



MEDICAL MUTUAL®



# 2017 Prescription Drug Formulary

## MedMutual Advantage HMO and PPO Plans

**Please Read:**

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

This formulary was updated 08/2016. For more recent information or other questions, please contact Medical Mutual Member Services at (844) 404-7947 or, for TTY users, (800) 716-3231, 24 hours a day, seven days a week, or visit [MedMutual.com/member](http://MedMutual.com/member).

**Note to Existing Members**

This formulary has changed since last year. Please review this document to make sure it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us” or “our,” it means Medical Mutual. When it refers to “plan” or “our plan,” it means MedMutual Advantage.

This document includes a list of the drugs (formulary) for our plan, which is current as of 08/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

# Introduction

## What Is the MedMutual Advantage Formulary?

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

## Can the Formulary (Drug List) Change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 08/2016. To get updated information about the drugs covered by MedMutual Advantage, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

## How Do I Use the Formulary?

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

- **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions 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 2. Then look under the category name for your drug.

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the index that begins on page 85. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What Are Generic Drugs?

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

## Are There Any Restrictions on My Coverage?

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

- **Prior Authorization**

MedMutual Advantage requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from MedMutual Advantage before you fill your prescriptions. If you don't get approval, MedMutual Advantage may not cover the drug.

- **Quantity Limits**

For certain drugs, MedMutual Advantage limits the amount of the drug MedMutual Advantage will cover. For example, MedMutual Advantage provides two inhalers (17 grams) for a one-month supply per prescription for PROAIR<sup>®</sup> HFA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy**

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

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

You can ask MedMutual Advantage 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 MedMutual Advantage's Formulary?* on page v for information about how to request an exception.

## What if My Drug Is Not on the Formulary?

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

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, MedMutual Advantage limits the amount of the drug we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

## What Do I Do before I Can Talk to My Doctor about Changing My Drugs or Requesting an Exception?

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

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

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

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

The plan will send you a letter within three business days of your filling a temporary transition supply, notifying you this was a temporary supply and explaining your options.

## For More Information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at (800) MEDICARE ((800)-633-4227) 24 hours a day/seven days a week. TTY users should call (877) 486-2048. Or, visit Medicare.gov.

## MedMutual Advantage's Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by MedMutual Advantage. If you have trouble finding your drug in the list, turn to the index that begins on page 85.

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

## Your Cost

The amount you pay for a covered drug will depend on:

- Your coverage stage. MedMutual Advantage has different stages of coverage. In each stage, the amount you pay for a drug may change.
- The drug tier for your drug. Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The Drug Tiers chart on page viii explains what types of drugs are included in each tier and shows how costs may change with each tier.

The Evidence of Coverage (EOC) has more information about the plan's coverage stages and lists the copayment and coinsurance amounts for each tier.

## If You Qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)." Please read it to find out what your costs are. You can also contact Member Services for more information.



## Drug Tiers

Tier	Includes	Helpful Tips
<b>Tier 1:</b> Preferred Generic	This tier includes many commonly prescribed low-cost drugs.	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
<b>Tier 2:</b> Generic	This tier includes additional low-cost drugs.	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
<b>Tier 3:</b> Preferred Brand	This tier includes preferred brand-name drugs.	Drugs in this tier will generally have lower copayments than non-preferred drugs.
<b>Tier 4:</b> Non-Preferred Drug	This tier includes non-preferred brand-name and generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1, 2 and 3. Ask your doctor if switching to a lower-cost generic or preferred brand may be right for you.
<b>Tier 5:</b> Specialty	This tier includes very high-cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document.

## List of Abbreviations

The abbreviations listed below may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

- **B/D PA** (Part B vs. Part D Prior Authorization)  
For certain drugs, the plan will need to determine if Part B or Part D will cover the drug.
- **LA** (Limited Availability)  
This prescription drug may be available only at certain pharmacies. For more information, call Medical Mutual Member Services at (844) 404-7947, 24 hours a day, seven days a week. TTY users should call (800) 716-3231.
- **MO** (Mail-Order Drug)  
This prescription drug is available through our home delivery pharmacy service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
- **PA** (Prior Authorization)  
The plan requires you or your doctor to get prior authorization for certain drugs. This means you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
- **QL** (Quantity Limit)  
For certain drugs, the plan limits the amount of the drug we will cover.
- **ST** (Step Therapy)  
In some cases, the plan requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
CANCIDAS	5	B/D PA; MO
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in dextrose(iso-o)</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole oral</i>	2	MO
LAMISIL ORAL GRANULES IN PACKET	3	MO
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
ORAVIG	3	MO
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	2	MO
<i>voriconazole oral</i>	5	MO
<b>ANTIVIRALS</b>		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	2	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
ATRIPLA	5	MO
BARACLUDGE ORAL SOLUTION	3	MO
<i>cidofovir</i>	5	B/D PA; MO
COMPLERA	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DAKLINZA ORAL TABLET 30 MG, 60 MG	5	PA; MO; QL (84 per 84 days)
DAKLINZA ORAL TABLET 90 MG	5	PA; QL (84 per 84 days)
DESCOVY	5	
<i>didanosine</i>	2	MO
EDURANT	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	5	MO
EPIVIR HBV ORAL SOLUTION	3	MO
EPZICOM	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>foscarnet</i>	2	B/D PA
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	5	MO
HARVONI	5	PA; MO; QL (168 per 168 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
KALETRA ORAL SOLUTION	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	MO
<i>moderiba</i>	4	MO
<i>moderiba dose pack oral tablets,dose pack 200 mg (7)-400 mg (7), 400 mg (7)- 400 mg (7)</i>	2	MO
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	MO
<i>nevirapine oral suspension</i>	2	MO
<i>nevirapine oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO
NORVIR	3	MO
ODEFSEY	5	
OLYSIO	5	PA; MO; QL (168 per 168 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 200 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ribasphere oral tablet 400 mg</i>	2	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets,dose pack 200 mg (28)-400 mg (28)</i>	2	MO
<i>ribasphere ribapak oral tablets,dose pack 200 mg (7)-400 mg (7)</i>	2	
<i>ribasphere ribapak oral tablets,dose pack 400 mg (7)-400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	
<i>ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
SELZENTRY	3	MO
SOVALDI	5	PA; MO; QL (168 per 168 days)
<i>stavudine</i>	2	MO
STRIBILD	5	MO
SUSTIVA ORAL CAPSULE 200 MG	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
SUSTIVA ORAL CAPSULE 50 MG	3	MO
SUSTIVA ORAL TABLET	5	MO
SYNAGIS	5	MO; LA
TAMIFLU	3	MO
TECHNIVIE	5	PA; MO; QL (168 per 84 days)
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG	5	
TIVICAY ORAL TABLET 50 MG	5	MO
TRIUMEQ	5	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	
TRUVADA ORAL TABLET 200-300 MG	5	MO
TYZEKA	5	MO
<i>valacyclovir</i>	2	MO; QL (30 per 30 days)
VALCYTE ORAL RECON SOLN	5	MO
<i>valganciclovir</i>	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIDEX 4 GRAM PEDIATRIC	3	MO
VIEKIRA PAK	5	PA; MO; QL (672 per 168 days)

Drug Name	Drug Tier	Requirements /Limits
VIRACEPT ORAL TABLET	5	MO
VIRAZOLE	5	MO
VIREAD	5	MO
VITEKTA	5	MO
ZEPATIER	5	PA; MO; QL (112 per 112 days)
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine</i>	2	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	MO
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime</i>	2	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefotaxime injection recon soln 10 gram</i>	2	MO
<i>cefotetan</i>	2	
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefoxitin intravenous recon soln 2 gram</i>	4	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ceftazidime injection recon soln 1 gram</i>	2	MO
<i>ceftazidime injection recon soln 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftibuten</i>	2	MO
<i>ceftriaxone in dextrose,iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous</i>	2	
<i>cephalexin</i>	2	MO
MAXIPIME INTRAVENOUS RECON SOLN 2 GRAM	4	
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTIO N 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
TEFLARO	5	MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin</i>	2	MO
<i>clarithromycin</i>	2	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
E.E.S. GRANULES	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 333 mg</i>	2	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	2	MO
<i>erythromycin oral tablet 250 mg</i>	4	MO
<i>erythromycin oral tablet 500 mg</i>	2	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
ALBENZA	3	MO

Drug Name	Drug Tier	Requirements /Limits
ALINIA	3	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
AZACTAM IN DEXTROSE (ISO-OSM)	3	
<i>aztreonam</i>	2	MO
<i>baciiim</i>	2	
<i>bacitracin intramuscular</i>	2	MO
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAPASTAT	4	
CAYSTON	5	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate oral</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	

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



Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate injection solution 150 mg/ml</i>	2	MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
CUBICIN	5	MO
DAPSONE	3	MO
DARAPRIM	3	PA; MO
EMVERM	5	
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	2	
<i>gentamicin injection</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	MO
<i>gentamicin sulfate (pf) intravenous solution 60 mg/6 ml, 80 mg/8 ml</i>	2	
<i>hydroxychloroquine oral</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
INVANZ INJECTION	4	MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
<i>lincomycin injection</i>	2	
<i>linezolid intravenous</i>	5	
<i>linezolid oral</i>	5	MO
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	2	MO
<i>meropenem intravenous recon soln 500 mg</i>	4	MO
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
<i>polymyxin b sulfate</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	4	MO
<i>rifampin</i>	2	MO
SIRTURO	5	MO; LA
SIVEXTRO INTRAVENOUS	5	
STREPTOMYCIN INTRAMUSCULAR	3	MO
SYNERCID	5	
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE	5	QL (224 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	MO
TRECTOR	3	MO
TYGACIL	5	MO

Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (60 per 30 days)
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	5	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin</i>	2	MO
<i>ampicillin sodium injection</i>	2	MO
<i>ampicillin sodium intravenous</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	

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
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	2	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	MO
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>oxacillin injection recon soln 10 gram</i>	5	MO
<i>oxacillin intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE	3	
<i>penicillin g potassium</i>	2	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	
<i>piperacillin-tazobactam</i>	2	MO
<b>QUINOLONES</b>		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin (mixture)</i>	2	MO
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	2	MO
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml</i>	2	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin</i>	2	MO
<i>ofloxacin oral tablet 400 mg</i>	2	MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine oral</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
<i>sulfatrim</i>	2	
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tablet 150 mg</i>	4	MO
<i>demeclocycline oral tablet 300 mg</i>	2	MO
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	4	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>	5	

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 75 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg</i>	4	MO
<i>minocycline oral tablet extended release 24 hr 90 mg</i>	2	MO
<i>mondoxylene nl</i>	2	MO
<i>morgidox oral capsule 100 mg</i>	2	MO
<i>tetracycline oral capsule 250 mg</i>	2	MO
<i>tetracycline oral capsule 500 mg</i>	4	MO
<b>VIBRAMYCIN ORAL SYRUP</b>	3	MO
<b>URINARY TRACT AGENTS</b>		

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

Drug Name	Drug Tier	Requirements /Limits
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>nitrofurantoin oral</i>	2	MO
<i>trimethoprim</i>	2	MO
<b>VANCOMYCIN</b>		
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK	3	
<i>vancomycin intravenous</i>	2	MO
<i>vancomycin oral</i>	5	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>amifostine crystalline</i>	5	MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	MO
ELITEK	5	MO
FUSILEV	5	MO
KEPIVANCE	5	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>leucovorin calcium injection recon soln 500 mg</i>	2	
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium</i>	5	
<i>mesna</i>	2	MO
MESNEX ORAL	5	MO
XGEVA	5	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE	5	MO
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA; MO
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	MO
ALKERAN ORAL	3	B/D PA; MO
<i>anastrozole</i>	2	MO
ARRANON	5	
ARZERRA	5	B/D PA; MO
AVASTIN	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>azacitidine</i>	5	MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BELEODAQ	5	MO
BENDEKA	5	MO
<i>bexarotene</i>	5	MO
<i>bicalutamide</i>	2	MO
BICNU	5	MO
<i>bleo 15k</i>	2	B/D PA
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO
BOSULIF ORAL TABLET 500 MG	5	PA; MO; QL (30 per 30 days)
BUSULFEX	5	
CABOMETYX	5	PA; LA
CAMPATH	5	
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	MO
CELLCEPT INTRAVENOUS	3	B/D PA; MO
<i>cisplatin</i>	2	MO
<i>cladribine</i>	5	B/D PA; MO
CLOLAR	5	MO
COMETRIQ	5	PA; MO
COSMEGEN	5	MO

Drug Name	Drug Tier	Requirements /Limits
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous</i>	2	MO
CYCLOPHOSPHAMIDE ORAL CAPSULE	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	MO
DARZALEX	5	MO; LA
<i>daunorubicin intravenous solution</i>	2	
<i>decitabine</i>	5	MO
DEPOCYT (PF)	5	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	5	

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

Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	MO
<i>doxorubicin intravenous recon soln</i>	2	
<i>doxorubicin intravenous solution</i>	2	MO
<i>doxorubicin, peg-liposomal</i>	5	MO
DROXIA	3	MO
EMCYT	3	MO
EMPLICITI	5	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	
<i>epirubicin intravenous solution 50 mg/25 ml</i>	2	MO
ERBITUX	5	MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERWINAZE	5	MO
ETOPOPHOS	4	MO
<i>etoposide intravenous</i>	2	MO
<i>exemestane</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
FARESTON	5	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	MO
<i>floxuridine</i>	2	
<i>fludarabine intravenous recon soln</i>	2	MO
<i>fludarabine intravenous solution</i>	2	
<i>fluorouracil intravenous</i>	2	B/D PA; MO
<i>flutamide</i>	2	MO
FOLOTYN	5	MO
GAZYVA	5	MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	

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



Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	
<i>gengraf oral capsule 100 mg</i>	4	B/D PA; MO
<i>gengraf oral capsule 25 mg</i>	2	B/D PA; MO
<i>gengraf oral capsule 50 mg</i>	2	B/D PA
<i>gengraf oral solution</i>	4	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG	5	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	5	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	5	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PA; MO
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)
GLEOSTINE	3	MO
HALAVEN	5	MO
HERCEPTIN	5	MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	2	
<i>ifosfamide intravenous recon soln</i>	2	MO
<i>ifosfamide intravenous solution</i>	2	
<i>imatinib oral tablet 100 mg</i>	5	PA; MO
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA	5	PA; MO; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; MO
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	
ISTODAX	5	MO
IXEMPRA	5	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO
JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	MO
KADCYLA	5	PA; MO
KEYTRUDA	5	MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	5	PA
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	2	MO
LONSURF	5	PA; MO
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA	5	PA; MO
LYSODREN	3	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days)
<i>melphalan hcl</i>	5	
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin intravenous recon soln 40 mg</i>	5	MO
<i>mitoxantrone</i>	2	MO
MUSTARGEN	4	MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
NILANDRON	5	MO
<i>nilutamide</i>	5	
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OPDIVO	5	MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	
<i>oxaliplatin intravenous solution</i>	2	MO
<i>paclitaxel</i>	2	MO
PERJETA	5	MO
POMALYST	5	MO
PORTRAZZA	5	B/D PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	5	PA; MO; LA
RHEUMATREX	4	B/D PA; MO
RITUXAN	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT	5	MO
SIGNIFOR	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	5	PA; MO
SPRYCEL ORAL TABLET 140 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	5	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	MO
SYNRIBO	5	MO

Drug Name	Drug Tier	Requirements /Limits
TABLOID	3	MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG	5	PA; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; QL (120 per 30 days)
TAGRISSEO ORAL TABLET 40 MG	5	PA; MO; LA; QL (60 per 30 days)
TAGRISSEO ORAL TABLET 80 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO
TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (30 per 30 days)
TARGRETIN TOPICAL	5	MO
TASIGNA ORAL CAPSULE 150 MG	5	PA; MO
TASIGNA ORAL CAPSULE 200 MG	5	PA; MO; QL (112 per 28 days)
TECENTRIQ	5	LA
TEMODAR INTRAVENOUS	5	MO
THALOMID	5	PA; MO
<i>thiotepa</i>	5	MO
<i>toposar</i>	2	MO
<i>topotecan intravenous recon soln</i>	5	
<i>topotecan intravenous solution</i>	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
TORISEL	5	MO
TREANDA INTRAVENOUS RECON SOLN	5	MO
TRELSTAR	5	MO
<i>tretinoin</i> (chemotherapy)	5	MO
TRISENOX	5	MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	MO
VALSTAR	5	MO
VANTAS	4	MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
<i>vinblastine</i> <i>intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs</i> <i>intravenous solution</i> <i>1 mg/ml</i>	2	B/D PA
<i>vincasar pfs</i> <i>intravenous solution</i> <i>2 mg/2 ml</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
VOTRIENT	5	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	5	PA; MO
XALKORI ORAL CAPSULE 250 MG	5	PA; MO; QL (60 per 30 days)
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	MO
YONDELIS	5	MO
ZALTRAP	5	MO
ZANOSAR	4	MO
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLADEX	4	MO
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (90 per 30 days)
ZYKADIA	5	PA; MO; QL (150 per 30 days)
ZYTIGA	5	PA; MO; QL (120 per 30 days)
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL ORAL SUSPENSION	3	MO
BANZEL ORAL TABLET 200 MG	3	MO
BANZEL ORAL TABLET 400 MG	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam</i>	2	PA; MO
<i>diazepam rectal</i>	2	PA; MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, sprinkle</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol</i>	2	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet 400 mg</i>	4	MO
<i>felbamate oral tablet 600 mg</i>	2	MO
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET	3	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
GRALISE	3	PA; MO
GRALISE 30-DAY STARTER PACK	3	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO
<i>lamotrigine oral tablet extended release 24hr 250 mg, 300 mg</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i>	2	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	3	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA	3	PA; MO
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO
<i>oxcarbazepine</i>	2	MO
PEGANONE	3	MO
<i>phenobarbital</i>	2	MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>phenytoin sodium intravenous syringe</i>	2	
POTIGA	3	MO
<i>primidone</i>	2	MO
<i>roweepra</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
SABRIL	5	MO; LA
SPRITAM	4	
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
<i>zonisamide</i>	2	PA; MO
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	5	MO; LA
AZILECT	3	MO
<i>benztropine</i>	2	MO
<i>bromocriptine oral capsule</i>	4	MO
<i>bromocriptine oral tablet</i>	2	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	3	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 2.25 mg, 3 mg, 4.5 mg</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr 1.5 mg</i>	4	MO
<i>pramipexole oral tablet extended release 24 hr 3.75 mg</i>	2	
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg</i>	4	MO
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg, 8 mg</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO; QL (18 per 28 days)
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>frovatriptan</i>	2	QL (27 per 28 days)
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (8 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	5	PA; MO; LA
AUBAGIO	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
<i>galantamine</i>	2	MO
GILENYA	5	PA; MO
<i>glatopa</i>	5	PA; MO; QL (30 per 30 days)
LEMTRADA	5	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMENDA ORAL SOLUTION	4	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	3	MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA	5	PA; MO
<i>tetrabenazine</i>	5	PA; MO
TYSABRI	5	PA; MO; LA
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dantrolene</i>	2	MO
<i>enlon</i>	2	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
MESTINON ORAL SYRUP	5	MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>pyridostigmine bromide</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg</i>	2	MO
<i>tizanidine oral capsule 6 mg</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i>	2	MO; QL (267 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	QL (267 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; QL (75 per 30 days)
BUTRANS	3	MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	2	MO; QL (180 per 30 days)
<i>dihydrocodeine-acetaminophen-caff oral capsule</i>	2	QL (300 per 30 days)
<i>dihydrocodeine-aspirin-caff</i>	2	QL (300 per 30 days)
<i>diskets</i>	2	QL (30 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection</i>	2	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; MO; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	5	PA; MO; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	5	PA; MO; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	5	PA; MO; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	5	PA; MO; QL (58 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	MO; QL (9 per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MO; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml, 2 mg/ml</i>	2	
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	2	MO
<i>hydromorphone injection solution</i>	2	MO
<i>hydromorphone injection syringe 1 mg/ml</i>	2	
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral liquid</i>	2	MO; QL (1500 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg</i>	5	MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	5	MO; QL (47 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
<i>levorphanol tartrate</i>	2	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>lortab 10-325</i>	2	MO; QL (360 per 30 days)
<i>lortab 5-325</i>	2	MO; QL (360 per 30 days)
<i>lortab 7.5-325</i>	2	MO; QL (360 per 30 days)
<i>methadone injection</i>	2	QL (160 per 30 days)
<i>methadone intensol</i>	2	MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	MO; QL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral solution 5 mg/5 ml</i>	2	MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	MO; QL (240 per 30 days)
<i>methadone oral tablet, soluble</i>	2	QL (30 per 30 days)
<i>methadose oral concentrate</i>	2	MO; QL (90 per 30 days)
<i>methadose oral tablet, soluble</i>	2	MO; QL (30 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i>	2	B/D PA; MO
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>	2	B/D PA
<i>morphine concentrate oral solution</i>	2	MO; QL (300 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml, 15 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine intravenous solution 10 mg/ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	MO; QL (50 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 90 mg</i>	2	MO; QL (60 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 45 mg, 60 mg, 75 mg</i>	4	MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	2	MO; QL (90 per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg</i>	2	MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 80 mg</i>	2	MO; QL (75 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral tablet extended release 200 mg</i>	2	MO; QL (30 per 30 days)
<i>morphine oral tablet extended release 60 mg</i>	2	MO; QL (100 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	2	MO; QL (134 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	2	QL (800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	3	MO; QL (67 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	4	MO; QL (200 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 5 mg, 7.5 mg</i>	2	MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 15 mg, 20 mg</i>	4	MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	4	MO; QL (67 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	2	MO; QL (50 per 30 days)
<i>reprexain</i>	2	MO; QL (50 per 30 days)
<i>vicodin</i>	2	MO; QL (360 per 30 days)
<i>vicodin es</i>	2	MO; QL (360 per 30 days)
<i>vicodin hp</i>	4	MO; QL (360 per 30 days)
<i>xylon 10</i>	2	QL (50 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>zamicet</i>	2	QL (5550 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine- naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine- naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (720 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (5 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	
<i>diclofenac- misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>flurbiprofen</i>	2	MO
<i>ibuprofen oral suspension</i>	2	MO;
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule</i>	2	MO
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>klofensaid ii</i>	2	
<i>meclofenamate oral capsule 100 mg</i>	4	MO
<i>meclofenamate oral capsule 50 mg</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral suspension</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
NARCAN	3	MO; QL (2 per 28 days)
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>sulindac oral</i>	1	MO
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VOLTAREN GEL TOPICAL GEL 1 %	3	MO
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	5	MO

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



Drug Name	Drug Tier	Requirements /Limits
ADASUVE	3	LA
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet 10 mg</i>	2	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	2	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	MO; QL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg</i>	5	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	5	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	5	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
<i>armodafinil</i>	2	PA
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 100 mg</i>	2	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 200 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
<i>chlorpromazine injection</i>	4	MO
<i>chlorpromazine oral tablet 10 mg, 200 mg, 25 mg, 50 mg</i>	2	MO
<i>chlorpromazine oral tablet 100 mg</i>	4	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg</i>	2	PA; MO
<i>clomipramine oral capsule 75 mg</i>	4	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium</i>	2	PA; MO
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
<i>desipramine oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dexedrine</i>	2	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 20 mg, 5 mg</i>	4	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 30 mg, 40 mg</i>	2	MO
<i>dexmethylphenidate oral tablet</i>	2	MO
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg</i>	4	MO
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	2	MO
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine-amphetamine</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO
<i>diazepam intensol</i>	2	PA; MO
<i>diazepam oral concentrate</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO
<i>doxepin oral</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (180 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO; QL (120 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>eszopiclone</i>	2	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	4	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG	5	QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 8 MG	5	MO; QL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	3	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	3	MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	3	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	3	MO; QL (45 per 30 days)
<i>flumazenil</i>	2	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	4	MO; QL (90 per 30 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	2	PA; MO
<i>imipramine pamoate</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
INVEGA	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	3	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	3	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	3	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO
<i>lorazepam oral</i>	2	PA; MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>metadate er</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methamphetamine</i>	2	PA; MO
<i>methylphenidate oral capsule, er biphasic 30-70</i>	2	MO
<i>methylphenidate oral capsule, er biphasic 50-50</i>	2	MO
<i>methylphenidate oral solution 10 mg/5 ml</i>	4	MO
<i>methylphenidate oral solution 5 mg/5 ml</i>	2	MO
<i>methylphenidate oral tablet</i>	2	MO
<i>methylphenidate oral tablet extended release</i>	4	MO
<i>methylphenidate oral tablet extended release 24hr</i>	2	MO
<i>methylphenidate oral tablet, chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>molindone</i>	2	
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID	5	
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral tablet 10 mg</i>	2	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QL (81 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 3-25 mg</i>	2	MO
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 6-25 mg, 6-50 mg</i>	4	MO
<i>oxazepam</i>	2	PA; MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	MO; QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	2	MO; QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (41 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	2	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	2	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QL (902 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QL (81 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	5	MO; QL (120 per 30 days)
REXULTI ORAL TABLET 2 MG	5	MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	5	MO; QL (40 per 30 days)
REXULTI ORAL TABLET 4 MG	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral solution</i>	2	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	2	MO; QL (1920 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg</i>	2	MO; QL (480 per 30 days)
<i>risperidone oral tablet,disintegrating 2 mg</i>	2	MO; QL (240 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	4	MO; QL (161 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	3	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	3	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (161 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (480 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
STRATTERA	3	MO
<i>temazepam</i>	2	PA; MO
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	2	PA; MO
TRINTELLIX ORAL TABLET 10 MG	3	QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	3	QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	3	QL (120 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	2	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	2	MO; QL (180 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QL (270 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QL (180 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
VERSACLOZ	5	
VIIBRYD ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	5	QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	5	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	QL (7 per 30 days)
XYREM	5	PA; MO; LA
<i>zaleplon oral capsule 10 mg</i>	2	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	ST; MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	2	MO; QL (80 per 30 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	2	MO; QL (60 per 30 days)
<i>zolpidem oral</i>	2	ST; MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>dofetilide</i>	2	
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	MO
<i>lidocaine (pf) in d7.5w</i>	2	
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone oral capsule,extended release 12 hr 225 mg</i>	4	MO
<i>propafenone oral capsule,extended release 12 hr 325 mg, 425 mg</i>	2	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	MO
SOTYLIZE	3	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	MO
<i>afeditab cr</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	4	MO
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-12.5 mg, 5-160-25 mg</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AZOR	4	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
BENICAR	4	MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	2	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	3	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 50 mg</i>	4	MO
<i>captopril oral tablet 25 mg</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	2	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	4	MO; QL (4 per 28 days)
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	2	MO
COREG CR	3	MO
DEMSER	5	MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule, extended release</i>	2	MO
<i>diltiazem hcl oral capsule,ext release degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	4	MO
EDARBYCLOR	4	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	

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



Drug Name	Drug Tier	Requirements /Limits
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid</i>	2	
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	2	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 10 %</i>	2	
<i>mannitol 20 %</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>mannitol 5 %</i>	2	
<i>matzim la</i>	2	MO
<i>methyclothiazide</i>	2	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol oral tablet 20 mg, 40 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nadolol oral tablet 80 mg</i>	4	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2	MO
<i>nisoldipine oral tablet extended release 24 hr 20 mg</i>	4	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin oral</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	2	MO
<i>torse mide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI	5	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
<i>valsartan</i>	2	MO
<i>valsartan-hydrochlorothiazide</i>	2	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral</i>	1	MO
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
<b>COAGULATION THERAPY</b>		
AGGRENOX	4	MO
AMICAR	3	MO
<i>aminocaproic acid intravenous</i>	2	MO
<i>aspirin-dipyridamole</i>	2	MO
BRILINTA	3	MO
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
EFFIENT	3	MO
ELIQUIS	3	MO
<i>enoxaparin</i>	2	MO
<i>eptifibatide</i>	5	B/D PA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection</i>	2	MO
<i>jantoven</i>	1	MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	3	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>tranexamic acid intravenous</i>	2	MO
<i>warfarin</i>	1	MO
XARELTO	3	MO
ZONTIVITY	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	4	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-40 mg</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colestipol</i>	2	MO
CRESTOR	4	MO
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
JUXTAPID	5	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	2	MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA SURECLICK	5	PA; MO; QL (3 per 30 days)
REPATHA SYRINGE	5	PA; MO; QL (3 per 30 days)
<i>rosuvastatin</i>	2	QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO

Drug Name	Drug Tier	Requirements /Limits
WELCHOL	3	MO
ZETIA	3	MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<i>cardioplegic soln</i>	2	
CORLANOR	3	PA; MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml)</i>	2	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	2	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	PA; MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA; MO
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml)</i>	2	B/D PA
<i>milrinone in 5 % dextrose intravenous piggyback 40 mg/200 ml (200 mcg/ml)</i>	2	B/D PA; MO
<i>norepinephrine bitartrate</i>	2	
RANEXA	3	MO
VECAMYL	5	
<b>NITRATES</b>		
<i>isosorbide dinitrate oral</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA; MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin oral</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	2	MO
NITROSTAT	3	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO
<i>calcipotriene topical cream</i>	4	MO
<i>calcipotriene topical ointment</i>	2	MO
<i>calcipotriene-betamethasone</i>	2	MO
<i>calcitrene</i>	2	MO
<i>calcitriol topical</i>	4	MO
COSENTYX	5	PA; MO
COSENTYX (2 SYRINGES)	5	PA; MO
COSENTYX PEN	5	PA; MO
COSENTYX PEN (2 PENS)	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>selenium sulfide topical lotion</i>	2	MO
STELARA SUBCUTANEOUS SYRINGE	5	PA; MO
<b>BURN THERAPY</b>		
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>thermazene</i>	2	MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
8-MOP	3	MO
<i>ammonium lactate</i>	2	MO;
CARAC	5	MO
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO
<i>doxepin topical</i>	2	
FLUOROURACIL TOPICAL CREAM 0.5 %	5	ST; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>imiquimod</i>	2	MO
<i>methoxsalen rapid</i>	5	MO
PANRETIN	5	MO
PICATO	5	MO
<i>podofilox</i>	2	MO
<i>prudoxin</i>	2	MO
REGANEX	5	MO
<i>tacrolimus topical</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TOLAK	4	MO
UVADEX	4	
VALCHLOR	5	MO
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	5	ST; MO
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	5	MO
ZYCLARA TOPICAL CREAM IN PACKET	5	ST; MO
<b>THERAPY FOR ACNE</b>		
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel 0.1 %</i>	2	PA; MO
<i>adapalene topical gel 0.3 %</i>	4	PA; MO
<i>adapalene topical gel with pump</i>	2	PA; MO
<i>avita topical cream</i>	2	PA; MO
<i>claravis oral capsule 10 mg, 30 mg</i>	2	MO
<i>claravis oral capsule 20 mg, 40 mg</i>	4	MO
<i>clindacin etz topical swab</i>	2	MO
<i>clindacin p</i>	2	MO
<i>clindamycin phosphate topical foam</i>	4	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	MO
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	2	
<i>clindamycin-tretinoin</i>	2	PA
<i>ery pads</i>	2	MO
<i>erygel</i>	2	
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
<i>metronidazole topical</i>	2	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	2	MO
<i>myorisan oral capsule 30 mg</i>	2	
<i>neuac</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
TAZORAC	3	PA; MO
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	4	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane oral capsule 10 mg</i>	4	MO
<i>zenatane oral capsule 20 mg, 30 mg, 40 mg</i>	2	MO
<b>TOPICAL ANESTHETICS</b>		
<i>bupivacaine</i>	2	MO
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	2	MO
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	2	
<i>bupivacaine-epinephrine (pf)</i>	2	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000</i>	2	
<i>bupivacaine-epinephrine injection solution 0.5 %-1:200,000</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	

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



Drug Name	Drug Tier	Requirements /Limits
<i>glydo</i>	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane</i>	2	MO
<i>lidocaine hcl urethral</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine (pf)</i>	2	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>marcaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	2	
<i>relador pak</i>	2	
<i>relador pak plus</i>	2	
<i>sensorcaine injection solution 0.5 % (5 mg/ml)</i>	2	MO
<i>sensorcaine-mpf injection solution 0.5 % (5 mg/ml)</i>	2	
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX	3	MO
<i>gentamicin topical</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan</i>	2	MO
<i>ciclopirox</i>	2	MO
<i>clotrimazole topical</i>	2	MO;
<i>clotrimazole-betamethasone</i>	2	MO
<i>econazole topical</i>	4	MO
<i>ketconazole topical</i>	2	MO
<i>naftifine topical cream 2 %</i>	2	MO
NAFTIN TOPICAL GEL	3	MO
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin-triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical</i>	4	MO
DENAVIR	3	MO
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	5	MO
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	2	MO
<i>amcinonide</i>	4	MO
<i>apexicon e</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	4	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
CAPEX	3	MO
<i>clobetasol scalp</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical cream</i>	2	MO
<i>clobetasol topical foam</i>	4	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	4	MO
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol topical spray,non-aerosol</i>	2	MO
<i>clobetasol-emollient</i>	2	MO
<i>clodan</i>	4	MO
<i>cormax scalp</i>	2	
<i>desonide topical cream</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	2	MO
<i>desoximetasone topical cream 0.05 %</i>	4	MO
<i>desoximetasone topical cream 0.25 %</i>	2	MO
<i>desoximetasone topical gel</i>	2	MO
<i>desoximetasone topical ointment</i>	4	MO
<i>diflorasone</i>	4	MO
<i>fluocinolone</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide</i>	2	MO
<i>fluocinonide-e</i>	2	MO
<i>flurandrenolide</i>	2	
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	2	MO
<i>halobetasol propionate</i>	2	MO
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone butyr-emollient</i>	4	MO
<i>hydrocortisone topical cream 1 %</i>	2	MO;
<i>hydrocortisone topical cream 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %</i>	2	MO;
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
<i>hydrocortisone-min oil-wht pet</i>	2	MO
LOCOID TOPICAL LOTION	3	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO
<b>TOPICAL ENZYMES</b>		
SANTYL	3	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
EURAX	4	MO
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
SKLICE	3	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous</i>	2	MO
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringers irrigation</i>	2	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	2	MO
<i>acetic acid irrigation</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP	5	MO; LA
BUPHENYL ORAL TABLET	5	MO
<i>bupivacaine-dextrose-water(pf)</i>	2	
<i>caffeine citrated intravenous</i>	2	
<i>caffeine citrated oral</i>	2	MO
CARBAGLU	5	MO; LA
<i>cevimeline</i>	2	MO
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferroxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 20 % in water (d20w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	
<i>dextrose 70 % in water (d70w)</i>	2	MO
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
<i>etidronate disodium</i>	2	MO
EXJADE	5	MO; LA
FERRIPROX ORAL SOLUTION	5	
FERRIPROX ORAL TABLET	5	MO
INCRELEX	5	MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
JADENU	5	MO
<i>kionex</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine intravenous</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>lmd 10 % in 0.9 % sodium chlor</i>	2	
<i>lmd 10 % in 5 % dextrose</i>	2	
<i>midodrine</i>	2	MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL SUSPENSION	5	LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C	5	LA
RAVICTI	5	MO
RENVELA	5	MO
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	2	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium polystyrene (sorb free)</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SOLIRIS	5	B/D PA; MO
<i>sps oral</i>	2	MO
<i>sps rectal</i>	2	
SYPRINE	5	MO
THIOLA	5	MO
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	2	MO
XIAFLEX	5	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA
<i>zoledronic acid-mannitol-water intravenous solution</i>	2	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>buproban</i>	2	
<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	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
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
BACTROBAN NASAL	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoridex daily defense</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
<i>perio med</i>	2	MO;
<i>periogard</i>	2	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>acetazol hc</i>	2	MO
<i>acetic acid otic</i>	2	MO
<i>acetic acid-aluminum acetate</i>	2	MO
<i>ciprofloxacin hcl otic</i>	2	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic</i>	2	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic</i>	2	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>a-hydrocort</i>	2	MO
<i>betamethasone acet,sod phos</i>	2	MO
<i>cortisone</i>	2	MO
<i>deltasone oral tablet 20 mg</i>	2	B/D PA; MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>millipred dp</i>	2	MO
<i>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg</i>	4	B/D PA; MO
<i>prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg</i>	2	B/D PA; MO
<i>prednisone intensol</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	2	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	
<i>veripred 20</i>	2	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ALCOHOL PADS	3	MO;
APIDRA	4	ST; MO
APIDRA SOLOSTAR	4	ST; MO
BYDUREON	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	3	MO;
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG	3	MO
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50-50	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMULIN 70/30	3	MO;
HUMULIN 70/30 KWIKPEN	3	MO;
HUMULIN N	3	MO;
HUMULIN N KWIKPEN	3	MO;
HUMULIN R	3	MO;
HUMULIN R U-500 (CONC) KWIKPEN	3	
HUMULIN R U-500 (CONCENTRATED )	3	MO
INSULIN PEN NEEDLE	3	MO;
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO;

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



Drug Name	Drug Tier	Requirements /Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150- 500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50- 500 MG	3	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
KAZANO	4	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	4	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	4	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	4	MO; QL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	4	MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	4	MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO;
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOLOG	4	ST; MO
NOVOLOG FLEXPEN	4	ST; MO
NOVOLOG MIX 70-30	4	ST; MO
NOVOLOG MIX 70-30 FLEXPEN	4	ST; MO
NOVOLOG PENFILL	4	ST; MO
ONGLYZA	3	MO; QL (30 per 30 days)
<i>pioglitazone</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone-glimepiride</i>	4	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (10.5 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	MO; QL (120 per 30 days)
TANZEUM	4	PA; MO; QL (4 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)
TOUJEO SOLOSTAR	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
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRULICITY	4	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	MO
ANADROL-50	5	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO
<i>androxy</i>	2	MO
AXIRON	4	PA; MO
<i>cabergoline</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
<i>danazol oral capsule 100 mg, 50 mg</i>	2	MO
<i>danazol oral capsule 200 mg</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg</i>	4	MO
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	2	MO
ELAPRASE	5	MO
FABRAZYME	5	MO
FORTESTA	4	PA; MO
<i>fortical</i>	2	MO
KANUMA	5	MO
KORLYM	5	MO
KUVAN	5	MO
LUMIZYME	5	MO
<i>methyltestosterone oral capsule</i>	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
MIACALCIN INJECTION	4	MO
MYALEPT	5	PA; MO; LA
MYOZYME	5	MO
NAGLAZYME	5	MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
<i>pamidronate</i>	2	MO
<i>paricalcitol oral capsule 1 mcg, 4 mcg</i>	2	MO
<i>paricalcitol oral capsule 2 mcg</i>	4	MO
SAMSCA	5	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	MO; LA
SYNAREL	5	MO
TESTIM	4	PA; MO
<i>testosterone cypionate</i>	2	MO
<i>testosterone enanthate</i>	2	MO
<i>testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %)</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet</i>	2	PA; MO
VIMIZIM	5	MO; LA
ZAVESCA	5	MO; LA
ZEMPLAR INTRAVENOUS	3	MO
<i>zoledronic acid intravenous recon soln</i>	2	
<i>zoledronic acid intravenous solution</i>	2	MO
<b>THYROID HORMONES</b>		
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine intramuscular</i>	2	
<i>dicyclomine oral capsule</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral</i>	2	MO
<i>loperamide oral capsule</i>	2	MO;
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
AKYNZEO	3	B/D PA; MO
<i>alosetron</i>	5	MO
ALOXI	5	MO
AMITIZA	3	MO
APRISO	4	MO
ASACOL HD	3	MO
<i>balsalazide</i>	2	MO
<i>budesonide oral</i>	5	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CIMZIA	5	PA; MO
CIMZIA POWDER FOR RECONST	5	PA; MO
CIMZIA STARTER KIT	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>colocort</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT	5	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	
DELZICOL ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	3	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>droperidol injection solution</i>	2	MO
EMEND INTRAVENOUS	3	MO
EMEND ORAL CAPSULE	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	5	B/D PA
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	MO
GATTEX ONE-VIAL	5	MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-h and bisacodyl</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal cream</i>	2	
<i>hydrocortisone rectal enema</i>	2	MO
<i>lactulose</i>	2	MO
LIALDA	3	MO
LINZESS	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO;
<i>mesalamine rectal</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating 10 mg</i>	2	
<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	2	MO
MOVANTIK	3	MO
MOVIPREP	4	MO
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte soln</i>	2	
PENTASA	3	MO
<i>polyethylene glycol 3350 oral</i>	2	MO;
PREPOPIK	3	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	MO
<i>proctosol hc</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO
SANCUSO	5	MO
SUCRAID	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
TRANSDERM-SCOP	4	MO
<i>trilyte with flavor packets</i>	2	MO
UCERIS ORAL	5	MO
<i>ursodiol</i>	2	MO
VARUBI	4	B/D PA; MO
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT, 5,000-17,000 -27,000 UNIT	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40,000-136,000-218,000 UNIT	5	MO
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
<i>cimetidine hcl oral</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>cimetidine oral tablet 200 mg</i>	2	MO;
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	MO
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO
<i>esomeprazole sodium</i>	2	
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	
<i>famotidine intravenous</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg</i>	1	MO;
<i>famotidine oral tablet 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; ; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine oral capsule</i>	2	MO
<i>nizatidine oral solution</i>	4	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	4	MO; ; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	MO
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
PYLERA	3	MO
<i>rabeprazole</i>	2	MO
<i>ranitidine hcl injection solution 25 mg/ml</i>	2	MO
<i>ranitidine hcl oral capsule 150 mg</i>	2	MO
<i>ranitidine hcl oral capsule 300 mg</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg</i>	1	MO;
<i>ranitidine hcl oral tablet 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	5	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (15 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
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; QL (15 per 28 days)
GRANIX	5	PA; MO
ILARIS (PF)	5	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	3	MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	MO
INTRON A INJECTION SOLUTION	3	MO
LEUKINE INJECTION RECON SOLN	5	MO
MOZOBIL	5	MO
NEULASTA	5	PA; MO
NEUPOGEN	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
NORDITROPIN FLEXPRO	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK	5	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON	5	MO; QL (4 per 28 days)
PEGINTRON REDIPEN	5	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)

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
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
SYLATRON	5	MO
ZARXIO	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT )(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
BEXSERO (PF)	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
CERVARIX VACCINE (PF)	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
<i>fomepizole</i>	2	MO
GAMASTAN S/D	3	MO
GARDASIL (PF)	3	MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	
HIZENTRA	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 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
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	3	MO
HYPERRHO S/D INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	3	
HYQVIA	5	B/D PA; MO
IMOGAM RABIES-HT (PF)	3	
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOL INJECTION SUSPENSION	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENHIBRIX (PF)	3	
MENOMUNE - A/C/Y/W-135	3	
MENOMUNE - A/C/Y/W-135 (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHThERIA TOX PED(PF)	3	MO
TETANUS-DIPHThERIA TOXOIDS-TD	3	MO
TICE BCG	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
TRUMENBA	3	
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	MO
<i>aloprim</i>	2	
<i>colchicine-probenecid</i>	2	MO
COLCRYS	4	ST; MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
ULORIC	3	ST; MO
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FORTEO	5	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA	5	PA; MO
BENLYSTA	5	MO
CUPRIMINE	5	MO
DEPEN TITRATABS	5	MO
ENBREL	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA
OTEZLA	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO
RIDAURA	5	MO
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI	5	PA; MO
SIMPONI ARIA	5	PA; MO
XELJANZ	5	PA; MO
XELJANZ XR	5	PA
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
<i>camila</i>	2	MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	3	MO
DEPO-SUBQ PROVERA 104	4	MO
DUAVEE	3	MO
<i>errin</i>	2	MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	
<i>jencycla</i>	2	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML	5	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	5	
<i>medroxyprogesterone</i>	2	MO
MENEST	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>norlyroc</i>	2	
PREMARIN ORAL	3	MO
<i>progesterone</i>	2	MO
<i>progesterone in oil</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
MIRENA	3	MO
NEXPLANON	3	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	4	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethia</i>	2	MO
<i>amethia lo</i>	2	MO
<i>amethyst</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camrese</i>	2	MO
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>chateal</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog- e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>elinest</i>	2	MO
ELLA	3	MO
<i>emoquette</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>falmina (28)</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>gildagia</i>	2	MO
<i>gildess 1.5/30 (21)</i>	2	MO
<i>gildess 1/20 (21)</i>	2	MO
<i>gildess 24 fe</i>	2	MO
<i>gildess fe 1.5/30 (28)</i>	2	MO
<i>gildess fe 1/20 (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kaitlib fe</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kimidess (28)</i>	2	MO
<i>kurvelo</i>	2	MO
<i>l norgest/e.estradiol- e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	MO
<i>l norgest/e.estradiol- e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>lomedica 24 fe</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>mononessa (28)</i>	2	MO
<i>myzilra</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 1/35 (28)</i>	2	MO
<i>necon 1/50 (28)</i>	2	MO
<i>necon 10/11 (28)</i>	2	MO
<i>necon 7/7/7 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia</i>	2	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>trinessa (28)</i>	2	MO
<i>trinessa lo</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zarah</i>	2	MO
<i>zenchent (28)</i>	2	MO
<i>zenchent fe</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zovia 1/50e (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<b>OXYTOCICS</b>		
<i>methergine</i>	2	
<i>methylergonovine</i>	2	MO
<i>oxytocin injection solution</i>	2	MO
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>bacitracin ophthalmic</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic</i>	2	MO
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	MO
<i>erythromycin ophthalmic</i>	1	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic</i>	1	MO
<i>levofloxacin ophthalmic</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic</i>	2	MO
<i>polycin</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO
TOBREX OPHTHALMIC OINTMENT	3	MO
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic</i>	2	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol</i>	2	
<i>timolol maleate ophthalmic drops</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	2	MO
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	3	MO
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic drops</i>	2	MO
<b>DIRECT ACTING MIOTICS</b>		
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	2	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>azelastine ophthalmic</i>	2	MO
<i>balanced salt</i>	2	
BEPREVE	4	MO
<i>bss</i>	2	MO
<i>cromolyn ophthalmic</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
EYLEA	5	MO
JETREA (PF)	5	MO
LASTACRAFT	4	MO
LUCENTIS	5	MO
<i>olopatadine ophthalmic</i>	2	MO
PATADAY	3	MO
PAZEO	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	2	MO
<i>diclofenac sodium ophthalmic</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic</i>	2	MO
NEVANAC	3	MO
PROLENSA	3	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide oral tablet 25 mg</i>	2	MO
<i>methazolamide oral tablet 50 mg</i>	4	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	MO
<i>miostat</i>	2	
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
<i>travoprost (benzalkonium)</i>	2	MO
ZIOPTAN (PF)	4	ST; MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	2	MO
<i>neo-polycin hc</i>	2	
<i>tobramycin-dexamethasone</i>	2	MO
ZYLET	3	MO
<b>STEROIDS</b>		

Drug Name	Drug Tier	Requirements /Limits
ALREX	4	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	2	MO
<i>fluorometholone</i>	2	MO
FML S.O.P.	3	MO
LOTEMAX	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic</i>	2	MO
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>sulfacetamide-prednisolone</i>	2	MO
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic</i>	2	MO
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
IOPIDINE OPHTHALMIC DROPPERETTE	4	MO
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
<i>naphazoline</i>	2	MO
<b>RESPIRATORY AND ALLERGY</b>		

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

Drug Name	Drug Tier	Requirements /Limits
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>adrenalin injection</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	MO;
<i>desloratadine</i>	2	MO; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA;
EPIPEN 2-PAK	3	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (4 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	2	MO
<i>promethazine oral</i>	2	PA; MO
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
AEROSPAN	3	QL (17.8 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet 2 mg</i>	2	MO
<i>albuterol sulfate oral tablet 4 mg</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	MO
<i>aminophylline intravenous</i>	2	
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	3	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	3	QL (28 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	3	MO; QL (60 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>budesonide inhalation</i>	2	B/D PA; MO
<i>budesonide nasal</i>	2	MO; ; QL (17.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO
ESBRIET	5	PA; QL (270 per 30 days)
FIRAZYR	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO; ; QL (16 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 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
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LETAIRIS	5	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	2	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	4	B/D PA; MO
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	2	QL (34 per 30 days)
<i>montelukast</i>	2	MO
NUCALA	5	PA; MO; LA; QL (1 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QVAR	3	MO; QL (17.4 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil intravenous</i>	5	PA
<i>sildenafil oral</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
<i>terbutaline oral</i>	2	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	4	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	
<i>theophylline oral tablet extended release</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
TRACLEER	5	PA; MO; LA
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO
ZYFLO	5	MO
ZYFLO CR	5	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin</i>	2	
ENABLEX	4	MO
<i>flavoxate</i>	2	MO
MYRBETRIQ	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxybutynin chloride oral</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
VESICARE	3	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	MO
AVODART	4	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
RAPAFLO	3	ST; MO
<i>tamsulosin</i>	1	MO
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	2	MO
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadil</i>	2	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>glycine irrigation</i>	2	
<i>glycine urologic</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
RENACIDIN IRRIGATION SOLUTION 6.602-3.268 GRAM/100 ML	3	
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
<i>albumin, human 25 %</i>	2	
<i>albumin, human 5 %</i>	2	
<i>albuminar 25 %</i>	2	MO
<i>albuminar 5 %</i>	2	
<i>alburx (human) 25 %</i>	2	MO
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>buminate 25 %</i>	2	
<i>buminate 5 %</i>	2	
<i>plasbumin 25 %</i>	2	MO
<i>plasbumin 5 %</i>	2	
<b>ELECTROLYTES</b>		
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>calcium chloride intravenous</i>	2	
<i>calcium gluconate intravenous</i>	2	MO
<i>dextrose-kcl-nacl</i>	2	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>eliphos</i>	2	MO
<i>k-effervescent</i>	1	MO
<i>klor-con</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle</i>	2	MO
<i>klor-con/ef</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R	3	
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium bicarb and chloride</i>	1	MO
<i>potassium bicarb-citric acid</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-/d-basic</i>	2	MO
<i>ringers intravenous</i>	2	
<i>sodium acetate intravenous</i>	2	
<i>sodium bicarbonate intravenous solution</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	
<i>sodium chloride intravenous</i>	2	MO
<i>sodium lactate intravenous</i>	2	
<i>sodium phosphate</i>	2	MO
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
<i>amino acids 15 %</i>	2	B/D PA
AMINOSYN 10 %	3	B/D PA
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %	3	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN II 7 %	3	B/D PA
AMINOSYN II 8.5 %	3	B/D PA
AMINOSYN II 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN M 3.5 %	3	B/D PA

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-HBC 7%	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 5%/D25W SULFITE-FREE	3	B/D PA
CLINIMIX 2.75%/D5W SULFIT FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 4.25%-D20W SULF-FREE	3	B/D PA
CLINIMIX 4.25%-D25W SULF-FREE	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA
<i>cysteine (l-cysteine) intravenous solution</i>	2	B/D PA
<i>electrolyte-48 in d5w</i>	2	
<i>freamine iii 10 %</i>	2	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>hetastarch 6 % in 0.9 % nacl</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
IONOSOL-B IN D5W	3	
IONOSOL-MB IN D5W	3	
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-56 IN 5 % DEXTROSE	3	
<i>plasmanate</i>	2	
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoritab oral tablet,chewable 0.5 mg fluoride (1.1 mg)</i>	2	MO
<i>ludent fluoride oral tablet,chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	2	MO
<i>multi-vit with fluoride-iron</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>multivitamin with fluoride</i>	2	MO
<i>multi-vitamin with fluoride oral drops</i>	2	MO
<i>multi-vitamin with fluoride oral tablet, chewable 0.5 mg</i>	2	MO
<i>multivitamins with fluoride</i>	2	MO
<i>mvc-fluoride</i>	2	MO
<i>prenatal vitamin oral tablet</i>	4	MO
<i>sodium fluoride oral drops</i>	2	MO
<i>sodium fluoride oral tablet</i>	4	MO
<i>sodium fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	2	MO
<i>tri-vit with fluoride and iron</i>	2	MO
<i>tri-vitamin with fluoride</i>	2	MO
<i>vitamins a,c,d and fluoride</i>	2	MO

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



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# Multi-Language Interpreter Services & Nondiscrimination Notice



ATTENTION: If you speak <insert language>, language assistance services, free of charge, are available to you. Call 1-800-382-5729 (TTY: 711).

## Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

## Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك (بالمجان). اتصل برقم 1-800-382-5729 (TTY: 711).

## Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

## Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

## Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

## Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

## **Nondiscrimination Notice**

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can contact:

**Paul Mancino, Vice President, Assistant General Counsel & Deputy Compliance Officer**

Medical Mutual of Ohio  
2060 East Ninth Street  
Cleveland, OH 44115-1355

**Phone:** (216) 687-2675

**Fax:** (216) 687-2623

**Email:** Paul.Mancino@MedMutual.com

You can file a grievance in person or by mail, fax or email. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal available at:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, DC 20201-0004
- By phone at:  
(800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)







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**The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Medical Mutual members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.**

**This formulary was updated 08/2016.**

**For more recent information or other questions, please contact Medical Mutual Member Services at (844) 404-7947 or, for TTY users, (800) 716-3231, 24 hours a day, seven days a week, or visit [MedMutual.com/member](http://MedMutual.com/member).**



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