2020 Part D

Formulary

(List of Covered Drugs)

with a $0 copay for Select Generics
Anthem Medicare Preferred (PPO) with Senior Rx Plus

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

This Formulary was updated on August 1, 2019.

For pharmacy-related benefits questions, please call us at **1-833-285-4630** or, for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please call Member Services, at **1-833-848-8730** or, for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com/ca/csj**.

Note to members:

Please review this document to make sure that it contains the drugs you take.

If this document does not contain the drugs you take, please refer to the "What if my drug is not on the *Part D Formulary"* section for more information.

When this *Formulary (Drug List)* refers to “we,” “us” or “our,” it means Anthem BC Health Insurance Company. When it refers to “plan” or “your plan,” it means your 2020 group retiree drug plan.

This document includes a list of the covered Part D drugs for your plan which is current as of 1/1/2020. For updated *Formulary* information, please review the *Formulary* online at **www.anthem.com/ca/csj**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the *Formulary*, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your *Formulary* and pharmacy network may change on January 1, 2021, and from time to time during the year. You will receive notice when necessary.

Depending on your group sponsor's renewal date, your benefits, copayments/coinsurance may also change on January 1, 2021. The benefit information provided is not a complete description of benefits. Limitations, copayments and restrictions may apply. Please refer to your *Evidence of Coverage* online at **www.anthem.com/ca/csj**, or call the Pharmacy Member Services number listed on the front and back covers, for information specific to your plan.

Our plan has free language interpreter services available to answer questions from non-English speaking members. Please call the Member Services number listed on the front and back covers to request interpreter services.

This document may be available in an alternate format. Please call the Member Services number listed on the front and back covers for additional information.

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What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary*?

A *Formulary* is a list of covered Part D drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be necessary parts of a quality treatment program.

Your plan will generally cover the drugs listed in the *Formulary* as long as you follow these basic rules:

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.
- The drug is a Medicare Part D-eligible drug. Medicare Part D-eligible drugs are all approved by the Food and Drug Administration (FDA) and if brand, the drug manufacturer has agreed to provide the Coverage Gap Discount.
- The drugs covered under your retiree drug coverage are listed in this document.

If your plan uses a *Closed Drug List* (*Closed Formulary*), you have coverage for most, but not all, Medicare Part D-eligible drugs. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on the *Closed Formulary*.

If your plan uses an *Open Drug List* (*Open Formulary*), you have coverage for almost all Medicare Part D-eligible drugs.

For both types of formularies, some drugs may sometimes be covered under the medical benefits of your plan rather than under the drug benefits of your plan. Some of the drugs that are covered under your medical benefits are marked with a B/D in this *Drug List*.

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as "*Extra Covered Drugs*" and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your *Extra Covered Drug List* online at **www.anthem.com/ca/csj**, or call the Pharmacy Member Services number listed on the front and back covers.

To find out whether you have a *Closed or Open Formulary* benefit or if your plan includes coverage for additional drugs, please check the benefits chart located at the front of your *Evidence of Coverage*. For more information on how to fill your prescriptions, please review your *Evidence of Coverage* online at **www.anthem.com/ca/csj**, or call the Pharmacy Member Services number listed on the front and back covers.

Can the *Part D Formulary* (*Drug List*) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the *Drug List* during the year, move them to different cost sharing tiers or add new restrictions. We must follow Medicare rules in making these changes.

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our *Drug List* if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our *Drug List*, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary*?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our *Formulary* to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our *Formulary* and provide notice to members who take the drug.

- **Drugs that are no longer considered Part D-eligible.** If CMS changes the Part D status of a drug, CMS will notify us that the drug is no longer deemed eligible for coverage under your Part D plan. If this happens, we will immediately remove the drug from the Part D *Drug List.*

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the *Formulary* or add new restrictions to the brand-name drug or move it to a different cost sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our *Formulary*, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, "How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary*?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 *Formulary* that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier or non-formulary designation. If a new Part D-eligible drug is designated as non-formulary following our review, this drug will not be covered on a *Closed Formulary*. You will have coverage for it only if your plan uses an *Open Formulary*. Please note that during the period between the time the drug is first available and our review, the drug will not be automatically covered on an *Open Formulary*. If your physician feels you should use the new drug, you or your physician may request a coverage exception.

This *Formulary* is current as of 1/1/2020. To get updated information about the drugs covered by your plan, please refer to your *Formulary* online at **www.anthem.com/ca/csj**, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the *Part D Formulary*?

There are two ways to find your drug within the *Formulary*:

Medical condition

The *Formulary* begins on page 11. 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, Hypertension / Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 11, then look under the category name for your drug.

Please refer to section "Your plan's *Part D Formulary*" to see an example of how to read your *Drug List*.

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 113. 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?

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. If you have any questions on the below restrictions, please contact the Pharmacy Member Services number listed on the front and back covers.

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.

- **Step therapy:** In some cases, we require 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.

- **Day supply limits:** Short and long acting opioids are limited to a 7-day supply per fill for members who have not filled an opioid drug in the past 180 days. Members with cancer or members in hospice will be excluded from the 7-day supply limit.

You can find out if your drug has any additional requirements or limits by looking in the *Formulary* that begins on page 11.

We have posted online at **www.anthem.com/ca/csj** the prior authorization and step therapy restrictions. You may also ask us to send you a copy by calling the Pharmacy Member Services number located on the the front and back covers.

You can ask us to make an exception to these restrictions, or limits, or for a list of other similar drugs that may treat your health condition. See the section, "How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary*?" for information about how to request an exception.

What if my drug is not on the *Part D Formulary*?

If your drug is not included in this *Formulary* (list of covered drugs), you should first contact Pharmacy Member Services, our contact information appears on the front and back covers, and ask if your drug is covered.

If you learn that access to your drug is limited, for any reason, you have two options:

- You can ask Pharmacy Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask your provider to prescribe a similar drug that is covered by your plan.

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

How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D 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 Part D-eligible drug even if it is not on our *Formulary*. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.

- You can ask us to cover a *Formulary* drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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, your plan will only approve your request for an exception if the alternative drug is 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 call Pharmacy Member Services to ask us for an initial coverage decision for a *Formulary*, tiering or utilization restriction exception. Our contact information appears on the front and back covers.

When you request a *Formulary*, tiering or utilization restriction exception, you should submit a statement from your prescribing provider supporting your request. Generally, we must make our decision within 72 hours of getting your provider'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 prescribing provider.

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 your 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 your 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 one-month supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first one-month 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 cover a temporary one-month 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 your 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 your 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.

For more information

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials online at **www.anthem.com/ca/csj**, or call Pharmacy Member Services. Our contact information, along with the date we last updated this *Formulary*, appears on the front and back covers.

If you have questions about your plan, please call Pharmacy Member Services. Our contact information, along with the date we last updated this *Formulary*, appears on the front and back covers.

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 **https://www.medicare.gov**.

Your plan's *Part D Formulary*

The *Formulary* that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 113.

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

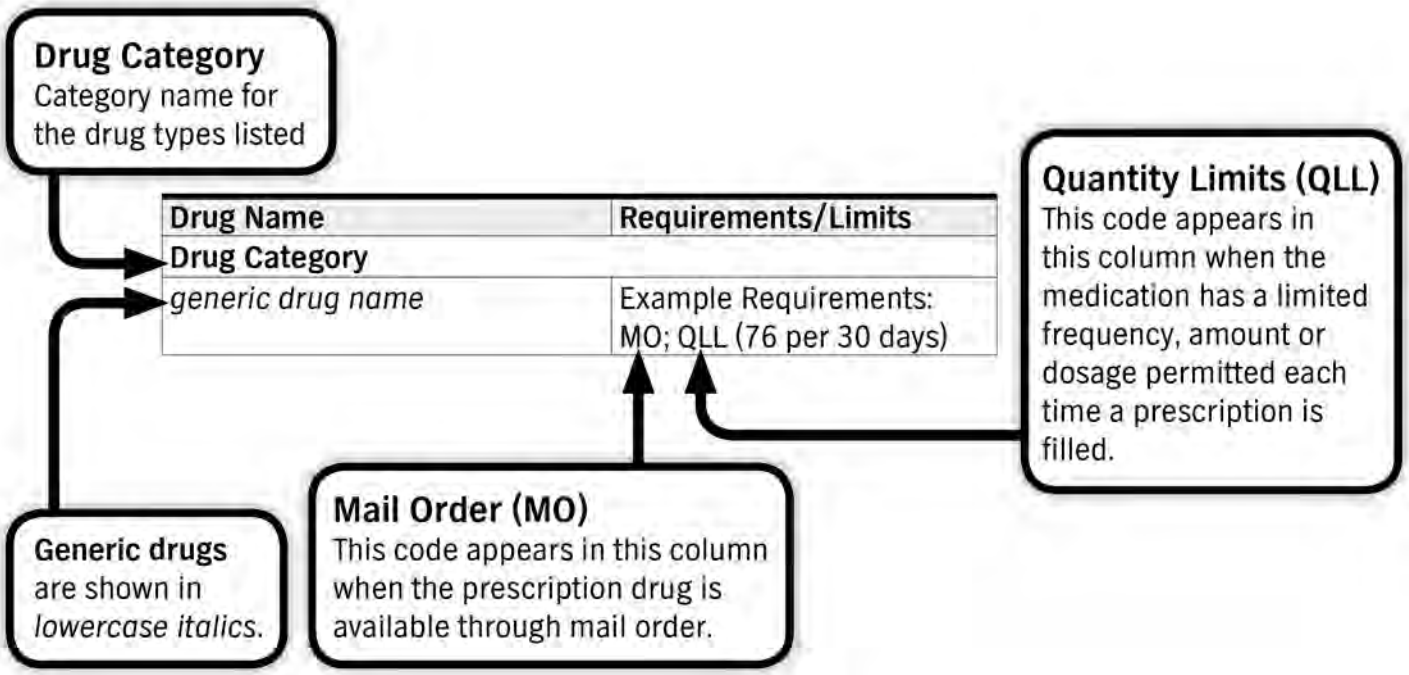
The **second column** of the chart identifies the tier placement of each medication covered in your *Formulary*. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find out what your copayment is for each drug tier, please check the benefits chart located at the front of your *Evidence of Coverage,* which can be found online at **www.anthem.com/ca/csj**, or call the Pharmacy Member Services number listed on the front and back covers. Your drug plan benefits chart uses the following tier labels:

Tier Number	Tier Label
1	Generics
2	Preferred Brands
3	Non-Preferred Brands and Non-Formulary Drugs
4	Specialty Drugs (Generic and Brand)

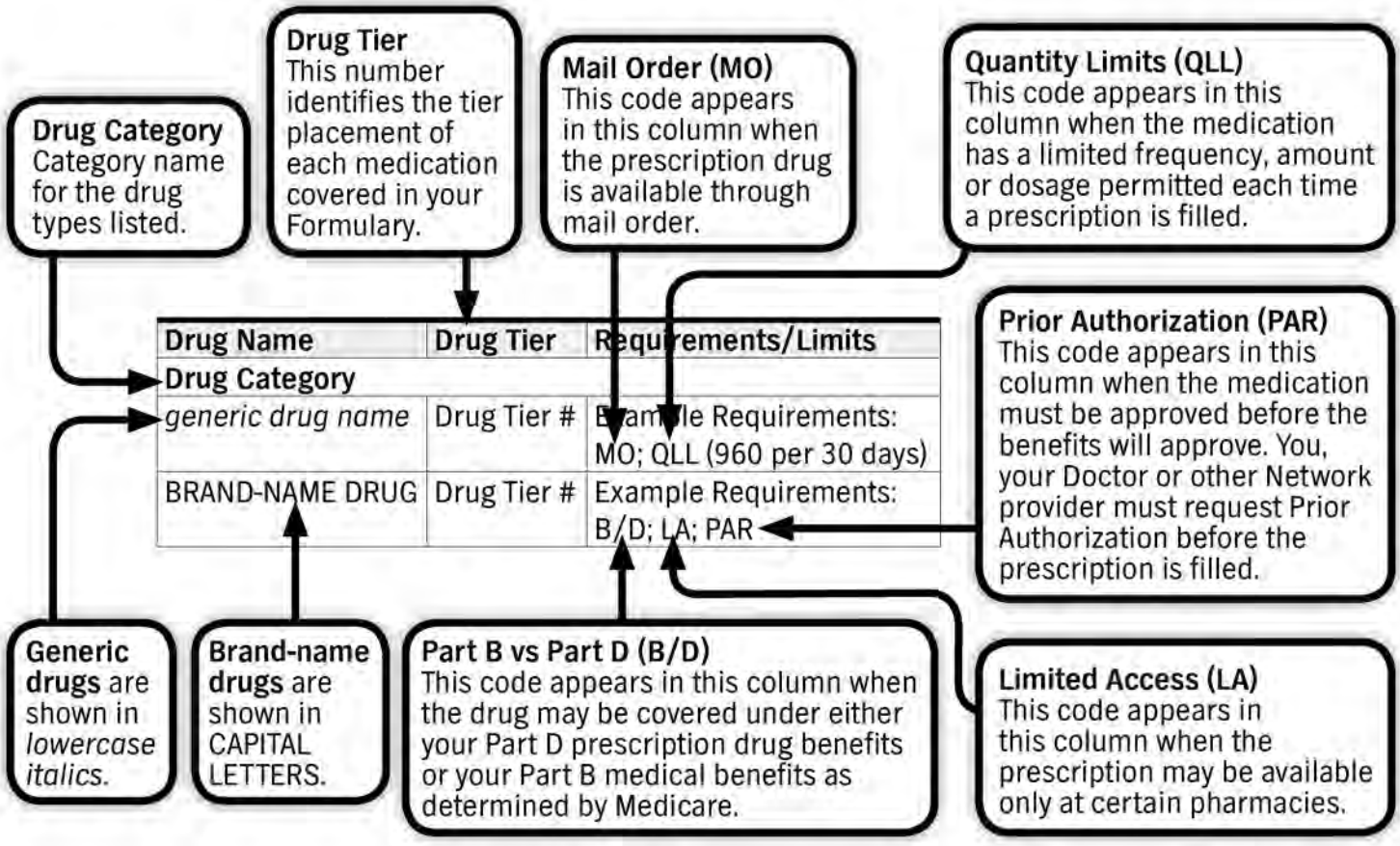
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of $4,020. Please check your benefits chart and *Evidence of Coverage* online at **www.anthem.com/ca/csj**, for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The *Formulary* chart legend, located on page 11, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Below you will find an example of how to read the Select Generics List.



Below you will find an example of how to read your *Formulary Drug List*, which has more requirements than the Select Generics List.



Select Generics for 2020

The following drugs are covered under your retiree drug plan at a **$0 copay**.

Legend

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

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

Drug Name	Requirements/ Limits
Blood Glucose Regulators	
glimepiride oral tablet 1 mg	*MO; QLL (240 per 30 days)*
glimepiride oral tablet 2 mg	*MO; QLL (120 per 30 days)*
glimepiride oral tablet 4 mg	*MO; QLL (60 per 30 days)*
glipizide er oral tablet extended release 24 hour 10 mg	*MO; QLL (60 per 30 days)*
glipizide er oral tablet extended release 24 hour 2.5 mg	*MO; QLL (240 per 30 days)*
glipizide er oral tablet extended release 24 hour 5 mg	*MO; QLL (120 per 30 days)*
glipizide oral tablet 10 mg	*MO; QLL (120 per 30 days)*
glipizide oral tablet 5 mg	*MO; QLL (240 per 30 days)*
glipizide xl oral tablet extended release 24 hour 10 mg	*MO; QLL (60 per 30 days)*
glipizide xl oral tablet extended release 24 hour 2.5 mg	*MO; QLL (240 per 30 days)*
glipizide xl oral tablet extended release 24 hour 5 mg	*MO; QLL (120 per 30 days)*
glipizide-metformin hcl oral tablet 2.5-250 mg	*MO; QLL (240 per 30 days)*
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	*MO; QLL (120 per 30 days)*
metformin hcl er oral tablet extended release 24 hour 500 mg	*MO; QLL (120 per 30 days)*
metformin hcl er oral tablet extended release 24 hour 750 mg	*MO; QLL (60 per 30 days)*
metformin hcl oral tablet 1000 mg	*MO; QLL (60 per 30 days)*
metformin hcl oral tablet 500 mg	*MO; QLL (150 per 30 days)*
metformin hcl oral tablet 850 mg	*MO; QLL (90 per 30 days)*
Cardiovascular Agents	
atenolol oral tablet 100 mg, 25 mg, 50 mg	*MO*
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	*MO*
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	*MO*
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	*MO*
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	*MO*
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	*MO*
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	*MO*
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	*MO*
chlorthalidone oral tablet 25 mg, 50 mg	*MO*
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	*MO*
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	*MO*
hydrochlorothiazide oral capsule 12.5 mg	*MO*
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	*MO*

Drug Name	Requirements/ Limits
irbesartan oral tablet 150 mg, 300 mg, 75 mg	*MO*
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	*MO*
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	*MO*
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	*MO*
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	*MO*
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	*MO*
lovastatin oral tablet 10 mg, 20 mg, 40 mg	*MO*
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	*MO*
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	*MO*
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	*MO*
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	*MO*
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	*MO*
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	*MO*
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	*MO*
Metabolic Bone Disease Agents	
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	*MO; QLL (30 per 30 days)*
alendronate sodium oral tablet 35 mg, 70 mg	*MO; QLL (4 per 28 days)*

Legend

Generic drugs are shown in lowercase italics (e.g., *enalapril*)
Brand-name drugs are shown in capital letters (e.g., HUMALOG)

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

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

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

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

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Member Services. The phone numbers are listed on the front and back covers.

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

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

NE - Non-extended Day Supply: Drugs that will be limited to a 30-day supply per fill. This day supply is different from a Quantity Limit.

S - Specialty: Specialty drugs cost $670 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at **www.anthem.com/ca/csj**, or call the Pharmacy Member Services number listed on the front and back covers.

Part D-Eligible Drugs

Drug Name	Drug Tier	Requirements /Limits
Anti - Infectives		
abacavir oral solution	1	MO; QLL (960 per 30 days)
abacavir oral tablet	1	MO; QLL (60 per 30 days)
abacavir-lamivudine	4	MO; S; QLL (30 per 30 days)
abacavir-lamivudine-zidovudine	4	MO; S; QLL (60 per 30 days)
ABELCET	4	B/D PAR; MO; S
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/ 5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution 50mg/ml	1	B/D PAR; MO
adefovir	1	PAR; MO
albendazole	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
ALBENZA	4	MO; S
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	3	MO; QLL (6 per 30 days)
amantadine hcl	1	MO
AMBISOME	3	B/D PAR; MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	MO
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg	1	MO
amoxicillin oral tablet,chewable 250 mg	1	MO
amoxicillin-pot clavulanate	1	MO
amphotericin b	1	B/D PAR; MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection	1	MO
ampicillin sodium intravenous	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	
ampicillin-sulbactam intravenous recon soln 3 gram	1	MO
ANCOBON	3	MO
APTIVUS ORAL CAPSULE	4	MO; S; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	4	S; QLL (380 per 30 days)
ARIKAYCE	4	MO; LA; S
atazanavir oral capsule 150 mg, 200 mg	4	MO; S; QLL (60 per 30 days)
atazanavir oral capsule 300 mg	4	MO; S; QLL (30 per 30 days)
atovaquone	4	PAR; MO; S
atovaquone-proguanil	1	MO
ATRIPLA	4	MO; S; QLL (30 per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	4	MO; S
AUGMENTIN XR	3	MO
AVELOX	3	MO
AVELOX IN NACL (ISO-OSMOTIC)	3	MO
AVYCAZ	4	MO; S
AZACTAM	2	MO
azithromycin intravenous	1	MO
AZITHROMYCIN ORAL PACKET	2	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg, 600 mg	1	MO
aztreonam	1	MO
baciim	1	
bacitracin intramuscular	1	MO
BACTRIM	3	MO
BACTRIM DS	3	MO
BARACLUDE	4	PAR; MO; S
BAXDELA INTRAVENOUS	4	S
BAXDELA ORAL	3	MO
benznidazole	3	
BETHKIS	4	B/D PAR; MO; S
BICILLIN C-R	2	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	2	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	3	MO
BIKTARVY	4	MO; S; QLL (30 per 30 days)
BILTRICIDE	3	MO
CANCIDAS	4	B/D PAR; MO; S

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
CAPASTAT	2	
caspofungin intravenous recon soln 50 mg	4	B/D PAR; S
CASPOFUNGIN INTRAVENOUS RECON SOLN 70 MG	3	B/D PAR
CAYSTON	4	PAR; MO; LA; S
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g	1	
cefazolin intravenous	1	
cefdinir	1	MO
CEFEPIME IN DEXTROSE 5 %	3	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml	1	
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml	1	MO
cefepime injection	1	MO
cefixime	1	MO
CEFOTAN	3	
cefotaxime injection recon soln 1 gram, 500 mg	1	
CEFOTETAN IN DEXTROSE, ISO-OSM	3	
cefotetan injection 1 gram, 2 gram	1	
cefotetan intravenous soln	1	
cefoxitin in dextrose, iso-osm	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime	1	MO
cefprozil	1	MO
CEFTAZIDIME IN D5W	2	
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
ceftriaxone in dextrose,iso-os	1	MO
ceftriaxone intravenous solution	1	MO
ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram	1	
cefuroxime axetil oral tablet 250 mg	1	MO
cefuroxime axetil oral tablet 500 mg	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral capsule 750 mg	1	MO
cephalexin oral suspension for reconstitution 125 mg/5 ml	1	MO
cephalexin oral suspension for reconstitution 250 mg/5 ml	1	MO
cephalexin oral tablet	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
chloramphenicol sod succinate	1	
chloroquine phosphate	1	MO
cidofovir	4	B/D PAR; MO; S
CIMDUO	4	MO; S; QLL (30 per 30 days)
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
CIPRO XR	3	
ciprofloxacin hcl oral tablet 100 mg, 750 mg	1	MO
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin in 5 % dextrose	1	MO
ciprofloxacin oral susp	1	
ciprofloxacin tablet extended release 24 hr mphase	1	MO
clarithromycin	1	MO
CLEOCIN HCL	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 900 MG/50 ML	3	
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	3	MO
CLEOCIN INJECTION	3	MO
cleocin intravenous solution 300 mg/2 ml	3	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML	3	MO
CLEOCIN INTRAVENOUS SOLUTION 900 MG/6 ML	3	
CLEOCIN PEDIATRIC	3	MO
clindamycin hcl capsule	1	MO
clindamycin in 0.9 % sod chlor	3	
clindamycin in 5 % dextrose	1	MO
clindamycin oral soln	1	MO
clindamycin pediatric	1	MO
clindamycin phosphate injection solution 150 mg/ml	1	MO
clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml	1	
clindamycin phosphate intravenous solution 600 mg/4 ml	1	MO
clotrimazole mucous membrane	1	MO
COARTEM	3	MO
colistin (colistimethate na)	1	MO
COLY-MYCIN M PARENTERAL	3	MO
COMBIVIR	4	MO; S; QLL (60 per 30 days)
COMPLERA	4	MO; S; QLL (30 per 30 days)
CRESEMBA INTRAVENOUS	4	PAR; S
CRESEMBA ORAL	4	PAR; MO; S
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QLL (180 per 30 days)
CUBICIN	4	MO; S
CUBICIN RF	4	S
CYCLOSERINE	3	MO
CYTOVENE	3	B/D PAR; MO
DAKLINZA ORAL TABLET 30 MG, 60 MG	4	PAR; MO; S; QLL (30 per 30 days)
DALVANCE	4	MO; S
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	S
daptomycin intravenous recon soln 500 mg	4	MO; S
DARAPRIM	4	MO; S
DELSTRIGO	4	MO; S; QLL (30 per 30 days)
demeclocycline	1	MO
DESCOVY	4	MO; S; QLL (30 per 30 days)
dicloxacillin	1	MO

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Drug Name	Drug Tier	Requirements /Limits
didanosine oral capsule,delayed release(dr/ec) 200 mg	1	QLL (60 per 30 days)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	MO; QLL (30 per 30 days)
DIFICID	4	PAR; MO; S
DIFLUCAN ORAL SUSPENSION	3	MO
DORIPENEM INTRAVENOUS RECON SOLN 250 MG	2	
DORIPENEM INTRAVENOUS RECON SOLN 500 MG	3	
DORYX MPC	3	MO
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	4	MO; S
DOVATO	4	MO; S; QLL (30 per 30 days)
doxy-100	1	MO
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	MO
doxycycline hyclate oral tablet 50 mg	3	MO
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	3	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	MO
doxycycline monohydrate oral capsule 150 mg	3	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL, BIPHASE	3	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
e.e.s. 400 oral tablet	1	MO
E.E.S. GRANULES	4	MO; S
EDURANT	4	MO; S; QLL (30 per 30 days)
efavirenz oral capsule 200 mg	1	MO; QLL (120 per 30 days)
efavirenz oral capsule 50 mg	1	MO; QLL (360 per 30 days)
efavirenz oral tablet	4	MO; S; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	MO; QLL (850 per 30 days)
EMVERM	4	MO; S
entecavir	4	PAR; MO; S
EPCLUSA	4	PAR; MO; S; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPIVIR ORAL SOLUTION	3	MO; QLL (960 per 30 days)
EPIVIR ORAL TABLET 150 MG	3	MO; QLL (60 per 30 days)
EPIVIR ORAL TABLET 300 MG	3	MO; QLL (30 per 30 days)
EPZICOM	4	MO; S; QLL (30 per 30 days)
ERAXIS(WATER DILUENT)	4	PAR; MO; S
ertapenem	3	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
ERYPED 200	4	MO; S
ERYPED 400	4	MO; S
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO

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Drug Name	Drug Tier	Requirements /Limits
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral capsule,delayed release(dr/ec)	1	MO
erythromycin oral tablet	1	MO
ethambutol	1	MO
EVOTAZ	4	MO; S; QLL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg	1	MO; QLL (60 per 30 days)
famciclovir oral tablet 500 mg	1	MO; QLL (21 per 7 days)
FIRVANQ	3	PAR; MO
FLAGYL	3	MO
fluconazole	1	MO
fluconazole in dextrose(iso-o)	1	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml	1	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	MO
flucytosine oral capsule 250 mg	1	MO
flucytosine oral capsule 500 mg	4	MO; S
FLUMADINE ORAL TABLET	3	MO
fosamprenavir	4	MO; S; QLL (120 per 30 days)
FURADANTIN	3	PAR
FUZEON SUBCUTANEOUS RECON SOLN	4	MO; S; QLL (60 per 30 days)
ganciclovir sodium intravenous recon soln 500 mg	1	B/D PAR; MO
ganciclovir sodium intravenous recon soln 500 mg intravenous solution 50 mg/ml	3	B/D PAR; MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	
gentamicin injection	1	MO
gentamicin sulfate (ped) (pf)	1	MO
GENVOYA	4	MO; S; QLL (30 per 30 days)
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
HARVONI	4	PAR; MO; S; QLL (28 per 28 days)
HEPSERA	4	PAR; MO; S
HIPREX	3	MO
hydroxychloroquine	1	MO
imipenem-cilastatin	1	MO
IMPAVIDO	4	MO; S
INTELENCE ORAL TABLET 100 MG	4	MO; S; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	4	MO; S; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	3	MO; QLL (480 per 30 days)
INVANZ INJECTION	3	MO
INVIRASE ORAL TABLET	4	MO; S; QLL (120 per 30 days)
ISENTRESS HD	4	MO; S; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO; S; QLL (180 per 30 days)
ISENTRESS ORAL TABLET	4	MO; S; QLL (120 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	4	MO; S; QLL (180 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	2	MO; QLL (720 per 30 days)
isoniazid injection	1	
isoniazid oral solution	1	MO
isoniazid oral tablet 100 mg	1	MO
isoniazid oral tablet 300 mg	1	MO
itraconazole oral capsule	1	PAR; MO
itraconazole oral solution	4	MO; S
ivermectin	1	MO

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Drug Name	Drug Tier	Requirements /Limits
JULUCA	4	MO; S; QLL (30 per 30 days)
KALETRA ORAL SOLUTION	4	MO; S; QLL (480 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	4	MO; S; QLL (120 per 30 days)
ketoconazole oral	1	MO
KITABIS PAK	4	MO; S; QLL (280 per 28 days)
KRINTAFEL	3	MO
lamivudine oral solution	1	MO; QLL (960 per 30 days)
lamivudine oral tablet 100 mg	1	MO
lamivudine oral tablet 150 mg	1	MO; QLL (60 per 30 days)
lamivudine oral tablet 300 mg	1	MO; QLL (30 per 30 days)
lamivudine-zidovudine	1	MO; QLL (60 per 30 days)
LEDIPASVIR-SOFOSBUVIR	4	PAR; MO; S; QLL (28 per 28 days)
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	MO
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO
levofloxacin intravenous	3	MO
levofloxacin oral solution	1	MO
levofloxacin oral tablet 250 mg, 500 mg	1	MO
levofloxacin oral tablet 750 mg	1	MO
LEXIVA ORAL SUSPENSION	3	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	4	MO; S; QLL (120 per 30 days)
LINCOCIN	3	MO
lincomycin	1	
linezolid in dextrose 5%	1	
linezolid oral suspension for reconstitution	1	PAR; MO; QLL (1800 per 30 days)
linezolid oral tablet	4	PAR; MO; S; QLL (56 per 28 days)
linezolid-0.9% sodium chloride	3	
lopinavir-ritonavir	1	MO; QLL (480 per 30 days)
MACROBID	3	PAR; MO
MACRODANTIN	3	PAR; MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
MAVYRET	4	PAR; MO; S; QLL (90 per 30 days)
MAXIPIME INJECTION	3	MO
MAXIPIME INTRAVENOUS	3	
mefloquine	1	MO
MEPRON	4	PAR; MO; S
meropenem intravenous solution	1	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	
MERREM INTRAVENOUS RECON SOLN 1 GRAM	3	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	
methenamine hippurate	1	MO
methenamine mandelate	1	MO
metro i.v.	1	MO
metronidazole in nacl (iso-os)	1	MO
metronidazole oral	1	MO
MINOCIN INTRAVENOUS	3	MO
MINOCIN ORAL CAPSULE 50 MG	3	MO
minocycline oral capsule	1	MO
minocycline oral tablet	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
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 55 mg, 80 mg	4	MO; S
minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 65 mg, 90 mg	3	MO
moderiba	3	MO
mondoxyne nl	3	MO
MONUROL	3	MO
morgidox	1	MO
moxifloxacin oral	1	MO
MOXIFLOXACIN-SOD.ACE, SUL-WATER	3	
MOXIFLOXACIN-SOD.CHLORIDE(ISO)	3	
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCAMINE	4	MO; S
MYCOBUTIN	4	MO; S
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	4	S
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	MO
nafcillin injection recon soln 1 gram, 2 gram	1	MO
nafcillin injection recon soln 10 gram	4	MO; S
nafcillin intravenous recon soln 1 gram	4	MO; S
nafcillin intravenous recon soln 2 gram	1	MO
NEBUPENT	2	B/D PAR; MO
neomycin	1	MO
nevirapine oral suspension	1	QLL (1200 per 30 days)
nevirapine oral tablet	1	MO; QLL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	1	MO; QLL (30 per 30 days)
nitrofurantoin	1	PAR; MO
nitrofurantoin macrocrystal	1	PAR; MO
nitrofurantoin monohyd/m-cryst	1	PAR; MO
NORVIR ORAL POWDER IN PACKET	3	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	2	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	2	MO; QLL (360 per 30 days)
NOXAFIL INTRAVENOUS	3	
NOXAFIL ORAL	4	PAR; MO; S
NUZYRA (7 DAY WITH LOAD DOSE)	4	S
NUZYRA (7 DAY)	4	S
NUZYRA INTRAVENOUS	4	S
NUZYRA ORAL	4	MO; S
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
ODEFSEY	4	MO; S; QLL (30 per 30 days)
ofloxacin oral tablet 300 mg	1	
ofloxacin oral tablet 400 mg	1	MO
okebo oral capsule 75 mg	1	MO
ORACEA	3	MO
ORAVIG	4	MO; S
ORBACTIV	4	MO; S
oseltamivir	1	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	MO
oxacillin injection recon soln 1 gram, 10 gram	3	
oxacillin injection recon soln 2 gram	1	MO
paromomycin	1	MO
PASER	3	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3	

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Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO
penicillin g potassium	1	MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	MO
penicillin g procaine intramuscular syringe 600,000 unit/ml	1	
penicillin g sodium	1	MO
penicillin v potassium	1	MO
PENTAM	2	MO
pentamidine	1	
pfizerpen-g	1	
PIFELTRO	4	MO; S; QLL (30 per 30 days)
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	MO
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	MO
PLAQUENIL	3	MO
polymyxin b sulfate	1	MO
praziquantel	1	MO
PREVYMIS INTRAVENOUS	4	S
PREVYMIS ORAL	4	MO; S
PREZCOBIX	4	MO; S; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	4	MO; S; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO; S; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QLL (300 per 30 days)
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	MO
pyrazinamide	1	MO
QUALAQUIN	3	PAR; MO
quinine sulfate capsule	1	PAR; MO
REBETOL ORAL SOLUTION	4	MO; S
RELENZA DISKHALER	2	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	3	MO; QLL (180 per 30 days)
RETROVIR INTRAVENOUS	2	MO
RETROVIR ORAL CAPSULE	3	MO; QLL (180 per 30 days)
RETROVIR ORAL SYRUP	3	MO; QLL (1920 per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 200 MG	4	MO; S; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	4	MO; S; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	3	MO; QLL (240 per 30 days)
ribasphere oral capsule	1	MO
ribasphere oral tablet 600 mg	4	MO; S
ribasphere ribapak oral tablets,dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)	4	S
ribasphere ribapak oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	4	MO; S
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	4	MO; S
rifabutin	1	MO
RIFADIN	3	MO
RIFAMATE	3	MO
rifampin	1	MO
RIFATER	3	MO
rimantadine	1	MO
RIMSO-50	3	MO
ritonavir	1	MO; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	4	MO; S; QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO; S; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 75 MG	3	MO; QLL (60 per 30 days)
SIRTURO	4	PAR; MO; LA; S
SIVEXTRO INTRAVENOUS	4	PAR; S
SIVEXTRO ORAL	4	PAR; MO; S; QLL (6 per 30 days)
SOFOSBUVIR-VELPATASVIR	4	PAR; MO; S; QLL (30 per 30 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 80 MG	4	MO; S
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 55 MG, 65 MG	3	MO
SOLOSEC	3	MO
SOLOXIDE	3	
SOVALDI	4	PAR; MO; S; QLL (30 per 30 days)
SPORANOX ORAL CAPSULE	4	PAR; MO; S
SPORANOX ORAL SOLUTION	4	MO; S
SPORANOX PULSEPAK	4	PAR; MO; S
stavudine oral capsule 15 mg, 20 mg	1	MO; QLL (120 per 30 days)
stavudine oral capsule 30 mg, 40 mg	1	MO; QLL (60 per 30 days)
STREPTOMYCIN	2	MO
STRIBILD	4	MO; S; QLL (30 per 30 days)
STROMECTOL	3	MO
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim intravenous	1	MO
sulfamethoxazole-trimethoprim oral suspension	1	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
sulfatrim	3	MO
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, CHEWABLE	3	MO
SUSTIVA ORAL CAPSULE 200 MG	3	MO; QLL (120 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	3	MO; QLL (360 per 30 days)
SUSTIVA ORAL TABLET	4	MO; S; QLL (30 per 30 days)
SYMFI	4	MO; S; QLL (30 per 30 days)
SYMFI LO	4	MO; S; QLL (30 per 30 days)
SYMTUZA	4	MO; S; QLL (30 per 30 days)
SYNAGIS	4	PAR; MO; LA; S
SYNERCID	4	S
TAMIFLU	3	MO
TARGADOX	3	MO
TAZICEF INJECTION RECON SOLN 1 GRAM	3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
TAZICEF INTRAVENOUS	3	
TEFLARO	4	MO; S
tenofovir disoproxil fumarate	4	MO; S; QLL (30 per 30 days)
terbinafine hcl oral	1	MO
tetracycline	1	MO
TIGECYCLINE	4	S
tinidazole	1	MO
TIVICAY ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO; S; QLL (60 per 30 days)
TOBI PODHALER INHALATION CAPSULE	4	S; QLL (224 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
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	4	MO; S; QLL (224 per 28 days)
TOBI SOLUTION FOR NEBULIZATION	4	B/D PAR; MO; S; QLL (280 per 28 days)
tobramycin in 0.225 % nacl	4	B/D PAR; MO; S; QLL (280 per 28 days)
tobramycin sulfate injection recon soln	4	S
tobramycin sulfate injection solution	1	MO
TOLSURA	4	S
TRECATOR	3	MO
trimethoprim	1	MO
TRIUMEQ	4	MO; S; QLL (30 per 30 days)
TRIZIVIR	4	MO; S; QLL (60 per 30 days)
TROGARZO	4	MO; S; QLL (10.64 per 28 days)
TRUVADA	4	MO; S; QLL (30 per 30 days)
TYBOST	2	MO; QLL (30 per 30 days)
TYGACIL	4	MO; S
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	3	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
VABOMERE	4	S
valacyclovir oral tablet 1 gram	1	MO; QLL (30 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QLL (60 per 30 days)
VALCYTE	4	MO; S
valganciclovir	4	MO; S
VALTREX ORAL TABLET 1 GRAM	3	ST; MO; QLL (30 per 30 days)
VALTREX ORAL TABLET 500 MG	3	ST; MO; QLL (60 per 30 days)
VANCOCIN ORAL CAPSULE 125 MG	3	PAR; MO; QLL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PAR; MO; S; QLL (80 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	2	
vancomycin injection	3	B/D PAR
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	1	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	2	B/D PAR; MO
vancomycin oral capsule 125 mg	4	PAR; MO; S; QLL (40 per 10 days)
vancomycin oral capsule 250 mg	4	PAR; MO; S; QLL (80 per 10 days)
VEMLIDY	4	PAR; MO; S; QLL (30 per 30 days)
VFEND IV	3	MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PAR; MO; S
VFEND ORAL TABLET 200 MG	4	PAR; MO; S
VFEND ORAL TABLET 50 MG	3	PAR; 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
VIBATIV INTRAVENOUS RECON SOLN 750 MG	4	PAR; S
VIBRAMYCIN ORAL CAPSULE 100 MG	3	MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	MO; S
VIBRAMYCIN ORAL SYRUP	3	MO
VIDEX 2 GRAM PEDIATRIC	3	MO; QLL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	3	MO; QLL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	3	MO; QLL (90 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 200 MG	3	MO; QLL (60 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 250 MG, 400 MG	3	MO; QLL (30 per 30 days)
VIEKIRA PAK	4	PAR; MO; S; QLL (112 per 28 days)
VIRACEPT ORAL TABLET 250 MG	4	MO; S; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; S; QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	3	MO; QLL (1200 per 30 days)
VIRAMUNE ORAL TABLET	4	MO; S; QLL (60 per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	MO; S; QLL (30 per 30 days)
VIREAD ORAL POWDER	4	MO; S; QLL (240 per 30 days)
VIREAD ORAL TABLET	4	MO; S; QLL (30 per 30 days)
voriconazole intravenous	1	MO
voriconazole oral suspension for reconstitution	4	PAR; MO; S
voriconazole oral tablet 200 mg	4	PAR; MO; S
voriconazole oral tablet 50 mg	1	PAR; MO
VOSEVI	4	PAR; MO; S; QLL (30 per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	PAR; MO; QLL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	4	PAR; MO; S; QLL (84 per 28 days)
XIMINO	4	MO; S
XOFLUZA	2	MO
ZEMDRI	4	S
ZEPATIER	4	PAR; MO; S; QLL (30 per 30 days)
ZERBAXA	4	S
ZERIT ORAL CAPSULE 30 MG	3	MO; QLL (60 per 30 days)
ZIAGEN ORAL SOLUTION	3	MO; QLL (960 per 30 days)
ZIAGEN ORAL TABLET	3	MO; QLL (60 per 30 days)
zidovudine oral capsule	1	MO; QLL (180 per 30 days)
zidovudine oral syrup	1	MO; QLL (1920 per 30 days)
zidovudine oral tablet	1	MO; QLL (60 per 30 days)
ZITHROMAX INTRAVENOUS	3	MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZOSYN	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML		
ZOVIRAX ORAL	3	MO
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	4	S
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	PAR; MO; S; QLL (1800 per 30 days)
ZYVOX ORAL TABLET	4	PAR; MO; S; QLL (56 per 28 days)
Antineoplastic / Immunosuppressant Drugs		
abiraterone	4	PAR; MO; S; QLL (120 per 30 days)
ABRAXANE	4	PAR; MO; S
adriamycin intravenous recon soln 10 mg	1	B/D PAR
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PAR
adriamycin intravenous solution	1	B/D PAR
adrucil intravenous solution 2.5 gram/50 ml	1	B/D PAR
adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml	1	B/D PAR; MO
AFINITOR	4	PAR; MO; S
AFINITOR DISPERZ	4	PAR; MO; S
ALECENSA	4	PAR; MO; S; QLL (240 per 30 days)
ALIMTA	4	PAR; MO; S
ALIQOPA	4	PAR; MO; LA; S
ALKERAN	3	B/D PAR; MO
ALKERAN (AS HCL)	3	B/D PAR
ALUNBRIG ORAL TABLET 180 MG	4	PAR; MO; S; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PAR; MO; S; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PAR; MO; S; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	4	PAR; MO; S; QLL (30 per 180 days)
anastrozole	1	MO; QLL (30 per 30 days)
ARIMIDEX	3	MO; QLL (30 per 30 days)
AROMASIN	4	MO; S; QLL (60 per 30 days)
ARRANON	2	B/D PAR
ARSENIC TRIOXIDE	4	S
ARZERRA	4	PAR; MO; S
ASTAGRAF XL	3	B/D PAR; MO
AVASTIN	4	PAR; MO; S
azacitidine	4	PAR; MO; S
AZASAN	3	B/D PAR; MO
azathioprine	1	B/D PAR; MO
azathioprine sodium solution for injection	1	B/D PAR
BALVERSA ORAL TABLET 3 MG	4	PAR; MO; LA; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	4	PAR; MO; LA; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	4	PAR; MO; LA; QLL (30 per 30 days)
BAVENCIO	4	PAR; MO; LA; S
BELEODAQ	4	PAR; MO; S
BENDEKA	4	B/D PAR; MO; S
BESPONSA	4	B/D PAR; MO; S
bexarotene	4	PAR; MO; S; QLL (300 per 30 days)
bicalutamide	1	MO; QLL (30 per 30 days)
BICNU	4	B/D PAR; MO; S
bleomycin	1	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	4	PAR; MO; S

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Drug Name	Drug Tier	Requirements /Limits
BORTEZOMIB	4	PAR; MO; S
BOSULIF ORAL TABLET 100 MG	4	PAR; MO; S; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PAR; MO; S; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	4	PAR; MO; LA; S; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PAR; MO; LA; S; QLL (180 per 30 days)
busulfan	1	B/D PAR
BUSULFEX	2	B/D PAR
CABOMETYX	4	PAR; MO; LA; S; QLL (30 per 30 days)
CALQUENCE	4	PAR; MO; LA; S
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	3	B/D PAR; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	3	B/D PAR
CAPRELSA ORAL TABLET 100 MG	4	PAR; LA; S; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
carboplatin intravenous solution 10 mg/ml	1	B/D PAR; MO
carmustine	4	B/D PAR; MO; S
CASODEX	3	MO; QLL (30 per 30 days)
CELLCEPT	4	B/D PAR; MO; S
CELLCEPT INTRAVENOUS	2	B/D PAR; MO
cisplatin	1	B/D PAR; MO
cladribine	4	B/D PAR; MO; S
clofarabine	4	B/D PAR; S
CLOLAR	4	B/D PAR; S
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PAR; MO; S; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PAR; MO; S; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PAR; MO; S; QLL (84 per 28 days)
COPIKTRA	4	PAR; MO; LA; S; QLL (60 per 30 days)
COSMEGEN	4	B/D PAR; MO; S
COTELLIC	4	PAR; MO; LA; S; QLL (90 per 30 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram	3	B/D PAR; MO
cyclophosphamide intravenous recon soln 500 mg	4	B/D PAR; MO; S
cyclophosphamide oral capsule	1	B/D PAR; MO
cyclosporine intravenous	1	B/D PAR
cyclosporine modified	1	B/D PAR; MO
cyclosporine oral capsule	1	B/D PAR; MO
CYRAMZA	4	PAR; MO; S
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/ 20 ml (100 mg/ml)	1	B/D PAR; MO
cytarabine (pf) injection solution 20 mg/ml	1	B/D PAR
cytarabine injection solution 20mg/ml	1	B/D PAR; MO
dacarbazine	1	B/D PAR; MO
DACOGEN	4	B/D PAR; MO; S
dactinomycin	4	B/D PAR; S
DARZALEX	4	PAR; MO; LA; S
daunorubicin intravenous solution	1	B/D PAR
DAURISMO ORAL TABLET 100 MG	4	PAR; MO; S; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PAR; MO; S; QLL (60 per 30 days)
decitabine	4	B/D PAR; MO; S
dexrazoxane hcl intravenous recon soln 250 mg	4	B/D PAR; S

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Drug Name	Drug Tier	Requirements /Limits
dexrazoxane hcl intravenous recon soln 500 mg	4	B/D PAR; MO; S
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)	4	B/D PAR; S
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	4	B/D PAR; MO; S
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	4	B/D PAR; S
DOXIL	4	PAR; MO; S
doxorubicin intravenous recon soln 10 mg	1	B/D PAR
doxorubicin intravenous recon soln 50 mg	1	B/D PAR; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/ 25 ml	1	B/D PAR; MO
doxorubicin intravenous solution 2 mg/ml	4	B/D PAR; MO; S
doxorubicin, peg-liposomal	4	PAR; MO; S
DROXIA	2	MO
ELIGARD (1 MONTH)	2	PAR; MO; QLL (1 per 28 days)
ELIGARD (3 MONTH)	2	PAR; MO; QLL (1 per 84 days)
ELIGARD (4 MONTH)	3	PAR; MO; QLL (1 per 112 days)
ELIGARD (6 MONTH)	3	PAR; MO; QLL (1 per 168 days)
ELITEK	4	PAR; MO; S
ELLENCE	3	B/D PAR; MO
EMCYT	3	MO
EMPLICITI	4	PAR; MO; S
ENVARSUS XR	3	B/D PAR; MO
epirubicin intravenous solution	1	B/D PAR; MO
ERBITUX	4	PAR; MO; S
ERIVEDGE	4	PAR; MO; S; QLL (30 per 30 days)
ERLEADA	4	PAR; MO; S
erlotinib oral tablet 100 mg, 150 mg	4	PAR; MO; S; QLL (30 per 30 days)
erlotinib oral tablet 25 mg	4	PAR; MO; S; QLL (90 per 30 days)
ERWINAZE	4	PAR; MO; S
ETHYOL	3	PAR; MO
ETOPOPHOS	4	B/D PAR; MO; S
etoposide intravenous	1	B/D PAR; MO
EVOMELA	4	B/D PAR; MO; S
exemestane	1	MO; QLL (60 per 30 days)
FARESTON	4	MO; S; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	4	PAR; MO; S; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	4	PAR; MO; S; QLL (30 per 30 days)
FASLODEX	4	PAR; MO; S
FEMARA	3	MO; QLL (30 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PAR; MO; S; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PAR; MO; QLL (1 per 28 days)
floxuridine	3	
fludarabine intravenous recon soln	1	B/D PAR; MO
fludarabine intravenous solution	4	B/D PAR; S
fluorouracil intravenous	1	B/D PAR; MO
flutamide	1	MO
FOLOTYN	4	B/D PAR; MO; S
FUSILEV	4	PAR; MO; S
GAZYVA	4	PAR; MO; S
gemcitabine intravenous recon soln 1 gram	1	B/D PAR; MO
gemcitabine intravenous recon soln 2 gram	4	B/D PAR; S

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
gemcitabine intravenous recon soln 200 mg	3	B/D PAR; MO
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	4	B/D PAR; MO; S
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PAR; S
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	4	B/D PAR; S
gengraf oral capsule 100 mg, 25 mg	1	B/D PAR; MO
gengraf oral solution	1	B/D PAR; MO
GILOTRIF	4	PAR; MO; S; QLL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PAR; MO; S; QLL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PAR; MO; S; QLL (60 per 30 days)
GLEOSTINE	3	PAR; MO
HALAVEN	4	PAR; MO; S
HERCEPTIN	4	B/D PAR; MO; S
HERCEPTIN HYLECTA	4	B/D PAR; MO; S
HYCAMTIN INTRAVENOUS	3	B/D PAR; MO
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	4	PAR; MO; S; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	4	PAR; MO; S; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PAR; MO; S; QLL (30 per 30 days)
IDAMYCIN PFS	4	B/D PAR; MO; S
idarubicin	4	B/D PAR; S
IDHIFA ORAL TABLET 100 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
IFEX	3	B/D PAR; MO
ifosfamide intravenous recon soln	1	B/D PAR; MO
ifosfamide intravenous solution 1 gram/20 ml	1	B/D PAR; MO
ifosfamide intravenous solution 3 gram/60 ml	1	B/D PAR
imatinib oral tablet 100 mg	4	PAR; MO; S; QLL (240 per 30 days)
imatinib oral tablet 400 mg	4	PAR; MO; S; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PAR; MO; S; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PAR; MO; S; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	4	PAR; MO; S; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PAR; MO; S; QLL (30 per 30 days)
IMFINZI	4	PAR; MO; LA; S
IMURAN	3	B/D PAR; MO
INFUGEM	4	B/D PAR; S
INLYTA ORAL TABLET 1 MG	4	PAR; MO; S; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PAR; MO; S; QLL (120 per 30 days)
IRESSA	4	MO; S
irinotecan intravenous solution 100 mg/5 ml	1	B/D PAR; MO
irinotecan intravenous solution 40 mg/2 ml	4	B/D PAR; MO; S
irinotecan intravenous solution 500 mg/25 ml	1	B/D PAR
ISTODAX	4	PAR; MO; S

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Drug Name	Drug Tier	Requirements /Limits
IXEMPRA	4	PAR; MO; S
JAKAFI ORAL TABLET 10 MG	4	PAR; MO; S; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	4	PAR; MO; S; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	4	PAR; MO; S; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	4	PAR; MO; S; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	4	PAR; MO; S; QLL (300 per 30 days)
JEVTANA	4	PAR; MO; S
KADCYLA	4	PAR; MO; S
KEPIVANCE	3	MO
KEYTRUDA INTRAVENOUS SOLUTION	4	PAR; MO; S
KHAPZORY	4	PAR; S
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/ DAY(200 MG X 1)-2.5 MG	4	PAR; MO; S; QLL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/ DAY(200 MG X 2)-2.5 MG	4	PAR; MO; S; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG	4	PAR; MO; S; QLL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PAR; MO; S; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PAR; MO; S; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PAR; MO; S; QLL (63 per 21 days)
KYPROLIS	4	PAR; MO; S
LARTRUVO	4	PAR; MO; LA; S
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PAR; MO; S; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PAR; MO; S; QLL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PAR; MO; S; QLL (60 per 30 days)
letrozole	1	MO; QLL (30 per 30 days)
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	1	B/D PAR; MO
leucovorin calcium injection recon soln 500 mg	1	B/D PAR
leucovorin calcium injection solution 10 mg/ml	3	
leucovorin calcium oral	1	MO
LEUKERAN	2	MO
leuprolide subcutaneous kit	1	PAR; MO
levoleucovorin calcium intravenous recon soln 50 mg	4	PAR; S
levoleucovorin calcium intravenous solution	4	PAR; S
LIBTAYO	4	PAR; MO; S
LONSURF	4	PAR; MO; S
LORBRENA ORAL TABLET 100 MG	4	PAR; MO; S; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PAR; MO; S; QLL (90 per 30 days)
LUMOXITI	4	PAR; MO; S
LUPRON DEPOT	4	PAR; MO; S; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PAR; MO; S; QLL (1 per 84 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
LUPRON DEPOT (4 MONTH)	4	PAR; MO; S; QLL (1 per 112 days)
LUPRON DEPOT (6 MONTH)	4	PAR; MO; S; QLL (1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PAR; MO; S; QLL (1 per 28 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PAR; MO; S; QLL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	3	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	PAR; MO; S; QLL (1 per 28 days)
LYNPARZA ORAL TABLET	4	PAR; MO; S; QLL (120 per 30 days)
LYSODREN	2	MO
MARQIBO	4	MO; S
MATULANE	4	MO; S
megestrol oral suspension 400 mg/ 10 ml (10 ml), 800 mg/20 ml (20 ml)	1	PAR
megestrol oral suspension 400 mg/ 10 ml (40 mg/ml)	1	PAR; MO
megestrol oral suspension 625 mg/ 5 ml	3	PAR; MO
megestrol oral tablet	1	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	4	PAR; MO; S; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PAR; MO; S; QLL (30 per 30 days)
MEKTOVI	4	PAR; MO; LA; S; QLL (180 per 30 days)
melphalan	1	B/D PAR; MO
melphalan hcl	1	B/D PAR
mercaptopurine	1	MO
mesna	1	PAR; MO
MESNEX	3	PAR; MO
methotrexate sodium	1	MO
methotrexate sodium (pf) injection recon soln	1	
methotrexate sodium (pf) injection solution	1	MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	B/D PAR; MO
mitomycin intravenous recon soln 40 mg	4	B/D PAR; MO; S
mitoxantrone	1	B/D PAR; MO
MUTAMYCIN	4	B/D PAR; S
mycophenolate mofetil hcl	1	B/D PAR
mycophenolate mofetil oral capsule	1	B/D PAR; MO
mycophenolate mofetil oral suspension for reconstitution	4	B/D PAR; MO; S
mycophenolate mofetil oral tablet	1	B/D PAR; MO
mycophenolate sodium	1	B/D PAR; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG	3	B/D PAR; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 360 MG	4	B/D PAR; MO; S
MYLOTARG	4	PAR; MO; LA; S
NAVELBINE	4	B/D PAR; MO; S
NEORAL ORAL CAPSULE	3	B/D PAR; MO
NEORAL ORAL SOLUTION	4	B/D PAR; MO; S
NERLYNX	4	PAR; MO; LA; S; QLL (180 per 30 days)
NEXAVAR	4	PAR; MO; LA; S; QLL (120 per 30 days)
NILANDRON	4	MO; S; QLL (30 per 30 days)
nilutamide	4	MO; S; QLL (30 per 30 days)
NINLARO	4	PAR; MO; S; QLL (3 per 28 days)
NIPENT	4	B/D PAR; MO; S
NULOJIX	4	PAR; MO; S

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
octreotide acetate injection solution 1,000 mcg/ml	3	PAR; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PAR; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	1	PAR; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	4	PAR; MO; S
ODOMZO	4	PAR; MO; LA; S; QLL (30 per 30 days)
ONCASPAR	4	PAR; MO; S
ONIVYDE	4	B/D PAR; MO; S
OPDIVO	4	PAR; MO; S
oxaliplatin intravenous recon soln 100 mg	4	B/D PAR; MO; S
oxaliplatin intravenous recon soln 50 mg	4	B/D PAR; S
oxaliplatin intravenous solution 100 mg/20 ml	1	B/D PAR; MO
oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)	3	B/D PAR; MO
paclitaxel	1	B/D PAR; MO
PERJETA	4	PAR; MO; S
POMALYST ORAL CAPSULE 1 MG	4	PAR; MO; LA; S; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
PORTRAZZA	4	MO; S
POTELIGEO	4	B/D PAR; MO; S
PROGRAF INTRAVENOUS	4	B/D PAR; MO; S
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PAR; MO
PROGRAF ORAL CAPSULE 5 MG	4	B/D PAR; MO; S
PROGRAF ORAL GRANULES IN PACKET	3	B/D PAR; MO
PURIXAN	4	PAR; S
RAPAMUNE ORAL SOLUTION	4	B/D PAR; MO; S
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PAR; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	B/D PAR; MO; S
REVLIMID ORAL CAPSULE 10 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	4	PAR; MO; LA; S; QLL (150 per 30 days)
RITUXAN	4	B/D PAR; MO; S
RITUXAN HYCELA	4	B/D PAR; MO; S
ROMIDEPSIN	4	PAR; S
RUBRACA ORAL TABLET 200 MG	4	PAR; MO; LA; S; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	4	PAR; MO; LA; S; QLL (120 per 30 days)
RYDAPT	4	PAR; MO; S; QLL (240 per 30 days)
SANDIMMUNE INTRAVENOUS	3	B/D PAR; MO
SANDIMMUNE ORAL CAPSULE 100 MG	4	B/D PAR; MO; S
SANDIMMUNE ORAL CAPSULE 25 MG	3	B/D PAR; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PAR; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PAR; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PAR; MO; S
SIGNIFOR	4	PAR; MO; S

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
SIGNIFOR LAR	4	PAR; MO; S; QLL (1 per 28 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG	4	B/D PAR; S
SIMULECT INTRAVENOUS RECON SOLN 20 MG	4	B/D PAR; MO; S
sirolimus oral solution	4	B/D PAR; MO; S
sirolimus oral tablet	1	B/D PAR; MO
SOLTAMOX	4	MO; S
SOMATULINE DEPOT	4	PAR; MO; S
SPRYCEL	4	PAR; MO; S; QLL (30 per 30 days)
STIVARGA	4	PAR; MO; S; QLL (120 per 30 days)
SUPPRELIN LA	3	PAR; MO
SUTENT ORAL CAPSULE 12.5 MG	4	PAR; MO; S; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	4	PAR; MO; S; QLL (30 per 30 days)
SYLVANT	4	PAR; MO; S
SYNRIBO	4	PAR; MO; S
TABLOID	3	MO
tacrolimus oral capsule 0.5 mg, 1 mg	1	B/D PAR; MO
tacrolimus oral capsule 5 mg	4	B/D PAR; MO; S
TAFINLAR	4	PAR; MO; S; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PAR; MO; S; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	4	PAR; MO; S; QLL (60 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PAR; MO; S; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PAR; MO; S; QLL (90 per 30 days)
TARGRETIN ORAL	4	PAR; MO; S; QLL (300 per 30 days)
TARGRETIN TOPICAL	4	PAR; MO; S; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PAR; MO; S; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PAR; MO; S; QLL (56 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	4	B/D PAR; MO; S
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	4	PAR; MO; LA; S; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	4	PAR; MO; S; QLL (28 per 30 days)
TEMODAR INTRAVENOUS	3	B/D PAR; MO
temsirolimus	4	PAR; MO; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PAR; MO; S; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PAR; MO; S; QLL (60 per 30 days)
thiotepa	1	B/D PAR; MO
TIBSOVO	4	PAR; MO; S; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
toposar	1	B/D PAR; MO
topotecan intravenous recon soln	4	B/D PAR; S
topotecan intravenous solution	4	B/D PAR; MO; S
toremifene	4	MO; S; QLL (30 per 30 days)
TORISEL	4	PAR; MO; S
TOTECT INTRAVENOUS RECON SOLN 500 MG	4	B/D PAR; S
TREANDA INTRAVENOUS RECON SOLN	4	B/D PAR; MO; S
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PAR; MO; S; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PAR; MO; S; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PAR; MO; S; QLL (1 per 28 days)
tretinoin (chemotherapy)	4	MO; S
TREXALL	3	MO
TRIPTODUR	4	PAR; MO; S; QLL (1 per 180 days)
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	4	B/D PAR; MO; S
TYKERB	4	PAR; MO; LA; S; QLL (180 per 30 days)
UNITUXIN	4	B/D PAR; MO; S
valrubicin	4	B/D PAR; S
VALSTAR	4	B/D PAR; MO; S
VANTAS	3	B/D PAR; MO
VECTIBIX	4	PAR; MO; S
VELCADE	4	PAR; MO; S
VENCLEXTA ORAL TABLET 10 MG	3	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PAR; MO; LA; S; QLL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	4	PAR; MO; LA; S; QLL (84 per 365 days)
VERZENIO	4	PAR; MO; LA; S; QLL (60 per 30 days)
VIDAZA	4	PAR; MO; S
vinblastine intravenous solution 1mg/ml	1	B/D PAR; MO
vincasar pfs intravenous solution 1 mg/ml	1	B/D PAR; MO
vincristine	1	B/D PAR; MO
vinorelbine	1	B/D PAR; MO
VISTOGARD	4	MO; S
VITRAKVI ORAL CAPSULE 100 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PAR; MO; LA; S; QLL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PAR; MO; LA; S; QLL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	4	PAR; MO; S; QLL (90 per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	4	PAR; MO; S; QLL (30 per 30 days)
VOTRIENT	4	PAR; MO; S; QLL (120 per 30 days)
VYXEOS	4	B/D PAR; MO; S
XALKORI	4	PAR; MO; S; QLL (60 per 30 days)
XATMEP	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
XERMELO	4	PAR; MO; LA; S; QLL (90 per 30 days)
XGEVA	4	PAR; MO; S; QLL (1.7 per 28 days)
XOSPATA	4	PAR; MO; LA; S; QLL (90 per 30 days)
XTANDI	4	PAR; MO; S; QLL (120 per 30 days)
YERVOY	4	PAR; MO; S
YONDELIS	4	B/D PAR; MO; S
YONSA	4	PAR; MO; S; QLL (120 per 30 days)
ZALTRAP	4	PAR; MO; S
ZANOSAR	4	B/D PAR; MO; S
ZEJULA	4	PAR; MO; LA; S; QLL (90 per 30 days)
ZELBORAF	4	PAR; MO; S; QLL (240 per 30 days)
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	3	B/D PAR; MO
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 500 MG	4	B/D PAR; MO; S
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	3	B/D PAR; MO; QLL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	3	B/D PAR; MO; QLL (1 per 28 days)
ZOLINZA	4	PAR; MO; S; QLL (120 per 30 days)
ZORTRESS	4	B/D PAR; MO; S
ZYDELIG	4	PAR; MO; S; QLL (60 per 30 days)
ZYKADIA ORAL CAPSULE	4	PAR; MO; S; QLL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	4	PAR; MO; S; QLL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PAR; MO; S; QLL (60 per 30 days)
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY MAINTENA	4	MO; S; QLL (1 per 28 days)
ABILIFY MYCITE	4	MO; S; QLL (30 per 30 days)
ABILIFY ORAL TABLET 10 MG	4	MO; S; QLL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG	4	MO; S; QLL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	4	MO; S; QLL (450 per 30 days)
ABILIFY ORAL TABLET 20 MG, 30 MG	4	MO; S; QLL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	4	MO; S; QLL (180 per 30 days)
ABSTRAL	4	PAR; MO; S; QLL (120 per 30 days)
acetaminophen-caff-dihydrocod oral capsule	3	MO; QLL (180 per 30 days)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml	1	QLL (900 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QLL (900 per 30 days)
acetaminophen-codeine oral tablet	1	MO; QLL (180 per 30 days)
ACTIQ	4	PAR; MO; S; QLL (120 per 30 days)
ADASUVE	3	QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PAR; MO; QLL (90 per 30 days)
ADDERALL ORAL TABLET 30 MG	3	PAR; MO; QLL (60 per 30 days)
ADDERALL XR	3	PAR; MO; QLL (30 per 30 days)
ADZENYS ER	3	MO
ADZENYS XR-ODT	3	MO
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	3	PAR; MO; QLL (1 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PAR; MO; QLL (2 per 30 days)
AJOVY	3	PAR; MO; QLL (1.5 per 30 days)
ALLZITAL	4	PAR; MO; S; QLL (180 per 30 days)
almotriptan malate	1	MO; QLL (9 per 30 days)
alprazolam	1	MO; QLL (120 per 30 days)
alprazolam intensol	1	MO; QLL (300 per 30 days)
AMBIEN	3	PAR; MO; QLL (30 per 30 days)
AMBIEN CR	3	PAR; MO; QLL (30 per 30 days)
AMERGE ORAL TABLET 1 MG	3	MO; QLL (9 per 30 days)
AMERGE ORAL TABLET 2.5 MG	4	MO; S; QLL (9 per 30 days)
amitriptyline	1	PAR; MO
amitriptyline-chlordiazepoxide	1	PAR; MO
amoxapine	1	PAR; MO
amphetamine sulfate oral tablet 10 mg	3	PAR; MO; QLL (180 per 30 days)
amphetamine sulfate oral tablet 5 mg	3	PAR; MO; QLL (90 per 30 days)
AMPYRA	4	PAR; MO; LA; S; QLL (60 per 30 days)
AMRIX	4	PAR; MO; S
AMYTAL	2	PAR
ANAFRANIL	4	PAR; MO; S
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	4	MO; S; QLL (90 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	4	MO; S; QLL (45 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	4	MO; S; QLL (30 per 30 days)
APOKYN	4	PAR; MO; LA; S
APTENSIO XR	3	PAR; MO; QLL (30 per 30 days)
APTIOM	4	ST; MO; S
ARICEPT ORAL TABLET 10 MG, 5 MG	3	MO; QLL (30 per 30 days)
ARICEPT ORAL TABLET 23 MG	3	ST; MO; QLL (30 per 30 days)
aripiprazole oral solution	1	MO; QLL (900 per 30 days)
aripiprazole oral tablet 10 mg	1	MO; QLL (90 per 30 days)
aripiprazole oral tablet 15 mg	1	MO; QLL (60 per 30 days)
aripiprazole oral tablet 2 mg	1	MO; QLL (450 per 30 days)
aripiprazole oral tablet 20 mg, 30 mg	4	MO; S; QLL (30 per 30 days)
aripiprazole oral tablet 5 mg	1	MO; QLL (180 per 30 days)
aripiprazole oral tablet, disintegrating 10 mg	4	MO; S; QLL (90 per 30 days)
aripiprazole oral tablet, disintegrating 15 mg	4	MO; S; QLL (60 per 30 days)
ARISTADA INITIO	4	MO; S; QLL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	MO; S; QLL (3.9 per 60 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
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	MO; S; QLL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; S; QLL (2.4 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	MO; S; QLL (3.2 per 30 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PAR; MO; QLL (30 per 30 days)
armodafinil oral tablet 50 mg	1	PAR; MO; QLL (60 per 30 days)
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
ARYMO ER ORAL TABLET, ORAL ONLY,EXTND RELEASE 15 MG, 30 MG	3	PAR; MO; QLL (90 per 30 days)
ARYMO ER ORAL TABLET, ORAL ONLY,EXTND RELEASE 60 MG	4	PAR; MO; S; QLL (90 per 30 days)
ascomp with codeine	3	PAR; MO; QLL (180 per 30 days)
ATIVAN INJECTION	3	MO
ATIVAN ORAL	4	MO; S
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	PAR; MO; QLL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	PAR; MO; QLL (30 per 30 days)
AUBAGIO	4	PAR; MO; S; QLL (30 per 30 days)
AUSTEDO	4	PAR; MO; LA; S; QLL (120 per 30 days)
AZILECT	3	MO
baclofen intrathecal solution 10, 000 mcg/20ml (500 mcg/ml), 20, 000 mcg/20ml (1,000 mcg/ml)	3	B/D PAR
baclofen intrathecal solution 40, 000 mcg/20ml (2,000 mcg/ml)	4	B/D PAR; S
baclofen oral	1	MO
BANZEL ORAL SUSPENSION	4	PAR; MO; S; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	4	PAR; MO; S; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	4	PAR; MO; S; QLL (240 per 30 days)
BELBUCA	3	PAR; MO; QLL (60 per 30 days)
BELSOMRA	3	MO; QLL (30 per 30 days)
benztropine injection	4	MO; S
benztropine oral	1	PAR; MO
BLOXIVERZ	3	
BRISDELLE	3	MO
BRIVIACT INTRAVENOUS	3	PAR
BRIVIACT ORAL SOLUTION	4	PAR; MO; S; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	4	PAR; MO; S; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	4	PAR; MO; S; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	4	PAR; MO; S; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	4	PAR; MO; S; QLL (120 per 30 days)
bromocriptine	1	MO
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	MO; QLL (180 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	3	MO; QLL (90 per 30 days)
BUNAVAIL BUCCAL FILM 6.3-1 MG	4	MO; S; QLL (60 per 30 days)
BUPAP ORAL TABLET 50-300 MG	3	PAR; MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
BUPRENEX	4	MO; S; QLL (90 per 30 days)
BUPRENORPHINE	3	PAR; MO; QLL (4 per 28 days)
buprenorphine hcl injection solution	1	MO; QLL (90 per 30 days)
buprenorphine hcl injection syringe	1	QLL (90 per 30 days)
buprenorphine hcl sublingual tablet 2 mg	1	MO; QLL (240 per 30 days)
buprenorphine hcl sublingual tablet 8 mg	1	MO; QLL (60 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	3	MO; QLL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	3	MO; QLL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg	3	MO; QLL (180 per 30 days)
buprenorphine-naloxone sublingual film 8-2 mg	3	MO; QLL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QLL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QLL (90 per 30 days)
bupropion hcl oral tablet 100 mg	1	MO; QLL (135 per 30 days)
bupropion hcl oral tablet 75 mg	1	MO; QLL (180 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QLL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QLL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QLL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	1	MO; QLL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	1	MO; QLL (60 per 30 days)
buspirone	1	MO
butalbital compound w/codeine	3	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminop-caf-cod	3	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminophen oral capsule	3	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-300 mg	3	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	1	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule	1	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	PAR; MO; QLL (180 per 30 days)
butalbital-aspirin-caffeine	1	PAR; MO; QLL (180 per 30 days)
BUTISOL ORAL TABLET 30 MG	3	PAR; MO; QLL (42 per 30 days)
butorphanol tartrate injection solution 1 mg/ml	1	MO; QLL (240 per 30 days)
butorphanol tartrate injection solution 2 mg/ml	1	MO; QLL (120 per 30 days)
butorphanol tartrate nasal	1	MO; QLL (5 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PAR; MO; QLL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	PAR; MO
CAFERGOT	4	MO; S
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	3	MO
CAMBIA	3	MO; QLL (9 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral suspension 200 mg/10 ml	1	
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	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
carbamazepine oral tablet, chewable	1	MO
CARBATROL	3	MO
carbidopa	4	MO; S
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
carisoprodol	1	PAR; MO
carisoprodol-asa-codeine	3	PAR; MO
carisoprodol-aspirin	3	PAR; MO
CELEBREX	3	PAR; MO
celecoxib	1	PAR; MO
CELEXA ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QLL (60 per 30 days)
CELEXA ORAL TABLET 40 MG	3	MO; QLL (30 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	3	MO
CEREBYX	3	
chlordiazepoxide hcl	1	MO; QLL (120 per 30 days)
chlorpromazine	1	MO
chlorzoxazone oral tablet 250 mg	3	
chlorzoxazone oral tablet 375 mg, 750 mg	3	PAR
chlorzoxazone oral tablet 500 mg	3	PAR; MO
citalopram oral solution	1	MO; QLL (600 per 30 days)
citalopram oral tablet 10 mg	1	MO; QLL (120 per 30 days)
citalopram oral tablet 20 mg	1	MO; QLL (60 per 30 days)
citalopram oral tablet 40 mg	1	MO; QLL (30 per 30 days)
clobazam oral suspension	4	PAR; MO; S; QLL (480 per 30 days)
clobazam oral tablet 10 mg	1	PAR; MO; QLL (120 per 30 days)
clobazam oral tablet 20 mg	4	PAR; MO; S; QLL (60 per 30 days)
clomipramine	1	PAR; MO
clonazepam oral tablet 0.5 mg	1	MO; QLL (1200 per 30 days)
clonazepam oral tablet 1 mg	1	MO; QLL (600 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QLL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg	1	MO; QLL (4800 per 30 days)
clonazepam oral tablet, disintegrating 0.25 mg	1	MO; QLL (2400 per 30 days)
clonazepam oral tablet, disintegrating 0.5 mg	1	MO; QLL (1200 per 30 days)
clonazepam oral tablet, disintegrating 1 mg	1	MO; QLL (600 per 30 days)
clonazepam oral tablet, disintegrating 2 mg	1	MO; QLL (300 per 30 days)
clonidine (pf) epidural solution 5, 000 mcg/10 ml	3	
clonidine hcl oral tablet extended release 12 hr	3	MO
clorazepate dipotassium	1	MO
clozapine oral tablet 100 mg	1	MO; QLL (270 per 30 days)
clozapine oral tablet 200 mg	1	MO; QLL (120 per 30 days)
clozapine oral tablet 25 mg	1	MO; QLL (1080 per 30 days)
clozapine oral tablet 50 mg	1	MO; QLL (540 per 30 days)
clozapine oral tablet,disintegrating 100 mg	1	QLL (270 per 30 days)
clozapine oral tablet,disintegrating 12.5 mg	1	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	S; QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	S; QLL (120 per 30 days)
clozapine oral tablet,disintegrating 25 mg	1	QLL (1080 per 30 days)
CLOZARIL ORAL TABLET 100 MG	4	S; QLL (270 per 30 days)
CLOZARIL ORAL TABLET 25 MG	3	QLL (1080 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
codeine sulfate oral tablet	1	MO; QLL (180 per 30 days)
codeine-butalbital-asa-caff	3	PAR; QLL (180 per 30 days)
COGENTIN	3	MO
COMTAN	3	MO
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	PAR; MO; QLL (30 per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	PAR; MO; QLL (60 per 30 days)
CONZIP	3	PAR; MO; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PAR; MO; S; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PAR; MO; S; QLL (12 per 28 days)
COTEMPLA XR-ODT	3	PAR; MO; QLL (60 per 30 days)
cyclobenzaprine oral capsule, extended release 24hr	4	PAR; MO; S
cyclobenzaprine oral tablet	1	PAR; MO
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QLL (180 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QLL (120 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60 MG	3	MO; QLL (60 per 30 days)
D.H.E.45	4	PAR; MO; S
dalfampridine	4	PAR; MO; S; QLL (60 per 30 days)
DANTRIUM INTRAVENOUS	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
dantrolene	1	MO
DAYPRO	3	MO
DAYTRANA	3	MO; QLL (30 per 30 days)
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 75 MG/1.5 ML	3	PAR; QLL (120 per 30 days)
demerol (pf) injection solution 100 mg/ml	3	PAR; MO; QLL (120 per 30 days)
DEMEROL (PF) INJECTION SOLUTION 50 MG/ML	3	PAR; MO; QLL (120 per 30 days)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML	3	PAR; MO; QLL (120 per 30 days)
DEMEROL (PF) INJECTION SYRINGE 75 MG/ML	3	PAR; QLL (120 per 30 days)
DEMEROL INJECTION	3	PAR; MO; QLL (120 per 30 days)
DEMEROL ORAL TABLET 100 MG	4	PAR; MO; S; QLL (180 per 30 days)
DEPACON	3	MO
DEPAKENE	4	MO; S
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
desipramine	1	PAR; MO
DESOXYN	4	PAR; MO; S; QLL (150 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QLL (240 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1	MO; QLL (120 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	1	MO; QLL (480 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	1	MO; QLL (240 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG	4	MO; S; QLL (60 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	4	MO; S; QLL (120 per 30 days)
dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	3	MO; QLL (30 per 30 days)
dexmethylphenidate oral capsule, er biphasic 50-50 20 mg	3	MO; QLL (60 per 30 days)
dexmethylphenidate oral tablet	3	MO; QLL (60 per 30 days)
dextroamphetamine oral capsule, extended release 10 mg, 5 mg	3	MO; QLL (60 per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	3	MO; QLL (120 per 30 days)
dextroamphetamine oral solution	3	MO; QLL (1920 per 30 days)
dextroamphetamine oral tablet 10 mg	1	MO; QLL (180 per 30 days)
dextroamphetamine oral tablet 5 mg	1	MO; QLL (90 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	PAR; MO; QLL (30 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PAR; MO; QLL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	1	PAR; MO; QLL (60 per 30 days)
DIASTAT	3	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	4	MO; S
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	3	MO
diazepam injection solution	1	
diazepam injection syringe	1	MO
diazepam intensol	1	MO; QLL (240 per 30 days)
diazepam oral concentrate	1	MO; QLL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	MO; QLL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	QLL (1200 per 30 days)
diazepam oral tablet 10 mg	1	MO; QLL (120 per 30 days)
diazepam oral tablet 2 mg	1	MO; QLL (600 per 30 days)
diazepam oral tablet 5 mg	1	MO; QLL (240 per 30 days)
diazepam rectal	1	MO
diclofenac potassium	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	3	MO; QLL (300 per 30 days)
diclofenac sodium topical gel 1 %	1	MO; QLL (1000 per 30 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
dihydroergotamine injection	4	PAR; MO; S
dihydroergotamine nasal	4	MO; S; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	2	MO
DILANTIN-125	3	MO
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML	3	QLL (180 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 2 MG/ML	3	MO; QLL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QLL (720 per 30 days)
DILAUDID ORAL TABLET 2 MG, 4 MG	3	MO; QLL (180 per 30 days)
DILAUDID ORAL TABLET 8 MG	4	MO; S; QLL (180 per 30 days)
divalproex	1	MO
DOLOPHINE ORAL	3	PAR; MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
donepezil oral tablet 10 mg, 5 mg	1	MO; QLL (30 per 30 days)
donepezil oral tablet 23 mg	1	ST; MO; QLL (30 per 30 days)
donepezil oral tablet,disintegrating	1	MO; QLL (30 per 30 days)
DOPRAM	3	
doxepin oral	1	PAR; MO
DUEXIS	4	PAR; MO; S; QLL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1	MO; QLL (180 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QLL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QLL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	MO; QLL (60 per 30 days)
DUOPA	4	PAR; MO; S
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 50 MCG/HR, 75 MCG/HR	4	PAR; MO; S; QLL (15 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR	3	PAR; MO; QLL (15 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO; QLL (180 per 30 days)
duramorph (pf) injection solution 1 mg/ml	1	QLL (180 per 30 days)
DYANAVEL XR	3	MO
EDLUAR	3	PAR; MO; QLL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	MO; QLL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	3	MO; QLL (180 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QLL (90 per 30 days)
eletriptan	1	MO; QLL (9 per 30 days)
EMBEDA ORAL CAPSULE, ORAL ONLY,EXT.REL PELL 100-4 MG, 60-2.4 MG	4	PAR; MO; S; QLL (60 per 30 days)
EMBEDA ORAL CAPSULE, ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG, 80-3.2 MG	3	PAR; MO; QLL (60 per 30 days)
EMGALITY PEN	3	PAR; MO; QLL (1 per 30 days)
EMGALITY SYRINGE	3	PAR; MO; QLL (1 per 30 days)
EMSAM	4	PAR; MO; S; QLL (30 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QLL (180 per 30 days)
entacapone	1	MO
EPIDIOLEX	4	PAR; MO; LA; S
epitol	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	MO; QLL (180 per 30 days)
ergoloid	1	PAR; MO
ERGOMAR	3	MO
ergotamine-caffeine	3	MO
escitalopram oxalate oral solution	1	MO; QLL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg	1	MO; QLL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	1	MO; QLL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	1	MO; QLL (120 per 30 days)
ESGIC	3	PAR; MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
estazolam	1	MO; QLL (30 per 30 days)
eszopiclone	1	MO; QLL (30 per 30 days)
ethosuximide	1	MO
etodolac	1	MO
EVEKEO ORAL TABLET 10 MG	3	PAR; MO; QLL (180 per 30 days)
EVEKEO ORAL TABLET 5 MG	3	PAR; MO; QLL (90 per 30 days)
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	4	MO; S; QLL (0.8 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	4	PAR; MO; S; QLL (30 per 30 days)
EXELON TRANSDERMAL	3	MO; QLL (30 per 30 days)
EXONDYS 51	4	PAR; MO; S
FANAPT ORAL TABLET 1 MG	3	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	4	ST; MO; S; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	ST; MO; S; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	ST; MO; S; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	4	ST; MO; S; QLL (90 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	3	ST; MO; QLL (16 per 365 days)
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG	3	QLL (270 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 12.5 MG	3	QLL (2160 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG	3	QLL (180 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 200 MG	4	S; QLL (120 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 25 MG	3	QLL (1080 per 30 days)
felbamate	1	MO
FELBATOL ORAL SUSPENSION	3	MO
FELBATOL ORAL TABLET	4	MO; S
FELDENE	3	MO
FENOPROFEN ORAL CAPSULE 400 MG	3	MO
fenoprofen oral tablet	1	MO
fentanyl citrate (pf) injection	4	MO; S
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	3	
fentanyl citrate lozenge	4	PAR; MO; S; QLL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PAR; MO; QLL (15 per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	3	PAR; MO; QLL (15 per 30 days)
FENTORA	4	PAR; MO; S; QLL (120 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	3	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	3	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	3	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	3	PAR; MO; QLL (90 per 30 days)
FEXMID	3	PAR
FIORICET ORAL CAPSULE 50-300-40MG	3	PAR; MO; QLL (180 per 30 days)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PAR; MO; QLL (180 per 30 days)
FIORINAL	3	PAR; MO; QLL (180 per 30 days)
FIORINAL-CODEINE #3	4	PAR; MO; S; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
FIRDAPSE	4	PAR; MO; LA; S; QLL (240 per 30 days)
FLECTOR	3	PAR; MO; QLL (60 per 30 days)
flumazenil	3	MO
fluoxetine oral capsule 10 mg	1	MO; QLL (240 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QLL (120 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QLL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QLL (4 per 28 days)
fluoxetine oral solution	1	MO; QLL (600 per 30 days)
fluoxetine oral tablet 10 mg	1	MO; QLL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QLL (120 per 30 days)
FLUOXETINE ORAL TABLET 60 MG	3	MO; QLL (30 per 30 days)
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
flurazepam	1	MO; QLL (30 per 30 days)
flurbiprofen	1	MO
fluvoxamine oral capsule,extended release 24hr 100 mg	3	MO; QLL (90 per 30 days)
fluvoxamine oral capsule,extended release 24hr 150 mg	3	MO; QLL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QLL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QLL (360 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QLL (180 per 30 days)
FOCALIN	3	MO; QLL (60 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 5 MG	3	MO; QLL (30 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 20 MG	3	MO; QLL (60 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 40 MG	4	MO; S; QLL (30 per 30 days)
FORFIVO XL	3	MO; QLL (30 per 30 days)
fosphenytoin	1	MO
FROVA	4	MO; S; QLL (12 per 30 days)
frovatriptan	1	MO; QLL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	3	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	3	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	MO; S; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	3	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	4	MO; S; QLL (45 per 30 days)
gabapentin oral capsule 100 mg	1	MO; QLL (1080 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QLL (360 per 30 days)
gabapentin oral capsule 400 mg	1	MO; QLL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QLL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	QLL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QLL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	3	MO
GABITRIL ORAL TABLET 16 MG	4	MO; S

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
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/ 20ML (2,000 MCG/ML)	4	B/D PAR; MO; S
GABLOFEN INTRATHECAL SYRINGE 40,000 MCG/20ML (2,000 MCG/ML)	4	B/D PAR; MO; S
galantamine oral capsule,ext rel. pellets 24 hr	1	MO; QLL (30 per 30 days)
galantamine oral solution	1	MO; QLL (180 per 30 days)
galantamine oral tablet	1	MO; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	2	MO; QLL (6 per 28 days)
GEODON ORAL CAPSULE 20 MG	3	MO; QLL (240 per 30 days)
GEODON ORAL CAPSULE 40 MG	3	MO; QLL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG	3	MO; QLL (60 per 30 days)
GEODON ORAL CAPSULE 80 MG	4	MO; S; QLL (60 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PAR; MO; S; QLL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	4	PAR; MO; S; QLL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	4	PAR; MO; S; QLL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	4	PAR; MO; S; QLL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	4	PAR; MO; S; QLL (12 per 28 days)
GOCOVRI	4	MO; S
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QLL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	MO; QLL (90 per 30 days)
guanfacine oral tablet extended release 24 hr	1	PAR; MO; QLL (30 per 30 days)
guanidine	1	MO
HALCION ORAL TABLET 0.25 MG	3	MO; QLL (30 per 30 days)
HALDOL	3	MO
HALDOL DECANOATE	3	MO
haloperidol decanoate	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate intramuscular	1	
haloperidol lactate oral conc	1	MO
haloperidol oral tablet	1	MO
HETLIOZ	4	PAR; MO; S; QLL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PAR; MO; QLL (120 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PAR; MO; QLL (60 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	3	QLL (2700 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	3	MO; QLL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	MO; QLL (180 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	MO; QLL (50 per 10 days)
hydromorphone (pf) 10mg/ml injection solution	1	MO
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	1	QLL (180 per 30 days)
hydromorphone (pf) injection solution 2 mg/ml	1	QLL (180 per 30 days)
hydromorphone (pf) injection solution 4 mg/ml	1	QLL (60 per 30 days)
hydromorphone injection solution 1 mg/ml	1	QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
hydromorphone injection solution 2 mg/ml	1	MO; QLL (180 per 30 days)
hydromorphone injection solution 4 mg/ml	1	MO; QLL (60 per 30 days)
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	2	QLL (180 per 30 days)
hydromorphone injection syringe 1 mg/ml	1	MO; QLL (180 per 30 days)
hydromorphone injection syringe 2 mg/ml	1	QLL (180 per 30 days)
hydromorphone injection syringe 4 mg/ml	1	MO; QLL (60 per 30 days)
hydromorphone oral liquid	1	MO; QLL (720 per 30 days)
hydromorphone oral tablet	1	MO; QLL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg	3	PAR; MO; QLL (30 per 30 days)
hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg	4	PAR; MO; S; QLL (30 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 80 MG	4	PAR; MO; S; QLL (30 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY, EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PAR; MO; QLL (30 per 30 days)
ibu oral tablet 400 mg	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
IBUDONE	3	MO; QLL (50 per 10 days)
IBUPROFEN LYSINE (PF)	3	
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ibuprofen-oxycodone	1	MO; QLL (28 per 7 days)
imipramine hcl	1	PAR; MO
imipramine pamoate	3	PAR; MO
IMITREX NASAL	3	MO
IMITREX ORAL	3	MO; QLL (9 per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 6 MG/0.5 ML	4	MO; S
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML	3	MO
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	4	MO; S
IMITREX SUBCUTANEOUS	3	MO
INDOCIN ORAL	3	PAR; MO
INDOCIN RECTAL	3	MO
indomethacin oral	1	PAR; MO
indomethacin sodium intravenous solution	1	PAR
INFUMORPH P/F	3	B/D PAR; MO; QLL (120 per 30 days)
INGREZZA ORAL CAPSULE 40 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
INGREZZA ORAL CAPSULE 80 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
INTERMEZZO	3	PAR; MO; QLL (30 per 30 days)
INTUNIV ER	3	PAR; MO; QLL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; S; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; S; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; S; QLL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; S; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; S; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; S; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; S; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; S; QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; S; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; S; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; S; QLL (2.625 per 90 days)
KADIAN ORAL CAPSULE, EXTEND.RELEASE PELLETS 10 MG, 20 MG, 30 MG	3	PAR; MO; QLL (60 per 30 days)
KADIAN ORAL CAPSULE, EXTEND.RELEASE PELLETS 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG	4	PAR; MO; S; QLL (60 per 30 days)
KAPVAY	3	MO
KEPPRA INTRAVENOUS	3	MO
KEPPRA ORAL SOLUTION	4	MO; S
KEPPRA ORAL TABLET 1,000 MG, 750 MG	4	MO; S
KEPPRA ORAL TABLET 250 MG, 500 MG	3	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	4	MO; S; QLL (180 per 30 days)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	4	MO; S; QLL (120 per 30 days)
ketoprofen oral capsule 25 mg, 75 mg	1	MO
ketoprofen oral capsule 50 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
ketorolac injection cartridge 30 mg/ml	1	PAR; MO
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	1	PAR; MO
ketorolac injection syringe 15 mg/ml	1	
ketorolac injection syringe 30 mg/ml	1	PAR; MO
ketorolac intramuscular cartridge	3	PAR; MO
ketorolac intramuscular solution	1	PAR; MO
ketorolac intramuscular syringe	1	PAR
ketorolac oral	1	PAR; MO
KEVEYIS	4	PAR; MO; S; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QLL (240 per 30 days)
KLONOPIN ORAL TABLET 0.5 MG	3	MO; QLL (1200 per 30 days)
KLONOPIN ORAL TABLET 1 MG	3	MO; QLL (600 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QLL (300 per 30 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	4	MO; S
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG, 25 MG, 50 MG	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL ODT STARTER (BLUE)	3	MO
LAMICTAL ODT STARTER (GREEN)	3	MO
LAMICTAL ODT STARTER (ORANGE)	3	MO
LAMICTAL ORAL TABLET	4	MO; S
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	4	MO; S
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 250 MG, 300 MG	4	MO; S
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	4	MO; S
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet extended release 24hr	3	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet, disintegrating	1	MO
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7)	3	MO
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	4	MO; S
LATUDA ORAL TABLET 120 MG, 60 MG	4	PAR; MO; S; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	4	PAR; MO; S; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	4	PAR; MO; S; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	4	PAR; MO; S; QLL (60 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/ SPRAY, 400 MCG/SPRAY	4	PAR; MO; S; QLL (30 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/ SPRAY	4	PAR; S; QLL (30 per 30 days)
LEMTRADA	4	PAR; MO; S; QLL (6 per 365 days)
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/ 100 ml, 1,500 mg/100 ml	1	
levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml	4	MO; S
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr 500 mg	1	MO; QLL (180 per 30 days)
levetiracetam oral tablet extended release 24 hr 750 mg	1	MO; QLL (120 per 30 days)
levorphanol tartrate oral tablet 2 mg	4	MO; S; QLL (180 per 30 days)
LEXAPRO ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
LEXAPRO ORAL TABLET 5 MG	3	MO; QLL (120 per 30 days)
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	4	B/D PAR; MO; S
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PAR
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PAR; MO
lithium carbonate oral capsule 150 mg, 300 mg	1	MO
lithium carbonate oral capsule 600 mg	1	MO
lithium carbonate oral tablet	1	MO
lithium carbonate oral tablet extended release	1	MO
LITHIUM CITRATE ORAL SOLUTION 8 MEQ/5 ML	2	MO
LITHOBID	3	MO
lodine oral tablet	4	S
LODOSYN	4	ST; MO; S
lorazepam injection solution	1	MO
lorazepam injection syringe	1	
lorazepam intensol	1	MO
lorazepam oral	1	MO
lorcet (hydrocodone)	1	MO; QLL (180 per 30 days)
lorcet hd	1	MO; QLL (180 per 30 days)
lorcet plus oral tablet 7.5-325 mg	1	MO; QLL (180 per 30 days)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	MO; QLL (2025 per 30 days)
LORZONE	3	PAR; MO
loxapine succinate	1	MO
LUCEMYRA	4	MO; S; QLL (224 per 14 days)
LUNESTA	3	ST; MO; QLL (30 per 30 days)
LYRICA CR	3	PAR; MO; QLL (30 per 30 days)
LYRICA ORAL CAPSULE 100 MG	3	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	3	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	3	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	3	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	3	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	3	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	3	PAR; MO; QLL (900 per 30 days)
maprotiline oral tablet 25 mg	1	MO; QLL (270 per 30 days)
maprotiline oral tablet 50 mg	1	MO; QLL (135 per 30 days)
maprotiline oral tablet 75 mg	1	MO
MARPLAN	3	MO
MAXALT ORAL TABLET 10 MG	3	MO; QLL (12 per 30 days)
MAXALT-MLT	3	MO; QLL (12 per 30 days)
meclofenamate	1	MO
mefenamic acid	1	MO
meloxicam oral tablet	1	MO
memantine oral capsule,sprinkle, er 24hr	1	PAR; MO; QLL (30 per 30 days)
memantine oral solution	1	PAR; MO; QLL (300 per 30 days)
memantine oral tablet 10 mg	1	PAR; MO; QLL (60 per 30 days)
memantine oral tablet 5 mg	1	PAR; MO; QLL (90 per 30 days)
MEMANTINE ORAL TABLETS,DOSE PACK	3	PAR; MO; QLL (60 per 30 days)
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	3	PAR; MO; QLL (120 per 30 days)
meperidine (pf) injection solution 25 mg/ml	3	PAR; QLL (120 per 30 days)
meperidine oral solution	3	PAR; MO; QLL (900 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
meperidine oral tablet	3	PAR; MO; QLL (180 per 30 days)
meprobamate	3	PAR; MO
MESTINON ORAL	4	MO; S
MESTINON TIMESPAN	4	MO; S
metadate er	3	PAR; MO; QLL (90 per 30 days)
metaxall	4	PAR; MO; S
metaxalone	3	PAR; MO
methadone injection solution	1	QLL (30 per 30 days)
methadone intensol	1	MO; QLL (180 per 30 days)
methadone oral concentrate	1	MO; QLL (180 per 30 days)
methadone oral solution	1	MO; QLL (900 per 30 days)
methadone oral tablet	1	MO; QLL (180 per 30 days)
methadose oral concentrate	1	MO; QLL (180 per 30 days)
methamphetamine	4	PAR; MO; S; QLL (150 per 30 days)
methocarbamol injection	3	PAR
methocarbamol oral	1	PAR; MO
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	PAR; MO; QLL (900 per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	PAR; MO; QLL (1800 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70	3	PAR; MO; QLL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	3	PAR; MO; QLL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 50-50 30 mg	3	PAR; MO; QLL (60 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml	3	PAR; MO; QLL (900 per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	3	PAR; MO; QLL (1800 per 30 days)
methylphenidate hcl oral tablet	1	MO; QLL (90 per 30 days)
methylphenidate hcl oral tablet extended release	3	PAR; MO; QLL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	3	PAR; MO; QLL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	3	PAR; MO; QLL (60 per 30 days)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	PAR; MO; QLL (30 per 30 days)
methylphenidate hcl oral tablet, chewable	3	MO
midazolam (pf) injection cartridge	1	
midazolam (pf) injection solution 1 mg/ml	1	
midazolam (pf) injection solution 5 mg/ml	1	MO
midazolam (pf) injection syringe	1	
midazolam injection	1	
midazolam oral syrup 10 mg/5 ml (2 mg/ml)	1	
midazolam oral syrup 2 mg/ml	1	MO
migergot	4	MO; S
MIGRANAL	4	MO; S; QLL (8 per 28 days)
MIRAPEX	3	MO
MIRAPEX ER	3	ST; MO
mirtazapine oral tablet 15 mg	1	MO; QLL (90 per 30 days)
mirtazapine oral tablet 30 mg	1	MO; QLL (45 per 30 days)
mirtazapine oral tablet 45 mg	1	MO; QLL (30 per 30 days)
mirtazapine oral tablet 7.5 mg	1	MO; QLL (180 per 30 days)
mirtazapine oral tablet, disintegrating 15 mg	1	MO; QLL (90 per 30 days)
mirtazapine oral tablet, disintegrating 30 mg	1	MO; QLL (45 per 30 days)
mirtazapine oral tablet, disintegrating 45 mg	1	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
MITIGO (PF) INJECTION SOLUTION 10 MG/ML	3	QLL (180 per 30 days)
MITIGO (PF) INJECTION SOLUTION 25 MG/ML	3	QLL (120 per 30 days)
MOBIC ORAL TABLET	3	MO
modafinil oral tablet 100 mg	1	PAR; MO; QLL (30 per 30 days)
modafinil oral tablet 200 mg	1	PAR; MO; QLL (60 per 30 days)
molindone	1	
MORPHABOND ER ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 100 MG, 60 MG	4	PAR; MO; S; QLL (60 per 30 days)
MORPHABOND ER ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG	3	PAR; MO; QLL (60 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	1	QLL (180 per 30 days)
morphine (pf) injection solution 1 mg/ml	1	MO; QLL (180 per 30 days)
morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml	1	MO; QLL (30 per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml	1	QLL (180 per 30 days)
morphine concentrate oral solution	1	MO; QLL (180 per 30 days)
morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml	1	QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	3	QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	1	QLL (180 per 30 days)
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	MO; QLL (180 per 30 days)
morphine injection syringe 5 mg/ml, 8 mg/ml	1	QLL (180 per 30 days)
morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	1	MO; QLL (180 per 30 days)
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	1	QLL (180 per 30 days)
morphine oral capsule, er multiphase 24 hr	3	PAR; MO; QLL (30 per 30 days)
morphine oral capsule, extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	3	PAR; MO; QLL (60 per 30 days)
morphine oral capsule, extend.release pellets 100 mg, 40 mg	4	PAR; MO; S; QLL (60 per 30 days)
morphine oral solution	1	MO; QLL (900 per 30 days)
morphine oral tablet	1	MO; QLL (180 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	1	MO; QLL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	1	MO; QLL (90 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG	4	PAR; MO; S; QLL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PAR; MO; QLL (90 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	4	PAR; MO; S; QLL (90 per 30 days)
MYDAYIS	3	PAR; MO; QLL (30 per 30 days)
MYSOLINE	4	MO; S
nabumetone	1	MO
nalbuphine injection solution 10 mg/ml	1	MO; QLL (60 per 30 days)
nalbuphine injection solution 20 mg/ml	1	MO; QLL (90 per 30 days)
NALFON ORAL CAPSULE 400 MG	3	MO
NALFON ORAL TABLET	3	
NALOCET	4	S; QLL (360 per 30 days)
naloxone	1	MO
naltrexone	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
NAMENDA ORAL TABLET 10 MG	3	PAR; MO; QLL (60 per 30 days)
NAMENDA ORAL TABLET 5 MG	3	PAR; MO; QLL (90 per 30 days)
NAMENDA TITRATION PAK	3	PAR; MO; QLL (60 per 30 days)
NAMENDA XR ORAL CAP, SPRINKLE,ER 24HR DOSE PACK	2	PAR; MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
NAMZARIC	2	PAR; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	4	MO; S
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr 375 mg	4	MO; S
naproxen sodium oral tablet, er multiphase 24 hr 500 mg	3	MO
naratriptan	1	MO; QLL (9 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ ACTUATION	2	MO
NARDIL	3	MO
nefazodone oral tablet 100 mg	1	MO; QLL (180 per 30 days)
nefazodone oral tablet 150 mg	1	MO; QLL (120 per 30 days)
nefazodone oral tablet 200 mg	1	MO; QLL (90 per 30 days)
nefazodone oral tablet 250 mg	1	MO; QLL (72 per 30 days)
nefazodone oral tablet 50 mg	1	MO; QLL (360 per 30 days)
NEMBUTAL SODIUM	3	PAR
NEOPROFEN (IBUPROFEN LYSN)(PF)	3	
neostigmine methylsulfate intravenous solution 0.5 mg/ml	3	MO
neostigmine methylsulfate intravenous solution 1 mg/ml	3	
NEUPRO	2	PAR; MO; QLL (30 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG	3	MO; QLL (1080 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QLL (360 per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	MO; QLL (270 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QLL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	4	MO; S; QLL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	4	MO; S; QLL (120 per 30 days)
NORCO	3	MO; QLL (180 per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	PAR; MO
nortriptyline oral capsule 10 mg, 25 mg	1	PAR; MO
nortriptyline oral capsule 50 mg, 75 mg	1	PAR; MO
NORTRIPTYLINE ORAL SOLUTION	1	PAR; MO
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 50 MG	3	PAR; MO; QLL (60 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 150 MG, 200 MG, 250 MG	4	PAR; MO; S; QLL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG	3	MO; QLL (181 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
NUCYNTA ORAL TABLET 75 MG	3	MO; QLL (242 per 30 days)
NUEDEXTA	2	PAR; MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	4	PAR; MO; S; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PAR; MO; S; QLL (30 per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	PAR; MO; QLL (30 per 30 days)
NUVIGIL ORAL TABLET 50 MG	3	PAR; MO; QLL (60 per 30 days)
OCREVUS	4	PAR; MO; S
olanzapine intramuscular	1	MO; QLL (60 per 30 days)
olanzapine oral tablet 10 mg	1	MO; QLL (60 per 30 days)
olanzapine oral tablet 15 mg	1	MO; QLL (40 per 30 days)
olanzapine oral tablet 2.5 mg	1	MO; QLL (240 per 30 days)
olanzapine oral tablet 20 mg	1	MO; QLL (30 per 30 days)
olanzapine oral tablet 5 mg	1	MO; QLL (120 per 30 days)
olanzapine oral tablet 7.5 mg	1	MO; QLL (80 per 30 days)
olanzapine oral tablet, disintegrating 10 mg	1	MO; QLL (60 per 30 days)
olanzapine oral tablet, disintegrating 15 mg	1	MO; QLL (40 per 30 days)
olanzapine oral tablet, disintegrating 20 mg	1	MO; QLL (30 per 30 days)
olanzapine oral tablet, disintegrating 5 mg	1	MO; QLL (120 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg	3	MO; QLL (30 per 30 days)
olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg	3	MO; QLL (90 per 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; S; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	4	PAR; MO; S; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	4	PAR; MO; S; QLL (60 per 30 days)
ONPATTRO	3	PAR; MO
ONZETRA XSAIL	3	MO; QLL (8 per 30 days)
OPANA ORAL TABLET 10 MG	4	MO; S; QLL (180 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QLL (180 per 30 days)
orphenadrine citrate	3	PAR; MO
OSMOLEX ER	3	MO
oxaprozin	1	MO
OXAYDO ORAL TABLET, ORAL ONLY 5 MG	3	MO; QLL (180 per 30 days)
OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG	4	MO; S; QLL (180 per 30 days)
oxazepam	1	MO; QLL (120 per 30 days)
oxcarbazepine	1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QLL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QLL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	MO; S; QLL (120 per 30 days)
oxycodone oral capsule	1	MO; QLL (180 per 30 days)
oxycodone oral concentrate	1	MO; QLL (180 per 30 days)
oxycodone oral solution	1	MO; QLL (900 per 30 days)
OXYCODONE ORAL SYRINGE	3	QLL (180 per 30 days)
oxycodone oral tablet	1	MO; QLL (180 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,	3	PAR; MO; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
EXT.REL.12 HR 10 MG, 20 MG, 40 MG		
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG	3	PAR; QLL (60 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 80 MG	4	PAR; MO; S; QLL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QLL (180 per 30 days)
oxycodone-aspirin	1	MO; QLL (180 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	PAR; MO; QLL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	4	PAR; MO; S; QLL (60 per 30 days)
oxymorphone oral tablet	3	MO; QLL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr	3	PAR; MO; QLL (60 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg	1	MO; QLL (240 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg	1	MO; QLL (120 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	4	MO; S; QLL (60 per 30 days)
paliperidone oral tablet extended release 24hr 9 mg	4	MO; S; QLL (30 per 30 days)
PAMELOR	4	PAR; MO; S
PARLODEL	3	MO
PARNATE	4	MO; S
paroxetine hcl oral tablet 10 mg	1	MO; QLL (180 per 30 days)
paroxetine hcl oral tablet 20 mg	1	MO; QLL (90 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QLL (60 per 30 days)
paroxetine hcl oral tablet 40 mg	1	MO; QLL (45 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1	MO; QLL (180 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg	1	MO; QLL (90 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 37.5 mg	1	MO; QLL (60 per 30 days)
paroxetine mesylate(menop.sym)	3	MO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QLL (180 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QLL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO; QLL (900 per 30 days)
PAXIL ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QLL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QLL (45 per 30 days)
PEGANONE	3	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	MO; S
pentazocine-naloxone	3	PAR; MO; QLL (360 per 30 days)
pentobarbital sodium injection solution	3	PAR
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	4	MO; S; QLL (180 per 30 days)
PERCOCET ORAL TABLET 2.5-325 MG	3	MO; QLL (180 per 30 days)
perphenazine	1	MO
perphenazine-amitriptyline	1	PAR; 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
PERSERIS	4	MO; S; QLL (1 per 28 days)
PEXEVA ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QLL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QLL (45 per 30 days)
phenelzine	1	MO
phenobarbital oral elixir	1	PAR; MO; QLL (3000 per 30 days)
phenobarbital oral tablet 100 mg	1	PAR; MO; QLL (120 per 30 days)
phenobarbital oral tablet 15 mg	1	PAR; MO; QLL (800 per 30 days)
phenobarbital oral tablet 16.2 mg	1	PAR; MO; QLL (741 per 30 days)
phenobarbital oral tablet 30 mg	1	PAR; MO; QLL (400 per 30 days)
phenobarbital oral tablet 32.4 mg	1	PAR; MO; QLL (370 per 30 days)
phenobarbital oral tablet 60 mg	1	PAR; MO; QLL (200 per 30 days)
phenobarbital oral tablet 64.8 mg	1	PAR; MO; QLL (185 per 30 days)
phenobarbital oral tablet 97.2 mg	1	PAR; MO; QLL (123 per 30 days)
phenobarbital sodium injection solution 130 mg/ml	1	PAR; MO
phenobarbital sodium injection solution 65 mg/ml	1	PAR
PHENYTEK	3	MO
phenytoin oral suspension 100 mg/ 4 ml	1	
phenytoin oral suspension 125 mg/ 5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended	1	MO
phenytoin sodium intravenous solution	1	MO
PHRENILIN FORTE(WITH CAFFEINE)	3	PAR; MO; QLL (180 per 30 days)
pimozide	1	MO
piroxicam	1	MO
pramipexole oral tablet	1	MO
pramipexole oral tablet extended release 24 hr	3	MO
PRIALT	3	MO
primidone	1	MO
PRIMLEV ORAL TABLET 10-300 MG	4	MO; S; QLL (180 per 30 days)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	3	MO; QLL (180 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QLL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
procentra	3	MO; QLL (1920 per 30 days)
protriptyline	1	PAR; MO
PROVIGIL ORAL TABLET 100 MG	4	PAR; MO; S; QLL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	4	PAR; MO; S; QLL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	MO; QLL (240 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; QLL (120 per 30 days)
PROZAC ORAL CAPSULE 40 MG	4	MO; S; QLL (60 per 30 days)
pyridostigmine bromide oral syrup	4	MO; S
pyridostigmine bromide oral tablet	1	MO
pyridostigmine bromide oral tablet extended release	1	MO
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG	3	PAR; MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	4	PAR; MO; S; QLL (60 per 30 days)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG	3	PAR; MO; QLL (480 per 30 days)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG	4	PAR; MO; S; QLL (240 per 30 days)
quetiapine oral tablet 100 mg	1	MO; QLL (240 per 30 days)
quetiapine oral tablet 200 mg	1	MO; QLL (120 per 30 days)
quetiapine oral tablet 25 mg	1	MO; QLL (960 per 30 days)
quetiapine oral tablet 300 mg	1	MO; QLL (80 per 30 days)
quetiapine oral tablet 400 mg	1	MO; QLL (60 per 30 days)
quetiapine oral tablet 50 mg	1	MO; QLL (480 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg	1	PAR; MO; QLL (150 per 30 days)
quetiapine oral tablet extended release 24 hr 200 mg	1	PAR; MO; QLL (120 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg	1	PAR; MO; QLL (80 per 30 days)
quetiapine oral tablet extended release 24 hr 400 mg	1	PAR; MO; QLL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 50 mg	1	PAR; MO; QLL (480 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	3	PAR; MO; QLL (30 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	3	PAR; MO; QLL (60 per 30 days)
QUILLIVANT XR	3	PAR; MO; QLL (360 per 30 days)
RADICAVA	4	MO; S
rasagiline	1	MO
RAZADYNE ER	3	MO; QLL (30 per 30 days)
RAZADYNE ORAL TABLET 12 MG, 8 MG	3	MO; QLL (60 per 30 days)
RAZADYNE ORAL TABLET 4 MG	3	MO
regonol	1	
RELEXXII	3	PAR; QLL (30 per 30 days)
RELPAX	3	MO; QLL (9 per 30 days)
REMERON ORAL TABLET 15 MG	3	MO; QLL (90 per 30 days)
REMERON ORAL TABLET 30 MG	3	MO; QLL (45 per 30 days)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG	3	MO; QLL (90 per 30 days)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 30 MG	3	MO; QLL (45 per 30 days)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 45 MG	3	MO; QLL (30 per 30 days)
REQUIP ORAL TABLET 0.5 MG, 4 MG, 5 MG	3	MO
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	ST; MO; S
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 2 MG, 4 MG, 6 MG, 8 MG	3	ST; MO
RESTORIL ORAL CAPSULE 15 MG	4	MO; S; QLL (30 per 30 days)
RESTORIL ORAL CAPSULE 22.5 MG, 30 MG, 7.5 MG	3	MO; QLL (30 per 30 days)
revonto	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	PAR; MO; S; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	4	PAR; MO; S; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML	2	MO; QLL (2 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
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML	3	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	MO; S; QLL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO; QLL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QLL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	4	MO; S; QLL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QLL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	4	MO; S; QLL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QLL (150 per 30 days)
RISPERDAL ORAL TABLET 4 MG	4	MO; S; QLL (120 per 30 days)
risperidone oral solution	1	MO; QLL (480 per 30 days)
risperidone oral tablet 0.25 mg	1	MO; QLL (1920 per 30 days)
risperidone oral tablet 0.5 mg	1	MO; QLL (960 per 30 days)
risperidone oral tablet 1 mg	1	MO; QLL (480 per 30 days)
risperidone oral tablet 2 mg	1	MO; QLL (240 per 30 days)
risperidone oral tablet 3 mg	1	MO; QLL (150 per 30 days)
risperidone oral tablet 4 mg	1	MO; QLL (120 per 30 days)
risperidone oral tablet, disintegrating 0.25 mg	1	MO; QLL (1920 per 30 days)
risperidone oral tablet, disintegrating 0.5 mg	1	MO; QLL (960 per 30 days)
risperidone oral tablet, disintegrating 1 mg	1	MO; QLL (480 per 30 days)
risperidone oral tablet, disintegrating 2 mg	1	MO; QLL (240 per 30 days)
risperidone oral tablet, disintegrating 3 mg	1	MO; QLL (150 per 30 days)
risperidone oral tablet, disintegrating 4 mg	1	MO; QLL (120 per 30 days)
RITALIN	3	MO; QLL (90 per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 40 MG	3	PAR; MO; QLL (30 per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 20 MG	4	PAR; MO; S; QLL (30 per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 30 MG	3	PAR; MO; QLL (60 per 30 days)
rivastigmine tartrate	1	MO; QLL (60 per 30 days)
rivastigmine transdermal	1	MO; QLL (30 per 30 days)
rizatriptan	1	MO; QLL (12 per 30 days)
ROBAXIN INJECTION	3	PAR; MO
ROBAXIN-750	3	PAR; MO
ropinirole	1	MO
roweepra oral tablet 1,000 mg, 750 mg	3	MO
roweepra oral tablet 500 mg	1	MO
roweepra xr oral tablet extended release 24 hr 500 mg	3	MO; QLL (180 per 30 days)
roweepra xr oral tablet extended release 24 hr 750 mg	3	MO; QLL (120 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QLL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	4	MO; S; QLL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QLL (180 per 30 days)
ROXYBOND	4	S; QLL (180 per 30 days)
ROZEREM	2	MO; QLL (30 per 30 days)
RYTARY	3	ST; MO
SABRIL ORAL POWDER IN PACKET	3	PAR; MO; LA; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SABRIL ORAL TABLET	4	PAR; MO; LA; S; QLL (180 per 30 days)
salsalate	1	MO
SAPHRIS SUBLINGUAL TABLET 10 MG	4	MO; S; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	3	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	3	MO; QLL (120 per 30 days)
SARAFEM ORAL TABLET 10 MG	4	MO; S; QLL (240 per 30 days)
SARAFEM ORAL TABLET 20 MG	3	MO; QLL (120 per 30 days)
seconal sodium	1	PAR; MO; QLL (14 per 30 days)
selegiline hcl	1	MO
SEROQUEL ORAL TABLET 100 MG	3	PAR; MO; QLL (240 per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	PAR; MO; QLL (120 per 30 days)
SEROQUEL ORAL TABLET 25 MG	3	PAR; MO; QLL (960 per 30 days)
SEROQUEL ORAL TABLET 300 MG	4	PAR; MO; S; QLL (80 per 30 days)
SEROQUEL ORAL TABLET 400 MG	4	PAR; MO; S; QLL (60 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	PAR; MO; QLL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PAR; MO; QLL (150 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	PAR; MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PAR; MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	PAR; MO; S; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	PAR; MO; QLL (480 per 30 days)
sertraline oral concentrate	1	MO; QLL (300 per 30 days)
sertraline oral tablet 100 mg	1	MO; QLL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QLL (240 per 30 days)
sertraline oral tablet 50 mg	1	MO; QLL (120 per 30 days)
SILENOR	3	PAR; MO; QLL (30 per 30 days)
SINEMET	3	ST; MO
SINEMET CR	3	ST; MO
SKELAXIN	3	PAR; MO
SOMA ORAL TABLET 250 MG	3	PAR; MO
SOMA ORAL TABLET 350 MG	4	PAR; MO; S
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	3	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PAR; MO; QLL (120 per 30 days)
SPRIX	4	S; QLL (5 per 30 days)
STALEVO 100	4	MO; S
STALEVO 125	3	MO
STALEVO 150	4	MO; S
STALEVO 200	4	MO; S
STALEVO 50	3	MO
STALEVO 75	3	MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	PAR; MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	PAR; MO; QLL (30 per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QLL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QLL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	MO; QLL (90 per 30 days)
SUBSYS	4	PAR; MO; S; QLL (120 per 30 days)
subvenite	3	MO
SUBVENITE STARTER (BLUE) KIT	3	MO
SUBVENITE STARTER (GREEN) KIT	4	MO; S
SUBVENITE STARTER (ORANGE) KIT	3	MO
sulindac oral tablet 150 mg	1	MO
sulindac oral tablet 200 mg	1	MO
sumatriptan nasal spray	1	MO
sumatriptan succinate oral	1	MO; QLL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge	1	MO
sumatriptan succinate subcutaneous pen injector	1	MO
sumatriptan succinate subcutaneous solution	1	MO
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	MO
sumatriptan-naproxen	4	MO; S; QLL (9 per 30 days)
SURMONTIL	3	PAR; MO
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	3	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO; QLL (90 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PAR; MO; S; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PAR; MO; QLL (30 per 30 days)
TASMAR ORAL TABLET 100 MG	4	PAR; MO; S; QLL (180 per 30 days)
TECFIDERA	4	PAR; MO; LA; S
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
TEGSEDI	4	PAR; MO; LA; S; QLL (6 per 28 days)
temazepam	1	MO; QLL (30 per 30 days)
tencon oral tablet 50-325 mg	3	PAR; MO; QLL (180 per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PAR; MO; S; QLL (240 per 30 days)
tetrabenazine oral tablet 25 mg	4	PAR; MO; S; QLL (120 per 30 days)
thioridazine	1	ST; MO
thiothixene	1	MO
tiagabine	1	MO
TIVORBEX	3	ST; MO
tizanidine	1	MO
TOFRANIL ORAL TABLET 10 MG, 25 MG	4	PAR; MO; S
TOFRANIL ORAL TABLET 50 MG	3	PAR; MO
tolcapone	4	PAR; MO; S; QLL (180 per 30 days)
tolmetin	1	MO
TOPAMAX ORAL CAPSULE, SPRINKLE	4	PAR; MO; S
TOPAMAX ORAL TABLET 100 MG	4	PAR; MO; S; QLL (480 per 30 days)
TOPAMAX ORAL TABLET 200 MG	4	PAR; MO; S; QLL (240 per 30 days)
TOPAMAX ORAL TABLET 25 MG	3	PAR; MO; QLL (1920 per 30 days)
TOPAMAX ORAL TABLET 50 MG	3	PAR; MO; QLL (960 per 30 days)
topiramate oral capsule, sprinkle	1	PAR; MO
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG	3	PAR; MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	3	PAR; MO; QLL (60 per 30 days)
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG	3	PAR; MO; QLL (480 per 30 days)
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG	3	PAR; MO; QLL (240 per 30 days)
topiramate oral tablet 100 mg	1	PAR; MO; QLL (480 per 30 days)
topiramate oral tablet 200 mg	1	PAR; MO; QLL (240 per 30 days)
topiramate oral tablet 25 mg	1	PAR; MO; QLL (1920 per 30 days)
topiramate oral tablet 50 mg	1	PAR; MO; QLL (960 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PAR; MO; QLL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PAR; MO; QLL (30 per 30 days)
tramadol oral tablet	1	MO; QLL (240 per 30 days)
tramadol oral tablet extended release 24 hr	1	PAR; MO; QLL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	PAR; MO; QLL (30 per 30 days)
tramadol-acetaminophen	1	MO; QLL (40 per 5 days)
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	MO
tranylcypromine	1	MO
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone oral tablet 300 mg	1	MO
TREXIMET	4	MO; S; QLL (9 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	MO; QLL (180 per 30 days)
triazolam	1	MO; QLL (30 per 30 days)
trifluoperazine	1	MO
trihexyphenidyl	1	PAR; MO
TRILEPTAL ORAL SUSPENSION	4	MO; S
TRILEPTAL ORAL TABLET 150 MG, 300 MG	3	MO
TRILEPTAL ORAL TABLET 600 MG	4	MO; S
trimipramine	1	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	3	ST; MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	3	ST; MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	3	ST; MO; QLL (120 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PAR; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PAR; MO; S
TYLENOL-CODEINE #3	3	MO; QLL (180 per 30 days)
TYLENOL-CODEINE #4	3	MO; QLL (180 per 30 days)
TYSABRI	4	PAR; MO; LA; S
ULTRACET	3	MO; QLL (40 per 5 days)
ULTRAM	3	MO; QLL (240 per 30 days)
VALIUM ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
VALIUM ORAL TABLET 2 MG	3	MO; QLL (600 per 30 days)
VALIUM ORAL TABLET 5 MG	3	MO; QLL (240 per 30 days)
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	

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
VANATOL LQ	4	PAR; MO; S; QLL (2700 per 30 days)
VANATOL S	3	PAR; MO; QLL (2700 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	1	MO; QLL (60 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg	1	MO; QLL (180 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QLL (90 per 30 days)
venlafaxine oral tablet 100 mg	1	MO; QLL (113 per 30 days)
venlafaxine oral tablet 25 mg	1	MO; QLL (450 per 30 days)
venlafaxine oral tablet 37.5 mg	1	MO; QLL (300 per 30 days)
venlafaxine oral tablet 50 mg	1	MO; QLL (225 per 30 days)
venlafaxine oral tablet 75 mg	1	MO; QLL (150 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg	1	MO; QLL (60 per 30 days)
venlafaxine oral tablet extended release 24hr 225 mg	1	MO; QLL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 37.5 mg	1	MO; QLL (180 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg	1	MO; QLL (90 per 30 days)
VERSACLOZ	3	QLL (600 per 30 days)
vicodin	1	MO; QLL (180 per 30 days)
vicodin es	1	MO; QLL (180 per 30 days)
vicodin hp	1	MO; QLL (180 per 30 days)
vigabatrin oral powder in packet	4	PAR; MO; LA; S; QLL (180 per 30 days)
vigabatrin oral tablet	4	PAR; MO; S; QLL (180 per 30 days)
vigadrone	4	PAR; MO; S; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	3	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	3	ST; MO; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; MO; QLL (30 per 30 days)
VIMOVO	4	PAR; MO; S; QLL (60 per 30 days)
VIMPAT INTRAVENOUS	3	QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; S; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	3	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	3	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 200 MG	4	MO; S; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QLL (240 per 30 days)
VIVITROL	4	PAR; MO; S
VIVLODEX	3	MO
VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)
VRAYLAR ORAL CAPSULE	4	PAR; MO; S; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	3	PAR; MO; QLL (14 per 365 days)
VYVANSE ORAL CAPSULE	2	MO; QLL (30 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE	3	MO; QLL (30 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG	3	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 150 MG, 200 MG	3	MO; QLL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; S; QLL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; S; QLL (30 per 30 days)
XADAGO	3	MO
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	MO; QLL (120 per 30 days)
XANAX ORAL TABLET 2 MG	4	MO; S; QLL (120 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 3 MG	3	MO; QLL (120 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	4	MO; S; QLL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	4	PAR; MO; LA; S; QLL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PAR; MO; LA; S; QLL (120 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 9 MG	3	PAR; MO; QLL (60 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL,ER12HR(DONT CRUSH) 36 MG	4	PAR; MO; S; QLL (60 per 30 days)
XYREM	4	PAR; MO; LA; S; QLL (540 per 30 days)
zaleplon oral capsule 10 mg	1	PAR; MO; QLL (60 per 30 days)
zaleplon oral capsule 5 mg	1	PAR; MO; QLL (30 per 30 days)
ZANAFLEX ORAL CAPSULE 2 MG	4	MO; S
ZANAFLEX ORAL CAPSULE 4 MG, 6 MG	3	MO
ZANAFLEX ORAL TABLET	3	MO
ZARONTIN	3	MO
zebutal oral capsule 50-325-40 mg	3	PAR; MO; QLL (180 per 30 days)
ZELAPAR	4	MO; S
ZEMBRACE SYMTOUCH	4	MO; S; QLL (4 per 30 days)
zenzedi oral tablet 10 mg	1	PAR; MO; QLL (180 per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG	3	PAR; MO; QLL (90 per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	3	PAR; MO; QLL (60 per 30 days)
zenzedi oral tablet 5 mg	1	PAR; MO; QLL (90 per 30 days)
ZENZEDI ORAL TABLET 7.5 MG	3	PAR; MO; QLL (180 per 30 days)
ziprasidone hcl oral capsule 20 mg	1	MO; QLL (240 per 30 days)
ziprasidone hcl oral capsule 40 mg	1	MO; QLL (120 per 30 days)
ziprasidone hcl oral capsule 60 mg, 80 mg	1	MO; QLL (60 per 30 days)
ZIPSOR	4	MO; S
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PAR; MO; QLL (60 per 30 days)
zolmitriptan	1	MO; QLL (9 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO; QLL (300 per 30 days)
ZOLOFT ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
zolpidem oral	1	PAR; MO; QLL (30 per 30 days)
zolpidem sublingual	3	PAR; MO; QLL (30 per 30 days)
ZOMIG NASAL	3	MO
ZOMIG ORAL	4	MO; S; QLL (9 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ZOMIG ZMT ORAL TABLET, DISINTEGRATING 2.5 MG	3	MO; QLL (9 per 30 days)
ZOMIG ZMT ORAL TABLET, DISINTEGRATING 5 MG	4	MO; S; QLL (9 per 30 days)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	MO; S
zonisamide	1	MO
ZORVOLEX	3	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG	3	MO; QLL (660 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	3	MO; QLL (360 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	MO; QLL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	MO; QLL (180 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG	3	MO; QLL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QLL (60 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO; QLL (60 per 30 days)
ZYPREXA ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG	4	MO; S; QLL (40 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QLL (240 per 30 days)
ZYPREXA ORAL TABLET 20 MG	4	MO; S; QLL (30 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QLL (120 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QLL (80 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	4	MO; S; QLL (2 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QLL (60 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG	4	MO; S; QLL (40 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 20 MG	4	MO; S; QLL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 5 MG	3	MO; QLL (120 per 30 days)
Cardiovascular, Hypertension / Lipids		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol	1	MO
ADALAT CC	3	MO
adenosine	3	
afeditab cr	1	
AGGRASTAT CONCENTRATE	3	
AGGRASTAT IN SODIUM CHLORIDE	3	
AGGRENOX	3	ST; MO; QLL (60 per 30 days)
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
aliskiren	1	MO
ALTACE	3	MO
ALTOPREV	3	PAR; MO
AMICAR ORAL SOLUTION	4	MO; S
AMICAR ORAL TABLET 1, 000 MG	3	MO
AMICAR ORAL TABLET 500 MG	4	MO; S
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
aminocaproic acid intravenous	3	MO
aminocaproic acid oral tablet 1, 000 mg	3	MO
aminocaproic acid oral tablet 500 mg	4	MO; S
amiodarone intravenous solution	1	B/D PAR; MO
amiodarone intravenous syringe	1	B/D PAR

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
amiodarone oral	1	MO
amlodipine besylate tablet	1	MO
amlodipine-atorvastatin	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hydrochlorothiazide	1	MO
ANDEXXA	4	S
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; MO
ARGATROBAN	3	
ARGATROBAN IN 0.9 % SOD CHLOR	3	
ARGATROBAN IN NACL (ISO-OS)	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	4	MO; S; QLL (24 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	MO; S; QLL (15 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	4	MO; S; QLL (12 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	4	MO; S; QLL (18 per 30 days)
aspirin-dipyridamole	1	ST; MO; QLL (60 per 30 days)
ATACAND	3	MO
ATACAND HCT	3	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
atorvastatin	1	MO
AVALIDE	3	MO
AVAPRO	3	MO
AZOR	3	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO
BETAPACE AF ORAL TABLET 120 MG, 80 MG	3	MO
BETAPACE AF ORAL TABLET 160 MG	4	MO; S
BETAPACE ORAL TABLET 120 MG	3	MO
BETAPACE ORAL TABLET 160 MG, 80 MG	4	MO; S
betaxolol oral	1	MO
BEVYXXA	3	MO; QLL (43 per 365 days)
BIDIL	2	MO; QLL (180 per 30 days)
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
BREVIBLOC IN NACL (ISO-OSM)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
BRILINTA	2	MO; QLL (60 per 30 days)
bumetanide	1	MO
BYSTOLIC	3	ST; MO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	MO
CALAN ORAL TABLET 120 MG	3	MO
CALAN SR	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazide	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	MO
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML	3	
CARDENE IV IN SODIUM CHLORIDE	3	
cardioplegic soln	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 240 MG, 300 MG, 360 MG	4	MO; S
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	3	MO
CARDIZEM LA	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA	3	MO
CARDURA XL	3	MO
CAROSPIR	3	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	3	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QLL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QLL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QLL (4 per 28 days)
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
chlorothiazide oral tablet 250 mg	1	MO
chlorothiazide oral tablet 500 mg	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine (with sugar)	1	MO
cholestyramine light	1	MO
cilostazol	1	MO
CLEVIPREX	3	
clonidine (pf) epidural solution 1, 000 mcg/10 ml (100 mcg/ml)	3	
clonidine hcl oral tablet	1	MO
clonidine transdermal patch	1	MO; QLL (4 per 28 days)
clopidogrel oral tablet 300 mg	1	MO; QLL (1 per 30 days)
clopidogrel oral tablet 75 mg	1	MO; QLL (30 per 30 days)
colesevelam	1	MO
COLESTID	3	MO
COLESTID FLAVORED	3	MO
colestipol	1	MO
COREG	3	MO
COREG CR	3	MO
CORGARD	3	MO
CORLANOR	3	PAR; MO; QLL (60 per 30 days)
CORLOPAM	3	
CORVERT	3	MO
CORZIDE	3	MO
COUMADIN ORAL	2	MO
COZAAR	3	MO
CRESTOR	3	MO
DEMSER	4	MO; S
DIBENZYLINE	4	MO; S
digitek oral tablet 125 mcg	1	MO
digitek oral tablet 250 mcg	1	PAR; MO
digox oral tablet 125 mcg	1	MO
digox oral tablet 250 mcg	1	PAR; MO
digoxin injection solution	3	PAR; MO
DIGOXIN ORAL SOLUTION 50 MCG/ML	2	MO
digoxin oral tablet 125 mcg	1	MO
digoxin oral tablet 250 mcg	1	PAR; MO
DILATRATE-SR	3	MO
dilt-xr	1	MO
diltiazem hcl intravenous	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr	1	MO
diltiazem hcl oral capsule,extended release 24hr	1	MO
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr	1	MO
DIOVAN	3	MO
DIOVAN HCT	3	MO
dipyridamole intravenous	3	
dipyridamole oral	3	PAR; MO
disopyramide phosphate oral capsule	3	PAR; MO
DIURIL	3	MO
DIURIL IV	3	
dobutamine	3	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)	3	
dofetilide	1	MO
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1, 600 mcg/ml)	3	
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	3	MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	3	
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	3	MO
DOPTELET (10 TAB PACK)	4	PAR; MO; LA; S; QLL (15 per 30 days)
DOPTELET (15 TAB PACK)	4	PAR; MO; LA; S; QLL (15 per 30 days)
doxazosin	1	MO
DUTOPROL	3	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	3	MO
EDARBYCLOR	3	MO
EDECRIN	4	MO; S
EFFIENT	3	MO; QLL (30 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	MO; QLL (74 per 30 days)
ELIQUIS ORAL TABLETS, DOSE PACK	2	MO; QLL (74 per 180 days)
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	1	MO
enalaprilat intravenous solution	3	
enoxaparin subcutaneous solution	1	MO; QLL (84 per 28 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QLL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QLL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1	MO; QLL (8.4 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QLL (11.2 per 28 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1	MO; QLL (16.8 per 28 days)
ENTRESTO	3	PAR; MO
EPANED ORAL SOLUTION	3	MO
EPHEDRINE SULFATE INTRAVENOUS	3	
eplerenone	1	MO
epoprostenol (glycine)	3	PAR; MO
eprosartan	1	MO
esmolol in nacl (iso-osm)	3	
esmolol intravenous solution	3	
ethacrynate sodium	3	
ethacrynic acid	3	MO
EXFORGE	3	MO
EXFORGE HCT	3	MO
ezetimibe	1	MO
ezetimibe-simvastatin	1	PAR; MO; QLL (30 per 30 days)
felodipine	1	MO
fenofibrate micronized	1	MO
fenofibrate nanocrystallized 48 mg, 145 mg	1	MO
FENOFIBRATE NANOCRYSTALLIZED 48 MG, 145 MG ORAL TABLET 160 MG	3	
FENOFIBRATE ORAL CAPSULE	3	MO
FENOFIBRATE ORAL TABLET 120 MG, 40 MG	3	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline) dr capsules oral capsule,delayed release(dr/ec) 45mg, 135 mg	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
fenofibric acid tablet 105 mg, 35 mg	1	MO
FENOGLIDE ORAL TABLET 120 MG	4	MO; S
FENOGLIDE ORAL TABLET 40 MG	3	MO
FIBRICOR ORAL TABLET 105 MG	3	MO
FIBRICOR ORAL TABLET 35 MG	3	
flecainide	1	MO
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG	3	PAR; MO
FLOLAN INTRAVENOUS RECON SOLN 1.5 MG	4	PAR; MO; S
FLOLIPID	3	MO; QLL (150 per 30 days)
fluvastatin	1	MO
fondaparinux subcutaneous syringe 10 mg/0.8 ml	4	MO; S; QLL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO; QLL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	4	MO; S; QLL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	4	MO; S; QLL (18 per 30 days)
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; S
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7, 500 ANTI-XA UNIT/0.3 ML	4	MO; S
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml	1	MO
furosemide oral solution 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
gemfibrozil	1	MO
GONITRO	3	MO
guanfacine oral tablet	1	PAR; MO
HEMANGEOL	3	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20, 000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25, 000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf)	1	B/D PAR
heparin (porcine) injection cartridge	1	B/D PAR; MO
heparin (porcine) injection solution	1	B/D PAR; MO
heparin (porcine) injection syringe 5,000 unit/ml	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	B/D PAR
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25, 000 unit/250 ml	1	MO
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25, 000 unit/500 ml	1	B/D PAR; MO
heparin, porcine (pf) 1,000unit/ml, 5,000 unit/0.5ml injection	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	MO
ibutilide fumarate	3	MO
indapamide	1	MO
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG	4	MO; S
INDERAL LA ORAL CAPSULE,EXTENDED	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
RELEASE 24 HR 60 MG, 80 MG		
INDERAL XL	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isoproterenol hcl	3	
ISORDIL	4	MO; S
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
isosorbide dinitrate oral tablet	1	MO
isosorbide dinitrate oral tablet extended release	1	
isosorbide mononitrate	1	MO
isradipine	1	MO
ISUPREL	3	
jantoven	1	MO
JUXTAPID	4	PAR; MO; LA; S; QLL (30 per 30 days)
KAPSPARGO SPRINKLE	3	MO
KYNAMRO	4	PAR; MO; LA; S; QLL (4 per 28 days)
labetalol intravenous solution	1	MO
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral	1	MO
LANOXIN INJECTION	3	PAR
LANOXIN ORAL TABLET 125 MCG	3	MO
LANOXIN ORAL TABLET 187.5 MCG	2	PAR; MO
LANOXIN ORAL TABLET 250 MCG	3	PAR; MO
LANOXIN ORAL TABLET 62.5 MCG	2	MO
LANOXIN PEDIATRIC	3	
LASIX	3	MO
LESCOL XL	3	MO
LEVOPHED (BITARTRATE)	3	MO
lidocaine (pf) in d7.5w	3	MO
lidocaine (pf) intravenous solution	1	MO
lidocaine (pf) intravenous syringe	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	3	
LIPITOR	3	MO
LIPOFEN	2	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LIVALO	3	MO
LOPID	3	MO
LOPRESSOR ORAL	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN HCT	3	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
lovastatin	1	MO
LOVAZA	3	MO
LOVENOX SUBCUTANEOUS SOLUTION	3	MO; QLL (84 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	4	MO; S; QLL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	4	MO; S; QLL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML	3	MO; QLL (8.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QLL (11.2 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 60 MG/0.6 ML	4	MO; S; QLL (16.8 per 28 days)
mannitol 20 %	1	
mannitol 25 % intravenous solution	1	MO
matzim la	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
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
methyclothiazide	1	MO
methyldopa	1	PAR; MO
methyldopa-hydrochlorothiazide	3	PAR; MO
methyldopate	3	PAR
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol tartrate intravenous solution	1	MO
metoprolol tartrate intravenous syringe	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	MO
metoprolol tartrate-hydrochlorothiazide	1	MO
mexiletine	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
MICROZIDE	3	MO
milrinone	3	MO
milrinone in 5 % dextrose	3	MO
MINIPRESS	3	MO
MINITRAN	3	MO
minoxidil oral	1	MO
moexipril	1	MO
MULPLETA	4	PAR; MO; S; QLL (7 per 30 days)
MULTAQ	3	MO; QLL (60 per 30 days)
nadolol	1	MO
nadolol-bendroflumethiazide	1	MO
NATRECOR	3	MO
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML)	3	B/D PAR
NEXTERONE INTRAVENOUS SOLUTION 360 MG/200 ML (1.8 MG/ML)	3	B/D PAR; MO
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	2	MO
NIASPAN EXTENDED-RELEASE	3	MO
nicardipine intravenous solution	1	MO
nicardipine oral	1	MO
nifedipine oral capsule	3	PAR; MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	3	MO
nitro-bid	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	3	
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)	3	MO
nitroglycerin intravenous	1	B/D PAR
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual spray, non-aerosol	3	MO
NITROLINGUAL	3	MO
NITROPRESS	3	MO
NITROSTAT	3	MO
norepinephrine bitartrate	3	
NORPACE	3	PAR; MO
NORPACE CR	3	PAR; MO
NORVASC	3	MO
NPLATE	4	PAR; MO; S

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
NYMALIZE ORAL SOLUTION 30 MG/10 ML	3	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	3	MO
olmesartan	1	MO
olmesartan-amlodipine-hydrochlorothiazide	1	MO
olmesartan-hydrochlorothiazide	1	MO
omega-3 acid ethyl esters	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PAR; MO; S
OSMITROL 10 %	3	
osmitrol 15 %	1	
osmitrol 20 %	1	
OSMITROL 5 %	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
pentoxifylline	1	MO
perindopril erbumine	1	MO
phenoxybenzamine	4	MO; S
phentolamine injection recon soln	3	
pindolol	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QLL (30 per 30 days)
PLEGISOL	3	
PRADAXA	3	MO; QLL (60 per 30 days)
PRALUENT PEN	4	PAR; MO; S; QLL (2 per 28 days)
prasugrel	1	MO; QLL (30 per 30 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	MO
pravastatin	1	MO
PRAXBIND	4	S
prazosin	1	MO
PRESTALIA	3	MO
prevalite	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
procainamide injection solution 100 mg/ml	1	MO
procainamide injection solution 500 mg/ml	1	
PROCAINAMIDE INTRAVENOUS	3	
PROCARDIA	3	PAR; MO
PROCARDIA XL	3	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	4	PAR; MO; LA; S; QLL (90 per 30 days)
propafenone oral capsule,extended release 12 hr	3	MO
propafenone oral tablet	1	MO
propranolol intravenous	1	
propranolol oral capsule,extended release 24 hr	1	MO
propranolol oral solution	1	MO
propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
propranolol oral tablet 60 mg	1	MO
propranolol-hydrochlorothiazide	1	MO
protamine	3	
QBRELIS	4	MO; S; QLL (1200 per 30 days)
QUESTRAN	3	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
quinidine gluconate oral	3	MO
quinidine sulfate oral tablet	1	MO
ramipril	1	MO
RANEXA	2	ST; MO
ranolazine	1	ST; MO
REMODULIN	4	PAR; MO; LA; S
REOPRO	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
REPATHA PUSHTRONEX	4	PAR; MO; S; QLL (3.5 per 28 days)
REPATHA SURECLICK	4	PAR; MO; S; QLL (3 per 28 days)
REPATHA SYRINGE	4	PAR; MO; S; QLL (3 per 28 days)
RESECTISOL	3	
rosuvastatin	1	MO
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG	3	MO
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 325 MG, 425 MG	4	MO; S
SAVAYSA	3	MO; QLL (30 per 30 days)
simvastatin	1	MO
SODIUM EDECRIN	3	
sodium nitroprusside	3	
sorine oral tablet 120 mg, 160 mg	1	MO
sorine oral tablet 240 mg	1	
sorine oral tablet 80 mg	1	MO
sotalol af oral tablet 120 mg, 160 mg	1	MO
sotalol af oral tablet 80 mg	1	MO
sotalol oral tablet 120 mg, 160 mg, 240 mg	1	MO
sotalol oral tablet 80 mg	1	MO
SOTYLIZE	4	MO; S
spironolactone oral tablet 100 mg, 50 mg	1	MO
spironolactone oral tablet 25 mg	1	MO
spironolactone-hydrochlorothiazide	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	4	MO; S
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 34 MG, 8.5 MG	3	MO
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	MO
TAVALISSE	4	PAR; MO; LA; S; QLL (60 per 30 days)
taztia xt	1	MO
TEKTURNA	2	MO
TEKTURNA HCT	2	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazide	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
terazosin capsule	1	MO
THROMBATE III	3	
TIAZAC	3	MO
TIKOSYN	3	MO
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
treprostinil sodium	4	PAR; MO; S
triamterene-hydrochlorothiazide oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazide oral capsule 50-25 mg	1	MO
triamterene-hydrochlorothiazide oral tablet	1	MO
TRIBENZOR	3	MO
TRICOR	3	MO
TRIGLIDE ORAL TABLET 160 MG	3	MO
TRILIPIX	3	MO
TWYNSTA	3	MO
UPTRAVI ORAL TABLET	4	PAR; MO; LA; S; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK	4	PAR; MO; LA; S; QLL (400 per 365 days)
valsartan	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
valsartan-hydrochlorothiazide	1	MO
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC ORAL TABLET 10 MG, 20 MG	4	MO; S
VASOTEC ORAL TABLET 2.5 MG, 5 MG	3	MO
VECAMYL	3	
veletri intravenous recon soln 0.5 mg	3	PAR; MO
veletri intravenous recon soln 1.5 mg	4	PAR; MO; S
verapamil intravenous solution	1	MO
verapamil intravenous syringe	1	
verapamil oral capsule, 24 hr er pellet ct	1	MO
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	1	MO
VERAPAMIL ORAL CAPSULE,EXT REL. PELLETS 24 HR 360 MG	2	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release 120 mg	1	MO
verapamil oral tablet extended release 180 mg, 240 mg	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
VYTORIN 10-10	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-20	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-40	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-80	3	PAR; MO; QLL (30 per 30 days)
warfarin	1	MO
WELCHOL	3	MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	2	MO; QLL (42 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QLL (60 per 30 days)
XARELTO ORAL TABLETS, DOSE PACK	2	MO; QLL (102 per 365 days)
XYLOCAINE (CARDIAC) (PF)	3	
YOSPRALA	3	MO
ZESTORETIC	3	MO
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	MO
ZESTRIL ORAL TABLET 30 MG	4	MO; S
ZETIA	3	MO
ZIAC ORAL TABLET 2.5-6.25 MG	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	MO
ZONTIVITY	3	MO; QLL (30 per 30 days)
ZYPITAMAG	3	MO
Dermatologicals/Topical Therapy		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	MO; S
ABSORICA ORAL CAPSULE 25 MG	3	
ABSORICA ORAL CAPSULE 35 MG	3	MO
ACANYA TOPICAL GEL WITH PUMP	3	MO; QLL (50 per 30 days)
acitretin oral capsule 10 mg	1	MO
acitretin oral capsule 17.5 mg, 25 mg	4	MO; S
acyclovir topical cream	1	MO; QLL (5 per 30 days)
acyclovir topical ointment	1	MO; QLL (30 per 30 days)
ACZONE	3	MO
adapalene topical cream	1	MO
adapalene topical gel	1	MO
adapalene topical gel with pump	1	MO
adapalene topical solution	4	S
adapalene topical swab	3	
adapalene-benzoyl peroxide	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
AKTIPAK	3	MO
ala-cort topical cream	1	MO
ALA-SCALP	4	MO; S
alclometasone	1	MO
ALDARA	4	MO; S
ALTRENO	3	PAR; MO; QLL (45 per 30 days)
amcinonide topical cream	1	MO
amcinonide topical lotion	1	MO
amcinonide topical ointment	1	
ammonium lactate	1	MO
amnesteem	1	MO
ANALPRAM-HC TOPICAL	3	MO
apexicon e	1	MO
ARTICADENT DENTAL	3	
ATRALIN	3	PAR; MO; QLL (45 per 30 days)
avita topical cream	1	PAR; MO; QLL (45 per 30 days)
AVITA TOPICAL GEL	3	PAR; MO; QLL (45 per 30 days)
azelaic acid	1	MO
AZELEX	3	MO
BENZACLIN	3	MO
BENZACLIN PUMP	3	MO
BENZAMYCIN	3	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
BRYHALI	3	ST; MO
calcipotriene scalp	1	MO; QLL (60 per 30 days)
calcipotriene topical	1	MO; QLL (120 per 30 days)
calcipotriene-betamethasone	1	MO
calcitrene	1	MO; QLL (120 per 30 days)
calcitriol topical	3	MO
CAPEX	3	MO
CARAC	4	MO; S
CARBOCAINE (PF) INJECTION SOLUTION 10 MG/ML (1 %)	3	
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	3	
CARBOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %)	3	MO
CARBOCAINE INJECTION SOLUTION 1 % (10 MG/ML)	3	MO
CARBOCAINE INJECTION SOLUTION 2 %	3	
CENTANY	3	MO
chloroprocaine (pf)	3	
ciclodan topical solution	1	MO
ciclopirox	1	MO
CITANEST PLAIN DENTAL	3	
claravis	1	MO
CLEOCIN T TOPICAL GEL	3	MO
CLEOCIN T TOPICAL LOTION	3	MO
CLEOCIN T TOPICAL SWAB	3	MO
clindacin etz topical swab	3	MO
clindacin p	3	MO
CLINDAGEL	4	MO; S
clindamycin phosphate topical foam	1	MO
clindamycin phosphate topical gel	1	MO
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	MO
clindamycin phosphate topical lotion	1	MO
clindamycin phosphate topical solution	1	MO
clindamycin phosphate topical swab	1	MO
clindamycin-benzoyl peroxide topical gel	1	MO
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	3	MO
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	3	MO; QLL (50 per 30 days)
clindamycin-tretinoin	1	MO
clobetasol scalp	1	MO
clobetasol topical cream	1	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
clobetasol topical foam	1	MO; QLL (100 per 30 days)
clobetasol topical gel	1	MO
clobetasol topical lotion	1	MO
clobetasol topical ointment	1	MO; QLL (120 per 30 days)
clobetasol topical shampoo	1	MO
clobetasol topical spray,non-aerosol	1	MO
clobetasol-emollient topical cream	1	MO; QLL (120 per 30 days)
clobetasol-emollient topical foam	1	MO; QLL (100 per 30 days)
CLOBEX TOPICAL LOTION	4	MO; S
CLOBEX TOPICAL SHAMPOO	4	MO; S
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	MO
CLOCORTOLONE PIVALATE	3	MO
clodan 0.05% shampoo	3	MO
CLODERM	3	MO
clotrimazole topical	1	MO
clotrimazole-betamethasone	1	MO
CONDYLOX TOPICAL GEL	3	MO
CORDRAN TAPE LARGE ROLL	3	MO
CORTISPORIN TOPICAL	3	MO
COSENTYX	4	PAR; MO; S; QLL (2 per 28 days)
COSENTYX (2 SYRINGES)	4	PAR; MO; S; QLL (2 per 28 days)
COSENTYX PEN	4	PAR; MO; S; QLL (2 per 28 days)
COSENTYX PEN (2 PENS)	4	PAR; MO; S; QLL (2 per 28 days)
crotan	1	
CUTIVATE TOPICAL CREAM	3	MO
CUTIVATE TOPICAL LOTION	3	MO
dapsone topical	3	MO
DENAVIR	4	MO; S; QLL (5 per 30 days)
DERMA-SMOOTHE/FS BODY OIL	3	MO; QLL (120 per 30 days)
DERMA-SMOOTHE/FS SCALP OIL	3	MO; QLL (120 per 30 days)
DESONATE	3	MO
desonide	1	MO
DESOWEN 0.05% LOTION	3	MO
DESOWEN 0.05% TOPICAL CREAM	3	MO
desoximetasone topical cream	1	MO
desoximetasone topical gel	1	MO
desoximetasone topical ointment	1	MO
desoximetasone topical spray,non-aerosol	3	MO
diclofenac sodium topical gel 3 %	4	PAR; MO; S; QLL (100 per 30 days)
DIFFERIN TOPICAL CREAM	3	MO
DIFFERIN TOPICAL GEL WITH PUMP	3	MO
DIFFERIN TOPICAL LOTION	3	MO
diflorasone	1	MO
DIPROLENE TOPICAL OINTMENT	3	MO
DOVONEX TOPICAL CREAM	3	MO; QLL (120 per 30 days)
doxepin topical	4	MO; S
DUAC	3	MO
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PAR; MO; S; QLL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PAR; MO; S; QLL (4 per 28 days)
econazole	1	MO
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	3	PAR; MO; QLL (100 per 90 days)
ELIMITE	3	
ELOCON TOPICAL CREAM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ENSTILAR	4	MO; S
EPIDUO FORTE	3	MO
EPIDUO TOPICAL GEL WITH PUMP	3	MO
EPIFOAM	3	MO
ERTACZO	3	MO
ery pads	1	MO
erygel	3	MO
erythromycin with ethanol	1	MO
erythromycin-benzoyl peroxide	1	MO
EUCRISA	3	MO
EURAX	3	MO
EVOCLIN	3	MO
EXELDERM	3	MO
EXTINA	3	MO
FABIOR	3	MO
FINACEA TOPICAL FOAM	3	MO
FINACEA TOPICAL GEL	2	MO
fluocinolone and shower cap	1	MO; QLL (120 per 30 days)
fluocinolone topical cream 0.01 %	1	MO
fluocinolone topical cream 0.025 %	1	MO; QLL (120 per 30 days)
fluocinolone topical oil	1	MO; QLL (120 per 30 days)
fluocinolone topical ointment	1	MO; QLL (120 per 30 days)
fluocinolone topical solution	1	MO; QLL (120 per 30 days)
fluocinonide topical cream 0.05 %	1	MO; QLL (240 per 30 days)
fluocinonide topical cream 0.1 %	4	MO; S; QLL (120 per 30 days)
fluocinonide topical gel	1	MO; QLL (240 per 30 days)
fluocinonide topical ointment	1	MO; QLL (240 per 30 days)
fluocinonide topical solution	1	MO; QLL (240 per 30 days)
fluocinonide-e	1	MO; QLL (240 per 30 days)
fluocinonide-emollient	1	MO; QLL (240 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	4	MO; S
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
flurandrenolide	3	MO
fluticasone propionate topical	1	MO
gentamicin topical	1	MO
glydo	3	MO
halobetasol propionate topical cream	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	4	MO; S
halobetasol propionate topical ointment	1	MO
HALOG TOPICAL CREAM	4	MO; S
HALOG TOPICAL OINTMENT	3	MO
hydrocortisone butyr-emollient	1	MO
hydrocortisone butyrate topical cream	1	MO
hydrocortisone butyrate topical lotion	3	MO
hydrocortisone butyrate topical ointment	1	MO
hydrocortisone butyrate topical solution	1	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
ILUMYA	4	PAR; MO; S; QLL (1 per 84 days)
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	4	S
imiquimod topical cream in packet	1	MO
IMPOYZ	3	MO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg	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
isotretinoin oral capsule 40 mg	4	S
JUBLIA	3	PAR; MO; QLL (4 per 30 days)
KENALOG TOPICAL	4	MO; S
KERYDIN	3	PAR; MO; QLL (4 per 30 days)
ketoconazole topical cream	1	MO
ketoconazole topical foam	3	MO
ketoconazole topical shampoo	1	MO
KLARON	3	MO
LEVULAN	3	MO
LEXETTE	4	ST; MO; S
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	1	MO
lidocaine (pf) injection solution 15 mg/ml (1.5 %)	1	
lidocaine (pf) injection solution 40 mg/ml (4 %)	3	MO
lidocaine hcl injection solution	1	MO
lidocaine hcl laryngotracheal	1	MO; QLL (300 per 30 days)
lidocaine hcl mucous membrane jelly	1	PAR; MO
lidocaine hcl mucous membrane jelly in applicator	1	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	PAR; MO; QLL (300 per 30 days)
lidocaine topical adhesive patch, medicated	1	PAR; MO; QLL (90 per 30 days)
lidocaine topical ointment	1	PAR; MO; QLL (150 per 30 days)
lidocaine viscous	1	PAR; MO
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000	3	
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000	3	MO
lidocaine-prilocaine topical cream	1	MO; QLL (30 per 30 days)
LIDODERM	3	PAR; MO; QLL (90 per 30 days)
lindane topical shampoo	1	MO
LOCOID LIPOCREAM	3	MO
LOCOID TOPICAL CREAM	3	MO
LOCOID TOPICAL LOTION	3	MO
LOCOID TOPICAL SOLUTION	3	MO
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	
LOPROX TOPICAL SHAMPOO	4	MO; S
LOTRISONE TOPICAL CREAM	3	MO
LULICONAZOLE	3	ST; MO
LUXIQ	3	MO
LUZU	3	ST; MO
mafenide acetate	3	MO
malathion	1	MO
MENTAX	3	MO
methoxsalen	4	PAR; MO; S
METROCREAM	3	MO
METROGEL TOPICAL GEL 1 %	3	MO
METROGEL TOPICAL GEL WITH PUMP	3	MO
METROLOTION	4	MO; S
metronidazole topical	1	MO
MICONAZOLE NITRATE-ZINC OX-PET	3	
MIRVASO	3	MO
mometasone topical	1	MO
mupirocin topical cream	1	MO
mupirocin topical ointment	1	MO
myorisan	1	MO
naftifine	1	MO
NAFTIN TOPICAL CREAM 2 %	3	MO
NAFTIN TOPICAL GEL	3	MO
NATROBA	3	MO
NEO-SYNALAR	3	MO
NESACAINE	3	
NESACAINE-MPF	3	
neuac	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
NIZORAL TOPICAL SHAMPOO	3	MO
nolix topical cream	4	S
nolix topical lotion	3	MO
NORITATE	4	MO; S
nyamyc	1	MO
nystatin topical	1	MO
nystatin-triamcinolone	1	MO
nystop	1	MO
OLUX	3	MO; QLL (100 per 30 days)
OLUX-E	3	MO; QLL (100 per 30 days)
ONEXTON TOPICAL GEL WITH PUMP	3	MO
OVIDE	3	MO
oxiconazole	1	MO
OXISTAT	3	MO
OXSORALEN ULTRA	4	PAR; MO; S
PANDEL	4	MO; S
PANRETIN	4	MO; S
PENLAC	4	MO; S
permethrin topical cream	1	MO
PICATO	4	MO; S
pimecrolimus	1	PAR; MO; QLL (100 per 90 days)
PLIAGLIS	3	MO
podofilox	1	MO
polocaine injection solution	3	
polocaine-mpf	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	MO
PRAMOSONE TOPICAL LOTION	3	MO
prednicarbate	1	MO
PROCTOCORT TOPICAL	3	MO
PROTOPIC	3	PAR; MO; QLL (100 per 90 days)
prudoxin	1	MO
PSORCON	4	S
REGRANEX	4	PAR; MO; S
RETIN-A	3	PAR; MO; QLL (45 per 30 days)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.1 %	3	PAR; MO; QLL (50 per 30 days)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	4	PAR; MO; S; QLL (50 per 30 days)
RETIN-A MICRO TOPICAL GEL 0.04 %	3	PAR; MO; QLL (50 per 30 days)
RETIN-A MICRO TOPICAL GEL 0.1 %	4	PAR; MO; S; QLL (50 per 30 days)
RHOFADE	3	MO
rosadan topical cream	1	MO
rosadan topical gel	1	MO
SANTYL	3	MO; QLL (30 per 30 days)
selenium sulfide topical lotion	1	MO
SERNIVO	4	MO; S
SILIQ	4	PAR; MO; S; QLL (4.5 per 28 days)
SILVADENE	3	MO
SILVER SULFADIAZINE	2	MO
SKLICE	3	MO
SOOLANTRA	3	MO
SORIATANE ORAL CAPSULE 10 MG, 25 MG	4	MO; S
SORILUX	4	MO; S; QLL (120 per 30 days)
SSD 1% TOPICAL CREAM	2	MO
STELARA INTRAVENOUS	4	PAR; MO; S
STELARA SUBCUTANEOUS	4	PAR; MO; S; QLL (1 per 28 days)
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	3	MO
SULFAMYLON TOPICAL PACKET	4	MO; S
SYNALAR TOPICAL CREAM	3	MO; QLL (120 per 30 days)
SYNALAR TOPICAL OINTMENT	3	QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SYNALAR TOPICAL SOLUTION	3	MO; QLL (120 per 30 days)
SYNERA	3	MO
TACLONEX	4	MO; S
tacrolimus topical	1	PAR; MO; QLL (100 per 90 days)
TALTZ AUTOINJECTOR	4	PAR; MO; S
TALTZ AUTOINJECTOR (2 PACK)	4	PAR; MO; S
TALTZ AUTOINJECTOR (3 PACK)	4	PAR; MO; S
TALTZ SYRINGE	4	PAR; MO; S
tazarotene	1	PAR; MO
TAZORAC	3	PAR; MO
TEMOVATE TOPICAL CREAM	4	MO; S; QLL (120 per 30 days)
TEMOVATE TOPICAL OINTMENT	3	MO; QLL (120 per 30 days)
TEXACORT	3	MO
TOLAK	3	ST; MO; QLL (40 per 365 days)
TOPICORT	3	MO
TREMFYA	4	PAR; MO; S; QLL (2 per 28 days)
tretinoin microspheres	3	PAR; MO; QLL (50 per 30 days)
tretinoin topical cream	1	PAR; MO; QLL (45 per 30 days)
tretinoin topical gel 0.01 %, 0.025 %	1	PAR; MO; QLL (45 per 30 days)
tretinoin topical gel 0.05 %	3	PAR; MO; QLL (45 per 30 days)
triamcinolone acetonide topical aerosol	1	MO
triamcinolone acetonide topical cream 0.025 %	1	MO
triamcinolone acetonide topical cream 0.1 %, 0.5 %	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
trianex	4	MO; S
triderm topical cream	1	MO
tridesilon	3	MO
ULTRAVATE TOPICAL CREAM	3	MO
ULTRAVATE TOPICAL LOTION	4	MO; S
ULTRAVATE TOPICAL OINTMENT	3	MO
UVADEX	2	B/D PAR
VALCHLOR	4	PAR; MO; S
VANOS	4	MO; S; QLL (120 per 30 days)
VECTICAL	4	MO; S
VEREGEN	4	MO; S
VUSION	3	MO
XEPI	3	MO
XERESE	4	MO; S; QLL (5 per 30 days)
xylocaine dental-epinephrine	3	
XYLOCAINE INJECTION	3	
XYLOCAINE WITH EPINEPHRINE	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	3	MO
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
XYLOCAINE-MPF/ EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 1.5 %-1:200,000	3	
XYLOCAINE-MPF/ EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	MO
zenatane	1	MO
ZIANA	3	PAR; MO
ZONALON	3	MO
ZOVIRAX TOPICAL CREAM	3	MO; QLL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	4	MO; S; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ZTLIDO	3	PAR; MO; QLL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	MO; S
ZYCLARA TOPICAL CREAM IN PACKET	3	MO
Diagnostics / Miscellaneous Agents		
acamprosate	1	MO; QLL (180 per 30 days)
ACETADOTE	3	MO
acetic acid irrigation	1	MO
acetylcysteine intravenous	1	MO
ADAGEN	4	MO; S
AGRYLIN	4	MO; S
alendronate oral tablet 40 mg	1	MO; QLL (30 per 30 days)
AMMONUL	3	
anagrelide	1	MO
ANTABUSE	3	MO
ARALAST NP	4	PAR; MO; LA; S
AURYXIA	4	PAR; MO; S
BUPHENYL ORAL POWDER	3	PAR; MO
BUPHENYL ORAL TABLET	4	PAR; MO; S
bupropion hcl (smoking deter) 150 mg, 12 hr sustained-release	1	MO; QLL (60 per 30 days)
CAFCIT INTRAVENOUS	3	
caffeine citrate intravenous	3	
caffeine citrate oral	3	MO
CARBAGLU	4	PAR; MO; LA; S
CARNITOR	3	B/D PAR; MO
CARNITOR (SUGAR-FREE)	3	B/D PAR; MO
cevimeline	1	MO
CHANTIX	3	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	3	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	3	PAR; MO; QLL (106 per 365 days)
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PAR
CLINIMIX E 2.75%/D10W SUL FREE	2	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	2	B/D PAR
CLINIMIX N9G20E 2.75%-D10W(SF)	2	B/D PAR
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox	4	PAR; MO; S
deferoxamine	3	MO
DESFERAL INJECTION RECON SOLN 500 MG	3	MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	MO
dextrose 20 % in water (d20w)	1	
dextrose 25 % in water (d25w)	1	
dextrose 30 % in water (d30w)	1	
dextrose 40 % in water (d40w)	1	
dextrose 5 % in water (d5w)	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose 50 % in water (d50w)	1	MO
dextrose 70 % in water (d70w)	1	MO
dextrose with sodium chloride	1	
disulfiram	1	MO
ENDARI	4	MO; S
etidronate disodium oral tablet 400 mg	4	MO; S
EVOXAC	3	MO
EXJADE	4	PAR; MO; LA; S
FERRIPROX ORAL SOLUTION	4	PAR; S
FERRIPROX ORAL TABLET	4	PAR; MO; S
FOSRENOL	4	ST; MO; S
GLASSIA	4	PAR; MO; LA; S
INCRELEX	4	PAR; MO; LA; S
JADENU	4	PAR; MO; S
JADENU SPRINKLE	4	PAR; MO; S
kionex (with sorbitol)	1	MO
lactated ringers irrigation	1	MO
lanthanum	4	ST; MO; S
levocarnitine (with sugar)	1	B/D PAR; MO
levocarnitine oral tablet	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
LITHOSTAT	3	MO
LOKELMA	3	MO
midodrine	1	MO
neomycin-polymyxin b gu irrigation solution	1	MO
NICOTROL	3	MO
NICOTROL NS	2	MO; QLL (120 per 30 days)
NITYR	4	PAR; MO; LA; S
NORTHERA ORAL CAPSULE 100 MG	4	PAR; MO; S; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	4	PAR; MO; S; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	4	PAR; MO; S; QLL (180 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	PAR; LA; S
ORFADIN ORAL CAPSULE 20 MG	4	PAR; MO; LA; S
ORFADIN ORAL SUSPENSION	4	PAR; MO; LA; S
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	3	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	4	PAR; LA; S
PROLASTIN-C INTRAVENOUS SOLUTION	4	PAR; MO; S
PROTOPAM CHLORIDE	3	
RAVICTI	4	PAR; MO; S; QLL (525 per 30 days)
RECLAST	3	PAR; MO
RENAGEL ORAL TABLET 800 MG	4	ST; MO; S
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	4	MO; S; QLL (540 per 30 days)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	4	MO; S; QLL (180 per 30 days)
RENVELA ORAL TABLET	4	MO; S; QLL (540 per 30 days)
REVCOVI	4	MO; S
RILUTEK	4	MO; S
riluzole	1	MO
ringer's irrigation	1	MO
risedronate oral tablet 30 mg	1	ST; MO; QLL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
sevelamer carbonate oral powder in packet 0.8 gram	4	MO; S; QLL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	4	MO; S; QLL (180 per 30 days)
sevelamer carbonate oral tablet	1	MO; QLL (540 per 30 days)
sevelamer hcl	1	ST; MO
sodium benzoate-sod phenylacet	3	
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	4	PAR; MO; S
sodium polystyrene sulfonate oral	1	MO
sodium polystyrene sulfonate rectal	1	
SOLIRIS	4	PAR; MO; S
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
SURVANTA	3	
SYPRINE	4	MO; S
THIOLA	4	PAR; MO; S
TIGLUTIK	4	MO; S
tis-u-sol pentalyte	1	MO
trientine	4	MO; S
ULTOMIRIS	4	PAR; MO; S
VELPHORO	4	ST; MO; S; QLL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM	4	MO; S
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
WATER FOR IRRIGATION, STERILE	2	MO
XIAFLEX	4	PAR; MO; S
XURIDEN	4	PAR; MO; S; QLL (120 per 30 days)
ZEMAIRA	4	PAR; MO; LA; S
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PAR; MO
ZYBAN	3	MO; QLL (60 per 30 days)
Ear, Nose / Throat Medications		
acetic acid otic (ear)	1	MO
ARESTIN	4	MO; S
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QLL (30 per 25 days)
azelastine nasal	1	MO; QLL (30 per 25 days)
BACTROBAN NASAL	3	MO
CETRAXAL	3	MO
chlorhexidine gluconate mucous membrane	1	MO
CIPRO HC	3	MO
CIPRODEX	2	MO
ciprofloxacin hcl otic (ear)	3	MO
CLINPRO 5000	3	MO
COLY-MYCIN S	3	MO
denta 5000 plus	1	MO
dentagel	1	MO
DERMOTIC OIL	3	MO
FLAC OTIC OIL	3	
fluocinolone acetonide oil otic (ear)	1	MO
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
hydrocortisone-acetic acid	1	MO
ipratropium bromide nasal	1	MO; QLL (30 per 30 days)
neomycin-polymyxin-hc otic (ear)	1	MO
ofloxacin otic (ear)	1	MO
olopatadine nasal	1	MO; QLL (31 per 30 days)
oralone	1	MO
OTOVEL	3	MO
paroex oral rinse	1	MO
PATANASE	3	MO; QLL (31 per 30 days)
periogard	1	MO
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE	3	MO
sf	3	MO
sf 5000 plus	1	MO
triamcinolone acetonide dental	1	MO
Endocrine/Diabetes		
acarbose oral tablet 100 mg	1	MO; QLL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QLL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QLL (180 per 30 days)
ACTHAR H.P.	4	PAR; MO; S
ACTOPLUS MET	3	MO; QLL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QLL (45 per 30 days)
ACTOS ORAL TABLET 15 MG	3	MO; QLL (90 per 30 days)
ACTOS ORAL TABLET 30 MG	3	MO; QLL (45 per 30 days)
ACTOS ORAL TABLET 45 MG	3	MO; QLL (30 per 30 days)
ADLYXIN	4	MO; S
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; 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
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT	4	PAR; MO; S; QLL (270 per 30 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90)	3	PAR; MO; QLL (540 per 30 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT/8 UNIT/ 12 UNIT (60)	3	PAR; MO; QLL (360 per 365 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	PAR; MO; QLL (360 per 30 days)
alcohol pads	1	MO
ALDURAZYME	4	PAR; MO; S
ALOGLIPTIN ORAL TABLET 12.5 MG	3	MO; QLL (60 per 30 days)
ALOGLIPTIN ORAL TABLET 25 MG	3	MO; QLL (30 per 30 days)
ALOGLIPTIN ORAL TABLET 6.25 MG	3	MO; QLL (120 per 30 days)
ALOGLIPTIN-METFORMIN	3	MO; QLL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG	3	MO; QLL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QLL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QLL (60 per 30 days)
ANADROL-50	4	PAR; MO; S
ANDRODERM	3	PAR; MO; QLL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/ 2.5GRAM)	4	PAR; MO; S; QLL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PAR; MO; QLL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/ 1.25 GRAM)	2	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	2	PAR; MO; QLL (150 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO
armour thyroid	1	PAR; MO
AVANDIA ORAL TABLET 2 MG	3	PAR; MO; QLL (120 per 30 days)
AVANDIA ORAL TABLET 4 MG	3	PAR; MO; QLL (60 per 30 days)
AVEED	3	PAR; MO; LA
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
betamethasone acet,sod phos	3	MO
BYDUREON BCISE	2	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML	2	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/ DOSE (250 MCG/ML) 1.2 ML	2	MO; QLL (1.2 per 30 days)
cabergoline	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
calcitonin (salmon)	1	MO; QLL (4 per 30 days)
calcitriol intravenous solution 1 mcg/ml	1	MO
calcitriol oral capsule	1	MO
calcitriol oral solution	1	B/D PAR; MO
CELESTONE SOLUSPAN	3	MO
CERDELGA	4	PAR; MO; S
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PAR; MO; S
chlorpropamide oral tablet 100 mg	1	PAR; MO; QLL (210 per 30 days)
chlorpropamide oral tablet 250 mg	1	PAR; MO; QLL (90 per 30 days)
chorionic gonadotropin, human intramuscular	3	PAR; MO
cinacalcet oral tablet 30 mg, 60 mg	4	B/D PAR; MO; S; QLL (60 per 30 days)
cinacalcet oral tablet 90 mg	4	B/D PAR; MO; S; QLL (120 per 30 days)
CORTEF	3	MO
cortisone tablet	1	MO
CRYSVITA	4	MO; S
CYCLOSET	3	ST; MO; QLL (180 per 30 days)
CYTOMEL	3	MO
danazol	1	MO
DDAVP	3	MO
decadron oral elixir	3	MO
decadron oral tablet	3	
deltasone oral tablet 20 mg	1	MO
DEPO-MEDROL	3	MO
DEPO-TESTOSTERONE	3	PAR; MO
desmopressin injection	1	MO
desmopressin nasal spray with pump	1	MO
desmopressin nasal spray,non-aerosol	1	MO
desmopressin oral	1	MO
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral solution	1	MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	1	MO
dexamethasone oral tablets,dose pack	1	MO
dexamethasone sodium phos (pf)	1	MO
dexamethasone sodium phosphate injection	1	MO
DEXPAK 10 DAY	3	MO
DEXPAK 13 DAY	3	MO
DEXPAK 6 DAY	3	MO
doxercalciferol intravenous	1	
doxercalciferol oral capsule 0.5 mcg	3	B/D PAR; MO
doxercalciferol oral capsule 1 mcg	3	MO
doxercalciferol oral capsule 2.5 mcg	4	MO; S
DUETACT	3	MO; QLL (30 per 30 days)
ELAPRASE	4	PAR; MO; S
ELELYSO	3	PAR; MO
EMFLAZA	4	PAR; MO; LA; S
FABRAZYME	4	PAR; MO; S
FARXIGA	3	PAR; MO; QLL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO
fludrocortisone	1	MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	4	MO; S; QLL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QLL (150 per 30 days)
FORTESTA	3	PAR; MO; QLL (120 per 30 days)
GALAFOLD	4	MO; LA; S
gauze pads 2 x 2	1	MO; QLL (200 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QLL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
glimepiride oral tablet 4 mg	1	MO; QLL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QLL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QLL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QLL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QLL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QLL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QLL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QLL (60 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QLL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QLL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QLL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QLL (60 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QLL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QLL (120 per 30 days)
GLUMETZA ORAL TABLET, ER GAST.RETENTION 24 HR 500 MG	4	ST; MO; S; QLL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg	1	PAR; MO; QLL (240 per 30 days)
glyburide micronized oral tablet 3 mg	1	PAR; MO; QLL (120 per 30 days)
glyburide micronized oral tablet 6 mg	1	PAR; MO; QLL (60 per 30 days)
glyburide oral tablet 1.25 mg	1	PAR; MO; QLL (480 per 30 days)
glyburide oral tablet 2.5 mg	1	PAR; MO; QLL (240 per 30 days)
glyburide oral tablet 5 mg	1	PAR; MO; QLL (120 per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	1	PAR; MO; QLL (240 per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	PAR; MO; QLL (120 per 30 days)
GLYNASE ORAL TABLET 1.5 MG	3	PAR; MO; QLL (240 per 30 days)
GLYNASE ORAL TABLET 3 MG	3	PAR; MO; QLL (120 per 30 days)
GLYNASE ORAL TABLET 6 MG	3	PAR; MO; QLL (60 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)
GLYXAMBI	3	PAR; MO; QLL (30 per 30 days)
HECTOROL INTRAVENOUS	3	MO
hidex	1	
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	4	PAR; MO; S
HUMULIN R U-500 (CONC) KWIKPEN	4	PAR; MO; S
hydrocortisone oral	1	MO
INSULIN LISPRO	2	
insulin pen needle	1	MO; QLL (200 per 30 days)
insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml	1	MO; QLL (200 per 30 days)
INVOKAMET	3	PAR; MO; QLL (60 per 30 days)
INVOKAMET XR	3	PAR; MO; QLL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	PAR; MO; QLL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	PAR; MO; QLL (30 per 30 days)
JANUMET	2	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	2	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	2	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	2	MO; QLL (60 per 30 days)
JARDIANCE	2	MO; QLL (30 per 30 days)
JENTADUETO	2	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QLL (30 per 30 days)
JYNARQUE ORAL TABLET 15 MG	4	PAR; LA; S; QLL (30 per 30 days)
JYNARQUE ORAL TABLET 30 MG	4	PAR; LA; S; QLL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PAR; MO; LA; S; QLL (14 per 28 days)
KANUMA	4	PAR; MO; S
KAZANO	3	MO; QLL (60 per 30 days)
KENALOG INJECTION	3	MO
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	PAR; MO; QLL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	PAR; MO; QLL (30 per 30 days)
KORLYM	4	PAR; MO; S
KUVAN	4	PAR; MO; S
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXTOUCH U-100 INSULN	2	MO
LEVEMIR U-100 INSULIN	2	MO
LEVO-T	3	
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	4	MO; S

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
levothyroxine intravenous recon soln 200 mcg	4	MO; S
levothyroxine intravenous recon soln 500 mcg	3	MO
levothyroxine oral	1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
liothyronine intravenous	4	MO; S
liothyronine oral	1	MO
LUMIZYME	3	PAR; MO
MEDROL (PAK)	3	MO
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	MO
MEDROL ORAL TABLET 2 MG	2	MO
MEPSEVII	4	PAR; MO; S
metformin oral tablet 1,000 mg	1	MO; QLL (60 per 30 days)
metformin oral tablet 500 mg	1	MO; QLL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QLL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QLL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QLL (60 per 30 days)
metformin oral tablet extended release 24 hrs osm-tab 500mg	3	MO; QLL (150 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	3	MO; QLL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	4	MO; S; QLL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	4	MO; S; QLL (120 per 30 days)
methimazole oral tablet 10 mg, 5 mg	1	MO
METHITEST	3	MO
methylprednisolone	1	MO
methylprednisolone acetate	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
methyltestosterone oral capsule	4	MO; S
MIACALCIN INJECTION	4	B/D PAR; MO; S
miglitol oral tablet 100 mg	1	MO; QLL (90 per 30 days)
miglitol oral tablet 25 mg	1	MO; QLL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; QLL (180 per 30 days)
miglustat	4	PAR; MO; LA; S
millipred dp	1	MO
millipred oral tablet	1	MO
MYALEPT	4	PAR; MO; LA; S
NAGLAZYME	4	PAR; MO; LA; S
nateglinide oral tablet 120 mg	1	MO; QLL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QLL (180 per 30 days)
NATESTO	3	MO; QLL (21.96 per 30 days)
NATPARA	4	PAR; MO; LA; S; QLL (2 per 28 days)
NATURE-THROID ORAL TABLET 65 MG	3	MO
needles, insulin disp.,safety	1	MO; QLL (200 per 30 days)
NESINA ORAL TABLET 12.5 MG	3	MO; QLL (60 per 30 days)
NESINA ORAL TABLET 25 MG	3	MO; QLL (30 per 30 days)
NESINA ORAL TABLET 6.25 MG	3	MO; QLL (120 per 30 days)
NOCDURNA (MEN)	3	MO
NOCDURNA (WOMEN)	3	MO
NOCTIVA	3	MO
novarel intramuscular recon soln 10,000 unit	3	PAR; 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
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	PAR; MO
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
NOVOPEN ECHO	2	MO
np thyroid	3	PAR; MO
ONGLYZA ORAL TABLET 2.5 MG	3	PAR; MO; QLL (60 per 30 days)
ONGLYZA ORAL TABLET 5 MG	3	PAR; MO; QLL (30 per 30 days)
ORAPRED ODT	3	MO
ORILISSA ORAL TABLET 150 MG	3	PAR; MO; QLL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PAR; MO; QLL (60 per 30 days)
OSENI ORAL TABLET 12.5-15 MG	3	MO; QLL (60 per 30 days)
OSENI ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QLL (30 per 30 days)
oxandrolone oral tablet 10 mg	1	PAR; MO; QLL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	1	PAR; MO; QLL (240 per 30 days)
OZEMPIC	2	MO
PALYNZIQ	4	PAR; MO; LA; S
pamidronate intravenous recon soln	1	MO
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/ 10 ml (9 mg/ml)	1	MO
pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)	1	B/D PAR; MO
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	B/D PAR
paricalcitol intravenous solution 2 mcg/ml	3	B/D PAR
paricalcitol intravenous solution 5 mcg/ml	3	B/D PAR; MO
paricalcitol oral capsule 1 mcg, 2 mcg	1	MO
paricalcitol oral capsule 4 mcg	4	MO; S
PARSABIV	4	MO; S
pioglitazone oral tablet 15 mg	1	MO; QLL (90 per 30 days)
pioglitazone oral tablet 30 mg	1	MO; QLL (45 per 30 days)
pioglitazone oral tablet 45 mg	1	MO; QLL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QLL (30 per 30 days)
pioglitazone-metformin	1	MO; QLL (90 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QLL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	4	MO; S; QLL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)
prednisolone oral solution 15 mg/ 5 ml	1	MO
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml),	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
25 mg/5 ml (5 mg/ml), 5 mg base/ 5 ml (6.7 mg/5 ml)		
prednisolone sodium phosphate oral tablet,disintegrating	1	MO
prednisone intensol	1	MO
prednisone oral solution	1	MO
prednisone oral tablet 1 mg	1	MO
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)	1	MO
prednisone oral tablets,dose pack 10 mg, 5 mg	1	MO
PREGNYL	3	PAR; MO
PROGLYCEM	4	MO; S
propylthiouracil	1	MO
QTERN	3	PAR; MO
RAYALDEE	4	MO; S
RAYOS	4	MO; S
repaglinide oral tablet 0.5 mg	1	MO; QLL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QLL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QLL (240 per 30 days)
repaglinide-metformin	1	MO; QLL (150 per 30 days)
RIOMET	3	MO; QLL (780 per 30 days)
ROCALTROL	3	B/D PAR; MO
SAMSCA ORAL TABLET 15 MG	4	PAR; MO; S; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PAR; MO; S; QLL (60 per 30 days)
SEGLUROMET	3	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	B/D PAR; MO; S; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	4	B/D PAR; MO; S; QLL (120 per 30 days)
SOLIQUA 100/33	3	MO
SOLU-CORTEF	3	MO
SOLU-CORTEF (PF)	3	MO
SOLU-MEDROL	3	MO
SOLU-MEDROL (PF)	3	MO
SOMAVERT	4	PAR; MO; S
STARLIX ORAL TABLET 120 MG	3	MO; QLL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QLL (180 per 30 days)
STEGLATRO	3	PAR; MO; QLL (30 per 30 days)
STEGLUJAN	3	PAR; MO; QLL (30 per 30 days)
STIMATE	4	MO; S
STRENSIQ	4	PAR; MO; LA; S
STRIANT	3	MO
SYMLINPEN 120	4	PAR; MO; S; QLL (11 per 30 days)
SYMLINPEN 60	4	PAR; MO; S; QLL (6 per 30 days)
SYNAREL	4	PAR; MO; S
SYNJARDY	2	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1, 000 MG, 5-1,000 MG	2	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QLL (30 per 30 days)
SYNTHROID	2	MO
TAPAZOLE	3	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS)	3	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
TESTIM	3	PAR; MO; QLL (300 per 30 days)
TESTOPEL	4	MO; S

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
testosterone cypionate	1	PAR; MO
testosterone enanthate	1	PAR; MO
TESTOSTERONE TRANSDERMAL GEL	3	PAR; MO; QLL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	3	PAR; MO; QLL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PAR; MO; QLL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PAR; MO; QLL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PAR; MO; QLL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PAR; MO; QLL (112.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PAR; MO; QLL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PAR; MO; QLL (180 per 30 days)
thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg	1	PAR
thyroid (pork) oral tablet 15 mg, 90 mg	1	PAR; MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
tolazamide oral tablet 250 mg	1	MO; QLL (120 per 30 days)
tolazamide oral tablet 500 mg	1	MO; QLL (60 per 30 days)
tolbutamide	1	MO; QLL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	MO; QLL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO; QLL (30 per 30 days)
TRESIBA FLEXTOUCH U-200	3	ST; MO; QLL (18 per 30 days)
TRESIBA U-100 INSULIN	3	ST; MO; QLL (30 per 30 days)
triamcinolone acetonide injection	1	MO
TRIESENCE (PF)	3	MO
TRIOSTAT	3	MO
TRULICITY	2	MO; QLL (2 per 28 days)
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	2	MO
unithroid oral tablet 137 mcg	1	MO
VASOSTRICT	3	MO
veripred 20	1	
VICTOZA 2-PAK	2	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	2	MO; QLL (9 per 30 days)
VIMIZIM	3	PAR; MO
VOGELXO	3	PAR; MO; QLL (300 per 30 days)
VPRIV	4	PAR; MO; S
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	PAR; MO; QLL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	PAR; MO; QLL (60 per 30 days)
XULTOPHY 100/3.6	4	MO; S
XYOSTED	4	PAR; MO; S
ZAVESCA	4	PAR; MO; LA; S
ZEMPLAR INTRAVENOUS	3	B/D PAR; 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
ZEMPLAR ORAL CAPSULE 1 MCG	3	B/D PAR; MO
ZEMPLAR ORAL CAPSULE 2 MCG	4	B/D PAR; MO; S
ZILRETTA	3	MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	PAR
zoledronic acid intravenous solution 4 mg/5 ml	1	PAR; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1	PAR
Gastroenterology		
ACIPHEX	3	MO; QLL (30 per 30 days)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	4	MO; S; QLL (30 per 30 days)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	3	MO; QLL (30 per 30 days)
ACTIGALL	4	MO; S
AKYNZEO (FOSNETUPITANT)	3	MO
alosetron	4	PAR; MO; S; QLL (60 per 30 days)
ALOXI	3	PAR; MO
AMITIZA	2	MO; QLL (60 per 30 days)
amoxicil-clarithromy-lansopraz	3	MO
ANALPRAM-HC RECTAL CREAM 1-1 %	3	MO
ANUSOL-HC TOPICAL	3	MO
aprepitant oral capsule 125 mg	1	B/D PAR; MO; QLL (5 per 30 days)
aprepitant oral capsule 40 mg	1	B/D PAR; MO; QLL (1 per 28 days)
aprepitant oral capsule 80 mg	1	B/D PAR; MO; QLL (10 per 30 days)
aprepitant oral capsule,dose pack	1	B/D PAR; MO; QLL (15 per 30 days)
APRISO	3	MO
ASACOL HD	3	MO
atropine injection solution 0.4 mg/ml	1	MO
atropine injection syringe 0.05 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
BENTYL INTRAMUSCULAR	3	MO
BONJESTA	3	PAR; MO; QLL (60 per 30 days)
budesonide oral capsule,delayed, extend.release	4	MO; S
budesonide oral tablet,delayed and ext.release	4	PAR; MO; S
CANASA	4	MO; S
carafate oral suspension	3	MO
CARAFATE ORAL TABLET	3	MO
CESAMET	3	B/D PAR; MO
CHENODAL	3	PAR; LA
chlordiazepoxide-clidinium	3	PAR; MO
CHOLBAM	4	PAR; MO; S; QLL (120 per 30 days)
cimetidine	1	MO
cimetidine hcl oral soln	1	MO
CIMZIA	4	PAR; MO; S; QLL (6 per 28 days)
CIMZIA POWDER FOR RECONST	4	PAR; MO; S; QLL (6 per 28 days)
CIMZIA STARTER KIT	4	PAR; MO; S; QLL (6 per 28 days)
CINVANTI	3	MO
CLENPIQ	3	MO
COLAZAL	4	MO; S

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
colocort	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	MO
COMPAZINE ORAL TABLET 10 MG	3	MO
COMPAZINE RECTAL	3	MO
compro	1	MO
constulose	1	MO
CORTENEMA	3	MO
CORTIFOAM	3	MO
CREON	2	MO
cromolyn oral	1	MO
CUVPOSA	3	MO
CYSTADANE	4	S
CYTOTEC	3	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	MO
DEXILANT	3	MO; QLL (30 per 30 days)
DICLEGIS	3	PAR; MO; QLL (120 per 30 days)
dicyclomine intramuscular	3	MO
dicyclomine oral capsule	1	PAR; MO
dicyclomine oral solution	1	PAR; MO
dicyclomine oral tablet	1	PAR; MO
dimenhydrinate injection solution	3	MO
DIPENTUM	4	MO; S
diphenoxylate-atropine oral liquid	1	PAR; MO
diphenoxylate-atropine oral tablet	1	PAR; MO
dronabinol oral capsule 10 mg	4	B/D PAR; MO; S; QLL (120 per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	1	B/D PAR; MO; QLL (120 per 30 days)
droperidol injection solution	3	MO
EMEND (FOSAPREPITANT) INTRAVENOUS SOLUTION	3	MO
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)
EMEND ORAL CAPSULE, DOSE PACK	4	B/D PAR; MO; S; QLL (15 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PAR; MO; QLL (15 per 30 days)
ENTEREG	3	MO
ENTOCORT EC	4	MO; S
ENTYVIO	4	PAR; MO; S; QLL (1 per 56 days)
enulose	1	MO
esomeprazole magnesium	1	ST; MO; QLL (30 per 30 days)
esomeprazole sodium intravenous recon soln 20 mg	1	
esomeprazole sodium intravenous recon soln 40 mg	1	MO
esomeprazole strontium oral capsule,delayed release(dr/ec) 49.3 mg	1	ST; MO; QLL (30 per 30 days)
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	MO
famotidine intravenous solution	1	MO
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	4	PAR; MO; S
GATTEX ONE-VIAL	4	PAR; MO; S
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
GLYCATE	3	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	3	

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Drug Name	Drug Tier	Requirements /Limits
glycopyrrolate injection	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
glycopyrrolate oral tablet 1.5 mg	4	S
GOLYTELY	3	MO
granisetron (pf)	1	MO
granisetron hcl intravenous	1	MO
granisetron hcl oral	1	B/D PAR; MO; QLL (30 per 30 days)
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator 1 %	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	MO
INFLECTRA	4	PAR; MO; S
KRISTALOSE	3	MO
lactulose oral packet	1	
lactulose oral solution	1	MO
lansoprazole oral capsule,delayed release(dr/ec)	1	MO; QLL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel	3	MO; QLL (30 per 30 days)
LIALDA	2	MO
LIBRAX (WITH CLIDINIUM)	4	PAR; MO; S
LINZESS	2	MO; QLL (30 per 30 days)
LOMOTIL	3	PAR; MO
loperamide oral capsule	1	MO
LOTRONEX	4	PAR; MO; S; QLL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG	4	B/D PAR; MO; S; QLL (120 per 30 days)
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	3	B/D PAR; MO; QLL (120 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine oral capsule (with del rel tablets)	1	MO
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	MO
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	1	MO
mesalamine rectal enema	1	MO
mesalamine rectal suppository	4	MO; S
mesalamine with cleansing wipe	1	MO
methscopolamine	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl injection syringe	1	
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
metoclopramide hcl oral tablet, disintegrating	3	MO
MICORT-HC	3	MO
misoprostol	1	MO
MOTEGRITY	3	MO; QLL (30 per 30 days)
MOTOFEN	3	PAR; MO
MOVANTIK	2	MO; QLL (30 per 30 days)
MOVIPREP	3	MO
MYTESI	3	MO
NEXIUM	3	ST; MO; QLL (30 per 30 days)
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO
NEXIUM PACKET	3	ST; MO; QLL (30 per 30 days)
nizatidine oral capsule	1	MO
nizatidine oral solution	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
OCALIVA	4	PAR; MO; LA; S; QLL (30 per 30 days)
OMECLAMOX-PAK	3	MO
omeprazole oral capsule,delayed release(dr/ec)	1	MO; QLL (30 per 30 days)
omeprazole-sodium bicarbonate	4	MO; S; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ondansetron disintegrating tablet	1	B/D PAR; MO; QLL (90 per 30 days)
ondansetron hcl (pf)	1	MO
ondansetron hcl intravenous	1	MO
ondansetron hcl oral solution	1	B/D PAR; MO; QLL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	1	B/D PAR; QLL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PAR; MO; QLL (90 per 30 days)
opium tincture	1	MO
OSMOPREP	3	MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	PAR
palonosetron intravenous solution 0.25 mg/5 ml	3	MO
palonosetron intravenous syringe	3	PAR
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35, 500- 61,500 UNIT, 16,800-56, 800- 98,400 UNIT, 2,600-6, 200- 10,850 UNIT, 4,200-14, 200- 24,600 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 21,000-54, 700- 83,900 UNIT	4	ST; MO; S
pantoprazole intravenous	1	MO
pantoprazole oral	1	MO; QLL (30 per 30 days)
paregoric	1	MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram	1	
peg-electrolyte soln	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO; S
PEPCID ORAL TABLET	3	MO
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT	4	ST; MO; S
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4,000-14,375- 15,125 UNIT, 8, 000-28,750- 30,250 UNIT	3	ST; MO
PLENVU	3	MO
polyethylene glycol 3350	1	MO
PREPOPIK	3	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	4	MO; S; QLL (30 per 30 days)
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QLL (30 per 30 days)
PREVACID SOLUTAB	3	MO; QLL (30 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	MO
prochlorperazine edisylate	1	MO
prochlorperazine maleate oral	1	MO
prochlorperazine rectal supp	1	MO
procto-med hc	1	MO
procto-pak	1	MO
PROCTOFOAM HC	3	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
propantheline	1	PAR; MO
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL	3	MO; QLL (30 per 30 days)
PYLERA	4	MO; S
rabeprazole	3	MO; QLL (30 per 30 days)
ranitidine hcl injection	1	MO
ranitidine hcl oral capsule	3	MO
ranitidine hcl oral syrup	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
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
RECTIV	3	MO; QLL (30 per 30 days)
REGLAN ORAL	3	MO
RELISTOR ORAL	4	PAR; MO; S; QLL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	PAR; MO; S; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PAR; MO; S; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PAR; MO; S; QLL (12 per 30 days)
REMICADE	4	PAR; MO; S
RENFLEXIS	4	PAR; MO; S
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	4	PAR; MO; S; QLL (4 per 28 days)
scopolamine transdermal	1	MO; QLL (10 per 28 days)
SFROWASA	4	MO; S
SUCRAID	4	MO; S
sucralfate oral tablet	1	MO
sulfasalazine	1	MO
SUPREP BOWEL PREP KIT	2	MO
SUSTOL	4	S
SYMPROIC	3	ST; MO
SYNDROS	4	B/D PAR; MO; S
TIGAN INTRAMUSCULAR	3	MO
TIGAN ORAL CAPSULE 300 MG	3	MO
TRANSDERM-SCOP	2	MO; QLL (10 per 28 days)
trilyte with flavor packets	1	MO
trimethobenzamide oral	3	MO
TRULANCE	3	MO; QLL (30 per 30 days)
UCERIS ORAL	4	PAR; MO; S
UCERIS RECTAL	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	MO
VARUBI ORAL	3	B/D PAR; MO; QLL (4 per 28 days)
VIBERZI	4	PAR; MO; S
VIOKACE ORAL TABLET 10, 440-39,150- 39,150 UNIT	3	MO
VIOKACE ORAL TABLET 20, 880-78,300- 78,300 UNIT	4	MO; S
ZANTAC INJECTION	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QLL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	4	MO; S; QLL (30 per 30 days)
ZEGERID ORAL PACKET	4	MO; S; QLL (30 per 30 days)
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	ST; MO
ZOFRAN ORAL TABLET	4	B/D PAR; MO; S; QLL (90 per 30 days)
ZUPLENZ	3	B/D PAR; MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	2	MO
ACTIMMUNE	4	PAR; MO; S
ADACEL(TDAP ADOLESN/ ADULT)(PF)	2	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	4	PAR; MO; S
ARANESP (IN POLYSORBATE) INJECTION	2	PAR; 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
SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML		
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	2	PAR; 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	PAR; MO; S
ARCALYST	4	PAR; MO; S
ATGAM	3	B/D PAR
AVONEX (WITH ALBUMIN)	4	PAR; MO; S; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PAR; MO; S; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PAR; MO; S; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	2	MO
BETASERON SUBCUTANEOUS KIT	4	PAR; MO; S
BEXSERO	2	MO
BIVIGAM	4	PAR; MO; S
BOOSTRIX TDAP	2	MO
BOTOX	3	PAR; MO
CUVITRU	4	PAR; MO; S
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	MO; S
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	3	PAR; MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PAR; MO; S
ENGERIX-B (PF)	2	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D PAR; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PAR; MO
EXTAVIA SUBCUTANEOUS KIT	4	PAR; MO; S
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PAR; S
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	PAR; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	4	PAR; MO; S
fomepizole	4	S
FULPHILA	4	PAR; MO; S; QLL (1.2 per 28 days)
GAMASTAN	3	PAR; MO
GAMASTAN S/D 15 %- 18% RANGE INTRAMUSCULAR SOLUTION	3	PAR; MO
GAMMAGARD LIQUID	4	PAR; MO; S
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PAR; MO; S
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	PAR; MO; S
GAMMAKED INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	3	PAR; MO
GAMMAPLEX	4	PAR; MO; S
GAMMAPLEX (WITH SORBITOL)	4	PAR; MO; S
GAMUNEX-C	4	PAR; MO; S
GARDASIL 9 (PF)	2	MO
GENOTROPIN	4	PAR; MO; S
GENOTROPIN MINIQUICK	4	PAR; MO; S
GRANIX	4	PAR; MO; S
GRASTEK	3	PAR; MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
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	
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML	3	
HEPAGAM B INJECTION SOLUTION GREATR THAN 312 UNIT/ML (5 ML)	3	MO
HIBERIX (PF)	2	MO
HIZENTRA	4	PAR; MO; S
HUMATROPE	4	PAR; MO; S
HYPERHEP B S-D NEONATAL	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PAR; MO; S
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %)	3	PAR; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PAR; MO; LA; S
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF)	2	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)	3	MO
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	4	MO; S
INTRON A INJECTION SOLUTION	4	MO; S
IPOL SUSPENSION FOR INJECTION 40 UNIT-8 UNIT-32 UNIT/0.5 ML	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
LEUKINE 250MCG INJECTION RECON SOLN	4	PAR; MO; S
M-M-R II (PF)	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 75 MCG/0.3 ML	4	PAR; MO; S; QLL (0.6 per 28 days)
MOZOBIL	4	PAR; MO; S
MYOBLOC	3	PAR; MO
NABI-HB	4	MO; S
NEULASTA	4	PAR; MO; S; QLL (1.2 per 28 days)
NEUPOGEN	4	PAR; MO; S
NIVESTYM INJECTION	4	PAR; S
NIVESTYM SUBCUTANEOUS	4	PAR; MO; S
NORDITROPIN FLEXPRO	4	PAR; MO; S
NUTROPIN AQ NUSPIN	4	PAR; MO; S
OCTAGAM	4	PAR; MO; S
OMNITROPE	4	PAR; MO; S
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PAR; MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PANZYGA INTRAVENOUS SOLUTION 10 %	4	PAR; MO; S
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	4	PAR; S
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	MO; S
PEGASYS SUBCUTANEOUS SYR	4	MO; S
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	MO; S
PENTACEL (PF)	2	MO
PLEGRIDY	4	PAR; MO; S; QLL (1 per 28 days)
PRIVIGEN	4	PAR; MO; S
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML	3	PAR; MO
PROCRIT INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PAR; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PAR; MO; S
PROLEUKIN	4	B/D PAR; MO; S
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	2	MO
RAGWITEK	3	PAR; MO; QLL (30 per 30 days)
REBIF (WITH ALBUMIN)	4	PAR; MO; S
REBIF REBIDOSE	4	PAR; MO; S
REBIF TITRATION PACK	4	PAR; MO; S
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D PAR
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 40,000 UNIT/ML	4	PAR; MO; S; QLL (12 per 28 days)
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PAR; MO; QLL (12 per 28 days)
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SAIZEN	4	PAR; MO; S
SAIZEN SAIZENPREP	4	PAR; MO; S
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PAR; MO; S
SHINGRIX (PF)	2	MO
STAMARIL (PF)	2	
SYLATRON	4	PAR; MO; S
TDVAX	2	MO
TENIVAC (PF)	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
THYMOGLOBULIN	4	B/D PAR; S
TICE BCG	2	B/D PAR; MO
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
UDENYCA	4	PAR; MO; S; QLL (1.2 per 28 days)
VAQTA (PF)	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO

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Drug Name	Drug Tier	Requirements /Limits
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	2	PAR; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PAR; MO; S
YF-VAX (PF)	2	MO
ZARXIO	4	PAR; MO; S
ZINPLAVA	4	PAR; MO; S
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PAR; MO; S
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PAR; MO
ZORBTIVE	4	PAR; MO; S
ZOSTAVAX (PF)	2	MO
Miscellaneous Gastrointestinal Agents		
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO
Musculoskeletal / Rheumatology		
ACTEMRA	4	PAR; MO; S
ACTEMRA ACTPEN	4	PAR; MO; S
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QLL (1 per 28 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QLL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QLL (30 per 30 days)
alendronate oral solution	1	MO; QLL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QLL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QLL (4 per 28 days)
allopurinol	1	MO
allopurinol intravenous solution	1	
aloprim	1	
ARAVA	3	MO
ATELVIA	3	MO; QLL (4 per 28 days)
BENLYSTA	4	PAR; MO; S
BINOSTO	3	MO; QLL (4 per 28 days)
BONIVA INTRAVENOUS	3	B/D PAR; MO
BONIVA ORAL	3	ST; MO; QLL (1 per 28 days)
COLCHICINE	3	MO
COLCRYS	2	MO
CUPRIMINE	4	MO; S
DEPEN TITRATABS	4	MO; S
DUZALLO	3	PAR; MO; QLL (30 per 30 days)
ENBREL MINI	4	PAR; MO; S; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PAR; MO; S; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PAR; MO; S; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PAR; MO; S; QLL (8 per 28 days)
ENBREL SURECLICK	4	PAR; MO; S; QLL (8 per 28 days)
EVISTA	3	MO; QLL (30 per 30 days)
FORTEO	4	PAR; MO; S; QLL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QLL (4 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PAR; MO; S; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	4	PAR; MO; S; QLL (12 per 365 days)
HUMIRA PEN	4	PAR; MO; S; QLL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN CROHNS-UC-HS START	4	PAR; MO; S; QLL (12 per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PAR; MO; S; QLL (8 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PAR; MO; S; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PAR; MO; S; QLL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PAR; MO; S; QLL (6 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PAR; MO; S; QLL (4 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PAR; MO; S; QLL (6 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PAR; MO; S; QLL (6 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PAR; MO; S; QLL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PAR; MO; S; QLL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PAR; MO; S; QLL (4 per 28 days)
ibandronate intravenous	1	B/D PAR; MO
ibandronate oral	1	MO; QLL (1 per 28 days)
KEVZARA	4	PAR; MO; S; QLL (2.28 per 28 days)
KINERET	4	PAR; MO; S; QLL (28 per 28 days)
KRYSTEXXA	4	PAR; MO; S; QLL (2 per 28 days)
leflunomide	1	MO
MITIGARE	3	MO
OLUMIANT	4	PAR; MO; S; QLL (30 per 30 days)
ORENCIA (WITH MALTOSE)	4	PAR; MO; S; QLL (8 per 28 days)
ORENCIA CLICKJECT	4	PAR; MO; S; QLL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PAR; MO; S; QLL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PAR; MO; S; QLL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PAR; MO; S; QLL (2.8 per 28 days)
OTEZLA	4	PAR; MO; S; QLL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PAR; MO; S; QLL (110 per 365 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	MO
penicillamine	4	MO; S
probenecid	1	MO
probenecid-colchicine	1	MO
PROLIA	2	PAR; MO; QLL (2 per 365 days)
raloxifene	1	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/ 0.6 ML, 7.5 MG/0.15 ML	3	MO
RIDAURA	4	MO; S
risedronate oral tablet 150 mg	1	ST; MO; QLL (1 per 28 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	ST; MO; QLL (4 per 28 days)
risedronate oral tablet 5 mg	1	ST; MO; QLL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QLL (4 per 28 days)
SAVELLA ORAL TABLET 100 MG	2	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	2	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	2	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	2	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK	2	MO; QLL (110 per 365 days)
SIMPONI	4	PAR; MO; S; QLL (1 per 28 days)
SIMPONI ARIA	4	PAR; MO; S
TYMLOS	4	PAR; MO; S; QLL (1 per 28 days)
ULORIC	2	ST; MO
XELJANZ	4	PAR; MO; S; QLL (60 per 30 days)
XELJANZ XR	4	PAR; MO; S; QLL (30 per 30 days)
ZYLOPRIM	3	MO
Obstetrics / Gynecology		
ACTIVELLA	3	PAR; MO
ALORA	3	PAR; MO; QLL (8 per 28 days)
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amabelz	1	PAR; MO
amethia	1	MO
amethia lo	1	MO
amethyst (28)	1	MO
ANGELIQ	3	PAR; MO
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra	1	MO
aubra eq	3	MO
AVC VAGINAL	3	MO
aviane	1	MO
AYGESTIN	3	MO
azurette (28)	1	MO
balziva (28)	1	MO
bekyree (28)	1	MO
BEYAZ	3	MO
BIJUVA	3	MO
blisovi 24 fe	1	MO
blisovi fe 1.5/30 (28)	1	MO
blisovi fe 1/20 (28)	1	MO
briellyn	1	MO
camila	1	MO
camrese	1	MO
camrese lo	1	MO
caziant (28)	1	MO
chateal (28)	3	MO
chateal eq (28)	3	MO
CLEOCIN VAGINAL	3	MO
CLIMARA	3	PAR; MO; QLL (4 per 28 days)
CLIMARA PRO	2	PAR; MO; QLL (4 per 28 days)
clindamycin phosphate vaginal	1	MO
CLINDESSE	3	MO
COMBIPATCH	2	PAR; MO; QLL (8 per 28 days)
CRINONE	3	PAR; MO
cryselle (28)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
cyred	3	MO
cyred eq	3	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	3	MO
deblitane	1	MO
DELESTROGEN	3	MO
delyla (28)	1	
DEPO-ESTRADIOL	2	MO
DEPO-PROVERA	3	MO
DEPO-SUBQ PROVERA 104	2	MO
desog-e.estradiol/e.estradiol	1	MO
desogestrel-ethinyl estradiol	3	
DIVIGEL	2	PAR; MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	MO
DROSPIRENONE-E.ESTRADIOL-LM.FA ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	MO
drospirenone-ethinyl estradiol	1	MO
DUAVEE	3	PAR; MO; QLL (30 per 30 days)
ELESTRIN	3	PAR; MO
elinest	1	MO
ELLA	2	
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
errin	1	MO
estarylla	1	MO
ESTRACE ORAL	3	PAR; MO
ESTRACE VAGINAL	3	MO
estradiol oral	1	PAR; MO
estradiol transdermal patch semiweekly	1	PAR; MO; QLL (8 per 28 days)
estradiol transdermal patch weekly	1	PAR; MO; QLL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet	1	PAR; MO
ESTRING	3	MO; QLL (1 per 90 days)
ESTROSTEP FE-28	3	MO
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	3	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	
EVAMIST	2	PAR; MO
falmina (28)	1	MO
fayosim	1	MO
FEMHRT LOW DOSE	3	PAR; MO
FEMRING	3	MO; QLL (1 per 90 days)
femynor	1	MO
fyavolv	1	PAR; MO
GENERESS FE	3	MO
gianvi (28)	1	MO
GYNAZOLE-1	3	MO
hailey 24 fe	3	MO
heather	1	MO
HEMABATE	3	
hydroxyprogesterone caproate	4	PAR; MO; S; QLL (25 per 147 days)
IMVEXXY MAINTENANCE PACK	3	MO; QLL (18 per 28 days)
IMVEXXY STARTER PACK	3	MO; QLL (18 per 28 days)
INCASSIA	3	MO
INTRAROSA	3	MO; QLL (30 per 30 days)
introvale	1	MO
isibloom	1	MO
jasmiel (28)	3	
jencycla	1	MO
jinteli	1	PAR; MO
jolessa	1	MO
jolivette	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO

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Drug Name	Drug Tier	Requirements /Limits
kaitlib fe	1	MO
kariva (28)	1	MO
kelnor 1-50	3	MO
kelnor 1/35 (28)	1	MO
kurvelo (28)	3	MO
KYLEENA	2	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	3	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
larissia	1	MO
layolis fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorg-eth estrad triphasic	1	MO
levonorgestrel-ethinyl estrad	1	MO
levora-28	1	MO
LILETTA	2	MO
lillow (28)	3	MO
LO LOESTRIN FE	2	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
lopreeza	3	PAR; MO
loryna (28)	1	MO
LOSEASONIQUE	3	MO
low-ogestrel (28)	1	MO
LUPANETA PACK (1 MONTH)	3	PAR; MO; QLL (1 per 28 days)
LUPANETA PACK (3 MONTH)	4	PAR; MO; S; QLL (1 per 84 days)
lutera (28)	1	MO
LYSTEDA	3	MO
lyza	1	MO
marlissa (28)	1	MO
medroxyprogesterone intramuscular	1	MO
medroxyprogesterone oral	1	MO
melodetta 24 fe	3	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PAR; MO
MENOSTAR	3	PAR; MO; QLL (4 per 28 days)
methergine	4	S
methylergonovine injection	3	
methylergonovine oral	4	MO; S
METROGEL VAGINAL	3	MO
metronidazole vaginal	1	MO
mibelas 24 fe	1	MO
miconazole-3 vaginal suppository	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	3	MO
mimvey	1	PAR; MO
mimvey lo	1	PAR; MO
MINASTRIN 24 FE	3	MO
MINIVELLE	3	PAR; MO; QLL (8 per 28 days)
MIRCETTE (28)	3	MO
MIRENA	2	MO
mono-linyah	1	MO
mononessa (28)	1	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
NEXPLANON	4	MO; S
nikki (28)	1	MO
nora-be	1	MO
noreth-ethinyl estradiol-iron	1	MO
norethindrone (contraceptive)	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PAR; MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norethindrone acetate	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
norethindrone-e.estradiol-iron	1	MO
norgestimate-ethinyl estradiol	1	MO
norlyda	1	MO
norlyroc	1	
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
NUVARING	2	MO
NUVESSA	3	MO
ocella	1	MO
ogestrel (28)	1	MO
orsythia	1	MO
ORTHO MICRONOR	3	MO
ORTHO TRI-CYCLEN (28)	2	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OSPHENA	3	MO
oxytocin injection solution	3	MO
philith	1	MO
pimtrea (28)	1	MO
pirmella	1	MO
PITOCIN	3	
portia 28	1	MO
PREFEST	3	PAR; MO
PREMARIN INJECTION	3	MO
PREMARIN ORAL	2	PAR; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PAR; MO
PREMPRO	2	PAR; MO
previfem	1	MO
progesterone	3	MO
progesterone micronized	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
QUARTETTE	3	MO
reclipsen (28)	1	MO
rivelsa	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
setlakin	1	MO
sharobel	1	MO
SKYLA	2	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina fe 1-20 eq (28)	1	MO
tarina fe 1/20 (28)	1	MO
TAYTULLA	3	MO
terconazole	1	MO
tilia fe	1	MO
tranexamic acid oral	1	MO
tri femynor	3	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-linyah	1	MO
tri-lo-estarylla	1	MO
TRI-LO-MARZIA	3	MO
tri-lo-sprintec	1	MO
tri-mili	3	MO
tri-previfem (28)	1	MO
tri-sprintec (28)	1	MO
tri-vylibra	3	MO
tri-vylibra lo	3	MO
trivora (28)	1	MO
tulana	3	MO
tydemy	3	MO
VAGIFEM	3	MO
VANDAZOLE	2	MO
velivet triphasic regimen (28)	1	MO
vienva	1	MO
viorele (28)	1	MO
VIVELLE-DOT	3	PAR; MO; QLL (8 per 28 days)
vyfemla (28)	1	MO
vylibra	3	MO
wera (28)	3	MO
wymzya fe	1	MO
xulane	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
yuvafem	1	MO
zarah	1	MO
zenchent (28)	1	MO
zovia 1/35e (28)	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
Ophthalmology		
acetazolamide	1	MO
acetazolamide sodium solution for injection	1	MO
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
ak-poly-bac	1	MO
ALOCRIL	3	MO
ALOMIDE	3	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
ALREX	3	MO
apraclonidine	1	MO
ATROPINE OPHTHALMIC (EYE) DROPS	2	MO
AZASITE	3	MO
azelastine ophthalmic (eye)	1	MO
AZOPT	3	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b ophthalmic (eye)	1	MO
balanced salt	3	
BEPREVE	3	MO
BESIVANCE	3	MO
betaxolol ophthalmic (eye)	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
bimatoprost ophthalmic (eye)	1	MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
brimonidine	1	MO
bromfenac	3	MO
BROMSITE	3	MO
bss	3	MO
BSS PLUS	3	
carteolol	1	MO
CEQUA	3	PAR; MO
CILOXAN	3	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
cromolyn ophthalmic (eye)	1	MO
CYSTARAN	4	MO; S
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
diclofenac sodium ophthalmic (eye)	1	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	3	MO
DUREZOL	2	MO
epinastine	1	MO
erythromycin ophthalmic (eye)	1	MO
EYLEA	4	PAR; MO; S
FLAREX	3	MO
fluorometholone	1	MO
flurbiprofen ophthalmic (eye)	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
gatifloxacin	1	MO
gentak ophthalmic (eye) ointment	1	MO
gentamicin ophthalmic (eye) drops	1	MO
gentamicin ophthalmic (eye) ointment	1	
ILEVRO	2	MO
IOPIDINE	3	MO
ISOPTO ATROPINE	3	MO
ISOPTO CARPINE	3	MO
ISTALOL	3	MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	4	PAR; MO; S
ketorolac ophthalmic (eye)	1	MO
LACRISERT	2	MO; QLL (60 per 30 days)
LASTACAFT	2	MO
latanoprost	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
levofloxacin ophthalmic (eye)	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
LOTEMAX	3	MO
loteprednol etabonate	1	
LUCENTIS	4	PAR; MO; S
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
MAXIDEX	3	MO
MAXITROL	3	MO
methazolamide	1	MO
miostat	3	
MOXEZA	3	MO
moxifloxacin ophthalmic (eye)	1	MO
NATACYN	3	MO
neo-polycin	1	MO
neo-polycin hc	1	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-gramicidin	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
NEVANAC	2	MO
OCUFLOX	3	MO
ofloxacin ophthalmic (eye)	1	MO
olopatadine ophthalmic (eye)	1	MO
OMNIPRED	3	MO
OXERVATE	4	MO; S
OZURDEX	4	PAR; MO; S
PATADAY	2	MO
PATANOL	3	MO
PAZEO	2	MO
PHOSPHOLINE IODIDE	3	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
polycin	1	MO
polymyxin b sulf-trimethoprim	1	MO
POLYTRIM	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
PROLENSA	3	MO
RESTASIS	3	PAR; MO; QLL (60 per 30 days)
RESTASIS MULTIDOSE	3	PAR; MO; QLL (10 per 30 days)
RETISERT	3	PAR; MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
sulfacetamide sodium ophthalmic (eye)	1	MO
sulfacetamide-prednisolone	1	MO
timolol maleate ophthalmic (eye) drops	1	MO
timolol maleate ophthalmic (eye) drops, once daily	1	MO
timolol maleate ophthalmic (eye) gel forming solution	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO
TOBRADEX ST	2	MO
tobramycin	1	MO
tobramycin-dexamethasone ophthalmic (eye)	1	MO
TOBREX	3	MO
TRAVATAN Z	2	MO
trifluridine	1	MO
TRUSOPT	3	MO
VIGAMOX	3	MO
VIROPTIC	3	MO
VYZULTA	3	MO
XALATAN	3	MO
XELPROS	3	MO
XIIDRA	2	PAR; MO; QLL (60 per 30 days)
ZIOPTAN (PF)	3	MO
ZIRGAN	3	MO
ZYLET	2	MO
ZYMAXID	3	MO
Respiratory And Allergy		
ACCOLATE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
acetylcysteine	1	B/D PAR; MO
ADCIRCA	4	PAR; MO; S; QLL (60 per 30 days)
ADEMPAS	4	PAR; MO; LA; S
adrenalin injection solution 1 mg/ml	3	MO
adrenalin injection solution 1 mg/ml (1 ml)	1	MO
ADVAIR DISKUS	2	MO; QLL (60 per 30 days)
ADVAIR HFA	2	MO; QLL (12 per 30 days)
AIRDUO RESPICLICK	3	MO; QLL (1 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION, 90 MCG/ACTUATION (NDA020983)	2	MO; QLL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	B/D PAR; MO; QLL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml	1	B/D PAR; MO; QLL (60 per 30 days)
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
albuterol sulfate oral tablet extended release 12 hr	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QLL (14 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QLL (7 per 30 days)
alyq	4	PAR; S; QLL (60 per 30 days)
ambrisentan	4	PAR; MO; LA; S; QLL (30 per 30 days)
aminophylline intravenous	1	
ANORO ELLIPTA	2	MO; QLL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QLL (30 per 30 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	3	MO; QLL (1 per 30 days)
ARNUITY ELLIPTA	2	MO; QLL (30 per 30 days)
ASMANEX HFA	3	MO; QLL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QLL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QLL (2 per 30 days)
ATROVENT HFA	3	MO; QLL (26 per 30 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML	3	MO; QLL (2 per 28 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	MO; S; QLL (2 per 28 days)
BECONASE AQ	3	ST; MO; QLL (50 per 30 days)
BERINERT INTRAVENOUS KIT	4	PAR; MO; S
BEVESPI AEROSPHERE	3	ST; MO; QLL (11 per 30 days)
BREO ELLIPTA	2	MO; QLL (60 per 30 days)
BROVANA	4	B/D PAR; MO; S; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PAR; MO; QLL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PAR; MO; QLL (60 per 30 days)
carbinoxamine maleate	3	PAR; MO
cetirizine oral solution 1 mg/ml	1	MO
CINQAIR	4	PAR; MO; S
CINRYZE	4	PAR; MO; S
CLARINEX ORAL SYRUP	3	MO
CLARINEX ORAL TABLET	3	MO
CLARINEX-D 12 HOUR	3	MO
clemastine oral tablet 2.68 mg	1	PAR; MO
COMBIVENT RESPIMAT	3	MO; QLL (8 per 30 days)
cromolyn inhalation	1	B/D PAR; MO; QLL (240 per 30 days)
CUROSURF	3	
cyproheptadine	1	PAR; MO
DALIRESP	3	PAR; MO; QLL (30 per 30 days)
desloratadine	1	MO
dexchlorpheniramine maleate	3	PAR
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe	1	MO
diphenhydramine hcl oral elixir	3	PAR
DULERA	2	MO; QLL (13 per 30 days)
DYMISTA	2	MO; QLL (23 per 28 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MO
epinephrine injection auto-injector 0.15 mg/0.15 ml	3	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/ 0.3 ML, 0.3 MG/0.3 ML	1	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	MO; QLL (2 per 28 days)
EPIPEN	3	MO; QLL (2 per 28 days)
EPIPEN 2-PAK	3	MO; QLL (2 per 28 days)
EPIPEN JR	3	MO; QLL (2 per 28 days)
EPIPEN JR 2-PAK	3	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	4	PAR; MO; S; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PAR; MO; S; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PAR; MO; S; QLL (90 per 30 days)
FASENRA	4	MO; S
FIRAZYR	4	PAR; MO; S
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ ACTUATION	2	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	2	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QLL (11 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QLL (75 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION	3	MO; QLL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
AEROSOL POWDR BREATH ACTIVATED		
fluticasone propion-salmeterol inhalation blister with device	1	MO; QLL (60 per 30 days)
fluticasone propionate nasal	1	MO; QLL (16 per 30 days)
HAEGARDA	4	PAR; MO; S
hydroxyzine hcl intramuscular	1	PAR; MO
hydroxyzine hcl oral solution 10 mg/5 ml	1	PAR; MO
hydroxyzine hcl oral tablet	1	PAR; MO
hydroxyzine pamoate	1	PAR; MO
INCRUSE ELLIPTA	3	MO; QLL (30 per 30 days)
ipratropium bromide inhalation	1	B/D PAR; MO
ipratropium-albuterol inhalation	1	B/D PAR; MO; QLL (540 per 30 days)
KALBITOR	4	PAR; MO; S
KALYDECO ORAL GRANULES IN PACKET 25 MG	3	PAR; MO; QLL (56 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG	3	PAR; MO; QLL (168 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 75 MG	3	PAR; MO; QLL (112 per 28 days)
KALYDECO ORAL TABLET	4	PAR; MO; S; QLL (60 per 30 days)
KARBINAL ER	3	PAR; MO
LETAIRIS	4	PAR; MO; LA; S; QLL (30 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	B/D PAR; MO; QLL (270 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml	1	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL HFA	3	ST; MO; QLL (45 per 30 days)
levocetirizine	1	MO
LONHALA MAGNAIR REFILL	4	MO; S; QLL (60 per 30 days)
LONHALA MAGNAIR STARTER	4	MO; S; QLL (60 per 180 days)
metaproterenol	1	MO
mometasone nasal	1	MO
montelukast	1	MO
NASONEX	3	ST; MO
NUCALA	4	PAR; MO; LA; S
OFEV	4	PAR; MO; S; QLL (60 per 30 days)
OMNARIS	3	ST; MO; QLL (13 per 30 days)
OPSUMIT	4	PAR; MO; LA; S; QLL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	4	PAR; MO; S; QLL (60 per 30 days)
ORKAMBI ORAL TABLET	4	PAR; MO; S; QLL (120 per 30 days)
PERFOROMIST	4	B/D PAR; MO; S; QLL (120 per 30 days)
phenadoz	3	PAR; MO
PHENERGAN INJECTION	3	PAR; MO
phenergan rectal	3	PAR
PROAIR HFA	2	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	2	MO; QLL (2 per 30 days)
promethazine injection solution	1	PAR; MO
promethazine oral	1	PAR; MO
promethazine rectal suppository 12.5 mg, 25 mg	3	PAR; MO
promethazine rectal suppository 50 mg	1	PAR
promethegan	3	PAR; MO
PROVENTIL HFA	2	MO; QLL (14 per 30 days)
PULMICORT FLEXHALER	3	MO; QLL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PAR; MO; QLL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	4	B/D PAR; MO; S; QLL (60 per 30 days)
PULMOZYME	4	B/D PAR; MO; S
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QLL (7 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ ACTUATION	2	MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ ACTUATION	2	MO; QLL (22 per 30 days)
REVATIO INTRAVENOUS	4	PAR; MO; S; QLL (1125 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PAR; MO; S; QLL (224 per 30 days)
REVATIO ORAL TABLET	4	PAR; MO; S; QLL (90 per 30 days)
RUCONEST	4	PAR; MO; S
RYCLORA	3	PAR
RYVENT	3	PAR; MO
SEEBRI NEOHALER	3	MO; QLL (60 per 30 days)
SEMPREX-D	3	MO
SEREVENT DISKUS	2	MO; QLL (60 per 30 days)
sildenafil (antihypertensive) intravenous	4	PAR; S; QLL (1125 per 30 days)
sildenafil (antihypertensive) oral	4	PAR; MO; S; QLL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	2	MO; QLL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QLL (4 per 30 days)
SYMBICORT	2	MO; QLL (11 per 30 days)
SYMDEKO	4	PAR; MO; S; QLL (56 per 28 days)
SYMJEPI	2	MO; QLL (2 per 28 days)
tadalafil (antihypertensive)	4	PAR; MO; S; QLL (60 per 30 days)
TAKHZYRO	4	PAR; MO; LA; S
terbutaline	1	MO
THEO-24	2	MO
theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml	3	
theophylline oral elixir	1	
theophylline oral solution	1	MO
theophylline oral tablet extended release 12 hr	1	MO
theophylline oral tablet extended release 24 hr	1	MO
TRACLEER ORAL TABLET	4	PAR; MO; LA; S; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PAR; MO; LA; S; QLL (120 per 30 days)
TRELEGY ELLIPTA	3	MO; QLL (1 per 30 days)
triamcinolone acetonide nasal	1	MO; QLL (34 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
TUDORZA PRESSAIR	3	MO; QLL (1 per 30 days)
TYVASO	4	PAR; MO; S; QLL (81.2 per 30 days)
TYVASO INSTITUTIONAL START KIT	4	PAR; S; QLL (1 per 365 days)
TYVASO REFILL KIT	4	PAR; MO; S; QLL (81.2 per 30 days)
TYVASO STARTER KIT	4	PAR; MO; S; QLL (1 per 365 days)
UTIBRON NEOHALER	3	ST; MO; QLL (60 per 30 days)
VENTAVIS	4	PAR; MO; S; QLL (270 per 30 days)
VENTOLIN HFA	3	ST; MO; QLL (36 per 30 days)
VISTARIL ORAL CAPSULE 25 MG	4	PAR; MO; S
VISTARIL ORAL CAPSULE 50 MG	3	PAR; MO
wixela inhub	1	MO; QLL (60 per 30 days)
XHANCE	3	MO; QLL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PAR; MO; LA; S; QLL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PAR; MO; LA; S; QLL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PAR; MO; LA; S; QLL (1 per 28 days)
XOPENEX CONCENTRATE	3	B/D PAR; MO; QLL (270 per 30 days)
XOPENEX HFA	3	ST; MO; QLL (45 per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 1.25 MG/3 ML	4	B/D PAR; MO; S; QLL (270 per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML	4	B/D PAR; MO; S; QLL (540 per 30 days)
YUPELRI	4	MO; S; QLL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	3	ST; MO; QLL (6.1 per 30 days)
zileuton	4	MO; S
ZYFLO	4	MO; S
ZYFLO CR	4	MO; S
Urologicals		
alfuzosin	1	MO
alprostadil	3	MO
AVODART	3	MO; QLL (30 per 30 days)
bethanechol chloride	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PAR; MO; QLL (30 per 30 days)
CYSTAGON	2	MO; LA
darifenacin	1	MO; QLL (30 per 30 days)
DETROL	3	ST; MO; QLL (60 per 30 days)
DETROL LA	3	ST; MO; QLL (30 per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	ST; MO; QLL (60 per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	ST; MO; QLL (30 per 30 days)
dutasteride	1	MO; QLL (30 per 30 days)
dutasteride-tamsulosin	1	MO; QLL (30 per 30 days)
ELMIRON	3	MO
ENABLEX	3	ST; MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
finasteride oral tablet 5 mg	1	MO
flavoxate	1	MO
FLOMAX	3	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	2	ST; MO; QLL (30 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; MO; QLL (30 per 30 days)
glycine urologic	1	
glycine urologic solution	1	
JALYN	3	MO; QLL (30 per 30 days)
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
MYRBETRIQ	3	MO; QLL (30 per 30 days)
oxybutynin chloride oral syrup	1	MO; QLL (600 per 30 days)
oxybutynin chloride oral tablet	1	MO; QLL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	1	MO; QLL (60 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	1	MO; QLL (30 per 30 days)
OXYTROL	3	ST; MO; QLL (8 per 28 days)
potassium citrate	1	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG	3	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 75 MG	4	MO; S
PROSCAR	3	MO
PROSTIN VR PEDIATRIC	3	MO
RAPAFLO	3	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
silodosin	1	MO
solifenacin	1	MO; QLL (30 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	1	PAR; MO; QLL (30 per 30 days)
tamsulosin	1	MO
tolterodine oral capsule,extended release 24hr	1	MO; QLL (30 per 30 days)
tolterodine oral tablet	1	MO; QLL (60 per 30 days)
TOVIAZ	3	MO; QLL (30 per 30 days)
trospium oral capsule,extended release 24hr	1	MO; QLL (30 per 30 days)
trospium oral tablet	1	MO; QLL (60 per 30 days)
URECHOLINE	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
UROXATRAL	3	MO
VESICARE	3	MO; QLL (30 per 30 days)
Vitamins, Hematinics / Electrolytes		
ALBUKED-25	3	
ALBUKED-5	3	
albumin, human 25 %	3	
albumin, human 5 %	3	
albuminar 25 %	4	MO; S
ALBUMINEX	3	
alburx (human) 25 %	3	MO
alburx (human) 5 %	3	
albutein 25 %	1	
albutein 5 %	1	
AMINOSYN 10 %	2	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	2	B/D PAR
AMINOSYN 8.5 %	2	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	2	B/D PAR
AMINOSYN II 10 %	2	B/D PAR
AMINOSYN II 15 %	2	B/D PAR
AMINOSYN II 8.5 %	2	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	2	B/D PAR
AMINOSYN M 3.5 %	2	B/D PAR
AMINOSYN-HBC 7%	2	B/D PAR

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

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-PF 10 %	2	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	2	B/D PAR
AMINOSYN-RF 5.2 %	2	B/D PAR
AZESCO	3	
BAL IN OIL	3	
bal-care dha	1	MO
BAL-CARE DHA ESSENTIAL	3	MO
buminate 5 %	4	S
c-nate dha	1	MO
calcium acetate oral capsule	1	MO
calcium acetate oral tablet 667 mg	3	MO
calcium chloride intravenous	1	
CALCIUM DISODIUM VERSENATE	3	
calcium gluconate intravenous	1	MO
CITRANATAL (DUAL-IRON)	3	MO
CITRANATAL 90 DHA (ALGAL OIL)	3	MO
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	MO
CITRANATAL B-CALM (FE GLUC)	3	MO
CITRANATAL BLOOM	3	MO
CITRANATAL DHA (ALGAL OIL)	3	MO
CITRANATAL HARMONY (IRON FUM)	3	MO
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	2	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	2	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	2	B/D PAR
CLINIMIX E 4.25%/D25W SUL FREE	2	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	2	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	2	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	2	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	2	B/D PAR
CLINIMIX N14G30E 4.25%-D15W SF	2	B/D PAR
CLINIMIX N9G15E 2.75%-D7.5W SF	2	B/D PAR
CLINISOL SF 15 %	3	B/D PAR; MO
complete natal dha	1	MO
completenate	1	MO
CONCEPT DHA	3	MO
CONCEPT OB	3	MO
cysteine (l-cysteine) intravenous solution	1	B/D PAR
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	MO
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	MO
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO
effer-k oral tablet, effervescent 25 meq	3	MO
electrolyte-48 in d5w	1	
elite-ob	1	MO
ENBRACE HR	3	MO
FLEXBUMIN 25 %	3	
FLEXBUMIN 5 %	3	
fluoride (sodium) oral tablet	1	MO
fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	1	MO
fluoritab oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	MO
FOLET ONE	3	MO
folivane-ob	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
FREAMINE HBC 6.9 %	3	B/D PAR
freamine iii 10 %	1	B/D PAR
GLYCOPHOS	3	
HEPATAMINE 8%	2	B/D PAR
HYPERLYTE CR	3	
intralipid intravenous emulsion 20 %	1	B/D PAR
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PAR
IONOSOL-MB IN D5W	2	
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	2	MO
KABIVEN	3	B/D PAR
KEDBUMIN	3	
klor-con	3	MO
KLOR-CON 10	2	MO
KLOR-CON 8	2	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con sprinkle oral capsule, extended release 8 meq	1	MO
klor-con/ef	1	MO
lactated ringers intravenous	1	MO
ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	1	MO
m-natal plus	1	
magnesium chloride injection	3	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water intravenous parenteral solution	1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	1	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	1	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
MARNATAL-F	3	MO
NATACHEW (FE BIS-GLYCINATE)	3	MO
NEPHRAMINE 5.4 %	2	B/D PAR
NESTABS	3	MO
NESTABS DHA	3	MO
NESTABS ONE	3	MO
NORMOSOL-M IN 5 % DEXTROSE	2	
NORMOSOL-R	2	MO
NORMOSOL-R IN 5 % DEXTROSE	2	
NORMOSOL-R PH 7.4	2	
NUTRILIPID	3	B/D PAR
O-CAL PRENATAL	3	MO
OB COMPLETE ONE	3	MO
OB COMPLETE ORAL TABLET	3	MO
OB COMPLETE PETITE	3	MO
OB COMPLETE PREMIER	3	MO
OB COMPLETE WITH DHA	3	MO
OMEGAVEN	3	B/D PAR
PERIKABIVEN	3	B/D PAR
PHOSLYRA	3	ST; MO
plasbumin 25 %	3	MO
plasbumin 5 %	3	
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
plasmanate	1	
plenamine	3	B/D PAR
pnv 29-1	1	MO
pnv ob+dha oral combo pack 27-1-50-250 mg	1	MO
pnv-dha	1	MO
pnv-dha + docusate	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
pnv-omega	3	MO
pnv-select	1	MO
potassium acetate intravenous solution 2 meq/ml	3	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	MO
potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml	1	MO
potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml	1	
potassium chloride intravenous	1	MO
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet	3	MO
potassium chloride oral tablet extended release	1	MO
potassium chloride oral tablet,er particles/crystals	1	MO
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l	1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	1	
potassium phosphate m-/d-basic	1	
pr natal 400	1	MO
pr natal 400 ec	1	MO
pr natal 430	1	MO
pr natal 430 ec	1	MO
premasol 10 %	1	B/D PAR; MO
PREMASOL 6 %	2	B/D PAR
prenaissance	1	MO
prenaissance plus	1	MO
PRENATA	3	MO
PRENATAL 19	3	MO
PRENATAL 19 (WITH DOCUSATE)	3	MO
prenatal plus	1	MO
prenatal plus (calcium carb)	1	MO
PRENATAL PLUS DHA ORAL COMBO PACK	3	MO
prenatal vitamin plus low iron	1	MO
PRENATE AM	3	MO
PRENATE CHEWABLE	3	MO
PRENATE DHA (FERR ASP GLYCIN)	3	MO
PRENATE ELITE (IRON ASP GLYC)	3	MO
PRENATE ENHANCE	3	MO
PRENATE ESSENTIAL(IRON-ASP-GL)	3	MO
PRENATE MINI (FERR ASP GLYCIN)	3	MO
PRENATE PIXIE	3	MO
PRENATE RESTORE	3	MO
preplus	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
pretab	1	MO
PRIMACARE	3	MO
PROCALAMINE 3%	2	B/D PAR
PROSOL 20 %	2	B/D PAR; MO
PROVIDA DHA	3	MO
PROVIDA OB	3	MO
PUREFE OB PLUS	3	
ringer's intravenous	1	
se-natal 19	1	MO
se-natal 19 (with docusate)	1	MO
SELECT-OB	3	MO
SELECT-OB (FOLIC ACID)	3	MO
SELECT-OB + DHA	3	MO
SMOFLIPID	3	B/D PAR
sodium acetate	1	
sodium bicarbonate 1meq/ml (8.4%) intravenous solution	1	MO
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)	1	MO
sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 0.45 % intravenous piggyback	1	
sodium chloride 3% intravenous injection solution	1	MO
sodium chloride 5% intravenous injection solution	1	MO
sodium chloride intravenous	1	MO
sodium lactate	1	
sodium phosphate	1	MO
SYNTHAMIN 17 WITHOUT ELYTE	3	B/D PAR
taron-c dha	1	MO
taron-prex prenatal-dha	1	MO
THRIVITE RX	3	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION	3	
travasol 10 %	1	B/D PAR; MO
TRICARE	3	MO
trinatal rx 1	1	MO
TRISTART DHA	3	MO
triveen-duo dha	1	MO
TROPHAMINE 10 %	2	B/D PAR; MO
TROPHAMINE 6%	2	B/D PAR
virt-c dha	1	MO
virt-nate dha	1	MO
virt-pn dha	1	MO
virt-pn plus	1	MO
VITAFOL FE+ (WITH DOCUSATE)	3	MO
VITAFOL GUMMIES	3	MO
VITAFOL NANO	3	MO
VITAFOL ULTRA	3	MO
vitafol-ob	1	MO
VITAFOL-OB+DHA	3	MO
VITAFOL-ONE	3	MO
VITAMED MD ONE RX	3	MO
VP-PNV-DHA	3	MO
zatean-pn dha	1	MO
zatean-pn plus	1	MO
zingiber	1	

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

Index of Drugs

Legend

Generic drugs are shown in lower-case italics (e.g., *enalapril*)
Brand-name drugs are shown in capital letters (e.g., HUMALOG)

It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters. Interested in these services? Call Member Services for help (TTY: **711**).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling **1-800-368-1019** (TTY: **1-800-537-7697**) or online at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**. Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services number on the back of your ID card.

English: You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY: **711**)

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY: 711)

Arabic:
يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة(TTY:711).

Armenian: Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY: 711)

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY: 711)

Farsi:
شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی‌تان درج شده است، تماس بگیرید. (TTY: 711)

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French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY: 711)

Haitian: Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY: 711)

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY: 711)

Japanese: この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY: 711)

Korean: 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY: 711)

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY: 711)

Portuguese-Europe: Tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o número dos Serviços para Membros indicado no seu cartão de identificação para obter ajuda. (TTY: 711)

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY: 711)

Tagalog: May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY: 711)

Vietnamese: Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY: 711)

This Formulary was updated on August 1, 2019.

For pharmacy-related benefits questions, please call us at **1-833-285-4630** or, for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please call Member Services at **1-833-848-8730** or, for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com/ca/csj**.

Anthem BC Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem BC Health Insurance Company depends on contract renewal. Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.

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