** 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.

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION	4	B/D; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D; MO
<i>amphotericin b injection recon soln</i>	1	B/D; MO
CANCIDAS INTRAVENOUS RECON SOLN	4	B/D; MO
<i>clotrimazole mucous membrane troche</i>	1	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	3	MO
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>fluconazole in dextrose(iso-o) intravenous piggyback</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>	1	
<i>flucytosine oral capsule</i>	4	MO
<i>griseofulvin microsize oral suspension</i>	1	MO
<i>griseofulvin microsize oral tablet</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	1	PA; MO; QL (120 per 30 days)
<i>ketoconazole oral tablet</i>	1	MO
MYCAMINE INTRAVENOUS RECON SOLN	4	MO
NOXAFIL INTRAVENOUS SOLUTION	4	PA
NOXAFIL ORAL SUSPENSION	4	PA; MO
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; MO; QL (93 per 30 days)
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ONMEL ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>terbinafine oral tablet</i>	1	MO
<i>voriconazole intravenous solution</i>	1	MO
<i>voriconazole oral suspension for reconstitution</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole oral tablet</i>	4	MO
<b>ANTIVIRALS</b>		
<i>abacavir oral tablet</i>	1	MO
<i>abacavir-lamivudine-zidovudine oral tablet</i>	4	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous recon soln 1,000 mg</i>	1	B/D
<i>acyclovir sodium intravenous recon soln 500 mg</i>	1	B/D; MO
<i>acyclovir sodium intravenous solution</i>	1	B/D
<i>adefovir oral tablet</i>	4	PA; MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral syrup</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	
ATRIPLA ORAL TABLET	4	MO
BARACLUDE ORAL SOLUTION	4	PA; MO
BARACLUDE ORAL TABLET	4	PA; MO
<i>cidofovir intravenous solution</i>	4	B/D; MO
COMPLERA ORAL TABLET	4	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
<i>didanosine oral capsule, delayed release(dr/ec)</i>	1	MO
EDURANT ORAL TABLET	4	MO
EMTRIVA ORAL CAPSULE	2	MO
EMTRIVA ORAL SOLUTION	2	MO
EPIVIR ORAL SOLUTION	2	MO
EPIVIR HBV ORAL SOLUTION	3	PA; MO
EPZICOM ORAL TABLET	4	MO
<i>famciclovir oral tablet</i>	1	MO
<i>foscarnet intravenous solution</i>	1	B/D; MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ganciclovir sodium intravenous recon soln</i>	4	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL CAPSULE	3	MO
INVIRASE ORAL TABLET	4	MO
ISENTRESS ORAL POWDER IN PACKET	2	
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE	2	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine oral tablet 100 mg</i>	1	PA; MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	MO
<i>lamivudine-zidovudine oral tablet</i>	4	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	4	MO
<i>moderiba oral tablet</i>	1	MO
<i>moderiba dose pack oral tablets,dose pack</i>	4	MO
<i>nevirapine oral suspension</i>	1	MO
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL CAPSULE	3	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
OLYSIO ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	3	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
REBETOL ORAL SOLUTION	4	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	MO; QL (120 per 365 days)
RESCRIPTOR ORAL TABLET	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESCRIPTOR ORAL TABLET, DISPERSIBLE	3	MO
RETROVIR INTRAVENOUS SOLUTION	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 200 mg</i>	1	MO
<i>ribasphere oral tablet 400 mg</i>	1	
<i>ribasphere oral tablet 600 mg</i>	4	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine oral tablet</i>	1	MO
SELZENTRY ORAL TABLET	4	MO
SOVALDI ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>stavudine oral capsule</i>	1	MO
<i>stavudine oral recon soln</i>	1	MO
STRIBILD ORAL TABLET	4	MO
SUSTIVA ORAL CAPSULE	3	MO
SUSTIVA ORAL TABLET	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA; MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	PA; MO; LA
TAMIFLU ORAL CAPSULE 30 MG	2	MO; QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	2	MO; QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	2	MO; QL (525 per 180 days)
TIVICAY ORAL TABLET	4	MO
TRUVADA ORAL TABLET	4	MO
TYZEKA ORAL TABLET	4	PA; MO
<i>valacyclovir oral tablet</i>	1	MO
VALCYTE ORAL RECON SOLN	4	MO
VALCYTE ORAL TABLET	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIRACEPT ORAL TABLET	4	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
VIRAZOLE INHALATION RECON SOLN	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET	4	MO
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin injection recon soln 1 gram</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 500 mg</i>	1	
<i>cefazolin intravenous recon soln</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	1	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>cefepime injection recon soln</i>	1	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram</i>	1	MO
<i>cefotetan injection recon soln</i>	1	
<i>cefotetan intravenous recon soln</i>	1	
<i>cefoxitin intravenous recon soln 1 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	1	MO
<i>cefpodoxime oral tablet</i>	1	MO
<i>cefprozil oral suspension for reconstitution</i>	1	MO
<i>cefprozil oral tablet</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 6 gram</i>	1	
<i>ceftazidime injection recon soln 2 gram</i>	1	MO
<b>CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK</b>	3	
<i>ceftibuten oral capsule</i>	1	MO
<i>ceftibuten oral suspension for reconstitution</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous recon soln</i>	1	MO
<i>ceftriaxone in dextrose, iso-os intravenous piggyback</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln</i>	1	
<i>cefuroxime-dextrose (iso-osm) intravenous piggyback</i>	1	
<i>cephalexin oral capsule</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORTAZ INTRAVENOUS RECON SOLN	3	
FORTAZ IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET	3	MO
SUPRAX ORAL TABLET,CHEWABLE	3	MO
TEFLARO INTRAVENOUS RECON SOLN	3	MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln</i>	1	MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	4	ST; MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	MO
<i>erythromycin oral tablet</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
PCE ORAL TABLET, PARTICLES/CRYSTALS	3	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
ALBENZA ORAL TABLET	2	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	3	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
<i>atovaquone oral suspension</i>	4	MO
<i>atovaquone-proguanil oral tablet</i>	1	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	4	
<i>aztreonam injection recon soln</i>	1	MO
<i>baciim intramuscular recon soln</i>	1	
<i>bacitracin intramuscular recon soln</i>	1	MO
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	B/D; MO; QL (224 per 56 days)
BILTRICIDE ORAL TABLET	2	MO
CAPASTAT INJECTION RECON SOLN	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	MO
<i>clindamycin hcl oral capsule</i>	1	MO
<i>clindamycin in dextrose 5 % intravenous piggyback</i>	1	MO
<i>clindamycin palmitate hcl oral recon soln</i>	1	MO
<i>clindamycin pediatric oral recon soln</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate injection solution</i>	1	MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM ORAL TABLET	2	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	MO
CUBICIN INTRAVENOUS RECON SOLN	4	MO
DAPSONE ORAL TABLET	2	MO
DARAPRIM ORAL TABLET	3	MO
DORIBAX INTRAVENOUS RECON SOLN 500 MG	3	
<i>ethambutol oral tablet</i>	1	MO
FLAGYL ER ORAL TABLET EXTENDED RELEASE	3	MO
<i>gentamicin injection solution</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	MO
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	1	
<i>hydroxychloroquine oral tablet</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	1	MO
INVANZ INJECTION RECON SOLN	3	MO
INVANZ INTRAVENOUS RECON SOLN	3	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
LINCOCIN INJECTION SOLUTION	3	MO
<i>mefloquine oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meropenem intravenous recon soln</i>	1	MO
<i>metro i.v. intravenous piggyback</i>	1	MO
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	MO
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	MO
NEBUPENT INHALATION RECON SOLN	3	B/D; MO
<i>neomycin oral tablet</i>	1	MO
<i>paromomycin oral capsule</i>	1	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PENTAM INJECTION RECON SOLN	3	MO
<i>polymyxin b sulfate injection recon soln</i>	1	MO
PRIFTIN ORAL TABLET	3	MO
PRIMAQUINE ORAL TABLET	2	MO
<i>pyrazinamide oral tablet</i>	1	MO
<i>quinine sulfate oral capsule</i>	1	PA; MO
<i>rifabutin oral capsule</i>	1	MO
RIFAMATE ORAL CAPSULE	3	MO
<i>rifampin intravenous recon soln</i>	1	MO
<i>rifampin oral capsule</i>	1	MO
RIFATER ORAL TABLET	3	MO
SIRTURO ORAL TABLET	4	PA; MO; LA
SIVEXTRO INTRAVENOUS RECON SOLN	4	QL (6 per 30 days)
SIVEXTRO ORAL TABLET	4	QL (6 per 30 days)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	MO
STROMEKTOL ORAL TABLET	2	MO
SYNERCID INTRAVENOUS RECON SOLN	4	
<i>tinidazole oral tablet</i>	1	MO
TOBI PODHALER INHALATION CAPSULE	4	QL (224 per 56 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 56 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	B/D; MO; QL (280 per 56 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	1	MO
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR ORAL TABLET	3	MO
TYGACIL INTRAVENOUS RECON SOLN	4	MO
XIFAXAN ORAL TABLET 200 MG	3	MO; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (60 per 30 days)
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	4	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	MO
ZYVOX ORAL TABLET	4	MO
<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>	1	MO
<i>ampicillin oral suspension for reconstitution</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	1	MO
<i>ampicillin-sulbactam intravenous recon soln</i>	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	MO
<i>dicloxacillin oral capsule</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	4	MO
<i>nafcillin intravenous recon soln 1 gram</i>	1	
<i>nafcillin intravenous recon soln 2 gram</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>oxacillin injection recon soln 10 gram</i>	4	MO
<i>oxacillin intravenous recon soln</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
<i>penicillin g potassium injection recon soln</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	1	
<i>penicillin g sodium injection recon soln</i>	1	MO
<i>penicillin v potassium oral recon soln</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfizerpen-g injection recon soln</i>	1	
<i>piperacillin-tazobactam intravenous recon soln</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIMENTIN INTRAVENOUS RECON SOLN 3.1 G	3	MO
TIMENTIN INTRAVENOUS RECON SOLN 31 GRAM	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 4.5 GRAM/100 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
<b>QUINOLONES</b>		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	MO
<i>ciprofloxacin intravenous solution 200 mg/20 ml</i>	1	MO
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	1	
<i>ciprofloxacin oral tablet</i>	1	MO
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	1	MO; QL (14 per 30 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	1	MO; QL (28 per 30 days)
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	MO
FACTIVE ORAL TABLET	3	MO; QL (7 per 30 days)
<i>levofloxacin intravenous solution</i>	1	MO
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback</i>	1	
<i>moxifloxacin oral tablet</i>	1	MO
NOROXIN ORAL TABLET	3	MO
<i>ofloxacin oral tablet</i>	1	MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine oral tablet</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tablet</i>	1	MO
<i>doxy-100 intravenous recon soln</i>	1	MO
<i>doxycycline hyclate intravenous recon soln</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>morgidox oral capsule</i>	1	MO
<i>tetracycline oral capsule</i>	1	MO
VIBRAMYCIN ORAL SYRUP	3	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate oral tablet</i>	1	MO
<i>methenamine mandelate oral tablet</i>	1	MO
MONUROL ORAL PACKET	3	MO
<i>nitrofurantoin oral suspension</i>	1	MO; QL (1800 per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	MO; QL (90 per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	MO; QL (90 per 365 days)
<i>trimethoprim oral tablet</i>	1	MO
<b>VANCOMYCIN</b>		
<i>vancomycin intravenous recon soln</i>	1	MO
<i>vancomycin oral capsule</i>	4	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	MO
VANCOMYCIN IN DEXTROSE ISO-OSM INTRAVENOUS PIGGYBACK	3	

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>amifostine crystalline intravenous recon soln</i>	1	MO
<i>dexrazoxane intravenous recon soln 250 mg</i>	4	
<i>dexrazoxane intravenous recon soln 500 mg</i>	4	MO
ELITEK INTRAVENOUS RECON SOLN	4	
FUSILEV INTRAVENOUS RECON SOLN	4	MO
KEPIVANCE INTRAVENOUS RECON SOLN	4	LA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	
<i>leucovorin calcium injection solution</i>	1	MO
<i>leucovorin calcium oral tablet</i>	1	MO
<i>mesna intravenous solution</i>	1	MO
XGEVA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (1.7 per 28 days)
ZINECARD INTRAVENOUS RECON SOLN 250 MG	4	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	MO
<i>adriamycin intravenous recon soln</i>	1	MO
<i>adriamycin intravenous solution 10 mg/5 ml</i>	1	
<i>adriamycin intravenous solution 20 mg/10 ml, 50 mg/25 ml</i>	1	MO
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	1	MO
AFINITOR ORAL TABLET	4	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; MO
ALIMTA INTRAVENOUS RECON SOLN	4	MO
ALKERAN ORAL TABLET	2	B/D; MO
<i>anastrozole oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARRANON INTRAVENOUS SOLUTION	4	
ARZERRA INTRAVENOUS SOLUTION	4	B/D; MO
AVASTIN INTRAVENOUS SOLUTION	4	MO
<i>azacitidine injection recon soln</i>	4	MO
<i>azathioprine oral tablet</i>	1	B/D; MO
<i>bicalutamide oral tablet</i>	1	MO
BICNU INTRAVENOUS RECON SOLN	3	MO
<i>bleomycin injection recon soln</i>	1	MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	4	PA; MO; QL (30 per 30 days)
BUSULFEX INTRAVENOUS SOLUTION	4	
CAPRELSA ORAL TABLET 100 MG	4	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	B/D; MO
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	B/D
<i>cisplatin intravenous solution</i>	1	MO
<i>cladribine intravenous solution</i>	4	MO
CLOLAR INTRAVENOUS SOLUTION	4	MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG[1]-20 MG[1])	4	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG[1]-20 MG[3])	4	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG [3]/DAY)	4	PA; MO; QL (84 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	MO
<i>cyclophosphamide oral tablet</i>	1	B/D; MO
<i>cyclosporine intravenous solution</i>	1	B/D
<i>cyclosporine oral capsule</i>	1	B/D; MO
<i>cyclosporine modified oral capsule</i>	1	B/D; MO
<i>cyclosporine modified oral solution</i>	1	B/D; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cytarabine injection solution</i>	1	MO
<i>cytarabine (pf) injection recon soln 1 gram, 100 mg</i>	1	MO
<i>cytarabine (pf) injection recon soln 500 mg</i>	1	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	
<i>dacarbazine intravenous recon soln</i>	1	MO
<i>daunorubicin intravenous solution</i>	1	
<i>decitabine intravenous recon soln</i>	4	MO
DOCEFREZ INTRAVENOUS RECON SOLN	4	
<i>docetaxel intravenous solution 140 mg/7 ml (20 mg/ml), 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	MO
<i>doxorubicin intravenous recon soln</i>	1	
<i>doxorubicin intravenous solution</i>	1	MO
ELIGARD SUBCUTANEOUS SYRINGE 22.5 MG	3	PA; MO; QL (1 per 84 days)
ELIGARD SUBCUTANEOUS SYRINGE 30 MG	3	PA; MO; QL (1 per 112 days)
ELIGARD SUBCUTANEOUS SYRINGE 45 MG	3	PA; MO; QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG	3	PA; MO; QL (1 per 28 days)
EMCYT ORAL CAPSULE	3	PA; MO
<i>epirubicin intravenous recon soln 50 mg</i>	1	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
<i>epirubicin intravenous solution 50 mg/25 ml</i>	1	MO
ERBITUX INTRAVENOUS SOLUTION	4	MO
ERIVEDGE ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
ERWINAZE INTRAMUSCULAR RECON SOLN	4	
ETOPOPHOS INTRAVENOUS RECON SOLN	3	MO
<i>etoposide intravenous solution</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>exemestane oral tablet</i>	1	MO
FARESTON ORAL TABLET	4	PA; MO
FASLODEX INTRAMUSCULAR SYRINGE	4	MO
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO; QL (2 per 365 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO; QL (12 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO; QL (12 per 28 days)
<i>floxuridine injection recon soln</i>	1	
<i>fludarabine intravenous recon soln</i>	1	MO
<i>fludarabine intravenous solution</i>	1	
<i>fluorouracil intravenous solution</i>	1	MO
<i>flutamide oral capsule</i>	1	MO
FOLOTYN INTRAVENOUS SOLUTION	4	MO
GAZYVA INTRAVENOUS SOLUTION	4	MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	4	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	4	
<i>gemcitabine intravenous solution</i>	4	
<i>gengraf oral capsule</i>	1	B/D; MO
<i>gengraf oral solution</i>	1	B/D; MO
GILOTRIF ORAL TABLET	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
HALAVEN INTRAVENOUS SOLUTION	4	MO
<i>hecoria oral capsule 0.5 mg, 1 mg</i>	1	B/D; MO
<i>hecoria oral capsule 5 mg</i>	4	B/D; MO
HERCEPTIN INTRAVENOUS RECON SOLN	4	MO
HEXALEN ORAL CAPSULE	4	MO
<i>hydroxyurea oral capsule</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ICLUSIG ORAL TABLET 15 MG	4	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	4	
<i>ifosfamide intravenous recon soln 1 gram</i>	1	MO
<i>ifosfamide intravenous recon soln 3 gram</i>	4	
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	4	
<i>ifosfamide-mesna intravenous kit 1-1 gram</i>	1	
IMBRUVICA ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	
ISTODAX INTRAVENOUS RECON SOLN	4	MO
IXEMPRA INTRAVENOUS RECON SOLN	4	MO
JAKAFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION	4	MO
KADCYLA INTRAVENOUS RECON SOLN	4	MO
<i>letrozole oral tablet</i>	1	MO
LEUKERAN ORAL TABLET	3	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO; QL (6 per 28 days)
<i>lipodox intravenous solution</i>	1	MO
<i>lipodox 50 intravenous solution</i>	1	MO
LOMUSTINE ORAL CAPSULE	3	MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 168 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; MO; QL (1 per 28 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 84 days)
LYSODREN ORAL TABLET	2	MO
MATULANE ORAL CAPSULE	4	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>melphalan intravenous recon soln</i>	4	
<i>mercaptopurine oral tablet</i>	1	MO
<i>methotrexate sodium injection solution</i>	1	B/D; MO
<i>methotrexate sodium oral tablet</i>	1	B/D; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D
<i>methotrexate sodium (pf) injection solution</i>	1	B/D; MO
<i>mitomycin intravenous recon soln</i>	1	MO
<i>mitoxantrone intravenous concentrate</i>	1	MO
MUSTARGEN INJECTION RECON SOLN	3	MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D; MO
<i>mycophenolate mofetil oral tablet</i>	1	B/D; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	B/D; MO
NEXAVAR ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON ORAL TABLET	3	MO
NULOJIX INTRAVENOUS RECON SOLN	4	PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONCASPAR INJECTION SOLUTION	4	MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	MO
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	MO
<i>paclitaxel intravenous concentrate</i>	1	MO
PERJETA INTRAVENOUS SOLUTION	4	MO
POMALYST ORAL CAPSULE	4	PA; MO; QL (21 per 28 days)
PROGRAF INTRAVENOUS SOLUTION	3	B/D; MO
RAPAMUNE ORAL SOLUTION	4	PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	PA; MO
REVLIMID ORAL CAPSULE	4	PA; MO; LA; QL (30 per 30 days)
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	4	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; MO; QL (60 per 30 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D; MO
<i>sirolimus oral tablet</i>	1	PA; MO
SOLTAMOX ORAL SOLUTION	3	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	4	PA; MO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	4	PA; MO; QL (0.3 per 28 days)
SPRYCEL ORAL TABLET	4	PA; MO; QL (30 per 30 days)
STIVARGA ORAL TABLET	4	PA; MO; QL (84 per 28 days)
SUPPRELIN LA IMPLANT KIT	4	PA; MO
SUTENT ORAL CAPSULE 12.5 MG	4	PA; MO; QL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 50 MG	4	PA; MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTENT ORAL CAPSULE 37.5 MG	4	PA; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN	4	PA; MO
SYNRIBO SUBCUTANEOUS RECON SOLN	4	MO
TABLOID ORAL TABLET	3	PA; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	B/D; MO
<i>tacrolimus oral capsule 5 mg</i>	4	B/D; MO
TAFINLAR ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
<i>tamoxifen oral tablet</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; MO
TARGRETIN ORAL CAPSULE	4	PA; MO
TARGRETIN TOPICAL GEL	4	MO
TASIGNA ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
TEMODAR INTRAVENOUS RECON SOLN	4	MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; MO
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (60 per 30 days)
<i>toposar intravenous solution</i>	1	MO
<i>topotecan intravenous recon soln</i>	4	MO
<i>topotecan intravenous solution</i>	4	
TORISEL INTRAVENOUS RECON SOLN	4	MO
TREANDA INTRAVENOUS RECON SOLN	4	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	4	PA; MO; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	4	PA; MO; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	4	PA; MO; QL (1 per 28 days)
TRELSTAR DEPOT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; QL (1 per 28 days)
TRELSTAR LA INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; QL (1 per 84 days)
<i>tretinoin (chemotherapy) oral capsule</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRISENOX INTRAVENOUS SOLUTION	4	MO
TYKERB ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
VALSTAR INTRAVESICAL SOLUTION	4	MO
VANTAS IMPLANT KIT	4	PA; MO
VECTIBIX INTRAVENOUS SOLUTION	4	B/D; MO
VELCADE INJECTION RECON SOLN	4	MO
<i>vinblastine intravenous recon soln</i>	1	MO
<i>vinblastine intravenous solution</i>	1	MO
<i>vincasar pfs intravenous solution</i>	1	
<i>vincristine intravenous solution</i>	1	MO
<i>vinorelbine intravenous solution</i>	1	MO
VOTRIENT ORAL TABLET	4	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION	4	MO
ZALTRAP INTRAVENOUS SOLUTION	4	MO
ZANOSAR INTRAVENOUS RECON SOLN	3	MO
ZELBORAF ORAL TABLET	4	PA; MO; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	3	PA; MO; QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	3	PA; MO; QL (1 per 28 days)
ZOLINZA ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	3	PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	4	PA; MO
ZYKADIA ORAL CAPSULE	4	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	PA; MO
APTIOM ORAL TABLET 600 MG	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BANZEL ORAL SUSPENSION	3	PA; MO
BANZEL ORAL TABLET	3	PA; MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	ST; MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	ST; MO; QL (300 per 30 days)
<i>diazepam rectal kit</i>	1	MO
DILANTIN ORAL CAPSULE	2	MO
<i>divalproex oral capsule, sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol oral tablet</i>	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	MO
<i>ethosuximide oral capsule</i>	1	MO
<i>ethosuximide oral solution</i>	1	MO
<i>felbamate oral suspension</i>	1	MO
<i>felbamate oral tablet</i>	1	MO
<i>fosphenytoin injection solution</i>	1	MO
FYCOMPA ORAL TABLET	3	PA; MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; MO; QL (78 per 365 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	3	ST; MO
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	ST; MO
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	ST; MO
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	ST; MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i>	1	
<i>levetiracetam intravenous solution</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	PA; MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
PEGANONE ORAL TABLET	3	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet</i>	1	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital sodium injection solution</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>phenytoin sodium intravenous syringe</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	MO
POTIGA ORAL TABLET 200 MG	4	PA; MO
POTIGA ORAL TABLET 300 MG, 400 MG, 50 MG	3	PA; MO
<i>primidone oral tablet</i>	1	MO
SABRIL ORAL POWDER IN PACKET	4	PA; MO; LA; QL (180 per 30 days)
SABRIL ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	2	MO
<i>tiagabine oral tablet</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	MO
<i>topiramate oral tablet</i>	1	MO
<i>valproate sodium intravenous solution</i>	1	MO
<i>valproic acid oral capsule</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VIMPAT INTRAVENOUS SOLUTION	3	PA
VIMPAT ORAL SOLUTION	3	PA; MO
VIMPAT ORAL TABLET	3	PA; MO
<i>zonisamide oral capsule</i>	1	MO
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; MO; LA; QL (90 per 30 days)
AZILECT ORAL TABLET	2	MO
<i>benztropine injection solution</i>	1	MO
<i>benztropine oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bromocriptine oral capsule</i>	1	MO
<i>bromocriptine oral tablet</i>	1	MO
<i>carbidopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	MO
<i>entacapone oral tablet</i>	1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	PA; MO; QL (30 per 30 days)
<i>pramipexole oral tablet</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
<i>trihexyphenidyl oral elixir</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
ZELAPAR ORAL TABLET,DISINTEGRATING	3	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>dihydroergotamine injection solution</i>	1	MO
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	MO
<i>migergot rectal suppository</i>	1	MO
MIGRANAL NASAL SPRAY,NON-AEROSOL	3	MO
<i>naratriptan oral tablet</i>	1	MO; QL (9 per 28 days)
<i>rizatriptan oral tablet 10 mg</i>	1	MO; QL (12 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	1	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i>	1	MO; QL (12 per 28 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan nasal spray,non-aerosol</i>	1	MO; QL (6 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (9 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>zolmitriptan oral tablet</i>	1	MO; QL (6 per 28 days)
<i>zolmitriptan oral tablet, disintegrating</i>	1	MO; QL (6 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; MO; LA; QL (60 per 30 days)
AUBAGIO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE KIT 20 MG	4	ST; MO; QL (30 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
EXELON TRANSDERMAL PATCH 24 HOUR	2	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; MO; QL (60 per 30 days)
NAMENDA ORAL SOLUTION	2	PA; MO
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	PA; MO; QL (28 per 365 days)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	2	PA; MO; QL (30 per 30 days)
NUDEXTA ORAL CAPSULE	2	PA; MO; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule</i>	1	MO
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 240 MG	4	PA; MO; QL (60 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO
TYSABRI INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (15 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (90 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	1	MO
<i>carisoprodol oral tablet 350 mg</i>	1	PA; MO
<i>carisoprodol-asa-codeine oral tablet</i>	1	PA; MO; QL (240 per 30 days)
<i>carisoprodol-aspirin oral tablet</i>	1	PA; MO
<i>chlorzoxazone oral tablet</i>	1	PA; MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene oral capsule</i>	1	MO
GABLOFEN INTRATHECAL SOLUTION	3	B/D; MO
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	3	B/D
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	3	B/D; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D
MESTINON ORAL SYRUP	3	MO
<i>methocarbamol oral tablet</i>	1	PA; MO
<i>orphenadrine citrate injection solution</i>	1	PA; MO
<i>orphenadrine citrate oral tablet extended release</i>	1	PA; MO
<i>orphenadrine compound-ds oral tablet</i>	1	PA; MO
<i>pyridostigmine bromide oral tablet</i>	1	MO
<i>regonol injection solution</i>	1	
<i>tizanidine oral tablet</i>	1	MO
<b>NARCOTIC ANALGESICS</b>		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG	4	PA; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG, 800 MCG	4	PA; MO; QL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
<i>ascomp with codeine oral capsule</i>	1	MO; QL (180 per 30 days)
<b>BUPRENORPHINE INJECTION SYRINGE</b>	3	
<i>buprenorphine sublingual tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>butalbital compound w/codeine oral capsule</i>	1	MO; QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	MO; QL (180 per 30 days)
<i>codeine sulfate oral tablet</i>	1	MO; QL (180 per 30 days)
<i>diskets oral tablet, soluble</i>	1	QL (90 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	B/D; MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	B/D
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days)
<i>endodan oral tablet</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl patches transdermal patch 72 hour 100 mcg/hr</i>	1	MO; QL (30 per 30 days)
<i>fentanyl patches transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	MO; QL (10 per 30 days)
<b>FENTORA BUCCAL TABLET, EFFERVESCENT</b>	4	PA; MO; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml</i>	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (3600 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (150 per 30 days)
<i>hydromorphone injection solution</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	MO
<i>ibuprofen-oxycodone oral tablet</i>	1	MO; QL (120 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL	4	PA; MO; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet</i>	1	MO; QL (240 per 30 days)
<i>lorcet (hydrocodone) oral tablet</i>	1	QL (360 per 30 days)
<i>lorcet hd oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>lortab 10-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lortab 5-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lortab 7.5-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	1	
<i>methadone oral concentrate</i>	1	QL (240 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	MO; QL (1200 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	MO; QL (2400 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	MO; QL (90 per 30 days)
<i>methadone oral tablet, soluble</i>	1	QL (90 per 30 days)
<i>methadone intensol oral concentrate</i>	1	MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	QL (240 per 30 days)
<i>methadose oral tablet, soluble</i>	1	MO; QL (90 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	1	
<i>morphine intravenous cartridge 10 mg/ml, 15 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine intravenous solution 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml</i>	1	
<i>morphine intravenous solution 50 mg/ml</i>	1	MO
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	MO; QL (90 per 30 days)
<i>morphine rectal suppository</i>	1	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	B/D
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	1	MO
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	1	
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	MO; QL (60 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (900 per 30 days)
<i>oxycodone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	MO; QL (60 per 30 days)
ROXICET ORAL SOLUTION	3	MO; QL (1800 per 30 days)
<i>roxicet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>sublimaze (pf) injection solution</i>	1	
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2)	4	PA; MO; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	4	PA; MO; LA; QL (120 per 30 days)
<i>vicodin oral tablet 5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	1	MO; QL (390 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>butorphanol tartrate injection solution</i>	1	MO
<i>butorphanol tartrate nasal spray, non-aerosol</i>	1	MO; QL (7.5 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	B/D
<i>diclofenac potassium oral tablet</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	MO
<i>diflunisal oral tablet</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
<i>flurbiprofen oral tablet</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin sodium intravenous recon soln</i>	1	MO
<i>ketoprofen oral capsule</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>meclofenamate oral capsule</i>	1	MO
<i>meloxicam oral suspension</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO
<i>nabumetone oral tablet</i>	1	MO
<i>nalbuphine injection solution</i>	1	MO
<i>naloxone injection solution 0.4 mg/ml</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naloxone injection syringe 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 1 mg/ml</i>	1	MO
<i>naltrexone oral tablet</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>pentazocine-naloxone oral tablet</i>	1	MO; QL (360 per 30 days)
<i>piroxicam oral capsule</i>	1	MO
PRIALT INTRATHECAL SOLUTION	3	MO
<i>salsalate oral tablet</i>	1	MO
SUBOXONE SUBLINGUAL FILM	2	PA; MO; QL (60 per 30 days)
<i>sulindac oral tablet</i>	1	MO
<i>tolmetin oral capsule</i>	1	MO
<i>tolmetin oral tablet</i>	1	MO
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	MO; QL (40 per 5 days)
VOLTAREN GEL TOPICAL GEL 1 %	3	MO; QL (1000 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	2	PA; MO; QL (180 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG	2	PA; MO; QL (90 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY INTRAMUSCULAR SOLUTION	2	PA; MO
ABILIFY ORAL SOLUTION	2	PA; MO; QL (750 per 30 days)
ABILIFY ORAL TABLET	2	PA; MO; QL (30 per 30 days)
ABILIFY DISCMELT ORAL TABLET, DISINTEGRATING	2	PA; MO; QL (60 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	PA; MO; QL (1 per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	1	MO; QL (30 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i>	1	MO; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	1	MO; QL (90 per 30 days)
<i>amitriptyline oral tablet</i>	1	PA; MO
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	MO
<i>amoxapine oral tablet</i>	1	MO
<i>amphetamine salt combo oral tablet 10 mg, 12.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>amphetamine salt combo oral tablet 15 mg, 30 mg</i>	1	PA; MO; QL (60 per 30 days)
BRINTELLIX ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	MO
<i>buspirone oral tablet</i>	1	MO
<i>chlorpromazine injection solution</i>	1	MO
<i>chlorpromazine oral tablet</i>	1	MO
<i>citalopram oral solution</i>	1	MO; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	MO; QL (45 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	1	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA; MO; QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	MO; QL (120 per 30 days)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating 100 mg</i>	1	ST; QL (270 per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	1	ST; QL (30 per 30 days)
<i>clozapine oral tablet,disintegrating 25 mg</i>	1	ST; QL (90 per 30 days)
<i>desipramine oral tablet</i>	1	MO
<i>dexmethylphenidate oral tablet</i>	1	PA; MO; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>dextroamphetamine oral tablet</i>	1	PA; MO; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	MO
<i>diazepam oral solution 5 mg/5 ml</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (5 ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	MO; QL (120 per 30 days)
<i>diazepam intensol oral concentrate</i>	1	MO; QL (240 per 30 days)
<i>doxepin oral capsule</i>	1	PA; MO
<i>doxepin oral concentrate</i>	1	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	MO; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	3	MO
<i>ergoloid oral tablet</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	3	PA; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	3	PA; QL (8 per 365 days)
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG	3	ST; QL (180 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 200 MG	3	ST; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	PA; MO; QL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; MO; QL (30 per 30 days)
<i>fluoxetine oral capsule</i>	1	MO
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	MO
<i>fluphenazine decanoate injection solution</i>	1	MO
<i>fluphenazine hcl injection solution</i>	1	MO
<i>fluphenazine hcl oral concentrate</i>	1	MO
<i>fluphenazine hcl oral elixir</i>	1	MO
<i>fluphenazine hcl oral tablet</i>	1	MO
<i>fluvoxamine oral tablet</i>	1	MO
GEODON INTRAMUSCULAR RECON SOLN	3	MO
<i>guanidine oral tablet</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
<i>haloperidol decanoate intramuscular solution</i>	1	MO
<i>haloperidol lactate injection solution</i>	1	MO
<i>haloperidol lactate oral concentrate</i>	1	MO
HETLIOZ ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	1	PA; MO
<i>imipramine pamoate oral capsule</i>	1	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	3	PA; MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	PA; MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	PA; MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	PA; MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	PA; MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	PA; MO; QL (0.25 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO; QL (30 per 30 days)
LATUDA ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<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>	1	MO
<i>lorazepam injection solution</i>	1	MO
<i>lorazepam injection syringe</i>	1	
<i>lorazepam oral concentrate</i>	1	MO; QL (150 per 30 days)
<i>lorazepam oral tablet</i>	1	MO; QL (120 per 30 days)
<i>lorazepam intensol oral concentrate</i>	1	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	1	MO
<i>maprotiline oral tablet</i>	1	MO
MARPLAN ORAL TABLET	3	MO
<i>metadate er oral tablet extended release</i>	1	PA; MO; QL (90 per 30 days)
<i>methamphetamine oral tablet</i>	1	MO; QL (150 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral capsule,er biphasic 50-50</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml</i>	1	PA; MO; QL (900 per 30 days)
<i>methylphenidate oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1800 per 30 days)
<i>methylphenidate oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>methylphenidate oral tablet 20 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>methylphenidate oral tablet extended release 10 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral tablet extended release 20 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 36 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>mirtazapine oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>nefazodone oral tablet</i>	1	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUVIGIL ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	1	MO
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	1	MO; QL (30 per 30 days)
ORAP ORAL TABLET	3	MO
<i>oxazepam oral capsule</i>	1	MO; QL (120 per 30 days)
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO
PAXIL ORAL SUSPENSION	3	MO
<i>perphenazine oral tablet</i>	1	MO
<i>perphenazine-amitriptyline oral tablet</i>	1	MO
<i>phenelzine oral tablet</i>	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO; QL (30 per 30 days)
<i>protriptyline oral tablet</i>	1	MO
<i>quetiapine oral tablet</i>	1	PA; MO; QL (90 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	PA; MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	PA; MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating</i>	1	MO; QL (60 per 30 days)
ROZEREM ORAL TABLET	3	MO; QL (30 per 30 days)
SAPHRIS SUBLINGUAL TABLET	3	PA; MO; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET	3	PA; MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	PA; MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet</i>	1	MO
SILENOR ORAL TABLET	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 40 MG, 60 MG, 80 MG	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 18 MG	3	MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 25 MG	3	MO; QL (90 per 30 days)
SURMONTIL ORAL CAPSULE	3	PA; MO
<i>thioridazine oral tablet</i>	1	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	1	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	1	MO
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO
VERSACLOZ ORAL SUSPENSION	4	PA; LA; QL (540 per 30 days)
VIIBRYD ORAL TABLET	3	PA; MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK	3	PA; MO; QL (30 per 365 days)
XYREM ORAL SOLUTION	4	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule</i>	1	ST; MO; QL (90 per 365 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>ziprasidone hcl oral capsule</i>	1	MO; QL (60 per 30 days)
<i>zolpidem oral tablet</i>	1	ST; MO; QL (90 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	PA; MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; QL (1 per 28 days)

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	1	B/D; MO
<i>amiodarone intravenous syringe</i>	1	B/D
<i>amiodarone oral tablet</i>	1	MO
<i>disopyramide phosphate oral capsule</i>	1	MO
<i>flecainide oral tablet</i>	1	MO
<i>ibutilide fumarate intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	MO
MULTAQ ORAL TABLET	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate injection solution</i>	1	MO
<i>quinidine gluconate oral tablet extended release</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>quinidine sulfate oral tablet extended release</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol oral tablet</i>	1	MO
<i>sotalol af oral tablet</i>	1	MO
TIKOSYN ORAL CAPSULE	2	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol oral capsule</i>	1	MO
<i>afeditab cr oral tablet extended release</i>	1	MO
<i>amiloride oral tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
AMTURNIDE ORAL TABLET	2	ST; MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	5	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	5	MO
<i>betaxolol oral tablet</i>	1	MO
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>bumetanide injection solution</i>	1	MO
<i>bumetanide oral tablet</i>	1	MO
BYSTOLIC ORAL TABLET	3	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	MO
<i>captopril oral tablet</i>	5	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	5	MO
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
<i>cartia xt oral capsule,extended release 24hr</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine transdermal patch weekly</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	B/D
<i>clonidine hcl oral tablet</i>	1	MO
DEMSER ORAL CAPSULE	4	PA; MO
DIBENZYLINE ORAL CAPSULE	3	MO
<i>dilt-xr oral capsule,ext release degradable</i>	1	MO
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral capsule, extended release</i>	1	MO
<i>diltiazem hcl oral capsule,ext release degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
DIURIL ORAL SUSPENSION	3	MO
<i>doxazosin oral tablet</i>	1	MO
<i>enalapril maleate oral tablet</i>	5	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	5	MO
<i>eplerenone oral tablet</i>	1	MO
<i>epoprostenol (glycine) intravenous recon soln</i>	4	PA; MO
<i>eprosartan oral tablet</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril oral tablet</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide injection syringe</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	1	MO
<i>hydralazine oral tablet</i>	1	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>	1	MO
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet</i>	1	MO
<i>lisinopril oral tablet</i>	5	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	5	MO
<i>losartan oral tablet</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>methyclothiazide oral tablet</i>	1	MO
<i>metolazone oral tablet</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>minoxidil oral tablet</i>	1	MO
<i>moexipril oral tablet</i>	1	MO
<i>moexipril-hydrochlorothiazide oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral capsule</i>	1	MO
<i>nifedical xl oral tablet extended release 24hr</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>perindopril erbumine oral tablet</i>	1	MO
<i>pindolol oral tablet</i>	1	MO
<i>prazosin oral capsule</i>	1	MO
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	MO
<i>quinapril oral tablet</i>	5	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	5	MO
<i>ramipril oral capsule</i>	1	MO
REMODULIN INJECTION SOLUTION	4	PA; MO; LA
<i>reserpine oral tablet</i>	1	MO
SODIUM EDECRIN INTRAVENOUS RECON SOLN	3	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>taztia xt oral capsule, extended release</i>	1	MO
TEKAMLO ORAL TABLET	2	ST; MO
TEKTRNA ORAL TABLET	2	ST; MO
TEKTRNA HCT ORAL TABLET	2	ST; MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	MO
<i>terazosin oral capsule</i>	1	MO
<i>timolol maleate oral tablet</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>torse mide intravenous solution</i>	1	
<i>torse mide oral tablet</i>	1	MO
<i>trandolapril oral tablet</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>veletri intravenous recon soln</i>	4	PA; MO
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
<b>CARDIAC GLYCOSIDES</b>		
<i>digox oral tablet</i>	1	MO
<i>digoxin injection solution</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
<b>COAGULATION THERAPY</b>		
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR	2	MO
<i>aminocaproic acid intravenous solution</i>	1	MO
<i>aminocaproic acid oral solution</i>	1	MO
<i>aminocaproic acid oral tablet 500 mg</i>	1	MO
ARGATROBAN INTRAVENOUS SOLUTION	4	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	4	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	4	
BRILINTA ORAL TABLET	2	MO; QL (60 per 30 days)
<i>cilostazol oral tablet</i>	1	MO
<i>clopidogrel oral tablet</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dipyridamole oral tablet</i>	1	MO
EFFIENT ORAL TABLET	2	MO; QL (30 per 30 days)
ELIQUIS ORAL TABLET	2	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous solution</i>	4	MO; QL (360 per 365 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (120 per 365 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i>	4	MO; QL (96 per 365 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO; QL (36 per 365 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (48 per 365 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO; QL (72 per 365 days)
<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i>	1	MO; QL (96 per 365 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	4	MO; QL (48 per 365 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO; QL (30 per 365 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	4	MO; QL (24 per 365 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	4	MO; QL (36 per 365 days)
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; QL (60 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 UNIT/ML	4	MO; QL (60 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 UNIT/0.5 ML	4	MO; QL (30 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 UNIT/0.6 ML	4	MO; QL (36 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 UNIT/0.72 ML	4	MO; QL (43.2 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 UNIT/0.2 ML, 5,000 UNIT/0.2 ML	4	MO; QL (12 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 UNIT/0.3 ML	4	MO; QL (18 per 365 days)
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe</i>	1	MO
<i>jantoven oral tablet</i>	1	MO
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; MO
<i>pentoxifylline oral tablet extended release</i>	1	MO
PRADAXA ORAL CAPSULE	2	MO; QL (60 per 30 days)
PROMACTA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
<i>ticlopidine oral tablet</i>	1	MO
<i>tranexamic acid intravenous solution</i>	1	MO
<i>warfarin oral tablet</i>	1	MO
XARELTO ORAL TABLET 10 MG	2	MO; QL (60 per 365 days)
XARELTO ORAL TABLET 15 MG	2	MO; QL (42 per 30 days)
XARELTO ORAL TABLET 20 MG	2	MO; QL (30 per 30 days)
ZONTIVITY ORAL TABLET	3	PA; QL (30 per 30 days)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>atorvastatin oral tablet</i>	1	MO
<i>cholestyramine (with sugar) oral powder</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO
<i>cholestyramine light oral powder in packet</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibrate micronized oral capsule</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet</i>	1	MO
<i>fenofibric acid oral tablet</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	MO
<i>fluvastatin oral capsule</i>	1	MO
<i>gemfibrozil oral tablet</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	4	PA; MO; LA; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	4	PA; MO; LA; QL (90 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE	4	PA; MO; LA; QL (4 per 28 days)
LIPTRUZET ORAL TABLET	3	ST; MO
<i>lovastatin oral tablet</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters oral capsule</i>	1	MO
<i>pravastatin oral tablet</i>	1	MO
<i>prevalite oral powder</i>	1	MO
<i>prevalite oral powder in packet</i>	1	MO
<i>simvastatin oral tablet</i>	1	MO
VASCEPA ORAL CAPSULE	3	MO
VYTORIN 10-10 ORAL TABLET	3	ST; MO
VYTORIN 10-20 ORAL TABLET	3	ST; MO
VYTORIN 10-40 ORAL TABLET	3	ST; MO
VYTORIN 10-80 ORAL TABLET	3	ST; MO
WELCHOL ORAL POWDER IN PACKET	2	MO
WELCHOL ORAL TABLET	2	MO
ZETIA ORAL TABLET	2	MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
ISUPREL INJECTION SOLUTION	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	2	MO; QL (60 per 30 days)
VECAMYL ORAL TABLET	4	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1	MO
<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>	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO
<i>nitroglycerin intravenous solution</i>	1	B/D
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual aerosol,spray</i>	1	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	1	MO
NITROSTAT SUBLINGUAL TABLET	2	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule</i>	4	PA; MO
<i>calcipotriene topical cream</i>	1	MO
<i>calcipotriene topical ointment</i>	1	MO
<i>calcipotriene topical solution</i>	1	MO
<i>calcitriol topical ointment</i>	1	MO; QL (800 per 28 days)
<i>selenium sulfide topical suspension 2.5 %</i>	1	MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
<b>BURN THERAPY</b>		
<i>silver sulfadiazine topical cream</i>	1	MO
<i>ssd topical cream</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
8-MOP ORAL CAPSULE	3	PA; MO
<i>ammonium lactate topical cream</i>	1	MO
<i>ammonium lactate topical lotion</i>	1	MO
CARAC TOPICAL CREAM	3	MO
CONDYLOX TOPICAL GEL	3	MO
ELIDEL TOPICAL CREAM	3	PA; MO
<i>fluorouracil topical cream</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>imiquimod topical cream in packet</i>	1	MO
<i>methoxsalen rapid oral capsule</i>	4	PA
OXSORALEN TOPICAL LOTION	3	PA; MO
PANRETIN TOPICAL GEL	4	PA; MO
PICATO TOPICAL GEL	3	PA; MO
<i>podofilox topical solution</i>	1	MO
PROTOPIC TOPICAL OINTMENT	3	PA; MO
QUTENZA TOPICAL KIT	4	PA; MO; QL (2 per 30 days)
REGRANEX TOPICAL GEL	4	MO
UVADEX INJECTION SOLUTION	3	
VALCHLOR TOPICAL GEL	4	PA; MO
<b>THERAPY FOR ACNE</b>		
<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel 0.1 %</i>	1	PA; MO
<i>amnesteem oral capsule</i>	1	MO
<i>avita topical cream</i>	1	PA; MO
<i>claravis oral capsule</i>	1	MO
<i>clindacin etz topical swab</i>	1	MO
<i>clindacin p topical swab</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO
<i>clindamycin phosphate topical swab</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ery pads topical swab</i>	1	MO
<i>erygel topical gel</i>	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin with ethanol topical swab</i>	1	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	1	MO
FABIOR TOPICAL FOAM	3	PA; MO
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel 0.75 %</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
<i>myorisan oral capsule</i>	1	
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
TAZORAC TOPICAL CREAM	3	PA; MO
<i>tretinoin topical cream</i>	1	PA; MO
<i>tretinoin topical gel</i>	1	PA; MO
<i>zenatane oral capsule</i>	1	MO
<b>TOPICAL ANESTHETICS</b>		
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	MO
<i>lidocaine hcl laryngotracheal solution</i>	1	MO
<i>lidocaine hcl mucous membrane gel</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine viscous mucous membrane solution</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lta pre-attached laryngotracheal solution</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	1	MO
<i>gentamicin topical ointment</i>	1	MO
<i>mupirocin topical ointment</i>	1	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	1	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical cream</i>	1	MO
<i>ciclopirox topical cream</i>	1	MO
<i>ciclopirox topical gel</i>	1	MO
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO
<i>clotrimazole topical cream</i>	1	MO
<i>clotrimazole topical solution</i>	1	MO
<i>clotrimazole-betamethasone topical cream</i>	1	MO
<i>clotrimazole-betamethasone topical lotion</i>	1	MO
<i>econazole topical cream</i>	1	MO
<i>ketoconazole topical cream</i>	1	MO
<i>ketoconazole topical shampoo</i>	1	MO
<i>nyamyc topical powder</i>	1	MO
<i>nystatin topical cream</i>	1	MO
<i>nystatin topical ointment</i>	1	MO
<i>nystatin topical powder</i>	1	MO
<i>nystatin-triamcinolone topical cream</i>	1	MO
<i>nystatin-triamcinolone topical ointment</i>	1	MO
<i>nystop topical powder</i>	1	MO
<i>pedi-dri topical powder</i>	1	MO
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	1	MO
<b>DENAVIR TOPICAL CREAM</b>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>alclometasone topical cream</i>	1	MO
<i>alclometasone topical ointment</i>	1	MO
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	MO
<i>betamethasone dipropionate topical cream</i>	1	MO
<i>betamethasone dipropionate topical lotion</i>	1	MO
<i>betamethasone dipropionate topical ointment</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
<i>clobetasol topical cream</i>	1	MO
<i>clobetasol topical gel</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO
<i>clobetasol topical solution</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO
<i>desonide topical cream</i>	1	MO
<i>desonide topical lotion</i>	1	MO
<i>desonide topical ointment</i>	1	MO
<i>desoximetasone topical cream</i>	1	MO
<i>desoximetasone topical gel</i>	1	MO
<i>desoximetasone topical ointment 0.25 %</i>	1	MO
<i>diflorasone topical cream</i>	1	MO
<i>diflorasone topical ointment</i>	1	MO
<i>fluocinolone topical cream</i>	1	MO
<i>fluocinolone topical oil</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinolone topical solution</i>	1	MO
<i>fluocinolone-shower cap topical oil</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO
<i>fluocinonide topical gel</i>	1	MO
<i>fluocinonide topical ointment</i>	1	MO
<i>fluocinonide topical solution</i>	1	MO
<i>fluocinonide-e topical cream</i>	1	MO
<i>fluticasone topical cream</i>	1	MO
<i>fluticasone topical ointment</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone butyrate topical cream</i>	1	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO
<i>hydrocortisone valerate topical cream</i>	1	MO
<i>hydrocortisone valerate topical ointment</i>	1	MO
<i>hydrocortisone-min oil-wht pet topical ointment</i>	1	MO
<i>mometasone topical cream</i>	1	MO
<i>mometasone topical ointment</i>	1	MO
<i>mometasone topical solution</i>	1	MO
<i>prednicarbate topical cream</i>	1	MO
<i>prednicarbate topical ointment</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	MO
<b>TOPICAL ENZYMES</b>		
SANTYL TOPICAL OINTMENT	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>lindane topical lotion</i>	1	MO
<i>lindane topical shampoo</i>	1	MO
<i>malathion topical lotion</i>	1	MO
<i>permethrin topical cream</i>	1	MO
ULESFIA TOPICAL LOTION	3	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous solution</i>	1	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	1	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	1	MO
PHYSIOLYTE IRRIGATION SOLUTION	2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	2	
<i>ringers irrigation solution</i>	1	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	MO
<i>acetic acid irrigation solution</i>	1	MO
ADAGEN INTRAMUSCULAR SOLUTION	4	PA; MO; LA
<i>alendronate oral tablet 40 mg</i>	1	MO
<i>anagrelide oral capsule</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	4	PA; MO; LA
BUPHENYL ORAL TABLET	4	PA; MO
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
<i>cevimeline oral capsule</i>	1	MO
CHEMET ORAL CAPSULE	3	PA; MO
<i>d10 % &amp; 0.45 % sodium chloride intravenous parenteral solution</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>deferoxamine injection recon soln</i>	1	MO
<i>dextrose 10 % &amp; 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	1	MO
<i>dextrose 20 % in water (d20w) intravenous parenteral solution</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in ringers intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>disulfiram oral tablet</i>	1	MO
<i>etidronate disodium oral tablet</i>	1	MO
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
FERRIPROX ORAL TABLET	4	PA; MO
FOSRENOL ORAL TABLET,CHEWABLE	3	MO
GLASSIA INTRAVENOUS SOLUTION	4	PA; MO; LA
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; MO; LA
<i>kionex oral powder</i>	1	MO
<i>kionex oral suspension</i>	1	MO
<i>levocarnitine intravenous solution</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>levocarnitine (with sugar) oral solution</i>	1	MO
LITHOSTAT ORAL TABLET	3	MO
<i>midodrine oral tablet</i>	1	MO
ORFADIN ORAL CAPSULE	4	PA; MO; LA
<i>pilocarpine hcl oral tablet</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	4	PA; MO; LA
RAVICTI ORAL LIQUID	4	PA; MO; QL (525 per 30 days)
<i>riluzole oral tablet</i>	4	MO; QL (60 per 30 days)
<i>sevelamer carbonate oral tablet</i>	1	MO
<i>sodium chloride irrigation solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	4	PA; MO
<i>sodium polystyrene (sorb free) oral suspension</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sodium polystyrene sulfonate oral suspension</i>	1	
<i>sodium polystyrene sulfonate rectal enema</i>	1	
<i>sps oral suspension</i>	1	MO
<i>sps rectal enema</i>	1	
SYPRINE ORAL CAPSULE	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THIOLA ORAL TABLET	3	MO
<i>water for irrigation, sterile irrigation solution</i>	1	MO
ZEMAIRA INTRAVENOUS RECON SOLN	4	PA; MO; LA
<i>zoledronic acid-mannitol-water intravenous solution</i>	1	ST; MO; QL (100 per 365 days)
<b>SMOKING DETERRENTS</b>		
<i>buproban oral tablet extended release</i>	1	MO
CHANTIX ORAL TABLET	3	MO; QL (336 per 365 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	MO; QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	MO; QL (106 per 365 days)
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 aerosol,spray</i>	1	MO
BACTROBAN NASAL NASAL OINTMENT	3	MO
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
<i>denta 5000 plus dental cream</i>	1	MO
<i>dentagel dental gel</i>	1	MO
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	MO
<i>oralone dental paste</i>	1	MO
<i>perio med dental solution</i>	1	MO
<i>periogard mucous membrane mouthwash</i>	1	MO
<i>sf dental gel</i>	1	MO
<i>sf 5000 plus dental cream</i>	1	MO
<i>sodium fluoride dental solution</i>	1	MO
<i>stannous fluoride dental solution</i>	1	MO
<i>triamcinolone acetonide dental paste</i>	1	MO
TYZINE NASAL DROPS 0.05 %	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetazol hc otic drops</i>	1	MO
<i>acetic acid otic solution</i>	1	MO
<i>acetic acid-aluminum acetate otic drops</i>	1	MO
<i>antipyrine-benzocaine otic drops 5.4-1.4 %</i>	1	MO
<i>auroguard otic drops</i>	1	
<i>fluocinolone acetamide oil otic drops</i>	1	MO
<i>hydrocortisone-acetic acid otic drops</i>	1	MO
<i>ofloxacin otic drops</i>	1	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC OTIC DROPS,SUSPENSION	3	MO
CIPRODEX OTIC DROPS,SUSPENSION	3	MO
COLY-MYCIN S OTIC DROPS,SUSPENSION	3	MO
CORTISPORIN-TC OTIC DROPS,SUSPENSION	3	MO
<i>neomycin-polymyxin-hc otic drops,suspension</i>	1	MO
<i>neomycin-polymyxin-hc otic solution</i>	1	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>a-hydrocort injection recon soln</i>	1	MO
ACTHAR H.P. INJECTION GEL	4	PA; MO; QL (35 per 28 days)
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION	3	MO
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION	3	
<i>betamethasone acet &amp; sod phos injection suspension</i>	1	MO
<i>cortisone oral tablet</i>	1	MO
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone intensol oral drops</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>fludrocortisone oral tablet</i>	1	MO
<i>hydrocortisone oral tablet</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone acetate injection suspension</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>prednisone intensol oral concentrate</i>	1	MO
SOLU-CORTEF INJECTION RECON SOLN	3	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML	3	
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	MO
SOLU-MEDROL INJECTION RECON SOLN	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	1	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet</i>	1	MO
<i>alcohol pads topical pads, medicated</i>	1	
APIDRA SUBCUTANEOUS SOLUTION	3	MO; QL (50 per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO; QL (45 per 30 days)
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	2	MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QL (2.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QL (1.2 per 28 days)
<i>gauze pads 2 x 2</i>	2	
<i>glimepiride oral tablet 1 mg</i>	5	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	5	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	5	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	5	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	5	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	5	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	5	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	5	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN INJECTION RECON SOLN	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	MO
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	3	MO
GLYSET ORAL TABLET	3	MO
HUMALOG SUBCUTANEOUS CARTRIDGE	2	MO; QL (45 per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMULIN 70/30 PEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMULIN N PEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMULIN R INJECTION SOLUTION	2	MO; QL (50 per 30 days)
HUMULIN R U-500 "CONCENTRATED" SUBCUTANEOUS SOLUTION	2	MO; QL (40 per 30 days)
<i>insulin pen needle</i>	2	MO
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>insulin syringe (disp) u-100 1 ml</i>	2	
<i>insulin syringe (disp) u-100 1/2 ml</i>	2	MO
INVOKANA ORAL TABLET	3	MO; QL (30 per 30 days)
JANUMET ORAL TABLET	2	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	MO
JANUVIA ORAL TABLET	2	MO
JENTADUETO ORAL TABLET	2	MO
LANTUS SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	5	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	5	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	5	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	5	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	5	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	5	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24hr 500 mg</i>	5	MO; QL (120 per 30 days)
<i>nateglinide oral tablet</i>	1	MO
<i>needles, insulin disp.,safety</i>	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
NOVOLIN R INJECTION SOLUTION	2	MO; QL (50 per 30 days)
NOVOLOG SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE	2	MO; QL (45 per 30 days)
<i>pioglitazone oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	1	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	4	MO
<i>repaglinide oral tablet</i>	1	MO
RIOMET ORAL SOLUTION	3	MO; QL (765 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	ST; MO; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	ST; MO; QL (12 per 28 days)
TANZEUM SUBCUTANEOUS PEN INJECTOR	3	QL (4 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>tolbutamide oral tablet</i>	1	MO; QL (180 per 30 days)
TRADJENTA ORAL TABLET	2	MO
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	MO; QL (9 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; MO; LA
ANADROL-50 ORAL TABLET	4	PA; MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (1 %)	3	PA; MO

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

<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 %)	2	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; MO
ANDROID ORAL CAPSULE	3	PA; MO
<i>androxy oral tablet</i>	1	PA; MO
<i>cabergoline oral tablet</i>	1	MO
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; MO; LA
<i>chorionic gonadotropin, human intramuscular recon soln</i>	1	PA; MO
<i>danazol oral capsule</i>	1	MO
<i>desmopressin injection solution</i>	1	MO
<i>desmopressin nasal aerosol,spray</i>	1	MO
<i>desmopressin nasal solution</i>	1	MO
<i>desmopressin nasal spray,non-aerosol</i>	1	MO
<i>desmopressin oral tablet</i>	1	MO
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	MO
ELAPRASE INTRAVENOUS SOLUTION	4	PA; MO; LA
ELELYSO INTRAVENOUS RECON SOLN	4	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	4	PA; MO; LA
FABRAZYME INTRAVENOUS RECON SOLN 5 MG	4	PA; MO
<i>fortical nasal spray,non-aerosol</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KORLYM ORAL TABLET	4	PA; MO; QL (120 per 30 days)
KUVAN ORAL TABLET,SOLUBLE	4	PA; MO; LA
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; MO; LA
MIACALCIN INJECTION SOLUTION	3	MO
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (30 per 30 days)
MYOZYME INTRAVENOUS RECON SOLN	4	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; MO; LA
<i>oxandrolone oral tablet</i>	1	MO
<i>pamidronate intravenous recon soln</i>	1	MO
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol oral capsule</i>	1	MO
SAMSCA ORAL TABLET 15 MG	4	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PA; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	2	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	MO
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 20 MG	4	PA; MO; LA; QL (30 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG	4	PA; MO; LA; QL (60 per 30 days)
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR	3	PA; MO
SYNAREL NASAL SPRAY,NON-AEROSOL	4	PA; MO
TESTIM TRANSDERMAL GEL	3	PA; MO
TESTOPEL IMPLANT PELLETT	3	MO
TESTOSTERONE TRANSDERMAL GEL	3	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	3	PA
TESTOSTERONE TRANSDERMAL GEL IN PACKET	3	PA
<i>testosterone cypionate intramuscular oil</i>	1	PA; MO
<i>testosterone enanthate intramuscular oil</i>	1	PA; MO
VPRIV INTRAVENOUS RECON SOLN	4	PA; MO
ZAVESCA ORAL CAPSULE	4	PA; MO; LA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEMPLAR INTRAVENOUS SOLUTION	3	MO
<i>zoledronic acid intravenous recon soln</i>	4	
<i>zoledronic acid intravenous solution</i>	4	MO
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	4	MO
<b>THYROID HORMONES</b>		
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	1	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>liothyronine intravenous solution</i>	1	
<i>liothyronine oral tablet</i>	1	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
BENTYL INTRAMUSCULAR SOLUTION	3	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	1	MO
FULYZAQ ORAL TABLET, DELAYED RELEASE (DR/EC)	3	PA; MO; QL (60 per 30 days)
<i>glycopyrrolate injection solution</i>	1	MO
<i>glycopyrrolate oral tablet</i>	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine oral tablet</i>	1	MO
MOTOFEN ORAL TABLET	3	MO
<i>paregoric oral liquid</i>	1	MO
<i>propantheline oral tablet</i>	1	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALOXI INTRAVENOUS SOLUTION	3	MO
AMITIZA ORAL CAPSULE	2	MO; QL (60 per 30 days)
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML, 20 MG/ML	3	MO
ANZEMET INTRAVENOUS SOLUTION 12.5 MG/0.625 ML	3	
ANZEMET ORAL TABLET 100 MG	3	B/D; ST; MO; QL (14 per 30 days)
ANZEMET ORAL TABLET 50 MG	3	B/D; ST; MO; QL (7 per 30 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	2	MO
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	2	MO
<i>balsalazide oral capsule</i>	1	MO
<i>budesonide oral capsule, delayed &amp; ext.release</i>	4	MO
CANASA RECTAL SUPPOSITORY	3	MO
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (6 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	4	PA; MO; QL (6 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
<i>compro rectal suppository</i>	1	MO
<i>constulose oral solution</i>	1	MO
CORTIFOAM RECTAL FOAM	3	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	MO
<i>cromolyn oral solution</i>	1	MO
CYSTADANE ORAL POWDER	4	MO
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	MO
DIPENTUM ORAL CAPSULE	3	ST; MO
<i>dronabinol oral capsule 10 mg</i>	4	B/D; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	B/D; MO
EMEND INTRAVENOUS RECON SOLN 150 MG	3	MO; QL (2 per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D; MO; QL (2 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMEND ORAL CAPSULE 40 MG	3	B/D; MO; QL (1 per 30 days)
EMEND ORAL CAPSULE 80 MG	3	B/D; MO; QL (4 per 30 days)
EMEND ORAL CAPSULE,DOSE PACK	3	B/D; MO; QL (6 per 30 days)
<i>enulose oral solution</i>	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; MO; QL (30 per 30 days)
GATTEX ONE-VIAL SUBCUTANEOUS KIT	4	PA; MO; QL (30 per 30 days)
<i>gavilyte-c oral recon soln</i>	1	MO
<i>gavilyte-g oral recon soln</i>	1	MO
<i>gavilyte-n oral recon soln</i>	1	MO
<i>generlac oral solution</i>	1	MO
<i>granisetron intravenous solution</i>	1	MO
<i>granisetron oral tablet</i>	1	B/D; ST; MO; QL (30 per 30 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	
<i>granisol oral solution</i>	1	B/D; ST; MO; QL (300 per 30 days)
<i>hydrocortisone rectal enema</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; MO
LINZESS ORAL CAPSULE	2	MO; QL (30 per 30 days)
LOTRONEX ORAL TABLET	4	PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine rectal enema</i>	1	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>ondansetron oral tablet,disintegrating</i>	1	B/D; MO; QL (90 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron hcl intravenous solution</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D; MO; QL (900 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D; MO; QL (90 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO
<i>pancrelipase 5000 oral capsule,delayed release(dr/ec)</i>	3	MO
<i>peg 3350-electrolytes oral recon soln</i>	1	MO
<i>peg-3350 with flavor packs oral recon soln</i>	1	MO
<i>peg-electrolyte soln oral recon soln</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE	3	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
<i>polyethylene glycol 3350 oral powder in packet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	1	MO
<i>prochlorperazine edisylate injection solution</i>	1	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>procto-pak rectal cream</i>	1	MO
<i>proctosol hc rectal cream</i>	1	MO
<i>proctozone-hc rectal cream</i>	1	MO
RELISTOR SUBCUTANEOUS KIT	3	PA; MO
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE	3	PA; MO
REMICADE INTRAVENOUS RECON SOLN	4	PA; MO
SANCUSO TRANSDERMAL PATCH WEEKLY	3	ST; MO; QL (4 per 28 days)
SUCRAID ORAL SOLUTION	4	PA; MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfazine oral tablet</i>	1	MO
<i>sulfazine ec oral tablet, delayed release (dr/ec)</i>	1	MO
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	MO
<i>trilyte with flavor packets oral recon soln</i>	1	MO
UCERIS ORAL TABLET, DELAYED & EXT.RELEASE	3	PA; MO
ULTRESA ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	MO
<i>ursodiol oral capsule</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VIOKACE ORAL TABLET	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT	3	MO
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	MO
<i>carafate oral suspension</i>	1	MO
<i>cimetidine oral tablet</i>	1	MO
<i>cimetidine hcl oral solution</i>	1	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS	3	ST; MO; QL (30 per 30 days)
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>famotidine (pf) intravenous solution</i>	1	MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	MO; QL (30 per 30 days)
<i>misoprostol oral tablet</i>	1	MO
<i>nizatidine oral capsule</i>	1	MO
<i>nizatidine oral solution</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous recon soln</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	MO; QL (60 per 30 days)
<i>ranitidine hcl injection solution</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral suspension</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

## **IMMUNOLOGY, VACCINES / BIOTECHNOLOGY**

### **BIOTECHNOLOGY DRUGS**

ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; MO; LA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	3	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
AVONEX INTRAMUSCULAR KIT	4	MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	4	MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	MO; QL (2 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	ST; MO; QL (14 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	4	PA; MO; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	2	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO
GRANIX SUBCUTANEOUS SYRINGE	4	PA; MO
HUMATROPE INJECTION CARTRIDGE	4	PA; MO
HUMATROPE INJECTION RECON SOLN	4	PA; MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION RECON SOLN	4	PA; MO
INTRON A INJECTION SOLUTION	4	PA; MO
LEUKINE INJECTION RECON SOLN	4	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA; MO; QL (9.6 per 4 days)
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUMEGA SUBCUTANEOUS RECON SOLN	4	MO
NEUPOGEN INJECTION SOLUTION	4	PA; MO
NEUPOGEN INJECTION SYRINGE	4	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	4	PA; MO
NORDITROPIN NORDIFLEX SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	4	PA; MO
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	4	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE	4	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; MO
PEGINTRON SUBCUTANEOUS KIT	4	PA; MO; QL (4 per 28 days)
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 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	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
PROLEUKIN INTRAVENOUS RECON SOLN	4	MO
SAIZEN SUBCUTANEOUS RECON SOLN	4	PA; MO
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO; LA
SYLATRON SUBCUTANEOUS KIT	4	PA; MO
SYLATRON 4-PACK SUBCUTANEOUS KIT 296 MCG, 444 MCG	4	PA; MO
TEV-TROPIN SUBCUTANEOUS RECON SOLN	4	PA; MO
ZORBTIVE SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	2	MO
ATGAM INTRAVENOUS INJECTABLE	4	B/D
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BIVIGAM INTRAVENOUS SOLUTION	4	PA; MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	2	MO
BOTOX INJECTION RECON SOLN 100 UNIT	3	PA; MO; QL (4 per 84 days)
BOTOX INJECTION RECON SOLN 200 UNIT	3	PA; MO; QL (2 per 84 days)
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	4	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 3 GRAM	4	PA
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
COMVAX (PF) INTRAMUSCULAR SUSPENSION	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	MO
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	3	PA; MO; QL (9 per 84 days)
DYSPORT INTRAMUSCULAR RECON SOLN 500 UNIT	3	PA; MO; QL (2 per 28 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	2	B/D; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA; MO
<i>fomepizole intravenous solution</i>	1	MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION	2	PA; MO
GAMMAGARD LIQUID INTRAVENOUS SOLUTION	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAGARD S/D INTRAVENOUS RECON SOLN	4	PA
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; MO
GAMUNEX-C INJECTION SOLUTION	4	PA; MO
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO
GARDASIL (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
GRASTEK SUBLINGUAL TABLET	3	PA; MO; QL (30 per 30 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION	4	PA; MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOL INJECTION SUSPENSION	2	MO
IPOL INJECTION SYRINGE	2	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN	2	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN	2	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML	3	PA; MO; QL (1 per 90 days)
MYOBLOC INTRAMUSCULAR SOLUTION 2,500 UNIT/0.5 ML	3	PA; MO; QL (4 per 90 days)
MYOBLOC INTRAMUSCULAR SOLUTION 5,000 UNIT/ML	3	PA; MO; QL (2 per 90 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	MO
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
RAGWITEK SUBLINGUAL TABLET	3	PA; MO; QL (30 per 30 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	2	
ROTATEQ VACCINE ORAL SUSPENSION	2	
<i>tetanus toxoid,adsorbed (pf) intramuscular suspension</i>	1	MO
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	MO
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	2	MO
THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	MO
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	B/D
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT	3	PA; MO; QL (4 per 84 days)
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO; QL (8 per 84 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	PA; MO; QL (1 per 365 days)

## **MUSCULOSKELETAL / RHEUMATOLOGY**

### **GOUT THERAPY**

<i>allopurinol oral tablet</i>	1	MO
<i>colchicine-probenecid oral tablet</i>	1	MO
COLCRYS ORAL TABLET	2	MO
<i>probenecid oral tablet</i>	1	MO
ULORIC ORAL TABLET	2	ST; MO; QL (30 per 30 days)

### **OSTEOPOROSIS THERAPY**

<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	MO
FORTEO SUBCUTANEOUS PEN INJECTOR	4	ST; MO; QL (2.4 per 28 days)
IBANDRONATE INTRAVENOUS SOLUTION	3	ST; MO; QL (3 per 90 days)
<i>ibandronate oral tablet</i>	1	MO; QL (1 per 28 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 168 days)
<i>raloxifene oral tablet</i>	1	MO
<i>risedronate oral tablet</i>	1	ST; MO; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA INTRAVENOUS SOLUTION	4	PA; MO; QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; MO
DEPEN TITRATABS ORAL TABLET	3	PA; MO
ENBREL SUBCUTANEOUS KIT	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS KIT 20 MG/0.4 ML	4	PA; MO; QL (1 per 28 days)
HUMIRA SUBCUTANEOUS KIT 40 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA CROHN'S DIS START PCK SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (1 per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (2 per 28 days)
HUMIRA PSORIASIS STARTER PACK SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (1 per 365 days)
KINERET SUBCUTANEOUS SYRINGE	4	PA; MO; QL (18.76 per 28 days)
<i>leflunomide oral tablet</i>	1	MO
ORENCIA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4 per 28 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	4	PA; MO
OTEZLA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK	4	PA; MO; QL (27 per 365 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)
RIDAURA ORAL CAPSULE	4	MO
SAVELLA ORAL TABLET	3	PA; MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	PA; MO; QL (55 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; MO
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

<i>camila oral tablet</i>	1	MO
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	3	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	MO; QL (1 per 84 days)
DIVIGEL TRANSDERMAL GEL IN PACKET	3	MO
<i>errin oral tablet</i>	1	MO
ESTRACE VAGINAL CREAM	3	MO
<i>estradiol oral tablet</i>	1	MO
<i>estradiol transdermal patch weekly</i>	1	MO; QL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet oral tablet</i>	1	MO
ESTRING VAGINAL RING	3	MO
<i>estropipate oral tablet</i>	1	MO
FEMRING VAGINAL RING	3	MO
<i>heather oral tablet</i>	1	MO
<i>jencycla oral tablet</i>	1	MO
<i>jinteli oral tablet</i>	1	MO
<i>jolivette oral tablet</i>	1	MO
<i>lyza oral tablet</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAKENA INTRAMUSCULAR OIL	4	PA; MO
<i>medroxyprogesterone intramuscular suspension</i>	1	MO; QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe</i>	1	MO; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet</i>	1	MO
MENEST ORAL TABLET	3	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	MO; QL (4 per 28 days)
<i>mimvey oral tablet</i>	1	MO
<i>mimvey lo oral tablet</i>	1	MO
<i>nora-be oral tablet</i>	1	MO
<i>norethindrone (contraceptive) oral tablet</i>	1	MO
<i>norethindrone acetate oral tablet</i>	1	MO
<i>norlyroc oral tablet</i>	1	
PREMARIN INJECTION RECON SOLN	3	MO
PREMARIN ORAL TABLET	2	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	2	MO
PREMPRO ORAL TABLET	2	MO
<i>progesterone micronized oral capsule</i>	1	MO
VAGIFEM VAGINAL TABLET	3	MO
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal cream</i>	1	MO
LUPANETA PACK (1 MONTH) KIT. SYRINGE & TABLET	4	PA; MO; QL (1 per 28 days)
LUPANETA PACK (3 MONTH) KIT. SYRINGE & TABLET	4	PA; MO; QL (1 per 84 days)
<i>metronidazole vaginal gel</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
NUVARING VAGINAL RING	3	MO; QL (1 per 28 days)
<i>terconazole vaginal cream</i>	1	MO
<i>terconazole vaginal suppository</i>	1	MO
<i>tranexamic acid oral tablet</i>	1	PA; MO; QL (30 per 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vandazole vaginal gel</i>	1	MO
<i>xulane transdermal patch weekly</i>	1	MO; QL (3 per 28 days)
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28) oral tablet</i>	1	MO
<i>alyacen 1/35 (28) oral tablet</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	1	MO
<i>amethia oral tablets,dose pack,3 month</i>	1	MO
<i>amethia lo oral tablets,dose pack,3 month</i>	1	MO
<i>amethyst oral tablet</i>	1	MO
<i>apri oral tablet</i>	1	MO
<i>aranelle (28) oral tablet</i>	1	MO
<i>aubra oral tablet</i>	1	MO
<i>aviane oral tablet</i>	1	MO
<i>azurette (28) oral tablet</i>	1	MO
<i>balziva (28) oral tablet</i>	1	MO
<i>briellyn oral tablet</i>	1	MO
<i>camrese oral tablets,dose pack,3 month</i>	1	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	1	MO
<i>caziant (28) oral tablet</i>	1	MO
<i>chateal oral tablet</i>	1	MO
<i>cryselle (28) oral tablet</i>	1	MO
<i>cyclafem 1/35 (28) oral tablet</i>	1	MO
<i>cyclafem 7/7/7 (28) oral tablet</i>	1	MO
<i>dasetta 1/35 (28) oral tablet</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	1	MO
<i>daysee oral tablets,dose pack,3 month</i>	1	MO
<i>delyla (28) oral tablet</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	
<i>elinest oral tablet</i>	1	MO
<b>ELLA ORAL TABLET</b>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emoquette oral tablet</i>	1	MO
<i>enpresse oral tablet</i>	1	MO
<i>enskyce oral tablet</i>	1	MO
<i>estarylla oral tablet</i>	1	MO
<i>falmina (28) oral tablet</i>	1	MO
<i>gianvi (28) oral tablet</i>	1	MO
<i>gildagia oral tablet</i>	1	MO
<i>gildess oral tablet</i>	1	MO
<i>gildess fe oral tablet</i>	1	MO
<i>introvale oral tablets,dose pack,3 month</i>	1	MO
<i>jolessa oral tablets,dose pack,3 month</i>	1	MO
<i>junel 1.5/30 (21) oral tablet</i>	1	MO
<i>junel 1/20 (21) oral tablet</i>	1	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	1	MO
<i>junel fe 1/20 (28) oral tablet</i>	1	MO
<i>kariva (28) oral tablet</i>	1	MO
<i>kelnor 1/35 (28) oral tablet</i>	1	MO
<i>kurvelo oral tablet</i>	1	MO
<i>l norgest&amp;e estradiol-e estrad oral tablets,dose pack,3 month</i>	1	MO
<i>larin 1.5/30 (21) oral tablet</i>	1	
<i>larin 1/20 (21) oral tablet</i>	1	
<i>larin fe oral tablet</i>	1	MO
<i>leena 28 oral tablet</i>	1	MO
<i>lessina oral tablet</i>	1	MO
<i>levonest (28) oral tablet</i>	1	MO
<i>levonorgestrel oral tablet</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levora-28 oral tablet</i>	1	MO
<i>lomedica 24 fe oral tablet</i>	1	MO
<i>loryna (28) oral tablet</i>	1	MO
<i>low-ogestrel (28) oral tablet</i>	1	MO
<i>lutera (28) oral tablet</i>	1	MO
<i>marlissa oral tablet</i>	1	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	1	MO
<i>microgestin 1/20 (21) oral tablet</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	1	MO
<i>mono-linyah oral tablet</i>	1	MO
<i>mononessa (28) oral tablet</i>	1	MO
<i>myzilra oral tablet</i>	1	MO
<i>necon 0.5/35 (28) oral tablet</i>	1	MO
<i>necon 1/35 (28) oral tablet</i>	1	MO
<i>necon 1/50 (28) oral tablet</i>	1	MO
<i>necon 10/11 (28) oral tablet</i>	1	MO
<i>necon 7/7/7 (28) oral tablet</i>	1	MO
<i>next choice one dose oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	1	MO
<i>nortrel 1/35 (21) oral tablet</i>	1	MO
<i>nortrel 1/35 (28) oral tablet</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	1	MO
<i>ocella oral tablet</i>	1	MO
<i>ogestrel (28) oral tablet</i>	1	MO
<i>orsythia oral tablet</i>	1	MO
<i>philith oral tablet</i>	1	MO
<i>pimtrea (28) oral tablet</i>	1	MO
<i>pirmella oral tablet</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>portia oral tablet</i>	1	MO
<i>previfem oral tablet</i>	1	MO
<i>quasense oral tablets,dose pack,3 month</i>	1	MO
<i>reclipsen (28) oral tablet</i>	1	MO
<i>sprintec (28) oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	MO
<i>syeda oral tablet</i>	1	MO
<i>tilia fe oral tablet</i>	1	MO
<i>tri-estarylla oral tablet</i>	1	MO
<i>tri-legest fe oral tablet</i>	1	MO
<i>tri-linyah oral tablet</i>	1	MO
<i>tri-previfem (28) oral tablet</i>	1	MO
<i>tri-sprintec (28) oral tablet</i>	1	MO
<i>trinessa (28) oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	MO
<i>velivet triphasic regimen (28) oral tablet</i>	1	MO
<i>vestura (28) oral tablet</i>	1	MO
<i>viorele (28) oral tablet</i>	1	MO
<i>vyfemla (28) oral tablet</i>	1	MO
<i>wera (28) oral tablet</i>	1	MO
<i>wymzya fe oral tablet,chewable</i>	1	MO
<i>zarah oral tablet</i>	1	MO
<i>zenchent (28) oral tablet</i>	1	MO
<i>zenchent fe oral tablet,chewable</i>	1	MO
<i>zeosa oral tablet,chewable</i>	1	MO
<i>zovia 1/35e (28) oral tablet</i>	1	MO
<i>zovia 1/50e (28) oral tablet</i>	1	MO
<b>OXYTOCICS</b>		
<i>methylergonovine injection solution</i>	1	MO
<i>methylergonovine oral tablet</i>	1	MO
<i>oxytocin injection solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac ophthalmic ointment</i>	1	MO
AZASITE OPHTHALMIC DROPS	3	MO
<i>bacitracin ophthalmic ointment</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1	MO
BESIVANCE OPHTHALMIC DROPS,SUSPENSION	3	MO
CILOXAN OPHTHALMIC OINTMENT	3	MO
<i>ciprofloxacin ophthalmic drops</i>	1	MO
<i>erythromycin ophthalmic ointment</i>	1	MO
<i>garamycin ophthalmic drops</i>	1	
<i>gatifloxacin ophthalmic drops</i>	1	MO
<i>gentak ophthalmic drops</i>	1	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic drops</i>	1	MO
<i>gentamicin ophthalmic ointment</i>	1	
<i>levofloxacin ophthalmic drops</i>	1	MO
MOXEZA OPHTHALMIC DROPS, VISCOUS	3	MO
NATACYN OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>neo-polycin ophthalmic ointment</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic ointment</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic drops</i>	1	MO
<i>ofloxacin ophthalmic drops</i>	1	MO
<i>polycin ophthalmic ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic drops</i>	1	MO
<i>tobramycin ophthalmic drops</i>	1	MO
TOBREX OPHTHALMIC OINTMENT	3	MO
VIGAMOX OPHTHALMIC DROPS	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic drops</i>	1	MO
ZIRGAN OPHTHALMIC GEL	3	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic drops</i>	1	MO
BETIMOL OPHTHALMIC DROPS	3	MO
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>carteolol ophthalmic drops</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol ophthalmic drops</i>	1	MO
<i>timolol maleate ophthalmic drops</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE OPHTHALMIC DROPS	3	MO
<b>CYCLOPLEGIC MYDRIATICS</b>		
CYCLOGYL OPHTHALMIC DROPS 0.5 %	3	MO
<i>cyclopentolate ophthalmic drops 1 %</i>	1	MO
<i>cyclopentolate ophthalmic drops 2 %</i>	1	
<i>tropicamide ophthalmic drops</i>	1	MO
<b>DIRECT ACTING MIOTICS</b>		
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	1	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALOCRIAL OPHTHALMIC DROPS	3	MO
ALOMIDE OPHTHALMIC DROPS	3	MO
<i>azelastine ophthalmic drops</i>	1	MO
BEPREVE OPHTHALMIC DROPS	3	MO
<i>cromolyn ophthalmic drops</i>	1	MO
CYSTARAN OPHTHALMIC DROPS	4	PA; MO
EMADINE OPHTHALMIC DROPS	3	MO
<i>epinastine ophthalmic drops</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EYLEA INTRAVITREAL SOLUTION	4	PA; MO
LUCENTIS INTRAVITREAL SOLUTION	4	PA; MO
RESTASIS OPHTHALMIC DROPPERETTE	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACUVAIL (PF) OPHTHALMIC DROPPERETTE	3	MO
<i>bromfenac ophthalmic drops</i>	1	MO
<i>diclofenac sodium ophthalmic drops</i>	1	MO
<i>flurbiprofen sodium ophthalmic drops</i>	1	MO
<i>ketorolac ophthalmic drops</i>	1	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release</i>	1	MO
<i>acetazolamide oral tablet</i>	1	MO
<i>acetazolamide sodium injection recon soln</i>	1	
<i>methazolamide oral tablet</i>	1	MO
<b>OTHER GLAUCOMA DRUGS</b>		
COMBIGAN OPHTHALMIC DROPS	3	MO
<i>dorzolamide ophthalmic drops</i>	1	MO
<i>dorzolamide-timolol ophthalmic drops</i>	1	MO
<i>latanoprost ophthalmic drops</i>	1	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	2	MO
RESCULA OPHTHALMIC DROPS	3	ST; MO
TRAVATAN Z OPHTHALMIC DROPS	3	ST; MO
<i>travoprost (benzalkonium) ophthalmic drops</i>	1	ST; MO
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE	3	ST; MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neo-polycin hc ophthalmic ointment</i>	1	
<i>neomycin-bacitracin-poly-hc ophthalmic ointment</i>	1	MO
<i>neomycin-polymyxin-dexameth ophthalmic drops,suspension</i>	1	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-hc ophthalmic drops,suspension</i>	1	MO
PRED-G OPHTHALMIC DROPS,SUSPENSION	3	MO
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	MO
TOBRADEX OPHTHALMIC OINTMENT	3	MO
<i>tobramycin-dexamethasone ophthalmic drops,suspension</i>	1	MO
ZYLET OPHTHALMIC DROPS,SUSPENSION	3	MO
<b>STERIODS</b>		
ALREX OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>dexamethasone sodium phosphate ophthalmic drops</i>	1	MO
DUREZOL OPHTHALMIC DROPS	3	MO
<i>fluorometholone ophthalmic drops,suspension</i>	1	MO
FML FORTE OPHTHALMIC DROPS,SUSPENSION	3	MO
FML S.O.P. OPHTHALMIC OINTMENT	3	MO
LOTEMAX OPHTHALMIC DROPS,GEL	3	MO
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	3	MO
LOTEMAX OPHTHALMIC OINTMENT	3	MO
MAXIDEX OPHTHALMIC DROPS,SUSPENSION	3	MO
PRED MILD OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>prednisolone acetate ophthalmic drops,suspension</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic drops</i>	1	MO
VEXOL OPHTHALMIC DROPS,SUSPENSION	3	MO
<b>STERIOD-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION	3	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	MO
<i>sulfacetamide-prednisolone ophthalmic drops</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	1	MO
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
<i>apraclonidine ophthalmic drops</i>	1	MO
<i>brimonidine ophthalmic drops</i>	1	MO
IOPIDINE OPHTHALMIC DROPPERETTE	3	MO
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
<i>naphazoline ophthalmic drops</i>	1	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>arbinoxa oral liquid</i>	1	PA; MO
<i>arbinoxa oral tablet</i>	1	PA; MO
AUVI-Q INJECTION AUTO-INJECTOR	2	MO
<i>carbinoxamine maleate oral liquid</i>	1	PA; MO
<i>carbinoxamine maleate oral tablet</i>	1	PA; MO
<i>clemastine oral syrup</i>	1	PA; MO
<i>clemastine oral tablet 2.68 mg</i>	1	PA; MO
<i>cyproheptadine oral syrup</i>	1	PA; MO
<i>cyproheptadine oral tablet</i>	1	PA; MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	1	PA; MO
<i>epinephrine injection solution 1 mg/ml (1:1,000)</i>	1	MO
<i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i>	1	MO
<i>epinephrine (pf) injection solution</i>	1	MO
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	2	MO
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	2	MO
<i>hydroxyzine hcl intramuscular solution</i>	1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5 ml</i>	1	PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>hydroxyzine pamoate oral capsule</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO
<i>phenadoz rectal suppository</i>	1	MO
<i>promethazine injection solution</i>	1	MO
<i>promethazine injection syringe</i>	1	
<i>promethazine oral syrup</i>	1	PA; MO
<i>promethazine oral tablet</i>	1	PA; MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethazine vc oral syrup</i>	1	PA; MO
<i>promethegan rectal suppository</i>	1	MO
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine solution</i>	1	B/D; MO
ADCIRCA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
ADEMPAS ORAL TABLET	4	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	2	MO
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	MO
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	B/D; MO
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	MO
<i>aminophylline intravenous solution 500 mg/20 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	2	MO
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	MO
BERINERT INTRAVENOUS KIT	4	PA; MO
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	B/D; MO
<i>budesonide inhalation suspension for nebulization</i>	1	B/D; MO
CINRYZE INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL	2	MO
<i>cromolyn inhalation solution for nebulization</i>	1	B/D; MO
DALIRESPI ORAL TABLET	3	PA; MO
DULERA INHALATION HFA AEROSOL INHALER	2	MO
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	MO
FLOVENT HFA INHALATION AEROSOL	2	MO
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO
<i>fluticasone nasal spray, suspension</i>	1	MO
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO
<i>ipratropium bromide inhalation solution</i>	1	B/D; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D; MO
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)
LETAIRIS ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	1	B/D; ST; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/3 ml</i>	1	ST; MO
<i>metaproterenol oral syrup</i>	1	MO
<i>metaproterenol oral tablet</i>	1	MO
<i>montelukast oral granules in packet</i>	1	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	1	MO; QL (30 per 30 days)
<i>montelukast oral tablet, chewable</i>	1	MO; QL (30 per 30 days)
OPSUMIT ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	B/D; MO
PROAIR HFA INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (17 per 30 days)
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (13.4 per 30 days)
PULMOZYME INHALATION SOLUTION	4	PA; MO; QL (150 per 30 days)
QVAR INHALATION AEROSOL	2	MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	MO
<i>sildenafil oral tablet</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO
<i>terbutaline oral tablet</i>	1	MO
<i>terbutaline subcutaneous solution</i>	1	MO
<i>theochron oral tablet extended release 12 hr</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
TRACLEER ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	MO; QL (36 per 30 days)
VERAMYST NASAL SPRAY,SUSPENSION	2	MO
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (6 per 28 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (30 per 30 days)
<i>zafirlukast oral tablet</i>	1	MO

## **UROLOGICALS**

### **ANTICHOLINERGICS / ANTISPASMODICS**

<i>flavoxate oral tablet</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr</i>	1	MO
<i>tolterodine oral tablet</i>	1	MO
<i>trospium oral capsule,extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO
VESICARE ORAL TABLET	2	MO

### **BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY**

<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVODART ORAL CAPSULE	2	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	2	MO
<i>tamsulosin oral capsule,extended release 24hr</i>	1	MO
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride oral tablet</i>	1	MO
<b>MISCELLANEOUS UROLOGICALS</b>		
AMMONIUM CHLORIDE INTRAVENOUS SOLUTION	2	
CYSTAGON ORAL CAPSULE	2	PA; MO; LA
ELMIRON ORAL CAPSULE	2	MO
<i>glycine irrigation solution</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet</i>	1	MO
<i>calcium gluconate intravenous solution</i>	1	MO
<i>eliphos oral tablet</i>	1	MO
<i>k-effervescent oral tablet, effervescent</i>	1	MO
<i>klor-con oral packet</i>	1	MO
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>lactated ringers intravenous parenteral solution</i>	1	MO
<i>magnesium sulfat injection solution</i>	1	MO
<i>magnesium sulfat injection syringe</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
PHOSLYRA ORAL SOLUTION	3	MO
<i>phospha 250 neutral oral tablet</i>	1	MO
<i>potassium acetate intravenous solution</i>	1	
<i>potassium bicarb &amp; chloride oral tablet, effervescent</i>	1	MO
<i>potassium bicarb-citric acid oral tablet, effervescent</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride intravenous parenteral solution</i>	1	MO
<i>potassium chloride intravenous piggyback</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	1	
<i>potassium phosphate dibasic intravenous solution</i>	1	MO
<i>ringers intravenous parenteral solution</i>	1	
<i>sodium acetate intravenous solution</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 8.4 %</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml)</i>	1	
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	1	MO
<i>sodium chloride intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 5 % intravenous parenteral solution</i>	1	
<i>sodium lactate intravenous solution</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	2	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
<i>amino acids 15 % intravenous parenteral solution</i>	1	
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D; MO
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	3	
<i>freamine iii 10 % intravenous parenteral solution</i>	1	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3	B/D
HEPATASOL 8 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>intralipid intravenous emulsion 20 %</i>	1	B/D; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
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<i>premasol 10 % intravenous parenteral solution</i>	1	B/D
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	3	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D; MO
<i>travasol 10 % intravenous parenteral solution</i>	1	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	3	B/D
<b>VITAMINS / HEMATINICS</b>		
<i>fluoritab oral tablet,chewable 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>multi-vit with fluoride &amp; iron oral drops</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	1	
<i>multi-vitamin with fluoride oral tablet,chewable 0.5 mg</i>	1	MO
<i>multivitamin with fluoride oral tablet,chewable</i>	1	MO
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	
<i>sodium fluoride oral tablet</i>	1	
<i>sodium fluoride oral tablet,chewable 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>tri-vit with fluoride &amp; iron oral drops</i>	1	MO

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

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