



| Value Plan |

# Mutual of Omaha Rx (PDP) 2020 Formulary (List of Covered Drugs)

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

Formulary ID Number: 20193, Version 1

This formulary was updated on 8/30/2019. For more recent information or other questions, please contact **Mutual of Omaha Rx<sup>SM</sup>** (PDP) Customer Service at **1.855.864.6797** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **MutualofOmahaRx.com**.

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Omaha Health Insurance Company (Omaha Life and Health Insurance Company in California). When it says “plan” or “our plan,” it means Mutual of Omaha Rx.

This document includes a list of the drugs (formulary) for our plan, which is current as of August 30, 2019. 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, 2021, and from time to time during the year.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.855.864.6797** (TTY: **1.800.716.3231**).

## What is the Mutual of Omaha Rx Formulary?

A formulary is a list of covered drugs selected by Mutual of Omaha Rx in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Mutual of Omaha Rx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Mutual of Omaha Rx 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?

Most changes in drug coverage happen on January 1, but Mutual of Omaha Rx may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

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

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

The enclosed formulary is current as of August 30, 2019. To get updated information about the drugs covered by Mutual of Omaha Rx, 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 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 75. 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?**

Mutual of Omaha Rx 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:** Mutual of Omaha Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mutual of Omaha Rx before you fill your prescriptions. If you don't get approval, Mutual of Omaha Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Mutual of Omaha Rx limits the amount of the drug that Mutual of Omaha Rx will cover. For example, Mutual of Omaha Rx provides two inhalers (17 grams) for a 1-month supply per prescription for PROAIR<sup>®</sup> HFA. This may be in addition to a standard 1-month or 3-month supply.

- **Step Therapy:** In some cases, Mutual of Omaha Rx 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, Mutual of Omaha Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mutual of Omaha Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 Mutual of Omaha Rx 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 Mutual of Omaha Rx Formulary?” below for information about how to request an exception.

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

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

If you learn that Mutual of Omaha Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Mutual of Omaha Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Mutual of Omaha Rx.
- You can ask Mutual of Omaha Rx 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 Mutual of Omaha Rx Formulary?**

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- 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

If you are entering a long-term care facility, we will cover a 31-day transition supply.

The plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

## **For more information**

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or, visit <http://www.medicare.gov>.

## Mutual of Omaha Rx's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Mutual of Omaha Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

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

**B/D PA:** Part B or Part D Prior Authorization. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**GC:** Gap Coverage. We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult the *Pharmacy Directory* or call Customer Service at **1.855.864.6797**, 24 hours a day, 7 days a week. TTY users, call **1.800.716.3231**.

**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 medications (the kind you take regularly, 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 that 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 that 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.

## Your costs

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

- **Your coverage stage.** Mutual of Omaha Rx 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 below explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage* 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. Please refer to the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)*” to find out what your costs are or you may contact Customer Service for more information.

## Drug Tiers

Tier	Description
Tier 1: <b>Preferred Generic Drugs</b>	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: <b>Generic Drugs</b>	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: <b>Preferred Brand Drugs</b>	This tier includes preferred brand-name drugs as well as generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: <b>Non-Preferred Drugs</b>	This tier includes non-preferred brand-name drugs as well as generic drugs. There may be lower-cost alternatives for you. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.
Tier 5: <b>Specialty Tier Drugs</b>	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. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.

## Key

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. You can find information on what the symbols and abbreviations on these tables mean by going to page v.

<b>B/D PA:</b> Part B or Part D Prior Authorization
<b>GC:</b> Gap Coverage
<b>LA:</b> Limited Availability
<b>MO:</b> Mail-Order Drug
<b>PA:</b> Prior Authorization
<b>QL:</b> Quantity Limit
<b>ST:</b> Step Therapy

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>			<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)
<b>ANTIFUNGAL AGENTS</b>			<i>itraconazole oral solution</i>	3	MO
ABELCET	5	B/D PA; MO	<i>ketoconazole oral</i>	2	MO
AMBISOME	5	B/D PA; MO	MYCAMINE	5	MO
<i>amphotericin b</i>	4	B/D PA; MO	NOXAFIL ORAL SUSPENSION	5	MO; QL (840 per 30 days)
<i>casprofungin</i>	5	B/D PA	NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	5	MO; QL (93 per 28 days)
<i>clotrimazole mucous membrane</i>	3	MO	<i>nystatin oral suspension</i>	2	MO
CRESEMBA INTRAVENOUS	5		<i>nystatin oral tablet</i>	2	MO
CRESEMBA ORAL	5	MO	<i>terbinafine hcl oral</i>	2	MO
<i>fluconazole in dextrose(iso-o)</i>	4	PA	<i>voriconazole intravenous</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO	<i>voriconazole oral</i>	5	MO
			<b>ANTIVIRALS</b>		
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA	<i>abacavir oral solution</i>	3	MO; QL (900 per 30 days)
<i>fluconazole oral suspension for reconstitution</i>	3	MO	<i>abacavir oral tablet</i>	4	MO; QL (60 per 30 days)
<i>fluconazole oral tablet</i>	2	MO	<i>abacavir-lamivudine</i>	4	MO; QL (30 per 30 days)
<i>flucytosine</i>	5	MO	<i>abacavir-lamivudine-zidovudine</i>	5	MO; QL (60 per 30 days)
<i>griseofulvin microsize</i>	4	MO	<i>acyclovir oral capsule</i>	2	MO
<i>griseofulvin ultramicrosize</i>	4	MO	<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
			<i>acyclovir oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO	DESCOVY	5	MO; QL (30 per 30 days)
<i>amantadine hcl oral capsule</i>	4	MO	<i>didanosine oral capsule, delayed release(drlec) 125 mg</i>	3	QL (30 per 30 days)
<i>amantadine hcl oral solution</i>	2	MO	<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	4	MO; QL (30 per 30 days)
<i>amantadine hcl oral tablet</i>	4	MO	DOVATO	5	MO
APTIVUS ORAL CAPSULE	4	MO; QL (120 per 30 days)	EDURANT	4	MO; QL (60 per 30 days)
APTIVUS ORAL SOLUTION	4	QL (300 per 30 days)	<i>efavirenz oral capsule 200 mg</i>	5	MO; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	5	MO; QL (30 per 30 days)	<i>efavirenz oral capsule 50 mg</i>	3	MO; QL (180 per 30 days)
<i>atazanavir oral capsule 200 mg</i>	5	MO; QL (60 per 30 days)	<i>efavirenz oral tablet</i>	5	MO; QL (30 per 30 days)
ATRIPLA	5	MO; QL (30 per 30 days)	EMTRIVA ORAL CAPSULE	3	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	MO; QL (600 per 30 days)	EMTRIVA ORAL SOLUTION	3	MO; QL (720 per 30 days)
BIKTARVY	5	MO	<i>entecavir</i>	4	MO; QL (30 per 30 days)
<i>cidofovir</i>	4	B/D PA; MO	EPCLUSA	5	PA; MO; QL (28 per 28 days)
CIMDUO	4	MO	EPIVIR HBV ORAL SOLUTION	4	MO
COMPLERA	4	MO; QL (30 per 30 days)	EVOTAZ	4	MO; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QL (90 per 30 days)			
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QL (180 per 30 days)			
DELSTRIGO	4	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir oral tablet 125 mg, 250 mg</i>	4	MO; QL (60 per 30 days)	ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QL (180 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	4	MO; QL (21 per 30 days)	ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QL (180 per 30 days)
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)	JULUCA	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)	KALETRA ORAL TABLET 100-25 MG	3	MO; QL (300 per 30 days)
<i>ganciclovir sodium</i>	4	B/D PA; MO	KALETRA ORAL TABLET 200-50 MG	5	MO; QL (180 per 30 days)
GENVOYA	5	MO; QL (30 per 30 days)	<i>lamivudine oral solution</i>	3	MO; QL (900 per 30 days)
HARVONI	5	PA; MO; QL (28 per 28 days)	<i>lamivudine oral tablet 100 mg</i>	4	MO; QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)	<i>lamivudine oral tablet 150 mg</i>	3	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)	<i>lamivudine oral tablet 300 mg</i>	3	MO; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QL (180 per 30 days)	<i>lamivudine-zidovudine</i>	3	MO; QL (60 per 30 days)
INVIRASE ORAL TABLET	5	MO; QL (120 per 30 days)	LEXIVA ORAL SUSPENSION	4	MO; QL (1680 per 30 days)
ISENTRESS HD	5	MO	<i>lopinavir-ritonavir</i>	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO; QL (60 per 30 days)	<i>nevirapine oral suspension</i>	3	QL (1200 per 30 days)
ISENTRESS ORAL TABLET	5	MO; QL (120 per 30 days)	<i>nevirapine oral tablet</i>	3	MO; QL (60 per 30 days)
			<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 per 30 days)	PREZISTA ORAL TABLET 800 MG	5	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET	4	MO	RELENZA DISKHALER	4	MO; QL (60 per 180 days)
NORVIR ORAL SOLUTION	3	MO; QL (450 per 30 days)	RESCRIPTOR ORAL TABLET	4	MO; QL (180 per 30 days)
ODEFSEY	5	MO; QL (30 per 30 days)	RETROVIR INTRAVENOUS	3	MO
<i>oseltamivir oral capsule 30 mg</i>	3	MO; QL (168 per 365 days)	REYATAZ ORAL POWDER IN PACKET	5	MO; QL (240 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	3	MO; QL (84 per 365 days)	<i>ribavirin oral capsule</i>	3	MO
<i>oseltamivir oral suspension for reconstitution</i>	3	MO; QL (1080 per 365 days)	<i>ribavirin oral tablet 200 mg</i>	3	MO
PIFELTRO	4	MO	<i>rimantadine</i>	4	MO
PREVYMIS INTRAVENOUS	5		<i>ritonavir</i>	3	MO; QL (360 per 30 days)
PREVYMIS ORAL	5	MO; QL (30 per 30 days)	SELZENTRY ORAL SOLUTION	4	MO
PREZCOBIX	4	MO; QL (30 per 30 days)	SELZENTRY ORAL TABLET 150 MG, 75 MG	5	MO; QL (60 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)	SELZENTRY ORAL TABLET 25 MG	4	MO; QL (120 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QL (240 per 30 days)	SELZENTRY ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)	<i>stavudine oral capsule</i>	4	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QL (480 per 30 days)	STRIBILD	5	MO; QL (30 per 30 days)
			SYMFI	4	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYMFI LO	4	MO; QL (30 per 30 days)	VIDEX EC ORAL CAPSULE, DELAYED	4	MO; QL (30 per 30 days)
SYMTUZA	4	MO	RELEASE(DR/EC)		
SYNAGIS	5	MO; LA	) 200 MG		
<i>tenofovir disoproxil fumarate</i>	3	MO; QL (30 per 30 days)	VIRACEPT ORAL TABLET 250 MG	4	MO; QL (270 per 30 days)
TIVICAY ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)	VIRACEPT ORAL TABLET 625 MG	4	MO; QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)	VIREAD ORAL POWDER	5	MO; QL (225 per 30 days)
TRIUMEQ	5	MO; QL (30 per 30 days)	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; QL (30 per 30 days)
TROGARZO	5	MO; LA	ZEPATIER	5	PA; MO; QL (28 per 28 days)
TRUVADA	5	MO; QL (30 per 30 days)	<i>zidovudine oral capsule</i>	3	MO; QL (180 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	4	MO; QL (120 per 30 days)	<i>zidovudine oral syrup</i>	3	MO; QL (1800 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	4	MO; QL (60 per 30 days)	<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO			
VEMLIDY	5	MO	<b>CEPHALOSPORINS</b>		
VIDEX 2 GRAM PEDIATRIC	4	MO; QL (1200 per 30 days)	<i>cefaclor oral capsule</i>	3	MO
VIDEX 4 GRAM PEDIATRIC	4	MO; QL (1200 per 30 days)	<i>cefadroxil oral capsule</i>	2	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC)	4	MO; QL (90 per 30 days)	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	MO
) 125 MG			<i>cefadroxil oral tablet</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	4	MO	<i>cefoxitin intravenous recon soln 10 gram</i>	4	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	MO	CEFTAZIDIME IN D5W	4	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO	<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	4		<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>cefazolin intravenous</i>	4		<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>cefdinir oral capsule</i>	2	MO	<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO	<i>ceftriaxone injection recon soln 10 gram</i>	4	
CEFEPIME IN DEXTROSE 5 %	4	MO	CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	4		<i>ceftriaxone intravenous</i>	4	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO	<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefepime injection</i>	4	MO	<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefixime</i>	4	MO	<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefotaxime injection recon soln 1 gram</i>	4		<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cefoxitin in dextrose, iso-osm</i>	4		<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO	<i>cephalexin oral suspension for reconstitution</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL CAPSULE	4	MO	ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4		<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
TEFLARO	4	MO	<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>			<i>erythromycin oral capsule, delayed release (drlec)</i>	4	MO
<i>azithromycin intravenous</i>	4	MO	<i>erythromycin oral tablet</i>	4	MO
<i>azithromycin oral packet</i>	3	MO	<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>azithromycin oral suspension for reconstitution</i>	4	MO	<i>albendazole</i>	5	MO; QL (120 per 30 days)
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	2	MO	ALINIA ORAL SUSPENSION FOR RECONSTITUTION	5	MO; QL (360 per 30 days)
<i>azithromycin oral tablet 500 mg (3 pack)</i>	2		ALINIA ORAL TABLET	5	MO; QL (14 per 30 days)
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO	<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	MO
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO	ARIKAYCE	5	PA; MO; LA
<i>clarithromycin oral tablet</i>	4	MO	<i>atovaquone</i>	5	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO	<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO	<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO
<i>aztreonam injection recon soln 1 gram</i>	4	MO	COARTEM	4	MO; QL (24 per 30 days)
<i>aztreonam injection recon soln 2 gram</i>	3	MO	<i>colistin (colistimethate na)</i>	4	MO
BENZNIDAZOLE	4		<i>dapsone oral</i>	3	MO
CAPASTAT	4		DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)	<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
<i>chloramphenicol sod succinate</i>	4		DARAPRIM	5	PA; MO
<i>chloroquine phosphate oral tablet 250 mg</i>	2	MO	EMVERM	5	MO
<i>chloroquine phosphate oral tablet 500 mg</i>	4	MO	<i>ethambutol oral tablet 100 mg</i>	2	MO
<i>cleocin intravenous solution 300 mg/2 ml</i>	4		<i>ethambutol oral tablet 400 mg</i>	4	MO
<i>clindamycin hcl</i>	2	MO	<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	4	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	4		GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	MO
<i>clindamycin in 5 % dextrose</i>	4	MO	GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	
<i>clindamycin palmitate hcl</i>	2	MO			
<i>clindamycin pediatric</i>	2	MO			
<i>clindamycin phosphate injection</i>	4	MO			
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	4				

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/50 ml</i>	2	MO	MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2		<i>metro i.v.</i>	2	MO
<i>gentamicin injection solution 40 mg/ml</i>	2	MO	<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO	<i>metronidazole oral tablet</i>	2	MO
<i>hydroxychloroquine</i>	3	MO	NEBUPENT	4	B/D PA; MO; QL (1 per 28 days)
<i>imipenem-cilastatin</i>	4	MO	<i>neomycin</i>	2	MO
IMPAVIDO	5	PA; MO	<i>paromomycin</i>	4	MO
<i>isoniazid oral solution</i>	4	MO	PASER	4	MO
<i>isoniazid oral tablet</i>	2	MO	PENTAM	4	MO
<i>ivermectin</i>	3	MO	<i>pentamidine</i>	3	
<i>linezolid in dextrose 5%</i>	4		<i>praziquantel</i>	3	MO
<i>linezolid oral suspension for reconstitution</i>	5	MO; QL (1800 per 30 days)	PRIFTIN	4	MO
<i>linezolid oral tablet</i>	4	MO; QL (60 per 30 days)	<i>primaquine</i>	3	MO
<i>linezolid-0.9% sodium chloride</i>	4		<i>pyrazinamide</i>	4	MO
<i>mefloquine</i>	2	MO	<i>quinine sulfate</i>	3	PA; MO; QL (42 per 30 days)
<i>meropenem</i>	4	MO	<i>rifabutin</i>	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	MO	<i>rifampin intravenous</i>	2	MO
			<i>rifampin oral</i>	4	MO
			SIRTURO	5	PA; MO; LA
			STREPTOMYCIN	4	MO
			SYNERCID	5	
			<i>tigecycline</i>	5	
			<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection recon soln</i>	4		<i>vancomycin oral capsule 125 mg</i>	3	MO; QL (120 per 30 days)
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	MO	<i>vancomycin oral capsule 250 mg</i>	5	MO; QL (240 per 30 days)
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	MO	VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
TRECTOR	4	MO	XIFAXAN ORAL TABLET 200 MG	4	PA; MO; QL (9 per 30 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4		XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	MO	<b>PENICILLINS</b>		
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4		<i>amoxicillin oral capsule</i>	2	MO
VANCOMYCIN INJECTION	4		<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO	<i>amoxicillin oral tablet</i>	2	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	4		<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg, 750 mg</i>	4	MO	<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
			<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml, 400-57 mg/5 ml</i>	3	MO
			<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO	<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO	<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>ampicillin oral capsule 250 mg</i>	2		<i>nafcillin injection recon soln 2 gram</i>	4	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO	<i>nafcillin intravenous recon soln 2 gram</i>	4	MO
<i>ampicillin sodium injection</i>	4	MO	<i>penicillin g potassium</i>	4	MO
<i>ampicillin sodium intravenous</i>	4		<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO	<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4		<i>penicillin g sodium</i>	4	MO
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4		<i>penicillin v potassium</i>	2	MO
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	MO	<i>pfizerpen-g</i>	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	MO	PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	MO
BICILLIN L-A	4	MO	<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	MO
<i>dicloxacillin</i>	2	MO	<b>QUINOLONES</b>		
			<i>ciprofloxacin</i>	4	
			<i>ciprofloxacin hcl oral</i>	2	MO
			<i>ciprofloxacin in 5% dextrose</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4		<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO	<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>levofloxacin intravenous</i>	4	MO	<i>doxycycline monohydrate oral tablet</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO	<i>minocycline oral capsule</i>	2	MO
<i>levofloxacin oral tablet</i>	2	MO	<i>mondoxyne nl</i>	4	MO
<b>SULFA'S / RELATED AGENTS</b>			<i>morgidox oral capsule 100 mg</i>	2	MO
			<i>morgidox oral capsule 50 mg</i>	3	MO
<i>sulfadiazine</i>	4	MO	<i>okebo oral capsule 75 mg</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO	<i>tetracycline</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral</i>	2	MO	<b>URINARY TRACT AGENTS</b>		
<i>sulfatrim</i>	2	MO			
<b>TETRACYCLINES</b>			<i>methenamine hippurate</i>	4	MO
			<i>methenamine mandelate</i>	3	MO
<i>doxy-100</i>	4	MO	<i>nitrofurantoin</i>	3	MO
<i>doxycycline hyclate intravenous</i>	4		<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO
<i>doxycycline hyclate oral capsule</i>	3	MO	<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO	<i>nitrofurantoin monohydrate-cryst</i>	4	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	2	MO	<b>PRIMSOL</b>	4	MO
			<i>trimethoprim</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>			<i>abiraterone</i>	4	PA; MO; QL (120 per 30 days)
<b>ADJUNCTIVE AGENTS</b>			ABRAXANE	5	B/D PA; MO
KEPIVANCE	5	MO	<i>adriamycin intravenous recon soln 10 mg</i>	3	B/D PA
KHAPZORY	4	B/D PA	<i>adriamycin intravenous solution</i>	3	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO	<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PA
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA	<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PA; MO
<i>leucovorin calcium oral</i>	3	MO	AFINITOR	5	PA; MO; QL (30 per 30 days)
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	3	B/D PA	AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (150 per 30 days)
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA	AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; MO; QL (90 per 30 days)
<i>mesna</i>	4	B/D PA; MO	AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; MO; QL (60 per 30 days)
MESNEX ORAL	5	MO	ALECENSA	5	PA; MO; QL (240 per 30 days)
VISTOGARD	5	MO	ALIMTA	5	B/D PA; MO
XGEVA	5	B/D PA; MO; QL (1.7 per 28 days)	ALIQOPA	4	B/D PA; MO; LA
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>					

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)	BORTEZOMIB	4	B/D PA; MO
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)	BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)	BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO	BRAFTOVI ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
ARRANON	3	B/D PA	BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
ARSENIC TRIOXIDE	4	B/D PA	<i>busulfan</i>	5	B/D PA
ARZERRA	5	B/D PA; MO	CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; MO; LA; QL (30 per 30 days)
AVASTIN	3	B/D PA; MO	CABOMETYX ORAL TABLET 40 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO	CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
<i>azathioprine</i>	2	B/D PA; MO	CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
<i>azathioprine sodium</i>	3	B/D PA	CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
BALVERSA	5	PA; MO; LA	<i>carboplatin intravenous solution</i>	4	B/D PA; MO
BAVENCIO	5	B/D PA; MO; LA	<i>carmustine</i>	3	B/D PA; MO
BELEODAQ	5	B/D PA; MO	<i>cisplatin intravenous solution</i>	3	B/D PA; MO
BENDEKA	4	B/D PA; MO	<i>cladribine</i>	4	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA	<i>clofarabine</i>	3	B/D PA
<i>bexarotene</i>	5	PA; MO			
<i>bicalutamide</i>	3	MO			
<i>bleomycin</i>	4	B/D PA; MO			
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)	<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PA
			<i>dacarbazine</i>	2	B/D PA; MO
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)	<i>dactinomycin</i>	3	B/D PA
			DARZALEX	3	B/D PA; MO; LA
			<i>daunorubicin intravenous solution</i>	2	B/D PA
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)	DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)	DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)	<i>decitabine</i>	5	B/D PA; MO
<i>cyclophosphamide intravenous</i>	3	B/D PA; MO	<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	3	B/D PA
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO	<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA; MO
<i>cyclosporine intravenous</i>	4	B/D PA			
<i>cyclosporine modified</i>	3	B/D PA; MO			
<i>cyclosporine oral capsule</i>	3	B/D PA; MO			
CYRAMZA	5	B/D PA; MO	DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	3	B/D PA
<i>cytarabine</i>	4	B/D PA; MO	<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	B/D PA; MO	<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	4	B/D PA; MO	<i>doxorubicin, peg- liposomal</i>	5	B/D PA; MO
			DROXIA	3	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELLEENCE INTRAVENOUS SOLUTION 50 MG/25 ML	4	B/D PA; MO	<i>fludarabine intravenous solution</i>	3	B/D PA
EMCYT	4	MO	<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
EMPLICITI	4	B/D PA; MO	<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	4	B/D PA; MO	<i>flutamide</i>	4	MO
ERBITUX	5	B/D PA; MO	FOLOTYN	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)	<i>fulvestrant</i>	5	B/D PA; MO
ERLEADA	4	PA; MO	GAZYVA	5	B/D PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)	<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	3	B/D PA; MO
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)	<i>gemcitabine intravenous recon soln 2 gram</i>	3	B/D PA
ERWINAZE	5	B/D PA; MO	<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	3	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO	GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>etoposide intravenous</i>	2	B/D PA; MO	<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	3	B/D PA
<i>exemestane</i>	3	MO	<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PA; MO
FARYDAK	5	PA; MO; QL (6 per 21 days)	<i>gengraf oral solution</i>	4	B/D PA; MO
FASLODEX	5	B/D PA; MO			
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA; MO			
<i>floxuridine</i>	4	B/D PA			
<i>fludarabine intravenous recon soln</i>	3	B/D PA; MO			

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GILOTRIF	5	PA; MO; QL (30 per 30 days)	<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	MO	IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
HALAVEN	3	B/D PA; MO	IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
HERCEPTIN HYLECTA	5	B/D PA; MO	IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO	IMFINZI	4	B/D PA; MO; LA
<i>hydroxyurea</i>	2	MO	INFUGEM	4	B/D PA
IBRANCE	5	PA; MO; QL (21 per 28 days)	INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (60 per 30 days)	INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)	IRESSA	5	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	4	B/D PA	<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)	<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	B/D PA
<i>ifosfamide intravenous recon soln</i>	4	B/D PA; MO	ISTODAX	5	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	4	B/D PA; MO	IXEMPRA	5	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	4	B/D PA	JAKAFI	5	PA; MO; QL (60 per 30 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)	JEVTANA	4	B/D PA; MO
			KADCYLA	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY (200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days)	LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY (200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days)	<i>letrozole</i>	2	MO
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY (200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days)	LEUKERAN	4	MO
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)	<i>leuprolide subcutaneous kit</i>	4	MO
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)	LIBTAYO	5	PA; MO; LA
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)	LONSURF ORAL TABLET 15-6.14 MG	5	PA; MO; QL (100 per 28 days)
KYPROLIS	5	B/D PA; MO	LONSURF ORAL TABLET 20-8.19 MG	5	PA; MO; QL (80 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)	LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
			LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
			LUMOXITI	4	PA; MO; LA
			LUPRON DEPOT (3 MONTH)	5	PA; MO
			LUPRON DEPOT (4 MONTH)	5	PA; MO
			LUPRON DEPOT (6 MONTH)	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED	5	PA; MO	<i>methotrexate sodium (pf) injection solution</i>	3	B/D PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO	<i>mitomycin intravenous</i>	4	B/D PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)	<i>mitoxantrone</i>	2	B/D PA; MO
LYSODREN	5	MO	<i>mycophenolate mofetil hcl</i>	3	B/D PA
MARQIBO	5	B/D PA; MO	<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
MATULANE	5	MO	<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	4	PA	<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA; MO	<i>mycophenolate sodium</i>	4	B/D PA; MO
<i>megestrol oral tablet</i>	4	PA; MO	MYLOTARG	4	B/D PA; MO; LA
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)	NERLYNX	5	PA; MO; LA
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)	NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)	<i>nilutamide</i>	5	MO
<i>melphalan</i>	3	B/D PA; MO	NINLARO	5	PA; MO; QL (3 per 28 days)
<i>melphalan hcl</i>	3	B/D PA	NIPENT	4	B/D PA; MO
<i>mercaptopurine</i>	2	MO	NULOJIX	5	B/D PA; MO
<i>methotrexate sodium</i>	3	B/D PA; MO	<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO	PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	PA; MO	PURIXAN	5	
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	3	PA; MO	REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)	RITUXAN	5	PA; MO
ONCASPAR	5	B/D PA; MO	RITUXAN HYCELA	4	PA; MO
ONIVYDE	5	B/D PA; MO	ROMIDEPSIN	4	B/D PA
OPDIVO	5	PA; MO	RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO	RYDAPT	5	PA; MO; QL (240 per 30 days)
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA	SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
<i>oxaliplatin intravenous solution</i>	4	B/D PA; MO	SIGNIFOR	5	PA; MO
<i>paclitaxel</i>	4	B/D PA; MO	SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
PERJETA	5	B/D PA; MO	SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
PIQRAY	5	PA; MO	<i>sirolimus oral solution</i>	5	B/D PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)	<i>sirolimus oral tablet 0.5 mg</i>	2	B/D PA; MO
PORTRAZZA	4	B/D PA; MO	<i>sirolimus oral tablet 1 mg</i>	3	B/D PA; MO
POTELIGEO	5	PA; MO	<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO	SOLTAMOX	4	MO
			SOMATULINE DEPOT	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)	TECENTRIQ	5	B/D PA; MO; LA
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)	TEMODAR INTRAVENOUS	5	B/D PA; MO
STIVARGA	5	PA; MO; QL (84 per 28 days)	<i>temsirolimus</i>	5	B/D PA; MO
SUTENT	5	PA; MO; QL (30 per 30 days)	THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B/D PA; MO	THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (60 per 30 days)
SYNRIBO	4	B/D PA; MO	<i>thiotepa</i>	5	B/D PA; MO
TABLOID	4	MO	TIBSOVO	5	PA; MO
<i>tacrolimus oral</i>	3	B/D PA; MO	<i>toposar</i>	4	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)	<i>topotecan intravenous recon soln</i>	4	B/D PA
TAGRISO	5	PA; MO; LA; QL (30 per 30 days)	<i>topotecan intravenous solution</i>	4	B/D PA; MO
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)	<i>toremifene</i>	5	MO
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)	TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>tamoxifen</i>	2	MO	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
TARGRETIN TOPICAL	5	PA; MO	<i>tretinoin (chemotherapy)</i>	5	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)	TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	4	B/D PA; MO
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO	TYKERB	5	PA; MO; LA; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNITUXIN	5	B/D PA; MO	VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
<i>valrubicin</i>	3	B/D PA	VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VALSTAR	4	B/D PA; MO	VOTRIENT	5	PA; MO; QL (120 per 30 days)
VANTAS	4	B/D PA; MO	VYXEOS	5	B/D PA; MO
VECTIBIX	5	B/D PA; MO	XALKORI	5	PA; MO; QL (60 per 30 days)
VELCADE	5	B/D PA; MO	XATMEP	4	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; MO; LA; QL (60 per 30 days)	XERMELO	5	PA; MO; LA; QL (90 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA; QL (120 per 30 days)	XOSPATA	5	PA; MO; LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; MO; LA; QL (30 per 30 days)	XTANDI	4	PA; MO; QL (120 per 30 days)
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)	YERVOY	3	B/D PA; MO
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)	YONDELIS	5	B/D PA; MO
<i>vinblastine intravenous solution</i>	2	B/D PA; MO	ZALTRAP	4	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO	ZANOSAR	4	B/D PA; MO
<i>vinorelbine</i>	3	B/D PA; MO	ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)	ZELBORAF	5	PA; MO; QL (240 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)	ZOLADEX	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	5	PA; MO; QL (120 per 30 days)	BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	5	B/D PA; MO; QL (60 per 30 days)	<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
ZORTRESS ORAL TABLET 0.5 MG	5	B/D PA; MO; QL (120 per 30 days)	<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO	<i>carbamazepine oral tablet</i>	4	MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)	<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
ZYKADIA	5	PA; MO; QL (150 per 30 days)	<i>carbamazepine oral tablet, chewable</i>	3	MO
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>			CELONTIN ORAL CAPSULE 300 MG	4	MO
			<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
			<i>clobazam oral tablet 10 mg</i>	3	PA; MO; QL (60 per 30 days)
			<i>clobazam oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
<b>ANTICONVULSANTS</b>					
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)	<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)	<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)	<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
BANZEL	5	PA; MO	<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	MO; QL (300 per 30 days)
BRIVIACT INTRAVENOUS	4		DIASTAT	4	MO
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL	4	MO	<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	4	PA; QL (2160 per 30 days)
<i>diazepam rectal</i>	2	MO			
DILANTIN 30 MG	4	MO	<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO	<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>divalproex oral tablet extended release 24 hr</i>	4	MO	<i>lamotrigine oral tablet</i>	2	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO	<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
EPIDIOLEX	5	PA; MO; LA	<i>lamotrigine oral tablets, dose pack</i>	3	MO
<i>epitol</i>	2	MO			
<i>ethosuximide</i>	4	MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	3	
<i>felbamate</i>	4	MO			
<i>fosphenytoin</i>	2	MO			
FYCOMPA ORAL SUSPENSION	4	PA; MO; QL (720 per 30 days)	<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	PA; MO; QL (30 per 30 days)	<i>levetiracetam intravenous</i>	3	MO
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	PA; MO; QL (60 per 30 days)	<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)	<i>levetiracetam oral tablet</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2160 per 30 days)	LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QL (60 per 30 days)	<i>subvenite starter (orange) kit</i>	3	MO
LYRICA ORAL SOLUTION	4	MO; QL (900 per 30 days)	SYMPAZAN	4	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	3	MO	<i>tiagabine</i>	4	MO
PEGANONE	4	MO	<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>phenobarbital oral elixir</i>	3	PA; MO; QL (1500 per 30 days)	<i>topiramate oral tablet</i>	2	PA; MO
<i>phenobarbital oral tablet</i>	3	PA; MO; QL (120 per 30 days)	<i>valproate sodium</i>	2	MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	3	MO	<i>valproic acid</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	3		<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	2		<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO	<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>phenytoin oral tablet, chewable</i>	2	MO	<i>vigadrone</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>phenytoin sodium extended</i>	2	MO	VIMPAT INTRAVENOUS	4	
<i>phenytoin sodium intravenous solution</i>	2	MO	VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
<i>primidone</i>	2	MO	VIMPAT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>roweepra</i>	2	MO	<i>zonisamide</i>	3	PA; MO
SPRITAM	4	MO	<b>ANTIPARKINSONISM AGENTS</b>		
<i>subvenite</i>	3	MO			
<i>subvenite starter (blue) kit</i>	3	MO			
<i>subvenite starter (green) kit</i>	3	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
APOKYN	5	PA; MO; LA; QL (60 per 30 days)	<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>benztropine injection</i>	4	MO	<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>benztropine oral</i>	3	PA; MO	<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>bromocriptine</i>	4	MO	<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (8 per 28 days)
<i>carbidopa</i>	5	MO	<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (8 per 28 days)
<i>carbidopa-levodopa oral tablet</i>	2	MO	<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO	<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO	<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
<i>carbidopa-levodopa-entacapone</i>	4	MO			
<i>entacapone</i>	3	MO			
NEUPRO	4	MO			
<i>pramipexole oral tablet</i>	2	MO	<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>rasagiline</i>	3	MO	<i>donepezil oral tablet 10 mg</i>	2	MO; QL (69 per 30 days)
<i>ropinirole oral tablet</i>	2	MO	<i>donepezil oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>selegiline hcl</i>	3	MO	<i>donepezil oral tablet, disintegrating 10 mg</i>	2	MO; QL (69 per 30 days)
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>					
<i>dihydroergotamine injection</i>	2	MO			
<i>dihydroergotamine nasal</i>	4	MO; QL (8 per 28 days)			
<i>ergotamine-caffeine</i>	3	MO			
<i>rizatriptan</i>	4	MO; QL (36 per 28 days)			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	MO; QL (30 per 30 days)	OCREVUS	5	PA; MO; LA
FIRDAPSE	5	PA; MO; LA	RADICAVA	5	PA; MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)	<i>rivastigmine</i>	4	MO
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)	<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)	TECFIDERA	5	PA; MO; LA
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)	<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)	<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)	TYSABRI	5	PA; MO; LA
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)	<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
LEMTRADA	5	PA; MO	<i>baclofen oral tablet 10 mg, 20 mg</i>	3	MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	PA; MO	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>memantine oral solution</i>	4	PA; MO; QL (300 per 30 days)	<i>dantrolene</i>	4	MO
<i>memantine oral tablet</i>	3	PA; MO; QL (60 per 30 days)	LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; MO; QL (98 per 28 days)	LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
NAMZARIC	3	PA; MO	LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO
NUEDEXTA	5	PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	3	MO	<i>buprenorphine hcl sublingual</i>	3	PA; MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	3		<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	3	PA; MO; QL (4 per 28 days)
<i>pyridostigmine bromide oral syrup</i>	5	MO	BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PA; MO; QL (8 per 28 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO	<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	4	MO; QL (180 per 30 days)
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO	<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QL (4000 per 30 days)
<i>regonol</i>	3		<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QL (2000 per 30 days)
<i>revonto</i>	3		<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>tizanidine oral tablet</i>	2	MO	<i>fentanyl citrate (pf) injection solution</i>	3	MO
<b>NARCOTIC ANALGESICS</b>			<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	3	
<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)	<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 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>	4	MO			
<i>buprenorphine hcl injection syringe</i>	4				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	4	QL (5550 per 30 days)	<i>hydromorphone oral tablet</i>	4	MO; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)	<i>methadone injection solution</i>	4	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)	<i>methadone intensol</i>	4	PA; MO; QL (90 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (50 per 30 days)	<i>methadone oral concentrate</i>	4	PA; MO; QL (90 per 30 days)
<b>HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML</b>	4		<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (600 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO; QL (240 per 30 days)	<i>methadone oral solution 5 mg/5 ml</i>	4	PA; MO; QL (1200 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4		<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	4		<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	4	MO	<i>methadose oral concentrate</i>	4	PA; MO; QL (90 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	MO	<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (150 per 30 days)	<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)	<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	4	B/D PA; MO
			<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days)	<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	4		OXYCODONE ORAL SYRINGE	4	QL (180 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	4	MO; QL (1000 per 30 days)	<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	MO; QL (180 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO; QL (500 per 30 days)	<i>oxycodone oral tablet 5 mg</i>	4	MO; QL (360 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	4	MO	<i>oxycodone-aspirin</i>	4	MO; QL (360 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 per 30 days)	<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 per 30 days)	<b>NON-NARCOTIC ANALGESICS</b>		
<i>morphine oral solution</i>	4	MO; QL (900 per 30 days)	<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)	<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)	<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>oxycodone oral capsule</i>	4	MO; QL (360 per 30 days)	<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)	<i>celecoxib</i>	3	MO; QL (60 per 30 days)
			<i>diclofenac potassium</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical drops</i>	4	MO; QL (300 per 28 days)	<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)	VIVITROL	5	MO
<i>diflunisal</i>	4	MO	<b>PSYCHOTHERAPEUTIC DRUGS</b>		
<i>etodolac oral capsule</i>	2	MO	ABILIFY MAINTENA	4	MO; QL (1 per 28 days)
<i>etodolac oral tablet</i>	2	MO	ADASUVE	4	LA
<i>ibu</i>	1	MO	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>ibuprofen oral suspension</i>	2	MO	<i>alprazolam oral tablet 2 mg</i>	4	MO; QL (150 per 30 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO	<i>amitriptyline</i>	2	PA; MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)	<i>amoxapine</i>	4	MO
<i>naloxone</i>	2	MO	<i>aripiprazole oral solution</i>	5	MO
<i>naltrexone</i>	2	MO	<i>aripiprazole oral tablet</i>	3	MO; QL (30 per 30 days)
<i>naproxen oral suspension</i>	2	MO	<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
<i>naproxen oral tablet</i>	1	MO	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
<i>oxaprozin</i>	4	MO	<i>bupropion hcl oral tablet</i>	2	MO; QL (180 per 30 days)
<i>salsalate</i>	3	MO	<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QL (90 per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (30 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)			
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)			
<i>sulindac</i>	2	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	3	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>diazepam injection solution</i>	2	PA
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>diazepam injection syringe</i>	2	PA; MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>doxepin oral</i>	4	PA; MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>	3	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	EMSAM	4	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)	FANAPT ORAL TABLETS, DOSE PACK	4	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4		<i>fluvoxamine oral tablet 25 mg</i>	4	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24HR DOSE PACK	4	ST; MO; QL (28 per 28 days)	<i>fluvoxamine oral tablet 50 mg</i>	4	MO; QL (60 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)	GEODON INTRAMUSCULAR	4	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)	<i>haloperidol</i>	2	MO
<i>fluoxetine oral capsule 20 mg</i>	1	MO	<i>haloperidol decanoate</i>	4	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	<i>haloperidol lactate injection</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO	<i>haloperidol lactate oral</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)	HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO	<i>imipramine hcl</i>	4	PA; MO
<i>fluphenazine decanoate</i>	4	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
<i>fluphenazine hcl injection</i>	4	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
<i>fluphenazine hcl oral concentrate</i>	2	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
<i>fluphenazine hcl oral elixir</i>	4	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)
<i>fluphenazine hcl oral tablet</i>	2	MO			
<i>fluvoxamine oral tablet 100 mg</i>	4	MO; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)	<i>lorazepam oral concentrate</i>	3	PA; MO; QL (150 per 30 days)
			<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; QL (0.88 per 28 days)	<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
			<i>loxapine succinate</i>	3	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; QL (1.32 per 28 days)	<i>maprotiline</i>	2	MO
			MARPLAN	4	MO; QL (180 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.76 per 28 days)	<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
			<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; QL (2.63 per 28 days)	<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)
			<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)	<i>methylphenidate hcl oral tablet</i>	4	MO; QL (90 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)	<i>mirtazapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>lithium carbonate</i>	2	MO			
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO	<i>mirtazapine oral tablet, disintegrating</i>	3	MO; QL (30 per 30 days)
<i>lorazepam injection solution</i>	4	PA; MO	<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>lorazepam injection syringe</i>	4	PA			
<i>lorazepam intensol</i>	3	PA; MO; QL (150 per 30 days)	<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
			<i>molindone</i>	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone</i>	4	MO	<i>protriptyline</i>	4	MO
<i>nortriptyline</i>	2	MO	<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)	<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; MO; QL (30 per 30 days)	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (30 per 30 days)	<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)
<i>olanzapine oral tablet</i>	3	MO; QL (30 per 30 days)	REXULTI	4	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)	RISPERDAL CONSTA	4	MO; QL (2 per 28 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	MO; QL (30 per 30 days)	<i>risperidone oral solution</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)	<i>risperidone oral tablet 4 mg</i>	2	MO; QL (120 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)	<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)	<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QL (900 per 30 days)	ROZEREM	4	MO; QL (30 per 30 days)
<i>perphenazine</i>	4	MO	SAPHRIS	4	MO; QL (60 per 30 days)
PERSERIS	4	MO; QL (1 per 28 days)			
<i>phenelzine</i>	3	MO			
<i>pimozide</i>	4	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral concentrate</i>	4	MO	XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)	<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)	<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
<i>thioridazine</i>	4	MO	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; MO; QL (2 per 28 days)
<i>thiothixene</i>	4	MO	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; MO; QL (1 per 28 days)
<i>tranlycypromine</i>	4	MO	<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<i>trazodone</i>	2	MO	<b>ANTIARRHYTHMIC AGENTS</b>		
<i>trifluoperazine</i>	3	MO	<i>adenosine</i>	3	
<i>trimipramine</i>	4	PA; MO	<i>amiodarone intravenous solution</i>	2	B/D PA; MO
TRINTELLIX	4	MO; QL (30 per 30 days)	<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)	<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)	<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)			
VERSACLOZ	5				
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)			
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)			
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)			
VRAYLAR ORAL CAPSULE, DOSE PACK	4	MO; QL (7 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>dofetilide</i>	3	MO	<i>amiloride-hydrochlorothiazide</i>	2	MO	
<i>flecainide</i>	2	MO	<i>amlodipine</i>	1	MO	
<i>lidocaine (pf) intravenous solution</i>	2	MO	<i>amlodipine-benazepril</i>	2	MO	
<i>lidocaine (pf) intravenous syringe</i>	2		<i>amlodipine-valsartan</i>	2	MO	
<i>mexiletine</i>	2	MO	<i>atenolol</i>	1	MO	
<b>MULTAQ</b>	4	MO	<i>atenolol-chlorthalidone</i>	2	MO	
<i>pacerone oral tablet 100 mg</i>	4	MO	<i>benazepril</i>	1	MO	
<i>pacerone oral tablet 200 mg</i>	2	MO	<i>benazepril-hydrochlorothiazide</i>	2	MO	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO	<b>BIDIL</b>	3	MO	
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO	<i>bisoprolol fumarate</i>	2	MO	
<i>propafenone oral tablet 300 mg</i>	4	MO	<i>bisoprolol-hydrochlorothiazide</i>	1	MO	
<i>quinidine sulfate oral tablet</i>	2	MO	<i>bumetanide injection</i>	4	MO	
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO	<i>bumetanide oral</i>	2	MO	
<i>sorine oral tablet 240 mg</i>	2		<b>BYSTOLIC</b>	4	MO	
<i>sotalol af</i>	2	MO	<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO	<i>candesartan oral tablet 32 mg</i>	2	MO; QL (30 per 30 days)	
<i>sotalol oral tablet 240 mg</i>	4	MO	<i>candesartan-hydrochlorothiazid</i>	2	MO	
<b>SOTYLIZE</b>	4	MO	<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i>	2	MO	
<b>ANTIHYPERTENSIVE THERAPY</b>			<i>cartia xt oral capsule, extended release 24hr 300 mg</i>	3	MO	
	<i>acebutolol</i>	2	MO	<i>carvedilol</i>	1	MO
	<i>amiloride</i>	3	MO	<i>chlorothiazide</i>	2	MO
			<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i>	4	MO; QL (4 per 28 days)	<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>clonidine hcl oral tablet</i>	2	MO	<i>enalapril maleate</i>	2	MO
DEMSER	4	PA; MO	<i>enalaprilat intravenous solution</i>	3	
<i>diltiazem hcl intravenous</i>	4		<i>enalapril-hydrochlorothiazide</i>	2	MO
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 180 mg</i>	3	MO	<i>eplerenone</i>	4	MO
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 240 mg</i>	2	MO	<i>epoprostenol (glycine)</i>	3	B/D PA; MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO	<i>felodipine</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 240 mg, 300 mg</i>	2	MO	<i>fosinopril</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 360 mg, 420 mg</i>	3	MO	<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO	<i>furosemide injection</i>	4	MO
<i>diltiazem hcl oral capsule, extended release 24hr 180 mg, 360 mg</i>	3	MO	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO	<i>furosemide oral tablet</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 180 mg, 360 mg</i>	3	MO	<i>hydralazine injection</i>	4	MO
<i>diltiazem hcl oral tablet</i>	2	MO	<i>hydralazine oral</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	MO	<i>hydrochlorothiazide</i>	1	MO
<i>dilt-xr</i>	2	MO	<i>indapamide</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)	<i>irbesartan</i>	1	MO; QL (30 per 30 days)
			<i>irbesartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
			<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
			<i>labetalol oral</i>	2	MO
			<i>lisinopril</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide</i>	1	MO	<i>propranolol intravenous</i>	2	
<i>losartan</i>	1	MO; QL (30 per 30 days)	<i>propranolol oral capsule, extended release 24 hr</i>	4	MO
<i>losartan-hydrochlorothiazide</i>	1	MO; QL (30 per 30 days)	<i>propranolol oral solution</i>	2	MO
<i>mannitol 20 %</i>	3		<i>propranolol oral tablet</i>	2	MO
<i>mannitol 25 % intravenous solution</i>	3	MO	<i>propranolol-hydrochlorothiazid</i>	4	MO
<i>methyclothiazide</i>	4	MO	<i>quinapril</i>	2	MO
<i>methyldopa</i>	4	MO	<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>metolazone</i>	3	MO	<i>ramipril</i>	1	MO
<i>metoprolol succinate</i>	2	MO	RESECTISOL	3	
<i>metoprolol ta-hydrochlorothiaz</i>	3	MO	SODIUM EDECIN	3	
<i>metoprolol tartrate intravenous solution</i>	2	MO	<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO	<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>minoxidil oral</i>	2	MO	<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>nifedipine oral tablet extended release</i>	3	MO	<i>telmisartan</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO	<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>nimodipine</i>	4	MO	<i>terazosin oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)
<i>olmesartan</i>	2	MO	<i>timolol maleate oral</i>	4	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO	<i>toremide oral</i>	2	MO
<i>osmitrol 15 %</i>	3		<i>treprostinil sodium</i>	5	PA; MO; LA
<i>osmitrol 20 %</i>	3		<i>triamterene-hydrochlorothiazid</i>	2	MO
<i>phentolamine injection recon soln</i>	3		UPTRAVI	4	PA; MO; LA
<i>pindolol</i>	4	MO			
<i>prazosin</i>	2	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>valsartan</i>	2	MO; QL (30 per 30 days)	CEPROTIN (GREEN BAR)	3	MO
<i>valsartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)	<i>cilostazol</i>	2	MO
<i>verapamil intravenous solution</i>	2	MO	<i>clopidogrel oral tablet 300 mg</i>	4	MO
<i>verapamil intravenous syringe</i>	2		<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO	<i>dipyridamole oral</i>	4	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO	DOPTELET (10 TAB PACK)	5	PA; MO; LA
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	3	MO	DOPTELET (15 TAB PACK)	5	PA; MO; LA
<i>verapamil oral tablet</i>	1	MO	ELIQUIS	3	MO
<i>verapamil oral tablet extended release</i>	2	MO	<i>enoxaparin subcutaneous solution</i>	4	MO
<b>COAGULATION THERAPY</b>			<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
			<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
AMICAR ORAL SOLUTION	3	MO	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>aminocaproic acid intravenous</i>	3	MO	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>aminocaproic acid oral tablet</i>	3	MO	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
BRILINTA	4	MO; QL (60 per 30 days)	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA			
CEPROTIN (BLUE BAR)	3	MO			

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4		<i>heparin, porcine (pf) injection syringe</i>	3	MO
<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>	4	MO	HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>heparin (porcine) in nacl (pf)</i>	3		<i>jantoven</i>	1	MO
<i>heparin (porcine) injection cartridge</i>	4	MO	NPLATE	5	MO
<i>heparin (porcine) injection solution</i>	3	MO	<i>pentoxifylline</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	MO	PRADAXA	4	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4		<i>prasugrel</i>	4	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	MO	PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA; QL (180 per 30 days)
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	4	MO	PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO	PROMACTA ORAL TABLET 75 MG	5	PA; MO; LA; QL (60 per 30 days)
			<i>warfarin</i>	1	MO
			XARELTO ORAL TABLET 10 MG	3	MO; QL (35 per 30 days)
			XARELTO ORAL TABLET 15 MG, 2.5 MG	3	MO; QL (60 per 30 days)
			XARELTO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
			XARELTO ORAL TABLETS,DOSE PACK	3	MO; QL (51 per 30 days)
			<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)	<i>gemfibrozil</i>	2	MO; QL (60 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO	<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine light</i>	3	MO	<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>colesevelam oral powder in packet</i>	3	MO	<i>niacin oral tablet 500 mg</i>	3	MO
<i>colesevelam oral tablet</i>	4	MO	<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>ezetimibe</i>	3	MO; QL (30 per 30 days)	<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	3	MO; QL (30 per 30 days)	<i>prevalite</i>	3	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	3	MO; QL (30 per 30 days)	REPATHA	3	PA; MO; QL (3 per 28 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	3	MO; QL (60 per 30 days)	REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	3	MO; QL (30 per 30 days)	<i>rosuvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	3	MO; QL (60 per 30 days)	<i>simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	3	MO; QL (30 per 30 days)	VASCEPA	4	MO
<i>fenofibrate oral tablet 54 mg</i>	3	MO; QL (60 per 30 days)	WELCHOL ORAL TABLET	4	MO
<i>fluvastatin oral capsule 20 mg</i>	4	MO; QL (30 per 30 days)	<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<i>fluvastatin oral capsule 40 mg</i>	4	MO; QL (60 per 30 days)	CORLANOR ORAL TABLET	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 page vi.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>digitek oral tablet 125 mcg</i>	3	MO; QL (30 per 30 days)	<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	3	B/D PA; MO
<i>digitek oral tablet 250 mcg</i>	3	MO	<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	3	B/D PA
<i>digox oral tablet 125 mcg</i>	2	MO; QL (30 per 30 days)	<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	3	B/D PA; MO
<i>digox oral tablet 250 mcg</i>	2	MO	ENTRESTO	3	MO; QL (60 per 30 days)
<i>digoxin oral solution 50 mcg/ml</i>	3	MO	LANOXIN ORAL TABLET 62.5 MCG	4	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO; QL (30 per 30 days)	LANOXIN PEDIATRIC	3	
<i>digoxin oral tablet 250 mcg</i>	2	MO	<i>milrinone</i>	3	B/D PA; MO
<i>dobutamine</i>	3	B/D PA	<i>milrinone in 5 % dextrose</i>	3	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	3	B/D PA; MO	RANEXA	4	MO; QL (60 per 30 days)
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	3	B/D PA	<i>ranolazine</i>	3	MO; QL (60 per 30 days)
<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>	3	B/D PA	<b>NITRATES</b>		
			ISORDIL	4	MO
			<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
			<i>isosorbide dinitrate oral tablet 30 mg</i>	3	MO
			<i>isosorbide dinitrate oral tablet extended release</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate</i>	2	MO	<i>selenium sulfide topical lotion</i>	2	MO
<i>nitro-bid</i>	3	MO	SKYRIZI	5	PA; MO; QL (1 per 28 days)
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	3	B/D PA	SUBCUTANEOUS SYRINGE KIT		
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	3	B/D PA; MO	STELARA	5	PA; MO
<i>nitroglycerin sublingual</i>	2	MO	SUBCUTANEOUS		
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO	<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO	<i>ammonium lactate</i>	2	MO
			DUPIXENT	5	PA; MO
			<i>fluorouracil topical cream 5 %</i>	4	MO
			<i>fluorouracil topical solution</i>	4	MO
			<i>glydo</i>	3	MO; QL (60 per 30 days)
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>			<i>imiquimod topical cream in packet</i>	3	MO
<b>ANTIPSORIATIC / ANTISEBORRHOEIC</b>			<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	4	MO
<i>acitretin</i>	4	MO	<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)	<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %)</i>	2	MO
<i>calcipotriene topical</i>	4	MO; QL (120 per 30 days)	<i>lidocaine hcl injection solution 10 mg/ml (1 %)</i>	2	MO
<i>calcitrene</i>	4	MO; QL (120 per 30 days)	<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i>	1	MO	<i>clindamycin phosphate topical gel</i>	4	MO; QL (120 per 30 days)
<i>lidocaine hcl laryngotracheal</i>	2	MO	<i>clindamycin phosphate topical lotion</i>	4	MO; QL (120 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	3	MO; QL (60 per 30 days)	<i>clindamycin phosphate topical solution</i>	4	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	MO; QL (60 per 30 days)	<i>clindamycin phosphate topical swab</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO	<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	4	MO
<i>lidocaine topical adhesive patch, medicated</i>	2	PA; MO; QL (90 per 30 days)	<i>ery pads</i>	4	MO
<i>lidocaine topical ointment</i>	4	MO; QL (50 per 30 days)	<i>erythromycin with ethanol</i>	2	MO
<i>lidocaine viscous</i>	2	MO	<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>lidocaine-prilocaine topical cream</i>	4	MO; QL (30 per 30 days)	<i>isotretinoin</i>	4	
<i>methoxsalen</i>	5	MO	<i>metronidazole topical cream</i>	4	MO
PANRETIN	5	MO	<i>metronidazole topical gel 0.75 %</i>	4	MO
<i>podofilox</i>	4	MO	<i>metronidazole topical gel 1 %</i>	2	MO
REGRANEX	5	MO	<i>metronidazole topical gel with pump</i>	2	MO
SANTYL	3	MO	<i>metronidazole topical lotion</i>	4	MO
<i>silver sulfadiazine ssd</i>	2	MO	<i>rosadan topical cream</i>	4	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)	<i>rosadan topical gel</i>	4	MO
UVADEX	4	B/D PA	<i>tazarotene</i>	3	PA; MO
VALCHLOR	5	PA; MO	TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
<b>THERAPY FOR ACNE</b>					
<i>claravis</i>	4	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO	<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>tretinoin topical topical gel 0.01 %</i>	3	PA; MO	<i>clotrimazole-betamethasone topical cream</i>	4	MO; QL (45 per 28 days)
<i>tretinoin topical topical gel 0.025 %, 0.05 %</i>	4	PA; MO	<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<b>TOPICAL ANTIBACTERIALS</b>			<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>gentamicin topical</i>	3	MO	<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>mafenide acetate</i>	2	MO	<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>mupirocin</i>	2	MO	<i>nyamyc</i>	4	MO
<i>sulfacetamide sodium (acne)</i>	4	MO	<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<b>SULFAMYLON TOPICAL CREAM</b>	4	MO	<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<b>TOPICAL ANTIFUNGALS</b>			<i>nystatin topical powder</i>	3	MO
<i>ciclopirox topical cream</i>	4	MO; QL (90 per 28 days)	<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)
<i>ciclopirox topical gel</i>	4	MO; QL (45 per 28 days)	<i>nystop</i>	4	MO
<i>ciclopirox topical shampoo</i>	4	MO; QL (120 per 28 days)	<b>TOPICAL ANTIVIRALS</b>		
<i>ciclopirox topical solution</i>	2	MO	<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>ciclopirox topical suspension</i>	4	MO; QL (60 per 28 days)	<b>DENAVIR</b>	3	MO
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)	<b>TOPICAL CORTICOSTEROIDS</b>		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone topical cream</i>	4	MO	<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>alclometasone topical ointment</i>	2	MO	<i>desonide</i>	4	MO
<i>beser</i>	3		<i>desoximetasone</i>	4	MO
<i>betamethasone dipropionate</i>	4	MO	<i>fluocinolone</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO	<i>fluocinolone and shower cap</i>	4	MO
<i>betamethasone valerate topical lotion</i>	4	MO	<i>fluocinonide topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>betamethasone valerate topical ointment</i>	2	MO	<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical cream</i>	2	MO	<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical gel</i>	4	MO	<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical lotion</i>	4	MO	<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical ointment</i>	4	MO	<i>fluocinonide-emollient</i>	2	MO; QL (120 per 30 days)
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)	<i>fluticasone propionate topical cream</i>	3	MO
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)	<i>fluticasone propionate topical ointment</i>	3	MO
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)	<i>halobetasol propionate topical cream</i>	4	MO
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)	<i>halobetasol propionate topical ointment</i>	4	MO
			<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical lotion 2.5 %</i>	4	MO	<b>ANTIDOTES</b>		
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO	<i>acetylcysteine intravenous</i>	3	MO
<i>hydrocortisone valerate topical cream</i>	2	MO	<b>MISCELLANEOUS AGENTS</b>		
<i>hydrocortisone valerate topical ointment</i>	4	MO	<i>acamprosate</i>	4	MO
<i>mometasone topical</i>	2	MO	<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>prednicarbate topical ointment</i>	4	MO	<i>anagrelide</i>	3	MO
<i>triamcinolone acetonide topical cream</i>	2	MO	<i>caffeine citrate oral</i>	3	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO	<b>CARBAGLU</b>	5	PA; MO; LA
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO	<b>CHEMET</b>	4	PA; MO
<i>triderm topical cream</i>	2	MO	<i>d10 %-0.45 % sodium chloride</i>	4	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>			<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>lindane topical shampoo</i>	4	MO	<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>malathion</i>	4	MO	<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>permethrin topical cream</i>	3	MO	<i>deferasirox</i>	5	PA; MO
<b>DIAGNOSTIC S / MISCELLANEOUS AGENTS</b>			<i>dextrose 10 % and 0.2 % nacl</i>	4	
			<i>dextrose 10 % in water (d10w)</i>	3	MO
			<i>dextrose 5 % in water (d5w)</i>	3	MO
			<i>dextrose 5 %-lactated ringers</i>	4	MO
			<i>dextrose 5%-0.2 % sod chloride</i>	4	
			<i>dextrose 5%-0.3 % sod.chloride</i>	4	
			<i>dextrose with sodium chloride</i>	4	
			<i>disulfiram</i>	4	MO

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FERRIPROX ORAL TABLET 500 MG	5	PA; MO	<i>sevelamer carbonate oral powder in packet</i>	5	MO
INCRELEX	5	PA; MO; LA	<i>sevelamer carbonate oral tablet</i>	3	MO; QL (540 per 30 days)
<i>kionex (with sorbitol)</i>	4	MO	<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>levocarnitine (with sugar)</i>	4	MO	<i>sodium chloride irrigation</i>	3	MO
<i>levocarnitine oral tablet</i>	4	MO	<i>sodium polystyrene sulfonate oral</i>	4	MO
<i>midodrine oral tablet 10 mg, 5 mg</i>	4	MO	<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	4	
<i>midodrine oral tablet 2.5 mg</i>	3	MO			
NORTHERA ORAL CAPSULE 100 MG, 200 MG	5	PA; MO; QL (90 per 30 days)	SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4	
NORTHERA ORAL CAPSULE 300 MG	5	PA; MO; QL (180 per 30 days)	SOLIRIS	5	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA	<i>sps (with sorbitol) oral</i>	3	MO
ORFADIN ORAL CAPSULE 20 MG	5	MO; LA	<i>sps (with sorbitol) rectal</i>	3	
ORFADIN ORAL SUSPENSION	5	MO; LA	<i>trientine</i>	5	PA; MO; QL (240 per 30 days)
<i>pilocarpine hcl oral</i>	4	MO	VELTASSA	3	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA	XIAFLEX	5	PA; MO
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA	XURIDEN	5	MO
RAVICTI	5	MO	<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	3	PA; MO
REVCOVI	5	PA; MO; LA			
<i>riluzole</i>	3	MO			

**SMOKING  
DETERRENTS**

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>bupropion hcl (smoking deter)</i>	3	MO; QL (60 per 30 days)	<b>MISCELLANEOUS</b>			
CHANTIX	3	MO				
CHANTIX CONTINUING MONTH BOX	3	MO		<i>acetic acid otic (ear)</i>	3	MO
CHANTIX STARTING MONTH BOX	3	MO		<i>ciprofloxacin hcl otic (ear)</i>	3	MO
NICOTROL	4	MO	<i>flac otic oil</i>	4		
NICOTROL NS	4	MO	<i>fluocinolone acetamide oil</i>	4	MO	
<b>EAR, NOSE / THROAT MEDICATIONS</b>			<i>hydrocortisone-acetic acid</i>	4	MO	
			<i>ofloxacin otic (ear)</i>	3	MO	
			<b>OTIC STEROID / ANTIBIOTIC</b>			
			CIPRODEX	3	MO	
<b>MISCELLANEOUS AGENTS</b>			<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO	
<i>azelastine nasal aerosol,spray</i>	4	MO; QL (60 per 30 days)	<b>ENDOCRINE/ DIABETES</b>			
<i>azelastine nasal spray,non-aerosol</i>	2	MO; QL (60 per 30 days)		<b>ADRENAL HORMONES</b>		
<i>chlorhexidine gluconate mucous membrane</i>	2	MO	<i>cortisone</i>	2	MO	
<i>denta 5000 plus</i>	3	MO	<i>decadron oral elixir</i>	3	MO	
<i>dentagel</i>	3	MO	<i>decadron oral tablet</i>	3		
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)	DEPO-MEDROL	3	MO	
<i>oralone</i>	4	MO	<i>dexamethasone</i>	2	MO	
<i>paroex oral rinse</i>	2	MO	<i>dexamethasone intensol</i>	2	MO	
<i>periogard</i>	2	MO	<i>dexamethasone sodium phos (pf)</i>	2	MO	
<i>sf</i>	3	MO	<i>dexamethasone sodium phosphate injection solution</i>	4	MO	
<i>sf 5000 plus</i>	3	MO				
<i>triamcinolone acetamide dental</i>	4	MO				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection syringe</i>	2	MO	SOLU-CORTEF (PF)	3	MO
<i>fludrocortisone</i>	2	MO	<i>triamcinolone acetonide injection</i>	2	MO
<i>hidex</i>	3		<b>ANTITHYROID AGENTS</b>		
<i>hydrocortisone oral</i>	3	MO	<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO	<i>propylthiouracil</i>	3	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO	<b>DIABETES THERAPY</b>		
<i>methylprednisolone oral tablets, dose pack</i>	2	MO	<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	4	MO	<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	MO	<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>methylprednisolone sodium succ intravenous</i>	4	MO	<i>alcohol pads</i>	2	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO	BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
<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	BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
<i>prednisone intensol</i>	4	B/D PA; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	PA; MO; QL (2.4 per 30 days)
<i>prednisone oral solution</i>	2	MO	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	PA; MO; QL (1.2 per 30 days)
<i>prednisone oral tablet</i>	2	B/D PA; MO	GAUZE PADS 2 X 2	3	MO
<i>prednisone oral tablets, dose pack</i>	2	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)	HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)	HUMALOG MIX 50-50 INSULN U-100	3	MO
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)	HUMALOG MIX 50-50 KWIKPEN	3	MO
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)	HUMALOG MIX 75-25 KWIKPEN	3	MO
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)	HUMALOG MIX 75-25(U-100)INSULN	3	MO
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	MO; QL (60 per 30 days)	HUMALOG U-100 INSULIN	3	MO
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	MO; QL (240 per 30 days)	HUMULIN 70/30 U-100 INSULIN	3	MO
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	MO; QL (120 per 30 days)	HUMULIN 70/30 U-100 KWIKPEN	3	MO
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (240 per 30 days)	HUMULIN N NPH INSULIN KWIKPEN	3	MO
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (120 per 30 days)	HUMULIN N NPH U-100 INSULIN	3	MO
GLUCAGEN HYPOKIT	3	MO	HUMULIN R REGULAR U-100 INSULN	4	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO	HUMULIN R U-500 (CONC) INSULIN	4	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO	HUMULIN R U-500 (CONC) KWIKPEN	4	MO
			INSULIN PEN NEEDLE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO	<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)	<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 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)	<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)	NEEDLES, INSULIN DISP., SAFETY	3	MO
JANUVIA	3	MO; QL (30 per 30 days)	NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
JARDIANCE	3	MO; QL (30 per 30 days)	NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
LANTUS SOLOSTAR U-100 INSULIN	3	MO	NOVOLOG MIX 70-30 FLEXPEN U-100	4	ST; MO
LANTUS U-100 INSULIN	3	MO	NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
LEVEMIR FLEXTOUCH U-100 INSULIN	4	ST; MO	NOVOLOG U-100 INSULIN ASPART	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO	<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)	PROGLYCEM	5	MO
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)	<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)
			SOLIQUA 100/33	3	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)	<i>calcitriol oral capsule 0.25 mcg</i>	2	MO
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)	<i>calcitriol oral capsule 0.5 mcg</i>	3	MO
SYNJARDY	3	MO; QL (60 per 30 days)	<i>calcitriol oral solution</i>	3	MO
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)	CERDELGA	5	MO
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
TOUJEO MAX U-300 SOLOSTAR	3	MO	CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	PA; MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO	<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	MO; QL (60 per 30 days)
TRADJENTA	3	MO; QL (30 per 30 days)	<i>cinacalcet oral tablet 90 mg</i>	4	MO; QL (120 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)	CRYSVITA	5	PA; MO; LA
<b>MISCELLANEOUS HORMONES</b>			<i>danazol</i>	4	MO
			<i>desmopressin injection</i>	3	MO
			<i>desmopressin nasal spray with pump</i>	3	MO
ALDURAZYME	5	MO	<i>desmopressin nasal spray, non-aerosol</i>	3	MO
ANADROL-50	4	PA; MO	<i>desmopressin oral</i>	3	MO
<i>cabergoline</i>	4	MO	ELAPRASE	5	MO
<i>calcitonin (salmon)</i>	3	MO	FABRAZYME	5	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO	KANUMA	5	MO
			KORLYM	5	PA; MO; QL (120 per 30 days)
			KUVAN	5	PA; MO
			LUMIZYME	4	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEPSEVII	5	MO	SAMSCA ORAL TABLET 15 MG	5	PA; MO; QL (30 per 30 days)
<i>methyltestosterone oral capsule</i>	5	MO	SAMSCA ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
MIACALCIN INJECTION	4	MO	SENSIPAR ORAL TABLET 30 MG, 60 MG	4	MO; QL (60 per 30 days)
MYALEPT	5	PA; MO; LA	SENSIPAR ORAL TABLET 90 MG	4	MO; QL (120 per 30 days)
NAGLAZYME	5	MO; LA	SOMAVERT	5	PA; MO; QL (30 per 30 days)
NATPARA	5	PA; MO; LA; QL (2 per 28 days)	STIMATE	5	MO
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO; QL (60 per 30 days)	STRENSIQ	4	PA; MO; LA
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO; QL (120 per 30 days)	SYNAREL	4	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)	<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)	<i>testosterone enanthate</i>	4	PA; MO
PARICALCITOL HEMODIALYSIS PORT INJECTION	4		<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	3	PA; MO; QL (150 per 30 days)
<i>paricalcitol intravenous solution 2 mcg/ml</i>	4		<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>paricalcitol intravenous solution 5 mcg/ml</i>	4	MO			
<i>paricalcitol oral</i>	4	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)	<i>atropine injection syringe 0.05 mg/ml</i>	4	
			<i>atropine injection syringe 0.1 mg/ml</i>	2	MO
			<i>dicyclomine oral capsule</i>	2	MO
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)	<i>dicyclomine oral solution</i>	2	MO
VIMIZIM	5	MO; LA	<i>dicyclomine oral tablet</i>	2	MO
<i>zoledronic acid intravenous solution</i>	3	B/D PA; MO	<i>glycopyrrolate injection</i>	4	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	3	B/D PA	<i>glycopyrrolate oral tablet 1 mg</i>	2	MO
			<i>glycopyrrolate oral tablet 1.5 mg</i>	4	
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	B/D PA; MO	<i>glycopyrrolate oral tablet 2 mg</i>	4	MO
			<i>loperamide oral capsule</i>	2	MO
<b>THYROID HORMONES</b>			<i>opium tincture</i>	3	MO
<i>levothyroxine oral</i>	1	MO	<i>paregoric</i>	3	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>	3	MO	<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>liothyronine oral</i>	2	MO	<i>alosetron</i>	5	MO
<i>unithroid</i>	3	MO	AMITIZA	3	MO; QL (60 per 30 days)
<b>GASTROENTEROLOGY</b>			<i>aprepitant</i>	3	B/D PA; MO
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>			APRISO	3	MO
<i>atropine injection solution 0.4 mg/ml</i>	4	MO	<i>balsalazide</i>	4	MO
			<i>budesonide oral capsule, delayed, extended release</i>	4	MO
			<i>budesonide oral tablet, delayed and extended release</i>	5	MO

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CHENODAL	5	PA; LA	<i>hydrocortisone</i>	2	MO
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO	<i>topical cream with perineal applicator</i>		
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)	<i>lactulose oral solution</i>	2	MO
<i>compro</i>	4	MO	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>constulose</i>	2	MO	<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
CORTIFOAM	3	MO	<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	4	MO
CREON	3	MO	<i>mesalamine rectal enema</i>	4	MO
<i>cromolyn oral</i>	3	MO	<i>mesalamine with cleansing wipe</i>	4	MO
CYSTADANE	5		<i>metoclopramide hcl injection solution</i>	2	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	4	MO	<i>metoclopramide hcl injection syringe</i>	2	
<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)	<i>metoclopramide hcl oral solution</i>	2	MO
EMEND (FOSAPREPITAN T)	3	MO	<i>metoclopramide hcl oral tablet</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTI ON	4	B/D PA; MO	OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
ENTYVIO	5	PA; MO	<i>ondansetron</i>	2	B/D PA; MO
<i>enulose</i>	2	MO	<i>ondansetron hcl (pf) injection solution</i>	3	MO
GATTEX 30-VIAL	5	PA; MO	<i>ondansetron hcl intravenous</i>	3	MO
GATTEX ONE- VIAL	5	PA; MO	<i>ondansetron hcl oral solution</i>	3	B/D PA; MO; QL (450 per 30 days)
<i>gavilyte-c</i>	2	MO			
<i>gavilyte-g</i>	2	MO			
<i>gavilyte-n</i>	2	MO			
<i>generlac</i>	2	MO			
<i>hydrocortisone rectal</i>	3	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA	<i>scopolamine base</i>	3	MO; QL (10 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO	SUCRAID	5	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	MO	<i>sulfasalazine</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO	<i>trilyte with flavor packets</i>	2	MO
			TRULANCE	4	MO
			<i>ursodiol oral capsule</i>	3	MO
			<i>ursodiol oral tablet</i>	4	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2		<b>ULCER THERAPY</b>		
			DEXILANT	4	MO; QL (30 per 30 days)
<i>peg-electrolyte</i>	2		<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	4	MO; QL (30 per 30 days)
PENTASA	4	MO	<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	4	MO
PLENVU	4	MO	<i>esomeprazole sodium intravenous recon soln 20 mg</i>	4	
<i>polyethylene glycol 3350 oral powder</i>	3	MO	<i>esomeprazole sodium intravenous recon soln 40 mg</i>	4	MO
<i>prochlorperazine</i>	4	MO	<i>famotidine (pf)</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO	<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO	<i>famotidine intravenous solution</i>	2	MO
<i>procto-med hc</i>	2	MO	<i>famotidine oral suspension</i>	4	MO
<i>procto-pak</i>	2	MO			
<i>proctosol hc topical</i>	2	MO			
<i>proctozone-hc</i>	2	MO			
RECTIV	4	MO			
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; MO			
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; MO			
REMICADE	5	PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO	<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i>	3	MO; QL (30 per 30 days)			
<i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i>	3	MO		<b>BIOTECHNOLOGY DRUGS</b>	
<i>misoprostol</i>	3	MO	ACTIMMUNE	5	B/D PA; MO
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)	ARCALYST	5	PA; MO
<i>omeprazole oral capsule, delayed release (drlec) 40 mg</i>	1	MO; QL (60 per 30 days)	BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	2	MO; QL (30 per 30 days)	ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	2	MO; QL (60 per 30 days)	INTRON A INJECTION	5	B/D PA; MO
<b>PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON</b>	4	MO	MOZOBIL	5	B/D PA; MO
<i>ranitidine hcl oral capsule</i>	2	MO	NEULASTA	4	PA; MO
<i>ranitidine hcl oral syrup</i>	3	MO	NEUPOGEN	5	PA; MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO	NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO
<i>sucralfate oral tablet</i>	2	MO	PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	PA; MO; QL (2 per 28 days)
			PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)	ENGERIX-B (PF)	3	B/D PA; MO	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA; MO; QL (4 per 28 days)	ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO	GAMASTAN	3	MO	
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO	GAMASTAN S/D	3	MO	
PROLEUKIN	4	B/D PA; MO	GARDASIL 9 (PF)	4	MO	
SYLATRON	5	PA; MO	HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO	
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>			HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO	
	ACTHIB (PF)	3	MO	HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
	ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO	HIBERIX (PF)	3	MO
	BCG VACCINE, LIVE (PF)	3	MO	HIZENTRA	5	B/D PA; MO
	BEXSERO	3	MO	HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
	BOOSTRIX TDAP	3	MO	HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
	BOTOX	4	PA; MO	HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
	DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO	HYPERHEP B S-D NEONATAL	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES VACCINE (PF)	4	MO	ROTARIX	3	
INFANRIX (DTAP) (PF)	3	MO	ROTATEQ VACCINE	3	MO
IPOLE	3	MO	SHINGRIX (PF)	4	MO; QL (2 per 999 days)
IXIARO (PF)	4	MO	STAMARIL (PF)	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3		TDVAX	3	MO
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO	TENIVAC (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO	TETANUS,DIPH THERIA TOX PED(PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO	TICE BCG	3	B/D PA; MO
M-M-R II (PF)	3	MO	TRUMENBA	3	MO
PEDIARIX (PF)	3	MO	TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF)	3	MO	TYPHIM VI INTRAMUSCULAR SOLUTION	3	
PENTACEL (PF)	3	MO	TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
PRIVIGEN	5	PA; MO	VAQTA (PF)	3	MO
PROQUAD (PF)	3	MO	VARIVAX (PF)	3	MO
QUADRACEL (PF)	3	MO	VARIZIG INTRAMUSCULAR SOLUTION	5	MO
RABAVERT (PF)	3	MO	YF-VAX (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO	ZOSTAVAX (PF)	4	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO	<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA			
			<i>allopurinol</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COLCRYS	3	MO; QL (120 per 30 days)	ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
KRYSTEXXA	5	MO	HUMIRA	5	PA; MO; QL (3 per 180 days)
<i>probenecid</i>	3	MO	PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT		
<i>probenecid-colchicine</i>	3	MO	40 MG/0.8 ML		
ULORIC	4	MO			
<b>OSTEOPOROSIS THERAPY</b>			HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)			
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)	HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
<i>ibandronate oral</i>	3	MO; QL (1 per 30 days)			
PROLIA	4	PA; MO; QL (1 per 30 days)	HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
<i>raloxifene</i>	3	MO; QL (30 per 30 days)	HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
<b>OTHER RHEUMATOLOGICALS</b>					
BENLYSTA	5	PA; MO	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
DEPEN TITRATABS	5	MO			
ENBREL	5	PA; MO; QL (8 per 28 days)	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOU S SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)	<b>OBSTETRICS / GYNECOLOG Y</b>		
HUMIRA(CF) PEN CROHNS- UC-HS	5	PA; MO; QL (3 per 180 days)	<i>dotti</i>	3	PA; QL (8 per 28 days)
HUMIRA(CF) PEN PSOR-UV- ADOL HS	5	PA; MO; QL (3 per 180 days)	<i>estradiol oral</i>	4	PA; MO
HUMIRA(CF) PEN SUBCUTANEOU S PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)	<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOU S SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)	<i>estradiol vaginal cream</i>	2	MO
HUMIRA(CF) SUBCUTANEOU S SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)	<i>estradiol vaginal tablet</i>	3	MO
<i>leflunomide</i>	3	MO; QL (30 per 30 days)	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
ORENCIA	5	PA; MO	<i>heather</i>	3	MO
ORENCIA CLICKJECT	5	PA; MO	<i>hydroxyprogesteron e caproate</i>	5	MO
<i>penicillamine</i>	5	MO	<i>incassia</i>	3	MO
XELJANZ	5	PA; MO; QL (60 per 30 days)	<i>jencycla</i>	3	MO
XELJANZ XR	5	PA; MO; QL (30 per 30 days)	<i>medroxyprogesteron e intramuscular</i>	3	MO
			<i>medroxyprogesteron e oral</i>	2	MO
			<i>norethindrone (contraceptive)</i>	2	MO
			<i>norethindrone acetate</i>	4	MO
			<i>norethindrone ac- eth estradiol oral tablet 0.5-2.5 mg- mcg</i>	4	PA; MO
			<i>norlyda</i>	3	MO
			<b>PREMARIN ORAL</b>	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tulana</i>	3	MO	<i>delyla (28)</i>	4	
<i>yuvafem</i>	3	MO	<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<b>MISCELLANEOUS OB/GYN</b>					
<i>clindamycin phosphate vaginal</i>	4	MO	<i>drospirenone-ethinyl estradiol</i>	4	MO
<i>metronidazole vaginal</i>	2	MO	<i>emoquette</i>	4	MO
MIRENA	3	MO; LA	<i>estarylla</i>	4	MO
NEXPLANON	3	MO	<i>ethynodiol diac-eth estradiol</i>	4	
<i>terconazole vaginal cream</i>	3	MO	<i>fayosim</i>	4	MO
<i>terconazole vaginal suppository</i>	4	MO	<i>femynor</i>	4	MO
<i>tranexamic acid oral</i>	3	MO	<i>hailey 24 fe</i>	4	MO
<i>vandazole</i>	3	MO	<i>isibloom</i>	4	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>			<i>jasmiel (28)</i>	4	
			<i>juleber</i>	4	MO
			<i>junel 1.5/30 (21)</i>	4	MO
			<i>junel 1/20 (21)</i>	4	MO
			<i>junel fe 1.5/30 (28)</i>	4	MO
			<i>junel fe 1/20 (28)</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO	<i>junel fe 24</i>	4	MO
<i>amethia lo</i>	4	MO	<i>kaitlib fe</i>	4	MO
<i>aubra</i>	4	MO	<i>kelnor 1/35 (28)</i>	4	MO
<i>aubra eq</i>	4	MO	<i>kelnor 1-50</i>	4	MO
<i>aurovela 1.5/30 (21)</i>	4		<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO
<i>aurovela 1/20 (21)</i>	4				
<i>aurovela 24 fe</i>	4				
<i>aurovela fe 1-20 (28)</i>	4				
<i>bekyree (28)</i>	4	MO	<i>larissia</i>	4	MO
<i>blisovi 24 fe</i>	4	MO	<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO			
<i>camrese lo</i>	4	MO			
<i>caziant (28)</i>	4	MO			
<i>chateal eq (28)</i>	4	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	4	MO	<i>tarina 24 fe</i>	4	
			<i>tri-lo-sprintec</i>	4	MO
			<i>tri-mili</i>	4	MO
<i>levonorg-eth estrad triphasic</i>	4	MO	<i>tri-sprintec (28)</i>	4	MO
<i>lillow (28)</i>	4	MO	<i>tri-vylibra</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO	<i>tri-vylibra lo</i>	4	MO
<i>melodetta 24 fe</i>	4	MO	<i>tydemy</i>	4	MO
<i>mibelas 24 fe</i>	4	MO	<i>vienva</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO	<i>vylibra</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO	<i>zarah</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO	<b>OXYTOCICS</b>		
<i>microgestin fe 1/20 (28)</i>	4	MO	<i>methylergonovine oral</i>	5	PA; MO
<i>mili</i>	4	MO	<b>OPHTHALMOLOGY</b>		
<i>noreth-ethinyl estradiol-iron</i>	4	MO	<b>ANTIBIOTICS</b>		
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>	4	MO	<i>ak-poly-bac</i>	2	MO
<i>norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	4	MO	<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>norethindrone-estradiol-iron oral tablet, chewable</i>	4	MO	<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO	<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>ocella</i>	4	MO	<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>previfem</i>	4	MO	<i>gatifloxacin</i>	2	MO
<i>rivelsa</i>	4	MO	<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>setlakin</i>	4	MO	<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>simliya (28)</i>	4		<i>moxifloxacin ophthalmic (eye)</i>	3	MO
<i>sprintec (28)</i>	4	MO	<b>NATACYN</b>	4	MO
<i>syeda</i>	4	MO	<i>neomycin-bacitracin-polymyxin</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin</i>	3	MO	JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO; LA
<i>neo-polycin</i>	4	MO	LUCENTIS	5	PA; MO
<i>polycin</i>	2	MO	OXERVATE	5	PA; MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO	PHOSPHOLINE IODIDE	4	MO
<i>tobramycin</i>	2	MO	<b>ANTIVIRALS</b>		
			<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
			ZIRGAN	4	MO
			<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	4	MO	RESTASIS	3	MO; QL (60 per 30 days)
<i>carteolol</i>	2	MO	RESTASIS MULTIDOSE	3	MO; QL (6 per 30 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO	<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO	<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO	<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO	<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
			<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>azelastine ophthalmic (eye)</i>	4	MO	<i>ketorolac ophthalmic (eye)</i>	2	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO	<b>ORAL DRUGS FOR GLAUCOMA</b>		
CYSTARAN	5	PA; MO	<i>acetazolamide</i>	3	MO
<i>epinastine</i>	4	MO	<i>acetazolamide sodium</i>	3	MO
EYLEA	5	PA; MO	<i>methazolamide</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>OTHER GLAUCOMA DRUGS</b>			OZURDEX	5	MO
AZOPT	4	MO	<i>prednisolone acetate</i>	3	MO
COMBIGAN	3	MO	<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO
COSOPT (PF)	4	MO	<b>SYMPATHOMIMETICS</b>		
<i>dorzolamide</i>	2	MO	ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>dorzolamide-timolol</i>	2	MO	<i>apraclonidine</i>	4	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO	<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>latanoprost</i>	2	MO	<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO	<b>RESPIRATORY AND ALLERGY</b>		
TRAVATAN Z	3	MO	<b>ANTI-HISTAMINE / ANTI-ALLERGIC AGENTS</b>		
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>			<i>adrenalin injection solution 1 mg/ml</i>	2	MO
<i>neomycin-bacitracin-poly-hc</i>	4	MO	<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO	<i>dexchlorpheniramine maleate oral solution</i>	3	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO	<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>neo-polycin hc</i>	4	MO	<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>tobramycin-dexamethasone</i>	3	MO	<i>diphenhydramine hcl oral elixir</i>	2	
<b>STERIODS</b>					
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO			
<i>fluorometholone</i>	4	MO			
<i>loteprednol etabonate</i>	3	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	MO; QL (2 per 30 days)	<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</i>	4	MO
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	3	MO; QL (2 per 30 days)	<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
EPIPEN	3	MO; QL (2 per 30 days)	<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)	ANORO ELLIPTA	3	MO; QL (60 per 30 days)
EPIPEN JR	3	MO; QL (2 per 30 days)	ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)	ATROVENT HFA	4	MO; QL (25.8 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO	BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>levocetirizine oral solution</i>	4	MO	<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)	<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>promethazine oral tablet 25 mg</i>	2	PA; MO	CINRYZE	5	PA; MO; QL (20 per 30 days)
<b>PULMONARY AGENTS</b>			COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>acetylcysteine</i>	2	B/D PA; MO			
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)			
ADVAIR DISKUS	3	MO; QL (60 per 30 days)			
ADVAIR HFA	3	MO; QL (12 per 30 days)			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn inhalation</i>	2	B/D PA; MO	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
DALIRESP	4	PA; MO; QL (30 per 30 days)	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)	<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	3	MO; QL (50 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)	<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)	INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
FASENRA	5	PA; MO	<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
FIRAZYR	5	PA; MO; QL (270 per 30 days)	<i>ipratropium-albuterol</i>	2	B/D PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)	KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)	KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)	<i>mometasone nasal</i>	4	MO; QL (34 per 30 days)
			<i>montelukast oral granules in packet</i>	3	MO; QL (30 per 30 days)
			<i>montelukast oral tablet</i>	2	MO; QL (30 per 30 days)
			<i>montelukast oral tablet, chewable</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OFEV	5	PA; MO; QL (60 per 30 days)	<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)	<i>terbutaline oral</i>	4	MO
			<i>terbutaline subcutaneous</i>	5	MO
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)	<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	3	
PERFOROMIST	3	B/D PA; MO; QL (120 per 30 days)	<i>theophylline oral tablet extended release 12 hr</i>	2	MO
PROAIR HFA	3	MO; QL (17 per 30 days)	<i>theophylline oral tablet extended release 24 hr</i>	2	MO
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)	TRACLEER	5	PA; MO
PULMOZYME	5	B/D PA; MO; QL (150 per 30 days)	TRELEGY	3	MO; QL (60 per 30 days)
			ELLIPTA		
			TYVASO	5	B/D PA; MO
SEREVENT DISKUS	3	MO; QL (60 per 30 days)	TYVASO INSTITUTIONAL START KIT	5	B/D PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)	TYVASO REFILL KIT	5	B/D PA; MO
			TYVASO STARTER KIT	5	B/D PA; MO
			XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
			XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	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 page vi.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast</i>	4	MO; QL (60 per 30 days)	<i>tamsulosin</i>	2	MO; QL (60 per 30 days)
<b>UROLOGICALS</b>			<b>MISCELLANEOUS UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>			<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	4	MO
MYRBETRIQ	4	MO	<i>bethanechol chloride oral tablet 5 mg</i>	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO	CYSTAGON	4	MO; LA
<i>oxybutynin chloride oral tablet</i>	2	MO	ELMIRON	4	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	3	MO; QL (30 per 30 days)	K-PHOS NO 2	3	MO
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	3	MO; QL (60 per 30 days)	K-PHOS ORIGINAL	3	MO
<i>solifenacin</i>	4	MO	<i>potassium citrate</i>	4	MO
<i>tolterodine oral capsule, extended release 24hr</i>	3	MO	RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>tolterodine oral tablet</i>	4	MO	<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
TOVIAZ	4	MO; QL (30 per 30 days)	<b>BLOOD DERIVATIVES</b>		
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>			<i>albumin, human 25 %</i>	3	
<i>alfuzosin</i>	2	MO	<i>albumin, human 5 %</i>	3	
<i>dutasteride</i>	4	MO	<i>alburx (human) 25 %</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)	<i>alburx (human) 5 %</i>	3	
			<i>albutein 25 %</i>	3	
			<i>albutein 5 %</i>	3	
			<i>plasbumin 25 %</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>plasbumin 5 %</i>	3		<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	4	MO
<b>ELECTROLYTES</b>					
<i>calcium acetate oral capsule</i>	3	MO	<i>magnesium sulfate injection solution</i>	4	MO
<i>calcium acetate oral tablet 667 mg</i>	3	MO	<i>magnesium sulfate injection syringe</i>	4	
<i>calcium gluconate intravenous</i>	3	MO	<b>NORMOSOL-R</b>	3	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	3	MO	<b>NORMOSOL-R IN 5 % DEXTROSE</b>	3	
<i>klor-con</i>	2	MO	<i>potassium acetate intravenous solution 2 meq/ml</i>	3	
<i>klor-con 10</i>	3	MO	<i>potassium chloride d5-0.45%nacl intravenous parenteral solution 10 meqll, 30 meqll, 40 meqll</i>	4	
<i>klor-con 8</i>	3	MO	<i>potassium chloride d5-0.45%nacl intravenous parenteral solution 20 meqll</i>	4	MO
<i>klor-con m10</i>	2	MO	<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meqll, 40 meqll</i>	4	
<i>klor-con m15</i>	2	MO	<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meqll, 30 meqll, 40 meqll</i>	4	
<i>klor-con m20</i>	2	MO	<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meqll</i>	4	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	3	MO			
<i>klor-conlef</i>	3	MO			
<i>lactated ringers intravenous</i>	4	MO			
<b>MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML</b>	4				
<i>magnesium sulfate in water intravenous parenteral solution</i>	4				
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	4				

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	4		<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	4	MO	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	4		<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>potassium chloride intravenous</i>	4	MO	<i>potassium phosphate m-l-d-basic</i>	3	
<i>potassium chloride oral capsule, extended release</i>	2	MO	<i>ringer's intravenous</i>	4	
<i>potassium chloride oral liquid</i>	4	MO	<i>sodium acetate</i>	3	
<i>potassium chloride oral packet</i>	2	MO	<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	3	MO
<i>potassium chloride oral tablet extended release</i>	2	MO	<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	3	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO	<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	3	
<i>potassium chloride-0.45 % nacl</i>	4		<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	MO	<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4		<i>sodium chloride 3 %</i>	4	MO
			<i>sodium chloride 5 %</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	4	MO	PREMASOL 6 %	3	B/D PA
			<i>travasol 10 %</i>	4	B/D PA; MO
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	MO	TROPHAMINE 10 %	3	B/D PA; MO
			TROPHAMINE 6%	3	B/D PA
<i>sodium phosphate</i>	3	MO	<b>VITAMINS / HEMATINICS</b>		
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>			<i>fluoride (sodium) oral tablet</i>	2	MO
AMINOSYN II 10 %	3	B/D PA	<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
AMINOSYN II 15 %	3	B/D PA	<i>prenatal vitamin oral tablet</i>	1	MO
AMINOSYN-PF 10 %	3	B/D PA			
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA			
<i>electrolyte-48 in d5w</i>	3				
FREAMINE HBC 6.9 %	3	B/D PA			
<i>freamine iii 10 %</i>	3	B/D PA			
HEPATAMINE 8%	3	B/D PA			
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA			
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA			
NEPHRAMINE 5.4 %	3	B/D PA			
NORMOSOL-R PH 7.4	3				
<i>plenamine</i>	4	B/D PA			
<i>premasol 10 %</i>	2	B/D PA; MO			

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This formulary was updated on 8/30/2019. For more recent information or other questions, please contact Mutual of Omaha Rx Customer Service at **1.855.864.6797** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **MutualofOmahaRx.com**.

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