

Formulary (List of Covered Drugs)



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

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This formulary was updated on 08/2017. For more recent information or other questions, please contact Customer Service, at 1-800-499-2793, TTY: 711, 8 a.m. – 8 p.m., 7 days a week, October 1 to February 14 (except Thanksgiving and Christmas), and Monday to Friday from February 15 to September 30 (except holidays) or visit <https://shop.anthem.com/medicare/ca>.

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 . When it refers to “plan” or “our plan,” it means the plan in which you are enrolled.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/2017. 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, 2019, and from time to time during the year.

What is the formulary?

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

Can the formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 08/2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 6. 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 6. 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 57. 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 prescription drug tiers?

Prescription drugs are grouped into one of six tiers. These include:

Tier 1 - Preferred Generic: Preferred Generic drugs that are available at the lowest cost share for the plan.

Tier 2 - Generic: Generic drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic Drugs.

Tier 3 - Preferred Brand: Preferred Brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred drugs.

Tier 4 - Non-Preferred: Non-Preferred Generic or Non-Preferred brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs.

Tier 5 - Specialty Tier: Some injectables and other high-cost drugs.

Tier 6: Select Care Drugs

* You pay a 25% coinsurance for drugs in all Tiers in the Anthem Connect Plus (HMO) plan.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active 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: Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per month per prescription for JANUVIA 100 MG. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on-line documents that explain our prior authorization restriction. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the formulary?" on page 3 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 our plan does not cover your drug, you have two options:

You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

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

How do I request an exception to the formulary?

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within

72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term-care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered

drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the *Evidence of Coverage* for more information about exceptions.

For more information

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

If you have questions about our plan, 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>.

Our plan's formulary

The formulary that begins on page 6 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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

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

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

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

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

drug under your medical benefits, as determined by Medicare.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Service at 1-800-499-2793, TTY: 711. 8 a.m. – 8 p.m., 7 days a week, October 1 to February 14 (except Thanksgiving and Christmas), and Monday through Friday from February 15 to September 30 (except holidays).

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

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

NEDS – Non-Extended Day Supply: This drug is not eligible for an extended days supply. You may have this prescription dispensed by your pharmacy for a maximum of 30 days supply at a time.

HI - Home Infusion: The drug may be covered through the medical benefit as a home-infusion medication. For more information, call Customer Service at 1-800-499-2793, TTY: 711. 8 a.m. – 8 p.m., 7 days a week, October 1 to February 14 (except Thanksgiving and Christmas), and Monday through Friday from February 15 to September 30 (except holidays).

Covered Medications by Therapeutic Category

Drug Name	Drug Tier	Requirements/Limits
Anti - Infectives		
<i>abacavir</i>	2	MO; QLL (60 PER 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 MG</i>	2	QLL (30 PER 30 DAYS); MO
<i>abacavir-lamivudine-zidovudine</i>	2	MO; QLL (60 PER 30 days)
ABELCET	5	B/D; PAR; HI; NEDS
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	B/D; PAR; HI
<i>adefovir</i>	5	PAR; MO; NEDS
ALBENZA	3	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	QLL (180 PER 30 days)
ALINIA ORAL TABLET	4	QLL (6 PER 30 days)
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
AMBISOME	5	B/D; PAR; NEDS
<i>amikacin injection solution 1,000 mg/4 ml</i>	2	
<i>amikacin injection solution 500 mg/2 ml</i>	2	HI
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate</i>	2	
<i>amphotericin b</i>	2	B/D; PAR
<i>ampicillin</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin sodium intravenous</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	HI
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	2	HI
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	HI
APTIVUS ORAL CAPSULE	4	MO; QLL (120 PER 30 days)
APTIVUS ORAL SOLUTION	4	QLL (390 PER 30 days); MO
<i>atovaquone</i>	5	PAR; NEDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	2	
ATRIPLA	4	MO; QLL (30 PER 30 days)
AZACTAM	3	
AZACTAM IN DEXTROSE (ISO-OSM)	3	HI
<i>azithromycin intravenous</i>	2	HI
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet 250 mg (6 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	2	HI
<i>baciim</i>	2	
<i>bacitracin intramuscular</i>	2	
BARACLUDGE ORAL SOLUTION	5	PAR; MO; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R	4	
INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/ 600K)		
BILTRICIDE	4	
CANCIDAS	5	B/D; PAR; NEDS
CAPASTAT	4	
CAYSTON	5	PAR; LA; NEDS
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	HI
<i>cefazolin injection recon soln 10 gram</i>	2	HI
<i>cefazolin injection recon soln 100 gram, 20 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	HI
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	HI
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	2	HI
<i>cefpodoxime</i>	2	
<i>cefprozil</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime injection</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	HI
<i>ceftazidime injection recon soln 6 gram</i>	2	HI
<i>ceftriaxone in dextrose, iso-os</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 2 gram</i>	2	
<i>ceftriaxone injection recon soln 10 gram</i>	2	HI
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	2	HI
<i>ceftriaxone intravenous</i>	2	HI
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium intravenous vial injection recon soln 1.5 gram, 750 mg</i>	2	HI
<i>cefuroxime sodium intravenous vial</i>	2	HI
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate oral</i>	2	MO
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	2	QLL (14 per 14 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	2	QLL (3 per 3 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	2	
<i>clarithromycin oral suspension for reconstitution</i>	2	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	2	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate injection</i>	2	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	HI
<i>clotrimazole mucous membrane</i>	2	
COARTEM	4	
<i>colistin (colistimethate na)</i>	2	HI
COMPLERA	5	QLL (30 PER 30 days); MO; NEDS
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QLL (360 PER 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QLL (180 PER 30 days)
<i>dapsone</i>	2	MO
<i>daptomycin for iv soln 500 mg</i>	5	NEDS
DARAPRIM	4	
<i>demeclocycline</i>	2	
DESCOVY	5	QLL (30 PER 30 days); MO; NEDS
<i>dicloxacillin</i>	2	
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	2	MO; QLL (90 PER 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	2	MO; QLL (60 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO; QLL (30 PER 30 days)
<i>doxy-100</i>	2	
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	2	
EDURANT	5	QLL (30 PER 30 days); MO; NEDS
EMTRIVA ORAL CAPSULE	4	MO; QLL (30 PER 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QLL (870 PER 30 days)
<i>entecavir</i>	5	PAR; MO; NEDS
EPCLUSA	5	QLL (30 PER 30 DAYS); PAR; NEDS
EPIVIR HBV ORAL SOLUTION	3	MO
ERAXIS	4	HI; PAR
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	PAR; MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i>	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 333mg</i>	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
ERYTHROMYCIN ETHYLSUCCINATE TAB	3	
<i>erythromycin Stearate Tab 250 MG</i>	3	
<i>erythromycin Tab 250 MG</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin Tab 500 MG</i>	4	
<i>ethambutol</i>	2	
EVOTAZ	5	QLL (30 PER 30 days); MO; NEDS
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	QLL (60 PER 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	QLL (21 PER 7 days)
<i>fluconazole</i>	2	
<i>fluconazole in dextrose(iso-o)</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	2	HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	HI
<i>flucytosine</i>	5	NEDS
<i>foscarnet</i>	2	B/D; PAR
FUZEON SUBCUTANEOUS RECON SOLN	5	QLL (60 PER 30 days); MO; NEDS
<i>ganciclovir sodium</i>	2	B/D; PAR
<i>gentamicin injection solution 20 mg/2 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf)</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 60 mg/ 6 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/ 8 ml</i>	2	
<i>gentamicin sulfate Inj 40 MG/ML</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate IV soln 10 MG/ML</i>	2	
GENVOYA	5	QLL (30 PER 30 days); MO; NEDS
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
HARVONI	5	PAR; QLL (28 PER 28 days); NEDS
<i>hydroxychloroquine oral</i>	2	MO
<i>imipenem-cilastatin</i>	2	HI
INTELENCE ORAL TABLET 100 MG	4	MO; QLL (120 PER 30 days)
INTELENCE ORAL TABLET 200 MG	4	MO; QLL (60 PER 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QLL (480 PER 30 days)
INVANZ INJECTION	4	HI
INVIRASE ORAL CAPSULE	4	MO; QLL (300 PER 30 days)
INVIRASE ORAL TABLET	4	MO; QLL (120 PER 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	5	QLL (120 PER 30 days); MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QLL (180 PER 30 days); MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	MO; QLL (720 PER 30 days)
<i>isoniazid oral</i>	2	MO
<i>itraconazole</i>	2	
KALETRA ORAL TABLET 100-25 MG	3	MO; QLL (300 PER 30 days)
KALETRA ORAL TABLET 200-50 MG	3	MO; QLL (120 PER 30 days)
<i>ketoconazole oral</i>	2	
<i>lamivudine oral solution</i>	2	MO; QLL (900 PER 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet 150 mg</i>	2	MO; QLL (60 PER 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	MO; QLL (30 PER 30 days)
<i>lamivudine-zidovudine</i>	2	MO; QLL (60 PER 30 days)
<i>levofloxacin intravenous</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	QLL (14 per 14 days)
LEXIVA ORAL SUSPENSION	3	MO; QLL (1800 PER 30 days)
LEXIVA ORAL TABLET	3	MO; QLL (120 PER 30 days)
<i>linezolid intravenous</i>	2	PAR; HI
<i>linezolid oral suspension for reconstitution</i>	2	PAR; QLL (1680 PER 30 days)
<i>linezolid oral tablet</i>	2	PAR; QLL (56 PER 30 days)
<i>lopinavir-ritonavir soln 400-100 MG/5ML (80-20 MG/ML)</i>	2	QLL (480 PER 30 DAYS); MO
MACRODANTIN ORAL CAPSULE 25 MG, 50 MG	4	
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	2	
<i>meropenem intravenous recon soln 500 mg</i>	2	HI
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate oral tablet 1 gram</i>	2	MO
<i>metro i.v.</i>	2	
<i>metronidazole in nacl (isos)</i>	2	HI
<i>metronidazole oral</i>	2	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
<i>moderiba</i>	2	
<i>morgidox oral capsule 100 mg</i>	2	MO
MYCOBUTIN	4	

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	2	HI
<i>nafcillin injection recon soln 2 gram</i>	2	
<i>nafcillin intravenous recon soln 2 gram</i>	2	
NEBUPENT	4	B/D; PAR
<i>neomycin</i>	2	
<i>nevirapine oral suspension</i>	2	MO; QLL (1200 PER 30 days)
<i>nevirapine oral tablet</i>	2	MO; QLL (60 PER 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	MO; QLL (30 PER 30 days)
<i>nitrofurantoin</i>	2	
NORVIR ORAL CAPSULE	4	MO; QLL (360 PER 30 days)
NORVIR ORAL SOLUTION	4	MO; QLL (480 PER 30 days)
NORVIR ORAL TABLET	4	MO; QLL (360 PER 30 days)
NOXAFIL ORAL SUSPENSION	5	QLL (600 PER 30 days); MO; NEDS
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	2	
ODEFSEY	5	QLL (30 PER 30 days); MO; NEDS
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<i>oseltamivir phosphate cap</i>	3	
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	2	HI
<i>oxacillin intravenous recon soln 1 gram</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin intravenous recon soln 2 gram</i>	2	
<i>paromomycin</i>	2	
<i>paser</i>	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	HI
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	HI
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>penicillin g sodium</i>	2	HI
<i>penicillin v potassium</i>	2	
PENTAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	2	HI
PREZCOBIX	5	QLL (30 PER 30 days); MO; NEDS
PREZISTA ORAL SUSPENSION	5	QLL (420 PER 30 days); MO; NEDS

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG	4	MO; QLL (180 PER 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO; QLL (60 PER 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 PER 30 days)
PRIFTIN	4	
<i>primaquine phosphate tab</i>	4	
<i>pyrazinamide</i>	2	
<i>quinine sulfate</i>	2	PAR
RELENZA DISKHALER	4	QLL (60 PER 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 PER 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	MO; QLL (360 PER 30 days)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL CAPSULE 150 MG, 200 MG	3	MO; QLL (60 PER 30 days)
REYATAZ ORAL CAPSULE 300 MG	3	MO; QLL (30 PER 30 days)
REYATAZ ORAL POWDER IN PACKET	3	MO; QLL (240 PER 30 days)
<i>ribasphere oral capsule</i>	2	
<i>ribasphere oral tablet 200 mg</i>	2	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rifampin intravenous</i>	2	HI
<i>rifampin oral</i>	2	
RIFATER	4	
<i>rimantadine</i>	2	
SELZENTRY ORAL TABLET 150 MG	5	QLL (120 PER 30 days); MO; NEDS
SELZENTRY ORAL TABLET 25 MG	4	QLL (120 PER 30 days); MO
SELZENTRY ORAL TABLET 300 MG	5	QLL (120 PER 30 days); MO; NEDS
SELZENTRY ORAL TABLET 75 MG	4	QLL (60 PER 30 DAYS); MO

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

Drug Name	Drug Tier	Requirements/Limits
SIRTURO	5	PAR; LA; NEDS
<i>stavudine oral capsule 15 mg, 20 mg</i>	2	MO; QLL (120 PER 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	2	MO; QLL (60 PER 30 days)
<i>stavudine oral recon soln</i>	2	MO; QLL (2400 per 30 days)
STREPTOMYCIN INTRAMUSCULAR	4	
STRIBILD	3	MO; QLL (30 PER 30 days)
STROMECTOL	4	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim</i>	2	
SUSTIVA ORAL CAPSULE 200 MG	3	MO; QLL (120 PER 30 days)
SUSTIVA ORAL CAPSULE 50 MG	3	MO; QLL (360 PER 30 days)
SUSTIVA ORAL TABLET	3	MO; QLL (30 PER 30 days)
SYNAGIS	5	PAR; LA; NEDS
SYNAGIS	5	PAR; LA; NEDS
SYNERCID	5	NEDS
TAMIFLU SUSPENSION	3	
TAZICEF	2	
TECHNIVIE	5	PAR; QLL (56 PER 28 days); NEDS
TEFLARO INTRAVENOUS RECON SOLN 400 MG	4	
TEFLARO INTRAVENOUS RECON SOLN 600 MG	5	NEDS
<i>terbinafine hcl oral</i>	2	QLL (30 PER 30 days)
<i>tetracycline</i>	2	
TIGECYCLINE	5	NEDS
TIVICAY ORAL TABLET 10 MG	4	QLL (60 PER 30 days); MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QLL (60 PER 30 days); MO; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	HI
TRECTOR	4	
<i>trimethoprim</i>	2	
TRIUMEQ	5	QLL (30 PER 30 days); MO; NEDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QLL (30 PER 30 days); MO
TRUVADA ORAL TABLET 200-300 MG	3	MO; QLL (30 PER 30 days)
TYBOST	3	MO; QLL (30 PER 30 days)
<i>valacyclovir</i>	2	QLL (30 PER 30 days)
<i>valganciclovir</i>	2	MO
<i>valganciclovir HCl for soln 50 mg/ml (base equiv)</i>	2	MO
<i>vancomycin hcl for inj 1000 mg</i>	2	
<i>vancomycin hcl for inj 500 mg</i>	2	
<i>vancomycin in 0.9% sodium cl intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	B/D; PAR
<i>vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml</i>	2	B/D; PAR
<i>vancomycin in dextrose 5% intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	B/D; PAR
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	HI
<i>vancomycin intravenous recon soln 5 gram, 750 mg</i>	2	B/D; PAR

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral capsule 125 mg</i>	5	PAR; QLL (40 PER 10 days); NEDS
<i>vancomycin oral capsule 250 mg</i>	5	PAR; QLL (80 PER 10 days); NEDS
VIDEX 2 GRAM PEDIATRIC	4	MO; QLL (1200 PER 30 days)
VIDEX 4 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	4	MO; QLL (300 PER 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; QLL (120 PER 30 days)
VIREAD ORAL POWDER	4	MO; QLL (240 PER 30 days)
VIREAD ORAL TABLET	4	MO; QLL (30 PER 30 days)
<i>voriconazole intravenous</i>	2	
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; QLL (300 PER 30 days); NEDS
<i>voriconazole oral tablet 200 mg</i>	5	PAR; QLL (60 PER 30 days); NEDS
<i>voriconazole oral tablet 50 mg</i>	5	PAR; QLL (120 PER 30 days); NEDS
XIFAXAN ORAL TABLET 550 MG	5	PAR; QLL (84 PER 28 days); MO; NEDS
ZERIT ORAL SOLN	4	QLL (2400 PER 30 DAYS); MO
ZIAGEN ORAL SOLUTION	3	MO; QLL (960 PER 30 days)
<i>zidovudine oral capsule</i>	2	MO; QLL (180 PER 30 days)
<i>zidovudine oral syrup</i>	2	MO; QLL (1920 PER 30 days)
<i>zidovudine oral tablet</i>	2	MO; QLL (60 PER 30 days)
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 4.5 GRAM/100 ML	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	

Drug Name	Drug Tier	Requirements/Limits
INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 4.5 GRAM/100 ML		
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	4	
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	5	NEDS
ADAGEN	5	LA; NEDS
AFINITOR	5	PAR; NEDS
AFINITOR DISPERZ	5	PAR; NEDS
ALECENSA	5	LA; NEDS
ALIMTA	5	NEDS
ALIMTA	5	NEDS
ALUNBRIG	5	QLL (180 PER 30 DAYS); PAR; NEDS
<i>amifostine crystalline</i>	5	NEDS
<i>anastrozole</i>	2	MO; QLL (30 PER 30 days)
ARRANON	5	NEDS
ARZERRA	5	NEDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	B/D; PAR; MO
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	B/D; PAR; MO; NEDS
AVASTIN	5	PAR; LA; NEDS
<i>azacitidine</i>	5	NEDS
<i>azasan</i>	2	B/D; PAR; MO
<i>azathioprine</i>	2	B/D; PAR; MO
<i>azathioprine sodium</i>	2	B/D; PAR
BAVENCIO	5	PAR; LA; NEDS
BELEODAQ	5	PAR; NEDS
BENDEKA	5	NEDS
<i>bexarotene</i>	5	PAR; NEDS
<i>bicalutamide</i>	2	QLL (30 PER 30 days)
BICNU	4	
<i>bleomycin</i>	2	B/D; PAR

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Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin</i>	2	B/D; PAR; MO
BLINCYTO	5	PAR; NEDS
BOSULIF ORAL TABLET 100 MG	5	PAR; QLL (120 PER 30 days); NEDS
BOSULIF ORAL TABLET 500 MG	5	PAR; QLL (30 PER 30 days); NEDS
BUSULFEX	4	B/D; PAR
CABOMETYX ORAL TABLET 20 MG	5	PAR; LA; QLL (90 PER 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PAR; LA; QLL (30 PER 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG	5	PAR; LA; QLL (90 PER 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	5	PAR; LA; QLL (30 PER 30 days); NEDS
<i>carboplatin intravenous solution</i>	2	
CELLCEPT INTRAVENOUS	4	B/D; PAR
<i>cisplatin</i>	2	
<i>cladribine</i>	5	B/D; PAR; NEDS
<i>clofarabine</i>	5	NEDS
CLOLAR	5	NEDS
COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1)	5	PAR; QLL (56 PER 28 days); LA; NEDS
COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3)	5	PAR; QLL (112 PER 28 days); LA; NEDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PAR; QLL (84 PER 28 days); LA; NEDS
COSMEGEN	5	NEDS
COTELIC	5	PAR; LA; QLL (90 PER 30 days); NEDS
<i>cyclophosphamide oral capsule</i>	4	B/D; PAR
<i>cyclosporine intravenous</i>	2	B/D; PAR
<i>cyclosporine modified</i>	2	B/D; PAR; MO
<i>cyclosporine oral capsule</i>	2	B/D; PAR; MO
CYRAMZA	5	PAR; LA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine</i>	2	B/D; PAR
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D; PAR
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D; PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D; PAR
<i>dacarbazine</i>	2	
<i>dacarbazine</i>	2	MO
DACOGEN	5	NEDS
DARZALEX	5	LA; NEDS
<i>daunorubicin intravenous solution</i>	2	
<i>decitabine</i>	5	NEDS
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	2	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	2	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	5	NEDS
<i>docetaxel intravenous solution 10 mg/ml, 160 mg/ 16 ml (10 mg/ml), 160 mg/ 8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ ml), 80 mg/8 ml (10 mg/ ml)</i>	5	NEDS
<i>docetaxel intravenous solution 10 mg/ml, 160 mg/ 16 ml (10 mg/ml), 160 mg/ 8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ ml), 80 mg/8 ml (10 mg/ ml)</i>	5	NEDS
<i>doxorubicin</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin intravenous recon soln</i>	2	
<i>doxorubicin intravenous solution</i>	2	
<i>doxorubicin, peg-liposomal</i>	5	NEDS
DROXIA	4	MO
ELITEK	5	PAR; NEDS
EMCYT	4	
EMPLICITI	5	B/D; PAR; NEDS
<i>epirubicin</i>	2	B/D; PAR
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	
<i>epirubicin intravenous solution 50 mg/25 ml</i>	2	
ERBITUX	4	PAR; MO
ERBITUX	5	PAR; NEDS
ERIVEDGE	5	PAR; QLL (30 PER 30 days); LA; NEDS
ERWINAZE	5	NEDS
ETOPOPHOS	4	
<i>etoposide intravenous</i>	2	
EVOMELA	5	NEDS
<i>exemestane</i>	2	MO; QLL (60 PER 30 days)
FARESTON	5	QLL (30 PER 30 days); MO; NEDS
FARYDAK ORAL CAPSULE 10 MG	5	PAR; QLL (60 PER 30 days); LA; NEDS
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; QLL (30 PER 30 days); LA; NEDS
FASLODEX	5	PAR; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	QLL (4 PER 365 days); NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	QLL (1 PER 28 days)
<i>fludarabine intravenous recon soln</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine intravenous solution</i>	2	
<i>fludarabine phosphate for inj 50 mg</i>	2	
<i>fluorouracil inj 500 mg/ 10ml (50 mg/ml)</i>	2	B/D; PAR
<i>fluorouracil intravenous</i>	2	B/D; PAR
<i>fluorouracil intravenous</i>	2	B/D; PAR
<i>flutamide</i>	2	
FOLOTYN	5	NEDS
FOLOTYN	5	NEDS
FUSILEV	5	NEDS
GAZYVA	5	PAR; NEDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	
<i>gemcitabine intravenous recon soln 2 gram</i>	2	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D; PAR; MO
<i>gengraf oral capsule 50 mg</i>	2	B/D; PAR; MO
<i>gengraf oral solution</i>	2	B/D; PAR; MO
GILOTRIF	5	PAR; QLL (30 PER 30 days); LA; NEDS
GLEOSTINE	4	
HALAVEN	5	NEDS
HERCEPTIN	5	LA; NEDS
HEXALEN	5	NEDS
<i>hydroxyprogesterone caproate</i>	5	NEDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PAR; QLL (30 PER 30 days); LA; NEDS
ICLUSIG ORAL TABLET 15 MG	5	PAR; QLL (60 PER 30 days); LA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 45 MG	5	PAR; QLL (30 PER 30 days); LA; NEDS
<i>idarubicin</i>	2	
<i>idarubicin</i>	2	
<i>ifosfamide For Inj 1 gm</i>	2	
<i>ifosfamide intravenous recon soln</i>	2	
<i>ifosfamide intravenous solution</i>	2	
<i>imatinib oral tablet 100 mg</i>	5	PAR; QLL (240 PER 30 days); NEDS
<i>imatinib oral tablet 400 mg</i>	5	PAR; QLL (60 PER 30 days); NEDS
IMBRUVICA	5	PAR; QLL (120 PER 30 days); LA; NEDS
IMFINZI	5	PAR; NEDS
INLYTA ORAL TABLET 1 MG	5	PAR; QLL (240 PER 30 days); LA; NEDS
INLYTA ORAL TABLET 5 MG	5	PAR; QLL (120 PER 30 days); LA; NEDS
IRESSA	5	LA; NEDS
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
ISTODAX	5	NEDS
IXEMPRA	5	NEDS
JAKAFI ORAL TABLET 10 MG	5	PAR; QLL (150 PER 30 days); LA; NEDS
JAKAFI ORAL TABLET 15 MG	5	PAR; QLL (100 PER 30 days); LA; NEDS
JAKAFI ORAL TABLET 20 MG	5	PAR; QLL (75 PER 30 days); LA; NEDS
JAKAFI ORAL TABLET 25 MG	5	PAR; QLL (60 PER 30 days); LA; NEDS
JAKAFI ORAL TABLET 5 MG	5	PAR; QLL (300 PER 30 days); LA; NEDS
JEVTANA	5	NEDS
KADCYLA	5	PAR; LA; NEDS

Drug Name	Drug Tier	Requirements/Limits
KADCYLA	5	PAR; NEDS
KEPIVANCE	4	
KEYTRUDA	5	PAR; NEDS
KISQALI 200	5	QLL (49 PER 28 DAYS); PAR; NEDS
PAKFEMARA		
KISQALI 400	5	QLL (70 PER 28 DAYS); PAR; NEDS
PAKFEMARA		
KISQALI 600	5	QLL (91 PER 28 DAYS); PAR; NEDS
PAKFEMARA		
KISQALI ORAL TABLET 200 DOSE	5	QLL (21 PER 21 DAYS); PAR; NEDS
KISQALI ORAL TABLET 400 DOSE	5	QLL (42 PER 21 DAYS); PAR; NEDS
KISQALI ORAL TABLET 600 DOSE	5	QLL (63 PER 21 DAYS); PAR; NEDS
KYPROLIS	5	B/D; PAR; LA; NEDS
KYPROLIS	5	LA; NEDS
LARTRUVO	5	LA; NEDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY)	5	PAR; QLL (30 PER 30 days); LA; NEDS
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	PAR; QLL (60 PER 30 days); LA; NEDS
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PAR; QLL (90 PER 30 days); LA; NEDS
<i>letrozole</i>	2	MO; QLL (30 PER 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	
<i>leucovorin calcium injection recon soln 500 mg</i>	2	
<i>leucovorin calcium oral</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	3	
<i>leuprolide subcutaneous kit</i>	4	
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	5	NEDS
LONSURF	5	PAR; NEDS
LUPRON DEPOT	5	PAR; QLL (1 PER 28 days); NEDS
LUPRON DEPOT	5	QLL (1 PER 84 DAYS); PAR; NEDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PAR; QLL (1 PER 84 days); NEDS
LYNPARZA	5	PAR; QLL (480 PER 30 days); LA; NEDS
LYSODREN	3	
MARQIBO	5	NEDS
MATULANE	5	LA; NEDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>megestrol oral tablet</i>	2	
MEKINIST ORAL TABLET 0.5 MG	5	PAR; QLL (90 PER 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	5	PAR; QLL (30 PER 30 days); NEDS
<i>melphalan hcl</i>	2	
<i>mercaptopurine</i>	2	
<i>mesna</i>	2	
MESNEX ORAL	5	NEDS
<i>methotrexate sodium</i>	2	
<i>methotrexate sodium</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	4	B/D; PAR
<i>mitomycin</i>	2	
<i>mitoxantrone</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN	4	
<i>mycophenolate mofetil oral capsule</i>	2	B/D; PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D; PAR; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D; PAR; MO
<i>mycophenolate sodium</i>	2	B/D; PAR; MO
NEXAVAR	5	PAR; LA; QLL (120 PER 30 days); NEDS
NILANDRON	5	QLL (30 PER 30 days); NEDS
NINLARO	5	PAR; QLL (3 PER 28 days); NEDS
NIPENT	5	NEDS
NULOJIX	5	B/D; PAR; NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PAR; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PAR; NEDS
ODOMZO	5	PAR; LA; QLL (30 PER 30 days); NEDS
OPDIVO	5	PAR; NEDS
OPDIVO	5	PAR; NEDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	
<i>oxaliplatin intravenous solution</i>	2	
<i>oxaliplatin intravenous solution</i>	2	MO
<i>paclitaxel</i>	2	
PERJETA	5	LA; NEDS
POMALYST ORAL CAPSULE 1 MG	5	PAR; QLL (120 PER 30 days); LA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 2 MG	5	PAR; QLL (60 PER 30 days); LA; NEDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; QLL (30 PER 30 days); LA; NEDS
PORTRAZZA	5	NEDS
PROGRAF INTRAVENOUS	4	B/D; PAR
PURIXAN	5	PAR; LA; NEDS
RAPAMUNE ORAL SOLUTION	4	B/D; PAR; MO
REVLIMID ORAL CAPSULE 10 MG	5	LA; QLL (60 PER 30 days); NEDS
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	LA; QLL (30 PER 30 days); NEDS
REVLIMID ORAL CAPSULE 5 MG	5	LA; QLL (150 PER 30 days); NEDS
RITUXAN	5	LA; NEDS
RUBRACA ORAL TABLET 200 MG	5	QLL (180 PER 30 DAYS); PAR; LA; NEDS
RUBRACA ORAL TABLET 300 MG	5	QLL (120 PER 30 days); PAR; LA; NEDS
RYDAPT	5	QLL (240 PER 30 DAYS); PAR; NEDS
SANDIMMUNE ORAL SOLUTION	4	B/D; PAR; MO
SIGNIFOR	5	LA; MO; NEDS
SIMULECT	5	B/D; PAR; NEDS
SIMULECT	5	B/D; PAR; NEDS
<i>sirolimus</i>	2	B/D; PAR; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	NEDS
SPRYCEL	5	QLL (30 PER 30 days); NEDS
STIVARGA	5	PAR; QLL (120 PER 30 days); LA; NEDS
SUTENT ORAL CAPSULE 12.5 MG	5	QLL (90 PER 30 days); NEDS
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	QLL (30 PER 30 days); NEDS
SYNRIBO	5	NEDS
TABLOID	4	

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral</i>	2	B/D; PAR; MO
TAFINLAR	5	PAR; QLL (120 PER 30 days); NEDS
TAGRISSE ORAL TABLET 40 MG	5	PAR; LA; QLL (60 PER 30 days); NEDS
TAGRISSE ORAL TABLET 80 MG	5	PAR; LA; QLL (30 PER 30 days); NEDS
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	QLL (30 PER 30 days); LA; NEDS
TARCEVA ORAL TABLET 25 MG	5	QLL (90 PER 30 days); LA; NEDS
TARGRETIN ORAL	5	PAR; NEDS
TARGRETIN TOPICAL	5	PAR; QLL (60 PER 30 days); NEDS
TASIGNA	5	QLL (112 PER 28 days); NEDS
TECENTRIQ	5	LA; QLL (20 PER 21 days); NEDS
TEPADINA	5	NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	QLL (30 PER 30 days); MO; NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	QLL (60 PER 30 days); MO; NEDS
<i>thiotepa</i>	2	
<i>toposar</i>	2	
<i>topotecan</i>	5	NEDS
<i>topotecan hcl for inj 4 mg</i>	5	NEDS
TORISEL	5	NEDS
TREANDA	5	NEDS
TREANDA INTRAVENOUS RECON SOLN	5	NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	QLL (1 PER 168 days); NEDS
TRELSTAR INTRAMUSCULAR	5	QLL (1 PER 84 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
SYRINGE 11.25 MG/2 ML		
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	QLL (1 PER 168 days); NEDS
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	QLL (1 PER 28 days); NEDS
<i>tretinoin (chemotherapy)</i>	5	NEDS
<i>trexall</i>	2	
TRISENOX	5	NEDS
TYKERB	5	LA; QLL (180 PER 30 days); NEDS
UNITUXIN	5	NEDS
VECTIBIX 100 MG	4	PAR
VECTIBIX 400 MG	3	PAR
VELCADE	5	NEDS
VENCLEXTA ORAL TABLET 10 MG	4	PAR; LA; QLL (60 PER 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; LA; QLL (120 PER 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	4	PAR; LA; QLL (30 PER 30 days)
VENCLEXTA STARTING PACK	5	PAR; LA; QLL (84 PER 365 days); NEDS
<i>vinblastine intravenous solution</i>	2	B/D; PAR
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D; PAR
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	
<i>vincristine</i>	2	B/D; PAR
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D; PAR
<i>vinorelbine</i>	2	
<i>vinorelbine</i>	2	
VOTRIENT	5	QLL (120 PER 30 days); NEDS
XALKORI	5	PAR; QLL (60 PER 30 days); LA; NEDS
XATMEP	5	NEDS

Drug Name	Drug Tier	Requirements/Limits
XGEVA	5	PAR; QLL (1.7 PER 28 days); NEDS
XTANDI	5	PAR; QLL (120 PER 30 days); LA; NEDS
YERVOY	5	LA; NEDS
YERVOY	5	NEDS
YONDELIS	5	B/D; PAR; LA; NEDS
YONDELIS	5	NEDS
ZALTRAP	5	PAR; NEDS
ZALTRAP	5	PAR; NEDS
ZANOSAR	4	
ZEJULA	5	QLL (90 PER 30 DAYS); PAR; NEDS
ZELBORAF	5	PAR; QLL (240 PER 30 days); LA; NEDS
ZOLINZA	5	QLL (120 PER 30 days); NEDS
ZORTRESS ORAL TABLET 0.25 MG	4	B/D; PAR; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D; PAR; MO; NEDS
ZYDELIG	5	PAR; QLL (60 PER 30 days); LA; NEDS
ZYKADIA	5	PAR; QLL (150 PER 30 days); LA; NEDS
ZYTIGA	5	PAR; QLL (120 PER 30 days); LA; NEDS
ZYTIGA 500 MG	5	PAR; QLL (60 PER 30 days); NEDS
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY MAINTENA	5	QLL (1 PER 28 days); MO; NEDS
ABILIFY MAINTENA	5	QLL (1 PER 28 days); MO; NEDS
ABSTRAL SUBLINGUAL TABLET 100 MCG	4	PAR; QLL (120 PER 30 days)
ABSTRAL SUBLINGUAL TABLET 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	5	PAR; QLL (120 PER 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	2	QLL (4500 PER 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	2	QLL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QLL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QLL (390 PER 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	2	QLL (360 PER 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QLL (180 PER 30 days)
ADASUVE	4	
<i>alprazolam oral tablet</i>	2	QLL (120 PER 30 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	2	MO
AMPYRA	5	PAR; LA; QLL (60 PER 30 days); MO; NEDS
AMRIX	5	PAR; NEDS
APOKYN	5	PAR; LA; NEDS
APTIOM	4	MO
<i>aripiprazole oral solution</i>	5	QLL (900 per 30 days); NEDS
<i>aripiprazole oral tablet 10 mg</i>	2	MO; QLL (90 PER 30 days)
<i>aripiprazole oral tablet 15 mg</i>	2	MO; QLL (60 PER 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	MO; QLL (450 PER 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	2	MO; QLL (30 PER 30 days)
<i>aripiprazole oral tablet 5 mg</i>	2	MO; QLL (180 PER 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	2	MO; QLL (90 PER 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	2	MO; QLL (60 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA	5	MO; NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	QLL (1.6 PER 30 days); MO; NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	QLL (2.4 PER 30 days); MO; NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	QLL (3.2 PER 30 days); MO; NEDS
<i>atomoxetine 100mg</i>	4	QLL (30 PER 30 DAYS); MO
<i>atomoxetine 10mg</i>	4	QLL (60 PER 30 DAYS); MO
<i>atomoxetine 18mg</i>	4	QLL (60 PER 30 DAYS); MO
<i>atomoxetine 25mg</i>	4	QLL (60 PER 30 DAYS); MO
<i>atomoxetine 40mg</i>	4	QLL (60 PER 30 DAYS); MO
<i>atomoxetine 60mg</i>	4	MO; QLL (30 PER 30 DAYS)
<i>atomoxetine 80mg</i>	4	QLL (30 PER 30 DAYS); MO
<i>baclofen</i>	2	MO
BANZEL ORAL SUSPENSION	5	PAR; QLL (2400 PER 30 days); MO; NEDS
BANZEL ORAL TABLET 200 MG	5	PAR; MO; QLL (480 PER 30 days); NEDS
BANZEL ORAL TABLET 400 MG	5	PAR; QLL (240 PER 30 days); MO; NEDS
<i>benztropine oral</i>	2	MO
BRIVIACT INTRAVENOUS	4	PAR

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

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL SOLUTION	4	PAR; QLL (600 PER 30 days); MO
BRIVIACT ORAL TABLET 10 MG	5	PAR; QLL (600 PER 30 days); MO; NEDS
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; QLL (60 PER 30 days); MO; NEDS
BRIVIACT ORAL TABLET 25 MG	5	PAR; QLL (240 PER 30 days); MO; NEDS
BRIVIACT ORAL TABLET 50 MG	5	PAR; QLL (120 PER 30 days); MO; NEDS
<i>bromocriptine</i>	2	MO
<i>buprenorphine hcl injection solution</i>	2	QLL (90 PER 30 days)
<i>buprenorphine hcl injection syringe</i>	2	QLL (150 PER 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	QLL (240 PER 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	QLL (60 PER 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QLL (360 PER 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QLL (90 PER 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	MO; QLL (135 PER 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	MO; QLL (180 PER 30 days)
<i>bupropion hcl oral tablet extended release 100 mg</i>	2	MO; QLL (120 PER 30 days)
<i>bupropion hcl oral tablet extended release 150 mg, 200 mg</i>	2	MO; QLL (60 PER 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QLL (90 PER 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QLL (30 PER 30 days)
<i>buspirone</i>	2	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QLL (180 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate injection</i>	2	
<i>butorphanol tartrate nasal</i>	2	QLL (5 PER 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	4	MO; QLL (60 PER 30 days)
<i>celecoxib oral capsule 400 mg</i>	4	MO; QLL (30 PER 30 days)
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>chlorpromazine</i>	2	
<i>chlorpromazine</i>	2	MO
<i>citalopram oral solution</i>	2	MO; QLL (600 PER 30 days)
<i>citalopram oral tablet 10 mg</i>	2	MO; QLL (120 PER 30 days)
<i>citalopram oral tablet 20 mg</i>	2	MO; QLL (60 PER 30 days)
<i>citalopram oral tablet 40 mg</i>	2	MO; QLL (30 PER 30 days)
<i>clomipramine</i>	2	MO
<i>clonazepam oral tablet 0.5 mg</i>	2	MO; QLL (1200 PER 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	MO; QLL (600 PER 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QLL (300 PER 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	2	MO; QLL (4800 PER 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	2	MO; QLL (2400 PER 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	2	MO; QLL (1200 PER 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	2	MO; QLL (600 PER 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QLL (300 PER 30 days)
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	QLL (270 PER 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QLL (120 PER 30 days)
<i>clozapine oral tablet 25 mg</i>	2	QLL (1080 PER 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QLL (540 PER 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	2	QLL (270 PER 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	2	QLL (2160 PER 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	QLL (180 PER 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	QLL (120 PER 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	2	QLL (1080 PER 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; QLL (30 PER 30 days); MO; NEDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; QLL (12 PER 28 days); MO; NEDS
<i>dantrolene</i>	2	
<i>desipramine oral</i>	2	MO
<i>desvenlafaxine 100mg</i>	4	QLL (120 PER 30 days); MO
<i>desvenlafaxine 25mg</i>	4	QLL (480 PER 30 DAYS); MO

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine 50mg</i>	4	QLL (240 PER 30 DAYS); MO
<i>desvenlafaxine fumarate oral tablet extended release 24hr 100 mg</i>	4	MO; QLL (120 per 30 days)
<i>desvenlafaxine fumarate oral tablet extended release 24hr 50 mg</i>	4	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 PER 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 PER 30 days)
<i>desvenlafaxine oral tablet extended release 24hr 100 mg</i>	4	QLL (120 per 30 days)
<i>desvenlafaxine oral tablet extended release 24hr 50 mg</i>	4	QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	2	PAR; MO; QLL (180 PER 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	2	PAR; MO; QLL (90 PER 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; QLL (90 PER 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	MO; QLL (60 PER 30 days)
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam injection solution</i>	2	
<i>diazepam injection syringe</i>	2	
<i>diazepam intensol</i>	2	QLL (240 PER 30 days)
<i>diazepam oral concentrate</i>	2	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QLL (1200 PER 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QLL (120 PER 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QLL (600 PER 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QLL (240 PER 30 days)
<i>diazepam rectal</i>	3	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium gel</i>	2	QLL (1000 PER 30 DAYS)
<i>diclofenac sodium oral</i>	2	MO
<i>diflunisal</i>	2	MO
DILANTIN	3	MO
DILANTIN EXTENDED ORAL CAPSULES 100 MG	3	MO
DILANTIN INFATABS	3	MO
<i>divalproex</i>	2	MO
<i>donepezil oral tablet 10 mg</i>	2	MO
<i>donepezil oral tablet 5 mg</i>	2	MO; QLL (30 PER 30 days)
<i>doxepin oral</i>	2	MO
<i>duloxetine oral capsule, delayed release(dr/lec) 20 mg</i>	2	MO; QLL (180 PER 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 30 mg</i>	2	MO; QLL (120 PER 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 40 mg</i>	2	MO; QLL (90 PER 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 60 mg</i>	2	MO; QLL (60 PER 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	3	QLL (180 PER 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	3	QLL (180 PER 30 days)
EMSAM	5	QLL (30 PER 30 days); MO; NEDS
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QLL (360 PER 30 days)
<i>entacapone</i>	2	MO
<i>epitol</i>	2	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 PER 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 PER 30 days)
<i>ergoloid</i>	2	MO
<i>ergomar</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO; QLL (600 PER 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; QLL (60 PER 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; QLL (30 PER 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; QLL (120 PER 30 days)
<i>ethosuximide</i>	2	MO
FANAPT ORAL TABLET 1 MG	4	QLL (720 PER 30 days)
FANAPT ORAL TABLET 10 MG	4	QLL (60 PER 30 days)
FANAPT ORAL TABLET 12 MG	4	QLL (60 PER 30 days)
FANAPT ORAL TABLET 2 MG	4	QLL (360 PER 30 days)
FANAPT ORAL TABLET 4 MG	4	QLL (180 PER 30 days)
FANAPT ORAL TABLET 6 MG	4	QLL (120 PER 30 days)
FANAPT ORAL TABLET 8 MG	4	QLL (90 PER 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	QLL (16 PER 365 days)
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG	4	QLL (270 PER 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 12.5 MG	4	QLL (2160 PER 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FAZACLO ORAL TABLET, DISINTEGRATING 25 MG	4	QLL (1080 PER 30 days)
<i>felbamate</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>fentanyl citrate</i>	5	PAR; QLL (120 PER 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QLL (15 PER 30 days)
FENTORA	5	PAR; QLL (120 PER 30 days); NEDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PAR; QLL (56 PER 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 PER 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 PER 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 PER 30 days)
<i>fluoxetine oral capsule 10 mg</i>	2	MO; QLL (240 PER 30 days)
<i>fluoxetine oral capsule 20 mg</i>	2	MO; QLL (120 PER 30 days)
<i>fluoxetine oral capsule 40 mg</i>	2	MO; QLL (60 PER 30 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 PER 30 days)
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QLL (90 PER 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QLL (360 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QLL (180 PER 30 days)
<i>fosphephenytoin</i>	2	
<i>fosphephenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	4	QLL (720 PER 30 days); MO
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 PER 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 PER 30 days)
FYCOMPA ORAL TABLET 4 MG	4	MO; QLL (90 PER 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 PER 30 days)
FYCOMPA ORAL TABLET 8 MG	4	MO; QLL (45 PER 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	MO; QLL (1080 PER 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QLL (360 PER 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	MO; QLL (270 PER 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QLL (2160 PER 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QLL (180 PER 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QLL (120 PER 30 days)
GABITRIL ORAL TABLET 12 MG, 16 MG	4	MO
GEODON INTRAMUSCULAR	4	
GILENYA	5	PAR; QLL (30 PER 30 days); MO; NEDS
GLATOPA	5	PAR; QLL (30 PER 30 days); MO; NEDS
<i>guanfacine oral tablet extended release 24 hr</i>	4	PAR; MO; QLL (30 PER 30 days)
GUANIDINE	3	
<i>haloperidol</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol lactate</i>	2	MO
HETLIOZ	5	PAR; QLL (30 PER 30 days); LA; MO; NEDS
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)</i>	2	QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QLL (2700 PER 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QLL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QLL (360 PER 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QLL (360 PER 30 DAYS)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QLL (50 PER 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	2	QLL (360 PER 30 days)
<i>hydromorphone oral tablet 8 mg</i>	2	QLL (180 PER 30 days)
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
<i>imipramine hcl</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QLL (0.75 PER 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QLL (1 PER 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QLL (1.5 PER 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QLL (0.25 PER 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QLL (0.5 PER 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	QLL (0.875 PER 90 days); MO; NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	QLL (1.315 PER 90 days); MO; NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QLL (1.75 PER 90 days); MO; NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	QLL (2.625 PER 90 days); MO; NEDS
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 PER 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 PER 30 days)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
LATUDA ORAL TABLET 120 MG, 60 MG	5	MO; QLL (30 PER 30 days); NEDS
LATUDA ORAL TABLET 20 MG	5	MO; QLL (240 PER 30 days); NEDS
LATUDA ORAL TABLET 40 MG	5	MO; QLL (120 PER 30 days); NEDS
LATUDA ORAL TABLET 80 MG	5	MO; QLL (60 PER 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in Sodium Chloride IV Soln 1000 MG/100ML</i>	2	
<i>levetiracetam in Sodium Chloride IV Soln 1500 MG/100ML</i>	2	
<i>levetiracetam in Sodium Chloride IV Soln 500 MG/100ML</i>	2	
<i>levetiracetam intravenous</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	2	MO; QLL (180 PER 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	2	MO; QLL (120 PER 30 days)
<i>levorphanol tartrate</i>	2	QLL (180 PER 30 days)
<i>lithium carbonate</i>	2	MO
LITHIUM CITRATE ORAL SOLUTION 8 MEQ/5 ML	3	MO
LODOSYN	4	MO
<i>lorazepam intensol</i>	2	MO; CG; QLL (90 per 30 days)
<i>lorazepam oral tablet</i>	2	
<i>lorcet (hydrocodone)</i>	2	QLL (360 PER 30 days)
<i>lorcet hd</i>	2	MO; QLL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QLL (360 PER 30 days)
<i>lortab 10-325</i>	2	QLL (360 PER 30 days)
<i>lortab 5-325</i>	2	QLL (360 PER 30 days)
<i>lortab 7.5-325</i>	2	QLL (360 PER 30 days)
<i>loxapine succinate</i>	2	MO
LUNESTA	4	QLL (30 PER 30 days)
LYRICA ORAL CAPSULE 100 MG	3	MO; QLL (180 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE 150 MG	3	MO; QLL (120 PER 30 days)
LYRICA ORAL CAPSULE 200 MG	3	MO; QLL (90 PER 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QLL (60 PER 30 days)
LYRICA ORAL CAPSULE 25 MG	3	MO; QLL (720 PER 30 days)
LYRICA ORAL CAPSULE 50 MG	3	MO; QLL (360 PER 30 days)
LYRICA ORAL CAPSULE 75 MG	3	MO; QLL (240 PER 30 days)
LYRICA ORAL SOLUTION	3	MO; QLL (900 PER 30 days)
<i>maprotiline oral tablet 25 mg</i>	2	MO; QLL (270 PER 30 days)
<i>maprotiline oral tablet 50 mg</i>	2	MO; QLL (135 PER 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	MO
MARPLAN	4	MO
<i>meclofenamate oral</i>	2	MO
MELOXICAM ORAL SUSPENSION	3	MO; QLL (300 PER 30 days)
<i>meloxicam oral tablet</i>	1	MO; QLL (30 PER 30 days)
<i>memantine oral solution</i>	2	MO; QLL (300 PER 30 days)
<i>memantine oral tablet 10 mg</i>	2	MO; QLL (60 PER 30 days)
<i>memantine oral tablet 5 mg</i>	2	MO; QLL (90 PER 30 days)
MESTINON ORAL SYRUP	4	
<i>metadate er</i>	2	MO; QLL (90 PER 30 days)
<i>methadone injection</i>	4	QLL (150 PER 30 days)
<i>methadone intensol</i>	2	MO; QLL (30 per 30 days)
<i>methadone oral concentrate</i>	2	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral solution 10 mg/5 ml</i>	2	QLL (900 PER 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QLL (1800 PER 30 days)
<i>methadone oral tablet 10 mg</i>	2	QLL (180 PER 30 days)
<i>methadone oral tablet 5 mg</i>	2	QLL (360 PER 30 days)
<i>methadose oral concentrate</i>	2	MO; QLL (30 per 30 days)
<i>methylphenidate oral tablet</i>	2	MO; QLL (90 PER 30 days)
<i>methylphenidate oral tablet extended release</i>	2	MO; QLL (90 PER 30 days)
MIGRANAL	4	QLL (8 PER 28 days)
<i>mirtazapine oral tablet 15 mg</i>	2	MO; QLL (90 PER 30 days)
<i>mirtazapine oral tablet 30 mg</i>	2	MO; QLL (45 PER 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; QLL (30 PER 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	2	MO; QLL (180 PER 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	2	MO; QLL (90 PER 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	2	MO; QLL (45 PER 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	2	MO; QLL (30 PER 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 PER 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PAR; MO; QLL (60 PER 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	2	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	2	B/D; PAR

Drug Name	Drug Tier	Requirements/Limits
<i>morphine concentrate oral solution</i>	2	QLL (270 PER 30 days)
<i>morphine intravenous cartridge 2 mg/ml, 8 mg/ml</i>	2	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QLL (120 per 30 days)
<i>morphine intravenous solution 4 mg/ml, 8 mg/ml</i>	2	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	3	QLL (180 PER 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	4	QLL (2700 PER 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	4	QLL (1350 PER 30 days)
<i>morphine oral tablet 15 mg</i>	3	QLL (360 PER 30 days)
<i>morphine oral tablet 30 mg</i>	3	QLL (180 PER 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	2	QLL (90 PER 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	QLL (60 PER 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	QLL (180 PER 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	QLL (90 PER 30 days)
<i>naloxone</i>	2	
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	QLL (56 PER 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE, ER 24HR	4	MO; QLL (30 PER 30 days)
<i>naproxen oral tablet</i>	2	MO
NARCAN	3	
<i>nefazodone oral tablet 100 mg</i>	2	MO; QLL (180 PER 30 days)
<i>nefazodone oral tablet 150 mg</i>	2	MO; QLL (120 PER 30 days)
<i>nefazodone oral tablet 200 mg</i>	2	MO; QLL (90 PER 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 250 mg</i>	2	MO; QLL (72 PER 30 days)
<i>nefazodone oral tablet 50 mg</i>	2	MO; QLL (360 PER 30 days)
NEUPRO	4	PAR; MO; QLL (30 PER 30 days)
<i>norco</i>	2	QLL (360 PER 30 days)
<i>nortriptyline</i>	2	MO
NUEDEXTA	3	MO; QLL (60 PER 30 days)
NUPLAZID	5	PAR; QLL (60 PER 30 days); LA; MO; NEDS
<i>olanzapine intramuscular</i>	2	QLL (60 PER 30 days)
<i>olanzapine oral tablet 10 mg</i>	2	MO; QLL (60 PER 30 days)
<i>olanzapine oral tablet 15 mg</i>	2	MO; QLL (40 PER 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QLL (240 PER 30 days)
<i>olanzapine oral tablet 20 mg</i>	2	MO; QLL (30 PER 30 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QLL (120 PER 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QLL (80 PER 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; QLL (60 PER 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	2	MO; QLL (40 PER 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	2	MO; QLL (30 PER 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; QLL (120 PER 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; QLL (480 PER 30 days)
ONFI ORAL TABLET 10 MG	4	PAR; MO; QLL (120 PER 30 days)
ONFI ORAL TABLET 20 MG	4	PAR; MO; QLL (60 PER 30 days)
ORAP	4	MO
ORAP	4	MO
<i>oxaprozin</i>	2	MO
<i>oxcarbazepine oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QLL (480 PER 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QLL (240 PER 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	MO; QLL (120 PER 30 days)
<i>oxycodone oral capsule</i>	2	QLL (360 PER 30 days)
<i>oxycodone oral concentrate</i>	2	QLL (180 PER 30 days)
<i>oxycodone oral solution</i>	2	QLL (1800 PER 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QLL (360 PER 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	2	QLL (180 PER 30 days)
<i>oxycodone-acetaminophen oral solution</i>	2	QLL (1800 PER 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QLL (360 PER 30 days)
<i>oxycodone-aspirin</i>	2	QLL (360 PER 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	MO; QLL (240 PER 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	2	MO; QLL (120 PER 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QLL (60 PER 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	2	MO; QLL (30 PER 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	2	MO; QLL (180 PER 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	MO; QLL (90 PER 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 PER 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	MO; QLL (45 PER 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PAXIL ORAL SUSPENSION	4	MO; QLL (900 PER 30 days)
PEGANONE	4	MO
<i>perphenazine</i>	2	MO
<i>phenelzine</i>	2	MO
<i>phenobarbital oral elixir</i>	2	MO; QLL (3000 PER 30 days)
<i>phenobarbital oral tablet 100 mg</i>	2	MO; QLL (120 PER 30 days)
<i>phenobarbital oral tablet 15 mg</i>	2	MO; QLL (800 PER 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	2	MO; QLL (741 PER 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	MO; QLL (400 PER 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	2	MO; QLL (370 PER 30 days)
<i>phenobarbital oral tablet 60 mg</i>	2	MO; QLL (200 PER 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	2	MO; QLL (185 PER 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	2	MO; QLL (123 PER 30 days)
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	
<i>piroxicam</i>	2	MO
<i>pramipexole oral tablet</i>	2	MO
<i>primidone</i>	2	MO
<i>protriptyline</i>	2	MO
<i>pyridostigmine bromide oral tablet</i>	2	
<i>quetiapine oral tablet 100 mg</i>	2	MO; QLL (240 PER 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QLL (120 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 25 mg</i>	2	MO; QLL (960 PER 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QLL (80 PER 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QLL (60 PER 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QLL (480 PER 30 days)
<i>rasagiline mesylate</i>	3	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	PAR; QLL (60 PER 30 days); MO; NEDS
REXULTI ORAL TABLET 3 MG, 4 MG	5	PAR; QLL (30 PER 30 days); MO; NEDS
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	QLL (2 PER 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML	5	QLL (2 PER 28 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	5	NEDS
<i>risperidone oral solution</i>	2	MO; QLL (480 PER 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 PER 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 PER 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 PER 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 PER 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 PER 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 PER 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	2	MO; QLL (1920 PER 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	2	MO; QLL (960 PER 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 1 mg</i>	2	MO; QLL (480 PER 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	2	MO; QLL (240 PER 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	2	MO; QLL (150 PER 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	MO; QLL (120 PER 30 days)
<i>rivastigmine</i>	2	QLL (60 PER 30 DAYS); MO
<i>rivastigmine patch</i>	4	MO; QLL (30 PER 30 days)
<i>rizatriptan</i>	2	QLL (12 PER 30 days)
<i>ropinirole oral tablet</i>	2	MO
<i>roweepra</i>	2	MO
ROZEREM	3	MO; QLL (30 PER 30 days)
SABRIL ORAL POWDER IN PACKET	4	MO; LA; QLL (180 PER 30 days)
SABRIL ORAL TABLET	5	LA; QLL (180 PER 30 days); MO; NEDS
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	4	MO; QLL (60 PER 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	MO; QLL (240 PER 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	4	MO; QLL (120 PER 30 days)
<i>selegiline hcl</i>	2	MO
<i>sertraline oral concentrate</i>	2	MO; QLL (300 PER 30 days)
<i>sertraline oral tablet 100 mg</i>	2	MO; QLL (60 PER 30 days)
<i>sertraline oral tablet 25 mg</i>	2	MO; QLL (240 PER 30 days)
<i>sertraline oral tablet 50 mg</i>	2	MO; QLL (120 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>spritam oral tablet for suspension 1,000 mg, 250 mg, 500 mg</i>	4	PAR; QLL (60 PER 30 days); MO
<i>spritam oral tablet for suspension 750 mg</i>	4	PAR; QLL (120 PER 30 days); MO
<i>sulindac oral</i>	2	MO
<i>sumatriptan nasal Spray</i>	4	
<i>sumatriptan succinate oral</i>	2	QLL (9 PER 30 days)
SURMONTIL	4	PAR; MO
TECFIDERA	5	PAR; LA; MO; NEDS
TECFIDERA STARTER PACK	5	PAR; LA; NEDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QLL (30 PER 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; QLL (240 PER 30 days); MO; NEDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; QLL (120 PER 30 days); MO; NEDS
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	2	MO
<i>tiagabine</i>	2	MO
<i>tizanidine oral tablet</i>	2	MO
<i>tolcapone</i>	5	QLL (180 PER 30 days); MO; NEDS
<i>topiramate oral capsule, sprinkle</i>	2	MO
<i>topiramate oral tablet 100 mg</i>	2	MO; QLL (480 PER 30 days)
<i>topiramate oral tablet 200 mg</i>	2	MO; QLL (240 PER 30 days)
<i>topiramate oral tablet 25 mg</i>	2	MO; QLL (1920 PER 30 days)
<i>topiramate oral tablet 50 mg</i>	2	MO; QLL (960 PER 30 days)
<i>tramadol oral tablet</i>	2	QLL (240 PER 30 days)
<i>tramadol-acetaminophen</i>	2	QLL (40 PER 30 days)
<i>tranylcypromine</i>	2	MO
<i>trazodone</i>	2	MO
<i>trifluoperazine</i>	2	MO
<i>trihexyphenidyl</i>	2	MO
TRILEPTAL ORAL SUSPENSION	4	MO
<i>trimipramine</i>	4	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG	4	QLL (60 PER 30 days); MO
TRINTELLIX ORAL TABLET 20 MG	4	QLL (30 PER 30 days); MO
TRINTELLIX ORAL TABLET 5 MG	4	QLL (120 PER 30 days); MO
TYSABRI	5	PAR; LA; NEDS
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/ 5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/ 5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QLL (60 PER 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QLL (180 PER 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QLL (90 PER 30 days)
<i>venlafaxine oral tablet 100 mg</i>	2	MO; QLL (113 PER 30 days)
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QLL (450 PER 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QLL (300 PER 30 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QLL (225 PER 30 days)
<i>venlafaxine oral tablet 75 mg</i>	2	MO; QLL (150 PER 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	2	MO; QLL (60 PER 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	2	MO; QLL (180 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	MO; QLL (90 PER 30 days)
VERSACLOZ	4	QLL (600 PER 30 days)
VIIBRYD ORAL TABLET 10 MG	4	MO; QLL (120 PER 30 days)
VIIBRYD ORAL TABLET 20 MG	4	MO; QLL (60 PER 30 days)
VIIBRYD ORAL TABLET 40 MG	4	MO; QLL (30 PER 30 days)
VIMPAT INTRAVENOUS	4	QLL (1200 PER 30 days)
VIMPAT ORAL SOLUTION	4	MO; QLL (1200 PER 30 days)
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 PER 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 PER 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 PER 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	PAR; QLL (30 PER 30 days); MO
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	PAR; QLL (30 PER 30 days); MO; NEDS
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PAR; QLL (14 PER 365 days)
XENAZINE ORAL TABLET 12.5 MG	5	PAR; LA; QLL (240 PER 30 days); MO; NEDS
XENAZINE ORAL TABLET 25 MG	5	PAR; LA; QLL (120 PER 30 days); MO; NEDS
XYREM	5	PAR; LA; QLL (540 PER 30 days); NEDS
<i>zaleplon oral capsule 10 mg</i>	2	QLL (60 PER 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	QLL (30 PER 30 days)
<i>zenzedi oral tablet 10 mg</i>	2	PAR; MO; QLL (180 PER 30 days)
<i>zenzedi oral tablet 5 mg</i>	2	PAR; MO; QLL (90 PER 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; QLL (240 PER 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; QLL (120 PER 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	MO; QLL (60 PER 30 days)
<i>zolmitriptan</i>	2	QLL (9 PER 30 days)
<i>zonisamide</i>	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QLL (2 PER 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	LA; NEDS
Cardiovascular, Hypertension / Lipids		
<i>acebutolol</i>	2	MO
<i>afeditab cr</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amiodarone intravenous solution</i>	2	B/D; PAR
<i>amiodarone intravenous syringe</i>	2	B/D; PAR
<i>amiodarone oral</i>	2	MO
<i>amiodarone oral</i>	2	MO
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg</i>	1	MO; QLL (30 per 30 days)
<i>amlodipine besylate oral tablet 5 mg</i>	1	MO; QLL (45 per 30 days)
<i>amlodipine besylate-benazepril hcl</i>	6	MO
<i>aspirin-dipyridamole</i>	4	MO; QLL (60 PER 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	6	MO; QLL (30 PER 30 days)
<i>benazepril</i>	6	MO
<i>benazepril & hydrochlorothiazide tab</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol oral</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	2	MO
BRILINTA	4	MO; QLL (60 PER 30 days)
<i>bumetanide</i>	2	
<i>bumetanide</i>	2	MO
BYSTOLIC	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	2	MO
<i>chlorthalidone</i>	2	MO
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>cilostazol</i>	2	MO
<i>clonidine hcl oral tablet</i>	2	MO
<i>clonidine transdermal patch</i>	4	MO; QLL (4 PER 28 days)
<i>clopidogrel oral tablet 300 mg</i>	2	QLL (1 PER 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO; QLL (30 PER 30 days)
<i>colestipol</i>	2	MO
<i>colestipol</i>	2	MO
CORLANOR	4	QLL (60 PER 30 DAYS); PAR; MO
DEMSER	4	
<i>digox oral tablet 125 mcg</i>	2	MO
<i>digoxin injection solution</i>	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML	3	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl iv soln</i>	2	
<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO
<i>diltiazem hcl oral capsule, ext release degradable</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>dofetilide</i>	4	MO
<i>doxazosin</i>	2	MO
ELIQUIS ORAL TABLET 2.5 MG	4	MO; QLL (60 PER 30 days)
ELIQUIS ORAL TABLET 5 MG	4	MO; QLL (74 PER 30 days)
<i>enalapril maleate</i>	6	MO
<i>enalapril-hydrochlorothiazide</i>	6	MO
<i>enoxaparin subcutaneous solution</i>	2	QLL (84 PER 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QLL (28 PER 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QLL (22.4 PER 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QLL (8.4 PER 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QLL (11.2 PER 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QLL (16.8 PER 28 days)
ENTRESTO	4	PAR; MO
<i>eplerenone</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>eprosartan</i>	2	MO; QLL (30 PER 30 days)
<i>felodipine</i>	2	MO
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	2	MO; QLL (30 PER 30 days)
<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO; QLL (30 PER 30 days)
<i>flecainide</i>	2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	QLL (24 PER 30 days); NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	QLL (15 PER 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	QLL (12 PER 30 days); NEDS
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	QLL (18 PER 30 days); NEDS
<i>fosinopril</i>	6	MO
<i>fosinopril-hydrochlorothiazide</i>	6	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	
<i>furosemide injection solution</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	2	MO
HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML(100 UNIT/ML)	3	B/D; PAR; HI
HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS	4	B/D; PAR; HI

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

Drug Name	Drug Tier	Requirements/Limits
PARENTERAL SOLUTION 25,000 UNIT/500 ML (50 UNIT/ML)		
<i>heparin (porcine) injection solution</i>	2	B/D; PAR; HI
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	6	MO; QLL (30 PER 30 days)
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate</i>	2	MO
<i>jantoven</i>	1	MO
JUXTAPID	5	PAR; LA; QLL (30 PER 30 days); MO; NEDS
KYNAMRO	5	PAR; LA; QLL (4 PER 28 days); MO; NEDS
<i>labetalol intravenous solution</i>	2	
<i>labetalol oral</i>	2	MO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	MO
<i>lidocaine (pf) intravenous solution</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	2	
<i>lisinopril</i>	6	MO
<i>lisinopril-hydrochlorothiazide</i>	6	MO
<i>losartan oral tablet 100 mg</i>	6	MO; QLL (30 PER 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	6	MO; QLL (60 PER 30 days)
<i>losartan-hydrochlorothiazide</i>	6	MO; QLL (30 PER 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	2	MO; QLL (30 PER 30 days)
<i>lovastatin oral tablet 40 mg</i>	2	MO; QLL (60 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mecamylamine hcl tab 2.5 mg</i>	4	MO
<i>methyclothiazide</i>	2	MO
<i>methyl dopa</i>	2	MO
<i>methyl dopa-hydrochlorothiazide</i>	2	MO
<i>methyl dopate</i>	2	
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>mexiletine</i>	2	MO
<i>minoxidil oral</i>	2	MO
MULTAQ	4	MO; QLL (60 PER 30 days)
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	2	MO; QLL (60 PER 30 days)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	2	MO; QLL (30 PER 30 days)
<i>niacor</i>	2	
<i>nicardipine oral</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin intravenous</i>	2	B/D; PAR
<i>nitroglycerin sublingual</i>	6	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>olmesartan medoxomil</i>	6	MO
<i>omega-3 acid ethyl esters</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>pentoxifylline</i>	2	MO
<i>pindolol</i>	2	MO
PRADAXA	4	MO; QLL (60 PER 30 days)
PRALUENT PEN	5	PAR; QLL (2 PER 28 days); MO; NEDS
<i>pravastatin</i>	2	MO; QLL (30 PER 30 days)
<i>prazosin</i>	2	MO
<i>prevalite</i>	2	MO
<i>prevalite</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	
<i>procainamide injection solution 500 mg/ml</i>	2	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; LA; QLL (30 PER 30 days); MO; NEDS
PROMACTA ORAL TABLET 50 MG	5	PAR; LA; QLL (60 PER 30 days); MO; NEDS
<i>propafenone oral tablet</i>	2	MO
<i>propranolol hcl cap sr</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>quinapril</i>	6	MO
<i>quinapril-hydrochlorothiazide</i>	6	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>ramipril</i>	6	MO
RANEXA	3	MO
REPATHA PUSHTRONEX SYSTEM	5	QLL (3.5 PER 28 DAYS); PAR; MO; NEDS
REPATHA SURECLICK	5	PAR; QLL (3 PER 28 days); MO; NEDS
REPATHA SYRINGE	5	PAR; QLL (3 PER 28 days); MO; NEDS
<i>rosuvastatin</i>	6	QLL (30 PER 30 DAYS); MO

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin</i>	6	MO; QLL (30 PER 30 days)
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	MO
<i>sotalol af</i>	2	MO
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	MO
<i>sotalol oral</i>	2	MO
<i>spironolactone-hydrochlorothiaz</i>	2	MO
<i>spironolactone</i>	2	MO
<i>taztia xt</i>	2	MO
<i>telmisartan oral tablet 20 mg, 40 mg</i>	2	MO; QLL (30 PER 30 days)
<i>telmisartan oral tablet 80 mg</i>	2	MO; QLL (60 PER 30 days)
<i>terazosin</i>	2	MO
<i>timolol maleate oral</i>	2	MO
<i>toremide oral</i>	2	MO
<i>trandolapril</i>	6	MO
<i>tranexamic acid intravenous</i>	2	
<i>triamterene-hydrochlorothiazid</i>	2	MO
UPTRAVI ORAL TABLET	5	PAR; LA; QLL (60 PER 30 days); MO; NEDS
UPTRAVI ORAL TABLETS,DOSE PACK	5	PAR; LA; QLL (400 PER 365 days); NEDS
<i>valsartan oral tablet 160 mg</i>	6	MO; QLL (60 PER 30 days)
<i>valsartan oral tablet 320 mg</i>	6	MO; QLL (30 PER 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	6	MO; QLL (90 PER 30 days)
<i>valsartan-hydrochlorothiazide</i>	6	MO; QLL (30 PER 30 days)
<i>verapamil intravenous solution</i>	2	
<i>verapamil oral</i>	2	MO
<i>verapamil oral</i>	3	MO
<i>warfarin</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 20 MG	4	MO; QLL (30 PER 30 days)
XARELTO ORAL TABLET 15 MG	4	MO; QLL (42 PER 30 days)
XARELTO ORAL TABLETS,DOSE PACK	4	QLL (102 PER 365 days)
ZETIA	4	MO; QLL (30 PER 30 days)
Dermatologicals/Topical Therapy		
<i>acyclovir topical</i>	2	QLL (30 PER 30 days)
<i>adapalene gel</i>	2	
<i>ala-cort topical cream</i>	2	
<i>alclometasone</i>	2	
<i>amcinonide</i>	2	
<i>ammonium lactate</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical lotion</i>	2	
<i>betamethasone, augmented topical ointment</i>	2	
<i>calcipotriene scalp</i>	2	QLL (60 PER 30 days)
<i>calcipotriene topical</i>	2	QLL (120 PER 30 days)
<i>calcitriol topical</i>	4	
CAPEX	4	
<i>ciclodan topical solution</i>	2	PAR; MO
<i>ciclopirox topical cream</i>	2	
<i>ciclopirox topical gel</i>	2	
<i>ciclopirox topical shampoo</i>	2	
<i>ciclopirox topical solution</i>	2	PAR
<i>ciclopirox topical suspension</i>	2	
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical lotion</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical solution</i>	2	
<i>clindamycin phosphate topical swab</i>	2	
<i>clobetasol scalp</i>	2	
<i>clobetasol topical gel</i>	2	
<i>clobetasol-emollient topical cream</i>	2	
<i>clotrimazole topical</i>	2	
<i>clotrimazole-betamethasone topical cream</i>	2	
<i>cormax scalp</i>	2	
DENAVIR	4	QLL (5 PER 30 days)
<i>desonide</i>	2	
<i>desoximetasone topical cream</i>	2	
<i>desoximetasone topical gel</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	5	PAR; QLL (100 PER 30 days); NEDS
ELIDEL	4	PAR; QLL (100 PER 90 days)
<i>ery pads</i>	2	
<i>erythromycin with ethanol</i>	2	
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	
<i>fluocinolone</i>	2	
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	MO
<i>fluocinonide topical gel</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluocinonide-e</i>	2	MO
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluticasone topical cream</i>	2	
<i>fluticasone topical ointment</i>	2	
<i>gentamicin topical</i>	2	
<i>halobetasol propionate</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
HALOG	4	
hydrocortisone topical cream 1 %, 2.5 %	2	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 1 %, 2.5 %	2	
hydrocortisone valerate	2	
hydrocortisone-min oil-wht pet	2	MO
imiquimod	2	
ketoconazole topical	2	
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	2	
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	2	
lidocaine (pf) injection solution 15 mg/ml (1.5 %)	2	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	2	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	2	
lidocaine hcl laryngotracheal	2	
lidocaine hcl mucous membrane	2	
lidocaine hcl mucous membrane	2	
lidocaine hcl urethral	2	
lidocaine ointment	4	
lidocaine patch	2	QLL (90 PER 30 DAYS); PAR
lidocaine topical adhesive patch, medicated	2	PAR; MO; QLL (90 per 30 days)
lidocaine viscous	2	MO
lidocaine-prilocaine topical cream	2	

Drug Name	Drug Tier	Requirements/Limits
lindane topical shampoo	2	
lokara	2	
methoxsalen cap	5	PAR; NEDS
metronidazole topical cream	2	
metronidazole topical gel 0.75 %	2	
metronidazole topical lotion	2	
mometasone topical	2	
mupirocin topical ointment	2	
myorisan	4	
nyamyc	2	
nystatin topical	2	
nystop	2	
PANRETIN	5	NEDS
permethrin topical cream	2	
PICATO	4	
podofilox	2	
rosadan topical cream	2	MO
SANTYL	4	QLL (30 PER 30 days)
selenium sulfide topical lotion	2	
silver sulfadiazine	3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	5	NEDS
ssd	3	
sulfacetamide sodium (acne)	2	
SULFAMYLON	4	
tacrolimus topical	4	PAR; QLL (100 PER 90 days)
TAZORAC	4	
tretinoin topical cream	2	QLL (45 PER 30 days)
tretinoin topical gel 0.01 %, 0.025 %	2	QLL (45 PER 30 days)
triamcinolone acetonide topical cream	2	
triamcinolone acetonide topical lotion	2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm topical cream	2	

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Drug Name	Drug Tier	Requirements/Limits
UVADEX	4	
VALCHLOR	5	NEDS
zenatane	4	
Diagnostics / Miscellaneous Agents		
acamprosate	2	MO
acetylcysteine intravenous	2	MO
alendronate oral tablet 40 mg	2	QLL (30 PER 30 days)
anagrelide	2	MO
ARALAST NP 1000 MG	5	PAR; LA; NEDS
ARALAST NP 500 MG	5	PAR; LA; NEDS
BUPHENYL ORAL TABLET	5	PAR; LA; MO; NEDS
buproban	2	QLL (60 per 30 days)
bupropion hcl 150mg sr	2	QLL (60 PER 30 DAYS)
CARBAGLU	5	PAR; LA; MO; NEDS
cevimeline	2	MO
CHANTIX	6	QLL (60 PER 30 days)
CHANTIX CONTINUING MONTH BOX	6	QLL (56 PER 28 days)
CHANTIX STARTING MONTH BOX	6	QLL (106 PER 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D; PAR; HI
CLINIMIX E 2.75%/D10W SUL FREE	4	B/D; PAR; HI
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D; PAR; HI
D10 %-0.45 % SODIUM CHLORIDE	4	HI
d2.5 %-0.45 % sodium chloride	2	
d5 % and 0.9 % sodium chloride	2	MO
d5 %-0.45 % sodium chloride	2	MO
DEXTROSE 10 % AND 0.2 % NAACL	4	HI
dextrose 10 % in water (d10w)	2	
DEXTROSE 10%	2	HI

Drug Name	Drug Tier	Requirements/Limits
dextrose 2.5% w/ sodium chloride 0.45%	2	HI
dextrose 25 % in water (d25w)	2	
dextrose 30 % in water (d30w)	2	
dextrose 40 % in water (d40w)	2	
dextrose 5 % in water (d5w) intravenous parenteral solution	2	
dextrose 5 % in water (d5w) intravenous piggyback	2	
dextrose 5 %-lactated ringers	3	HI
DEXTROSE 5%	2	HI
dextrose 5% w/ sodium chloride 0.2%	2	HI
dextrose 5% w/ sodium chloride 0.33%	2	HI
dextrose 5% w/ sodium chloride 0.45%	2	HI
dextrose 5% w/ sodium chloride 0.9%	2	HI
dextrose 5%-0.2 % sod chloride	2	
dextrose 5%-0.3 % sod.chloride	2	
DEXTROSE 5%/NAACL 0.225%	2	HI
dextrose 50 % in water (d50w) intravenous parenteral solution	2	
dextrose 50 % in water (d50w) intravenous syringe	2	
dextrose 70 % in water (d70w)	2	
dextrose with sodium chloride	2	
disulfiram	2	MO
EXJADE	5	PAR; LA; MO; NEDS
FERRIPROX	5	PAR; LA; MO; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
INCRELEX	5	PAR; LA; MO; NEDS
<i>kionex oral suspension 15 gm/60 ml</i>	2	
<i>kionex powder</i>	2	MO
<i>lactated ringers irrigation</i>	3	
<i>levocarnitine (with sugar)</i>	3	B/D; PAR; MO
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine</i>	2	
<i>neomycin-polymyxin b gu</i>	2	
NICOTROL NS	3	QLL (120 PER 30 days)
NORTHERA ORAL CAPSULE 100 MG	5	PAR; QLL (540 PER 30 days); LA; NEDS
NORTHERA ORAL CAPSULE 200 MG	5	PAR; QLL (270 PER 30 days); LA; NEDS
NORTHERA ORAL CAPSULE 300 MG	5	PAR; QLL (180 PER 30 days); LA; NEDS
ORFADIN	5	LA; MO; NEDS
ORFADIN ORAL CAPSULE	5	LA; MO; NEDS
<i>pilocarpine hcl oral</i>	2	MO
RAVICTI	5	PAR; QLL (525 PER 30 days); LA; MO; NEDS
RENVELA ORAL TABLET	3	MO; QLL (270 PER 30 days)
<i>riluzole</i>	2	MO
<i>ringers irrigation</i>	3	
<i>sevelamer 0.8 gm</i>	3	QLL (180 PER 30 DAYS); MO
<i>sevelamer 2.4 gm</i>	3	QLL (90 PER 30 DAYS); MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride irrigation</i>	3	
<i>sodium polystyrene (sorb free)</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sodium polystyrene sulfonate oral suspension</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate rectal</i>	2	
<i>sps</i>	2	
<i>sps oral</i>	2	MO
<i>sps rectal</i>	2	
SYPRINE	5	NEDS
VELPHORO	4	MO; QLL (180 PER 30 days)
<i>water for irrigation, sterile</i>	3	
ZEMAIRA	5	PAR; LA; NEDS
<i>zoledronic acid 5 mg/100 ml infusion bottle (ml)</i>	2	
Ear, Nose / Throat Medications		
<i>acetic acid otic</i>	2	
<i>acetic acid-aluminum acetate</i>	2	MO
<i>azelastine hcl nasal spray</i>	2	QLL (30 PER 25 DAYS)
<i>azelastine nasal aerosol, spray</i>	2	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	
CIPRODEX	3	
COLY-MYCIN S	4	
<i>flunisolide nasal soln</i>	2	QLL (75 PER 30 DAYS)
<i>fluocinolone acetonide oil</i>	2	
<i>fluticasone propionate nasal susp</i>	2	QLL (16 PER 30 DAYS)
<i>hydrocortisone-acetic acid</i>	2	
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)
<i>ipratropium bromide nasal soln 0.03%</i>	2	MO; QLL (30 PER 30 DAYS)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QLL (30 PER 30 DAYS); MO
<i>neomycin-polymyxin-hc otic</i>	2	
<i>ofloxacin otic</i>	2	
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	
<i>triamcinolone acetonide dental</i>	2	
Endocrine/Diabetes		

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

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose oral tablet 100 mg</i>	2	MO; QLL (90 PER 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QLL (360 PER 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QLL (180 PER 30 days)
ACTHAR H.P.	5	PAR; LA; NEDS
<i>alcohol pads</i>	6	MO
ALDURAZYME	5	PAR; NEDS
ANADROL-50	5	PAR; NEDS
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	4	MO; QLL (150 PER 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	4	MO; QLL (112.5 PER 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	4	MO; QLL (150 PER 30 days)
ANDROXY	4	PAR; MO
BYDUREON	3	MO; QLL (4 PER 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML	3	MO; QLL (2.4 PER 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/ DOSE (250 MCG/ML) 1.2 ML	3	MO; QLL (1.2 PER 30 days)
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	MO; QLL (4 PER 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	B/D; PAR
<i>calcitriol oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; NEDS
<i>cortisone</i>	2	
CYCLOSET	4	MO; QLL (180 PER 30 days)
<i>danazol oral</i>	2	
<i>desmopressin injection</i>	2	
<i>desmopressin nasal aerosol, spray</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>dexamethasone</i>	2	
<i>dexamethasone</i>	2	
<i>dexamethasone sodium phos (pf)</i>	2	
<i>dexamethasone sodium phosphate injection</i>	2	
<i>dexamethasone sodium phosphate injection</i>	2	
ELAPRASE	5	PAR; NEDS
FABRAZYME	5	PAR; NEDS
FABRAZYME	5	PAR; NEDS
<i>fludrocortisone</i>	2	MO
GAUZE PADS 2 X 2	6	MO
<i>glimepiride oral tablet 1 mg</i>	6	MO; QLL (240 PER 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; QLL (120 PER 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; QLL (60 PER 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; QLL (120 PER 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; QLL (240 PER 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; QLL (60 PER 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; QLL (240 PER 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; QLL (120 PER 30 days)	JANUMET XR ORAL TABLET, ER	3	MO; QLL (60 PER 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	6	QLL (240 PER 30 DAYS); MO	MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	6	QLL (120 PER 30 days); MO	JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 PER 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	6	QLL (120 PER 30 days); MO	JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 PER 30 days)
GLUCAGEN HYPOKIT	3		JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 PER 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	3		JARDIANCE	3	PAR; MO; QLL (30 PER 30 days)
HUMALOG	3	MO	JENTADUETO	3	QLL (60 PER 30 DAYS); MO
HUMALOG KWIKPEN	3	MO	JENTADUETO XR	3	QLL (30 PER 30 DAYS); MO
HUMALOG MIX 50/50	3	MO	JENTADUETO XR	3	QLL (60 PER 30 DAYS); MO
HUMALOG MIX 50/50 KWIKPEN	3	MO	KORLYM	5	PAR; LA; MO; NEDS
HUMALOG MIX 75/25	3	MO	KUVAN ORAL TABLET,SOLUBLE	5	PAR; LA; MO; NEDS
HUMALOG MIX 75/25 KWIKPEN	3	MO	LANTUS	3	MO
HUMULIN 70/30	6	MO	LANTUS SOLOSTAR	3	MO
HUMULIN 70/30 KWIKPEN	6	MO	LEVEMIR	3	MO
HUMULIN N	6	MO	LEVEMIR	3	MO
HUMULIN N KWIKPEN	6	MO	FLEXTOUCH		
HUMULIN R	6	MO	<i>levothyroxine oral</i>	2	MO
HUMULIN R U-500 (CONCENTR)	5	MO; NEDS	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	3	MO
HUMULIN R U-500 KWIKPEN	5	MO; NEDS	<i>liothyronine oral</i>	2	MO
<i>hydrocortisone oral</i>	2		<i>metformin oral tablet 1,000 mg</i>	6	MO; QLL (60 PER 30 days)
INSULIN PEN NEEDLE	6	MO	<i>metformin oral tablet 500 mg</i>	6	MO; QLL (150 PER 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	6	MO	<i>metformin oral tablet 850 mg</i>	6	MO; QLL (90 PER 30 days)
JANUMET	3	MO; QLL (60 PER 30 days)			
JANUMET XR ORAL TABLET, ER	3	MO; QLL (30 PER 30 days)			
MULTIPHASE 24 HR 100-1,000 MG					

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; QLL (120 PER 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; QLL (60 PER 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous</i>	2	MO
MIACALCIN INJECTION	4	B/D; PAR
MYOZYME	5	NEDS
NAGLAZYME	5	PAR; LA; NEDS
NATPARA	5	PAR; LA; QLL (2 PER 28 days); MO; NEDS
<i>needles, insulin disp.,safety</i>	6	MO
<i>oxandrolone oral tablet 10 mg</i>	5	QLL (60 PER 30 days); NEDS
<i>oxandrolone oral tablet 2.5 mg</i>	2	QLL (120 PER 30 days)
<i>pamidronate</i>	2	B/D; PAR; MO
<i>pamidronate 90 mg/10 ml, 30 mg/ 10 ml</i>	2	B/D; PAR
<i>pioglitazone oral tablet 15 mg</i>	6	MO; QLL (90 PER 30 days)
<i>pioglitazone oral tablet 30 mg</i>	6	MO; QLL (45 PER 30 days)
<i>pioglitazone oral tablet 45 mg</i>	6	MO; QLL (30 PER 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisone intensol</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral</i>	2	MO
<i>prednisone oral</i>	2	MO
PROGLYCEM	4	MO
<i>propylthiouracil</i>	2	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QLL (960 PER 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QLL (480 PER 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QLL (240 PER 30 days)
SENSIPAR ORAL TABLET 30 MG	3	MO; QLL (60 PER 30 days)
SENSIPAR ORAL TABLET 60 MG	5	QLL (60 PER 30 days); MO; NEDS
SENSIPAR ORAL TABLET 90 MG	5	QLL (120 PER 30 days); MO; NEDS
SOMAVERT	5	PAR; LA; MO; NEDS
STIMATE	4	MO
SYMLINPEN 120	4	MO; QLL (11 PER 30 days)
SYMLINPEN 60	4	MO; QLL (6 PER 30 days)
SYNAREL	5	PAR; NEDS
SYNJARDY	3	QLL (60 PER 30 DAYS); PAR; MO
SYNTHROID	3	MO
TESTIM	4	MO; QLL (300 PER 30 days)
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
<i>testosterone td gel (1%)</i>	4	MO; QLL (300 PER 30 days)
<i>testosterone transdermal gel in packet</i>	4	MO; QLL (300 PER 30 days)
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	QLL (30 PER 30 DAYS); MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	2	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
TRULICITY	3	MO; QLL (2 PER 28 days)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	MO
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 PER 30 days)
VPRIV	5	PAR; NEDS
ZAVESCA	5	PAR; LA; MO; NEDS
zoledronic acid intravenous recon soln 4 mg	2	
zoledronic acid intravenous solution 4 mg/5 ml	2	
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	5	NEDS
Gastroenterology		
alosetron	5	QLL (60 PER 30 days); MO; NEDS
AMITIZA	3	MO
aprepitant 125mg	4	QLL (5 PER 30 DAYS); B/D; PAR
aprepitant 40mg	4	QLL (1 PER 28 DAYS); B/D; PAR
aprepitant 80mg	4	QLL (10 PER 30 DAYS); B/D; PAR
aprepitant therapy pack	4	QLL (15 PER 30 DAYS); B/D; PAR
APRISO	3	MO
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	3	
balsalazide	2	
budesonide oral	5	NEDS
CANASA	4	
colocort	2	
compro	2	
constulose	2	MO

Drug Name	Drug Tier	Requirements/Limits
CREON	3	MO
CYSTADANE	5	LA; MO; NEDS
DELZICOL ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	MO
DEXILANT	4	MO; QLL (30 PER 30 days)
dicyclomine oral capsule	2	
dicyclomine oral tablet	2	
DIPENTUM	5	MO; NEDS
diphenoxylate-atropine oral tablet	2	
dronabinol oral capsule 10 mg	5	B/D; PAR; QLL (120 PER 30 days); NEDS
dronabinol oral capsule 2.5 mg, 5 mg	4	B/D; PAR; QLL (120 PER 30 days)
enulose	2	MO
esomeprazole magnesium	4	MO; QLL (30 PER 30 days)
famotidine (pf)	2	MO
famotidine (pf)-nacl (iso-os)	2	
famotidine inj	2	
famotidine intravenous	2	MO
famotidine oral tablet 20 mg, 40 mg	2	MO
GATTEX 30-VIAL	5	NEDS
GATTEX ONE-VIAL	5	LA; MO; NEDS
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n	2	
generlac	2	MO
glycopyrrolate oral	2	
hydrocortisone rectal cream 2.5 %	2	
hydrocortisone rectal enema	2	
INFLECTRA	5	PAR; NEDS
lactulose	2	MO
lactulose	2	MO
lansoprazole	2	QLL (30 PER 30 DAYS); MO
LINZESS	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide oral capsule</i>	2	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
MESALAMINE DR	3	
<i>mesalamine rectal</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	
<i>metoclopramide hcl injection solution</i>	2	
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>misoprostol</i>	2	MO
MOVANTIK	3	QLL (30 PER 30 DAYS)
MOVIPREP	3	
<i>omeprazole oral capsule, delayed release(drlec)</i>	2	MO; QLL (30 PER 30 DAYS)
<i>ondansetron</i>	2	B/D; PAR; QLL (90 PER 30 days)
<i>ondansetron 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D; PAR; QLL (30 PER 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D; PAR; QLL (90 PER 30 days)
PANCREAZE	3	MO
<i>pantoprazole</i>	2	
<i>pantoprazole</i>	2	MO; QLL (30 PER 30 DAYS)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte soln</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PENTASA	4	MO
<i>polyethylene glycol 3350 oral</i>	2	
<i>polyethylene glycol 3350 oral</i>	2	MO
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
PROTONIX	4	
INTRAVENOUS		
<i>ranitidine</i>	2	
<i>ranitidine hcl injection solution 25 mg/ml</i>	2	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
RELISTOR	4	PAR
SUBCUTANEOUS SOLUTION		
REMICADE	5	PAR; NEDS
STELARA 45 MG/0.5 ML	5	QLL (1 PER 28 DAYS); PAR; MO; NEDS
STELARA 5 MG/ML	5	PAR; NEDS
STELARA 90 MG/ML	5	QLL (1 PER 28 DAYS); PAR; MO; NEDS
<i>sucrafate oral tablet</i>	2	MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	
TRANSDERM-SCOP	4	QLL (10 PER 30 days)
<i>trilyte</i>	2	
<i>ursodiol</i>	2	MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	
ACTIMMUNE	5	PAR; LA; NEDS
ADACEL(TDAP	3	
ADOLESN/ADULT)(PF)		

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

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	
ARCALYST	5	PAR; LA; MO; NEDS
ATGAM	5	B/D; PAR; NEDS
AVONEX (WITH ALBUMIN)	5	PAR; QLL (4 PER 28 days); MO; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; QLL (4 PER 28 days); MO; NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; QLL (4 PER 28 days); MO; NEDS
BCG VACCINE, LIVE (PF)	3	
BETASERON SUBCUTANEOUS KIT	5	PAR; MO; NEDS
BEXSERO (PF)	4	
BOOSTRIX TDAP	3	
CERVARIX VACCINE (PF)	3	
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
ENGERIX-B (PF)	3	B/D; PAR
ENGERIX-B (PF)	3	B/D; PAR
ENGERIX-B PEDIATRIC (PF)	3	B/D; PAR
GAMUNEX-C	5	PAR; NEDS
GAMUNEX-C	5	PAR; NEDS
GARDASIL 9 (PF)	3	
GENOTROPIN	5	PAR; MO; NEDS
GENOTROPIN MINIQUICK	4	PAR; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	4	MO

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT)	5	PAR; MO; NEDS
ILARIS (PF)	5	PAR; LA; NEDS
ILARIS 150 MG	5	
IMOGAM RABIES-HT	4	
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	
INTRON A INJECTION	5	PAR; LA; MO; NEDS
INTRON A INJECTION	5	PAR; NEDS
IPOLE INJECTION SUSPENSION	3	
IXIARO (PF)	3	
KINRIX	3	
KINRIX	4	
LEUKINE INJECTION RECON SOLN	5	NEDS
M-M-R II (PF)	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENHIBRIX (PF)	3	
MENOMUNE - A/C/Y/W-135	3	
MENOMUNE - A/C/Y/W-135 (PF)	3	
MENVEO A-C-Y-W-135-DIP (PF)	3	
MOZOBIL	5	PAR; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
NEULASTA SUBCUTANEOUS SYRINGE	5	PAR; QLL (2 PER 28 days); NEDS
NEUPOGEN	5	PAR; NEDS
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	PAR; MO; NEDS
OCTAGAM	5	PAR; NEDS
OCTAGAM	5	PAR; NEDS
PEDIARIX	4	
PEDVAX HIB (PF)	3	
PEGASYS	5	PAR; NEDS
PEGASYS PROCLICK	5	PAR; NEDS
PENTACEL	3	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PAR; QLL (12 PER 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PAR; QLL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	3	PAR; QLL (24 PER 28 days)
PROLEUKIN	5	NEDS
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D; PAR

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D; PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D; PAR
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D; PAR
ROTARIX	3	
ROTATEQ VACCINE	3	
STAMARIL	3	
SYLATRON	5	PAR; MO; NEDS
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	
TETANUS, DIPHTHERIA TOX PED(PF)	3	
TETANUS-DIPHTHERIA TOXOIDS-TD	3	
THYMOGLOBULIN	5	B/D; PAR; NEDS
TICE BCG	3	MO
TRUMENBA	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	4	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	

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

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF)	3	
VARIZIG INTRAMUSCULAR SOLUTION	5	NEDS
VAXCHORA	3	
YF-VAX (PF)	3	
ZORBTIVE	5	PAR; MO; NEDS
ZOSTAVAX (PF)	3	
Musculoskeletal / Rheumatology		
<i>alendronate oral tablet 10 mg, 5 mg</i>	2	MO; QLL (30 PER 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	MO; QLL (4 PER 28 days)
<i>allopurinol</i>	2	MO
BENLYSTA	5	PAR; LA; NEDS
BONIVA INTRAVENOUS	4	B/D; PAR
<i>colchicine oral</i>	4	
<i>colchicine-probenecid</i>	2	MO
CUPRIMINE	5	NEDS
DEPEN TITRATABS	5	NEDS
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; QLL (8 PER 28 days); MO; NEDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PAR; QLL (4.08 PER 28 days); MO; NEDS
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PAR; QLL (8 PER 28 days); MO; NEDS
ENBREL SURECLICK	5	PAR; QLL (8 PER 28 days); MO; NEDS
FORTEO	5	PAR; QLL (3 PER 28 days); MO; NEDS
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS	5	PAR; QLL (6 PER 365 days); LA; MO; NEDS

Drug Name	Drug Tier	Requirements/Limits
SYRINGE KIT 40 MG/ 0.8 ML		
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/ 0.8 ML (6 PACK)	5	PAR; QLL (12 PER 365 days); LA; MO; NEDS
HUMIRA PEN	5	PAR; QLL (4 PER 28 days); MO; NEDS
HUMIRA PEN CROHN'S-UC-HS START	5	PAR; QLL (12 PER 365 days); MO; NEDS
HUMIRA PEN PSORIASIS STARTER	5	PAR; QLL (3.2 per 28 days); NEDS
HUMIRA PEN- PSORIASIS STAR	5	QLL (8 PER 28 DAYS); PAR; MO; NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/ 0.2 ML, 20 MG/0.4 ML	5	PAR; QLL (2 PER 28 days); MO; NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/ 0.8 ML	5	PAR; QLL (4 PER 28 days); MO; NEDS
<i>ibandronate sodium tab</i>	2	QLL (1 PER 28 DAYS); MO
<i>leflunomide</i>	2	MO
<i>probenecid</i>	2	MO
PROLIA	4	PAR; QLL (2 PER 365 days)
<i>raloxifene</i>	2	MO; QLL (30 PER 30 days)
RIDAURA	4	MO
SAVELLA ORAL TABLET 100 MG	4	MO; QLL (60 PER 30 days)
SAVELLA ORAL TABLET 12.5 MG	4	MO; QLL (480 PER 30 days)
SAVELLA ORAL TABLET 25 MG	4	MO; QLL (240 PER 30 days)
SAVELLA ORAL TABLET 50 MG	4	MO; QLL (120 PER 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	4	QLL (110 PER 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ	5	QLL (60 PER 30 DAYS); PAR; MO; NEDS
Obstetrics / Gynecology		
<i>altavera (28)</i>	2	MO
<i>alyacen</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree</i>	2	MO
<i>blisovi</i>	2	MO
<i>brielllyn</i>	2	MO
<i>camila</i>	2	MO
<i>caziant</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>clindamycin phosphate vaginal</i>	2	
<i>cryselle (28)</i>	2	MO
<i>cyclafem</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>deblitane</i>	2	MO
<i>delyla (28)</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	4	
<i>desog-e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel & ethinyl estradiol Tab</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol tab</i>	2	MO
<i>elinest</i>	2	MO
ELLA	3	MO
<i>enpresse</i>	2	MO
<i>errin</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
ESTRACE VAGINAL	4	MO
<i>estradiol oral</i>	2	MO
ESTRING	4	MO; QLL (1 PER 90 days)
<i>ethynodiol diacetate & ethinyl estradiol tab</i>	2	MO
<i>falmina (28)</i>	2	MO
<i>femynor</i>	2	MO
<i>gildagia</i>	2	MO
<i>gildess 1.5/30 (21)</i>	2	MO
<i>gildess fe 1.5/30 (28)</i>	2	MO
<i>gildess fe 1/20 (28)</i>	2	MO
<i>heather</i>	2	MO
<i>introvale</i>	2	MO
<i>jencycla</i>	2	MO
<i>jolessa</i>	2	MO
<i>jolivette</i>	3	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kimidess</i>	2	MO
<i>kurvelo</i>	2	MO
<i>larin</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin fe</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad</i>	2	MO
<i>oral tablets,dose pack,3</i>		
<i>month</i>		
<i>levora</i>	2	MO
<i>lomedica</i>	2	MO
<i>low-ogestrel</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>lyza</i>	2	MO
<i>marlissa</i>	2	MO
<i>medroxyprogesterone</i>	2	
<i>medroxyprogesterone</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
<i>menest</i>	2	MO
<i>menest</i>	2	MO
<i>metronidazole vaginal</i>	2	
<i>miconazole-3 vaginal</i>	2	QLL (6 per 30 days)
<i>suppository</i>		
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mircette (28)</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>mononessa (28)</i>	4	MO
<i>myzilra</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 1/35 (28)</i>	2	MO
<i>necon 10/11 (28)</i>	2	MO
<i>necon 7/7/7 (28)</i>	4	MO
<i>nora-be</i>	2	MO
<i>norethindrone</i>	2	MO
<i>(contraceptive)</i>		
<i>norethindrone ace & ethinyl</i>	2	MO
<i>estradiol tab</i>		
<i>norethindrone ace & ethinyl</i>	2	MO
<i>estradiol-fe tab</i>		
<i>norethindrone acetate</i>	2	MO
<i>norethindrone-e.estradiol-</i>	2	MO
<i>iron</i>		
<i>norethindrone-e.estradiol-</i>	2	MO
<i>iron</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate & ethinyl</i>	2	MO
<i>estradiol tab</i>		
<i>norgestimate-eth estrad tab</i>	2	MO
<i>norgestimate-ethinyl</i>	2	MO
<i>estradiol oral tablet 0.18/</i>		
<i>0.215/0.25 mg-35 mcg</i>		
<i>(28)</i>		
<i>norgestimate-ethinyl</i>	4	MO
<i>estradiol oral tablet 0.25-35</i>		
<i>mg-mcg</i>		
<i>norlyroc</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>NUVARING</i>	4	MO
<i>ocella</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtree (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia</i>	2	MO
<i>PREMARIN</i>	4	
<i>INJECTION</i>		
<i>PREMARIN ORAL</i>	3	MO
<i>PREMARIN VAGINAL</i>	3	MO
<i>PREMPHASE</i>	3	MO
<i>PREMPRO</i>	3	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sharobel</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>terconazole</i>	2	
<i>tranexamic acid oral</i>	2	
<i>tri-estarylla</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trinessa (28)</i>	3	MO
<i>trivora (28)</i>	2	MO
VAGIFEM	4	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>viorele (28)</i>	2	MO
VIVELLE-DOT	4	MO; QLL (8 PER 28 days)
<i>vyfemla (28)</i>	2	MO
<i>zarah</i>	2	MO
<i>zenchent (28)</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zovia 1/50e (28)</i>	2	MO
Ophthalmology		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	
ALPHAGAN P	3	MO
OPHTHALMIC DROPS 0.1 %		
<i>apraclonidine</i>	2	
<i>atropine ophthalmic drops</i>	3	MO
<i>azelastine ophthalmic</i>	2	
AZOPT	4	MO
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin b ophthalmic</i>	2	
<i>betaxolol ophthalmic</i>	2	MO
BETIMOL	4	MO
BLEPHAMIDE S.O.P.	4	
<i>brimonidine ophthalmic drops 0.2 %</i>	2	MO
<i>carteolol</i>	2	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	
COMBIGAN	3	MO
<i>cromolyn ophthalmic</i>	2	
CYSTARAN	5	LA; MO; NEDS
<i>dexamethasone sodium phosphate ophthalmic</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
DUREZOL	3	
<i>erythromycin ophthalmic</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen ophthalmic drops</i>	2	
<i>gentak ophthalmic ointment</i>	2	
<i>gentamicin ophthalmic</i>	2	
ILEVRO	3	
<i>ketorolac ophthalmic</i>	2	
<i>latanoprost</i>	2	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	2	MO
LUMIGAN	3	MO
OPHTHALMIC DROPS 0.01 %		
<i>methazolamide oral</i>	4	MO
<i>metipranolol</i>	2	MO
<i>naphazoline</i>	2	MO
NATACYN	4	
<i>neo-polycin</i>	2	MO
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neomycin-polymyxin-hc ophthalmic</i>	2	
NEVANAC	3	
<i>ofloxacin ophthalmic</i>	2	
<i>olopatadine ophthalmic</i>	2	
<i>olopatadine ophthalmic</i>	3	
PAZEO	3	
PHOSPHOLINE IODIDE	4	MO
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
RESTASIS	4	MO; QLL (60 per 30 days)
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
<i>timolol maleate ophthalmic</i>	2	MO
<i>tobramycin</i>	2	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
TRAVATAN Z	3	MO
<i>travoprost (benzalkonium)</i>	2	MO
<i>trifluridine</i>	2	
VIGAMOX	3	
ZIOPTAN	4	MO
ZIRGAN	4	
Respiratory And Allergy		
<i>acetylcysteine</i>	2	B/D; PAR
ADEMPAS	5	PAR; LA; MO; NEDS
ADVAIR DISKUS	3	MO; QLL (60 PER 30 days)
ADVAIR HFA	3	MO; QLL (12 PER 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	B/D; PAR; MO; QLL (360 PER 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D; PAR; MO
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D; PAR; MO; QLL (60 PER 30 days)
<i>albuterol sulfate oral</i>	2	MO
ANORO ELLIPTA	3	MO; QLL (60 PER 30 days)
<i>arbinoxa</i>	2	MO
ARNUITY ELLIPTA	3	QLL (30 PER 30 DAYS); MO

Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA	3	QLL (13 PER 30 days); MO
ASMANEX TWISTHALER 120 ME	3	QLL (1 PER 30 DAYS); MO
ASMANEX TWISTHALER 30 MET	3	QLL (1 PER 30 DAYS); MO
ASMANEX TWISTHALER 60 MET	3	QLL (1 PER 30 DAYS); MO
ATROVENT HFA	3	MO; QLL (26 PER 30 days)
BREO ELLIPTA	3	MO; QLL (60 PER 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D; PAR; MO; QLL (120 PER 30 days)
<i>carbinoxamine maleate</i>	2	
CINRYZE	5	PAR; LA; NEDS
<i>clemastine oral tablet 2.68 mg</i>	2	
COMBIVENT RESPIMAT	3	MO; QLL (8 PER 30 days)
<i>cromolyn inhalation</i>	2	B/D; PAR; MO; QLL (240 PER 30 days)
<i>cyproheptadine oral tablet</i>	2	
DALIRESP	4	PAR; MO; QLL (30 PER 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe</i>	2	
DULERA	3	MO; QLL (13 PER 30 days)
EPINEPHRINE	3	QLL (2 PER 28 DAYS)
EPIPEN 2-PAK	4	QLL (2 PER 28 days)
EPIPEN JR 2-PAK	4	QLL (2 PER 28 days)
ESBRIET	5	PAR; QLL (270 PER 30 days); LA; MO; NEDS
FIRAZYR	5	NEDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/	3	MO; QLL (60 PER 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ACTUATION, 50 MCG/ ACTUATION		
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	3	MO; QLL (240 PER 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QLL (12 PER 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QLL (24 PER 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QLL (11 PER 30 days)
<i>flunisolide nasal spray, non- aerosol 25 mcg (0.025 %)</i>	2	MO; QLL (75 per 30 days)
<i>fluticasone nasal</i>	2	MO; QLL (16 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	4	PAR
<i>ipratropium bromide inhalation</i>	2	B/D; PAR; MO
<i>ipratropium-albuterol</i>	2	B/D; PAR; MO; QLL (540 PER 30 days)
KALYDECO ORAL TABLET	5	PAR; QLL (60 PER 30 days); MO; NEDS
LETAIRIS	5	PAR; LA; QLL (30 PER 30 days); MO; NEDS
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D; PAR; MO
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D; PAR; MO; QLL (270 PER 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	2	B/D; PAR; MO; QLL (540 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine oral tablet</i>	2	QLL (30 per 30 days)
<i>metaproterenol</i>	2	MO
<i>montelukast</i>	2	MO; QLL (30 per 30 days)
OFEV	5	PAR; QLL (60 PER 30 days); LA; MO; NEDS
ORKAMBI	5	PAR; QLL (120 PER 30 days); LA; MO; NEDS
ORKAMBI	5	QLL (120 PER 30 days); PAR; LA; MO; NEDS
<i>phenadoz</i>	2	
<i>phenadoz</i>	2	MO
PROAIR HFA	3	MO; QLL (18 PER 30 days)
PROAIR RESPICLICK	3	MO; QLL (2 PER 30 days)
<i>promethazine hcl suppositories</i>	2	
<i>promethazine oral tablet</i>	2	PAR
<i>promethegan rectal suppository 12.5 mg</i>	2	MO
PULMOZYME	5	B/D; PAR; MO; NEDS
QVAR INHALATION AEROSOL 40 MCG/ ACTUATION	3	MO; QLL (9 PER 30 days)
QVAR INHALATION AEROSOL 80 MCG/ ACTUATION	3	MO; QLL (18 PER 30 days)
SEREVENT DISKUS	3	MO; QLL (60 PER 30 days)
<i>sildenafil oral</i>	2	PAR; MO; QLL (90 PER 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 PER 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 PER 30 days)
STIOLTO RESPIMAT	3	MO; QLL (4 PER 30 days)
<i>terbutaline oral</i>	2	MO
<i>terbutaline subcutaneous</i>	2	
<i>theophylline oral tablet extended release</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>tobramycin nebu soln 300 MG/5ML</i>	5	QLL (280 PER 28 DAYS); PAR; NEDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	MO; QLL (1 PER 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	QLL (1 PER 30 days); MO
VENTAVIS	5	PAR; QLL (270 PER 30 days); LA; MO; NEDS
VENTOLIN HFA	3	MO; QLL (36 PER 30 days)
<i>vospire er</i>	2	MO
XOLAIR	5	PAR; LA; QLL (6 PER 28 days); NEDS
<i>zafirlukast</i>	2	MO; QLL (60 per 30 days)
Urologicals		
<i>alfuzosin</i>	2	MO
<i>bethanechol chloride</i>	2	
CYSTAGON	4	MO; LA
<i>darifenacin</i>	4	QLL (30 PER 30 days); MO
<i>dutasteride</i>	2	MO; QLL (30 PER 30 days)
<i>dutasteride-tamsulosin</i>	2	MO; QLL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	MO
MYRBETRIQ	3	MO; QLL (30 PER 30 days)
<i>oxybutynin chloride oral syrup</i>	2	MO; QLL (600 PER 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; QLL (120 PER 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; QLL (60 PER 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QLL (30 PER 30 days)
<i>potassium citrate oral tablet extended release 10 meq (1, 080 mg), 5 meq (540 mg)</i>	2	
<i>tamsulosin</i>	2	MO; QLL (60 per 30 days)
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO; QLL (30 PER 30 days)
<i>tolterodine oral tablet</i>	2	MO; QLL (60 PER 30 days)
TOVIAZ	3	MO; QLL (30 PER 30 days)
VESICARE	4	MO; QLL (30 PER 30 days)
Vitamins, Hematinics / Electrolytes		
AMINOSYN 8.5 %	4	B/D; PAR
AMINOSYN 8.5 %-ELECTROLYTES	4	B/D; PAR; HI
AMINOSYN II 10 %	4	B/D; PAR; HI
AMINOSYN II 7 %	4	B/D; PAR; HI
AMINOSYN II 8.5 %	4	B/D; PAR; HI
AMINOSYN II 8.5 %-ELECTROLYTES	4	B/D; PAR; HI
AMINOSYN M 3.5 %	4	B/D; PAR
AMINOSYN-HBC 7%	4	B/D; PAR; HI
AMINOSYN-PF 10 %	4	B/D; PAR; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D; PAR; HI
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
CLINIMIX 5%/D15W SULFITE FREE	4	B/D; PAR; HI
CLINIMIX 5%/D25W SULFITE-FREE	4	B/D; PAR; HI
CLINIMIX 2.75%/D5W SULFIT FREE	4	B/D; PAR; HI

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%-D20W SULF-FREE	3	B/D; PAR; HI
CLINIMIX 4.25%-D25W SULF-FREE	3	B/D; PAR; HI
CLINIMIX 4.25%/D10W SULF FREE	3	B/D; PAR; HI
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D; PAR; HI
CLINIMIX E 4.25%/D25W SUL FREE	3	B/D; PAR; HI
CLINIMIX E 4.25%/D5W SULF FREE	4	B/D; PAR; HI
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D; PAR; HI
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D; PAR; HI
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D; PAR; HI
CLINISOL SF 15 % <i>dextrose-kcl-nacl</i>	4 2	B/D; PAR; HI
FREAMINE III 10 %	3	B/D; PAR
HEPATAMINE 8%	4	B/D; PAR; HI
INTRALIPID <i>intralipid intravenous emulsion 20 %</i>	3 2	HI; B/D; PAR B/D; PAR; MO
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle</i>	2	MO
<i>lactated ringers intravenous</i>	3	HI
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	
<i>magnesium sulfate injection solution</i>	3	HI
<i>magnesium sulfate injection syringe</i>	2	HI
NORMOSOL-MIN 5 %	4	HI
DEXTROSE		
NORMOSOL-R	4	
NORMOSOL-R IN 5 %	4	HI
DEXTROSE		
NORMOSOL-R PH 7.4	4	HI
NUTRILIPID	2	B/D; PAR
PLASMA-LYTE 148	3	HI
PLENAMINE	4	B/D; PAR
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	3	HI
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride er</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	3	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride inj</i>	2	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	3	HI
<i>potassium chloride intravenous piggyback 10 meq/50 ml</i>	2	
<i>potassium chloride intravenous piggyback 20 meq/50 ml, 30 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution</i>	2	HI
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	2	HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>parenteral solution 20 meq/l</i>		
<i>potassium chloride-d5-0.33%nacl intravenous parenteral solution 20 meq/l</i>	2	HI
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	HI
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	3	HI
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	3	HI
<i>prenatal vitamin oral tablet</i>	2	MO
<i>ringers intravenous</i>	3	B/D; PAR; HI
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 %</i>	3	HI
<i>sodium chloride 5 %</i>	3	HI
<i>sodium chloride Inj 0.45%</i>	2	HI
<i>sodium chloride inj 2.5 mEq/ml (14.6%)</i>	2	HI
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	
<i>sodium chloride iv Soln 0.9%</i>	2	HI
<i>sodium fluoride oral tablet</i>	2	MO
<i>sodium fluoride oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	2	MO
<i>tpn electrolytes</i>	3	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>travasol 10 %</i>	4	B/D; PAR; HI
TROPHAMINE 10 %	4	B/D; PAR; HI
TROPHAMINE 6%	4	B/D; PAR; HI

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

Índice de medicamentos: Leyenda

Los medicamentos genéricos se muestran en cursiva minúscula (por ejemplo, *enalapril*)

Los medicamentos de marca se muestran en mayúsculas (por ejemplo, NOVLOG)

El Índice brinda una lista alfabética de todos los medicamentos incluidos en este documento. Figuran tanto los medicamentos de marca como los medicamentos genéricos. Busque su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que figura en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

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