



**Regence MedAdvantage + Rx Classic (PPO) and
Regence MedAdvantage + Rx Enhanced (PPO)
2016 Formulary
(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00016263, Version Number 7

This formulary was updated on 07/29/2015. For more recent information or other questions, please contact Regence BlueShield of Idaho Member Services, at 1-800-541-8981 or, for TTY users, 711, from 8:00 a.m. to 8:00 p.m. Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week), or visit regence.com/medicare.

This information is available for free in other languages. Please call our Member Services number at 1-800-541-8981 (TTY: 711), 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, 8:00 a.m. to 8:00 p.m., seven days a week).

Regence BlueShield of Idaho is an independent licensee of the Blue Cross and Blue Shield Association.

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 Regence BlueShield of Idaho. When it refers to “plans” or “our plans,” it means Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced.

This document includes a list of the drugs (formulary) for our plans which is current as of 07/29/2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced Formulary?

A formulary is a list of covered drugs selected by Regence in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Regence MedAdvantage + Rx Classic or Regence MedAdvantage + Rx Enhanced 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 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 07/29/2015. To get updated information about the drugs covered by Regence, please contact us. Our contact information appears on the front and back cover pages.

Periodically our formulary may change, including changes to a medication's cost-sharing tier. When this results in a medication you take moving to a different cost share, we will notify you via mail or on your monthly EOB. We update our printed formularies each month and they are available on our website regence.com/medicare.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 118. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Regence 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:** Regence requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Regence limits the amount of the drug that we will cover. For example, we provide 12 tablets per prescription for *sumatriptan*. 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced Formulary?” on page III for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

Generally, we 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 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.

For those members who have been in the plan for more than 90 days and have a level-of-care change from one treatment setting to another:

For these unplanned transitions, you can request an exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in the level of care and are stabilized on drug regimens that if altered, are known to have risks.

Examples of level-of-care changes include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens;
- Ending an LTC facility stay and returning to the community.

For more information

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

If you have questions about Regence MedAdvantage + Rx Classic or Regence MedAdvantage + Rx Enhanced, 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>.

Regence's Formulary

The formulary below provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 118.

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

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

Tier Level Definitions and Copays

Regence MedAdvantage + Rx Enhanced 004 and 010 – Plan Benefits				
Tier Name	Tier Level	Up to a 30*-day supply cost sharing	Up to a 60-day supply cost sharing	Up to a 90-day supply cost sharing
Preferred Generic	1	\$5	\$10	\$10
Generic	2	\$12	\$24	\$24
Preferred Brand	3	\$47	\$94	\$117.50
Non-Preferred Brand	4	\$100	\$200	\$250
Specialty	5	33%	N/A	N/A
Select Care Drugs	6	\$0	\$0	\$0

Regence MedAdvantage + Rx Classic 002 (Counties include Bonner, Kootenai, Latah, Nez Perce in Idaho, and Asotin County In Washington) – Plan Benefits				
Deductible: \$360 (waived for Tier 6)				
Tier Name	Tier Level	Up to a 30*-day supply cost sharing	Up to a 60-day supply cost sharing	Up to a 90-day supply cost sharing
Preferred Generic	1	\$10	\$20	\$20
Generic	2	\$17	\$34	\$34
Preferred Brand	3	\$47	\$94	\$117.50
Non-Preferred Brand	4	\$100	\$200	\$250
Specialty	5	25%	N/A	N/A
Select Care Drugs	6	\$0	\$0	\$0

Regence MedAdvantage + Rx Classic 009 (Counties include Ada, Boise, Canyon, Gem and Owyhee in Idaho) – Plan Benefits

Deductible: \$360 (waived for Tier 6)

Tier Name	Tier Level	Up to a 30*-day supply cost sharing	Up to a 60-day supply cost sharing	Up to a 90-day supply cost sharing
Preferred Generic	1	\$13	\$26	\$26
Generic	2	\$20	\$40	\$40
Preferred Brand	3	\$47	\$94	\$117.50
Non-Preferred Brand	4	\$100	\$200	\$250
Specialty	5	25%	N/A	N/A
Select Care Drugs	6	\$0	\$0	\$0

*31-day supply for long-term care residents

Note – Tier 5 contains brand name and generic products. They are limited to a 30-day supply for retail, mail order and out-of-network (31-day supply for long-term care residents).

Requirements and Limits Legend

LA	Limited Access Medications This prescription drug may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call Member Services at 1-800-541-8981 from 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week). TTY users should call 711.
MO	Mail Order Medication This prescription drug is available through our mail order pharmacy services.
PA	Prior Authorization Medications Prior Authorization required for coverage. Refer to the Requirements and Limits section under your prescription drug for additional information.
B/D	Prior Authorization Medications – Part B or D This drug may be covered under Medicare Part B (medical) or D (prescription drug) depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
QL	Quantity Level Limit Medications Quantity Level limits apply. Refer to the Requirements/Limits section under your prescription drug for additional information.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>diclofenac potassium tablet 50mg</i>	1	MO
<i>diclofenac sodium dr tablet delayed release 25mg</i>	1	MO
<i>diclofenac sodium dr tablet delayed release 50mg</i>	1	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	1	MO
<i>diflunisal tablet 500mg</i>	2	MO
<i>etodolac er tablet extended release 24 hour 400mg</i>	2	MO
<i>etodolac er tablet extended release 24 hour 500mg</i>	2	MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	2	MO
<i>etodolac capsule 200mg</i>	1	MO
<i>etodolac capsule 300mg</i>	1	MO
<i>etodolac tablet 500mg</i>	1	MO
<i>fenoprofen calcium tablet 600mg</i>	2	MO
<i>flurbiprofen tablet 50mg</i>	1	MO
<i>ibuprofen suspension 100mg/5ml</i>	1	MO
<i>ibuprofen tablet 600mg</i>	1	MO
<i>ibuprofen tablet 800mg</i>	1	MO
<i>indomethacin er capsule extended release 75mg</i>	2	PA (HRM - Analgesics) MO
<i>indomethacin capsule 50mg</i>	2	PA (HRM - Analgesics) MO
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	2	MO
<i>ketoprofen capsule 75mg</i>	1	MO
<i>ketorolac tromethamine injection 15mg/ml</i>	2	PA (HRM - Analgesics) MO
<i>ketorolac tromethamine injection 300mg/10ml</i>	2	PA (HRM - Analgesics) MO
<i>ketorolac tromethamine injection 30mg/ml</i>	2	PA (HRM - Analgesics) MO
<i>ketorolac tromethamine injection 30mg/ml</i>	2	PA (HRM - Analgesics) MO
<i>ketorolac tromethamine injection 60mg/2ml</i>	2	PA (HRM - Analgesics) MO
<i>ketorolac tromethamine injection 60mg/2ml</i>	2	PA (HRM - Analgesics) MO
<i>ketorolac tromethamine tablet 10mg</i>	2	PA (HRM - Analgesics) MO
<i>meclofenamate sodium capsule 50mg</i>	2	MO
<i>mefenamic acid capsule 250mg</i>	2	MO
<i>meloxicam suspension 7.5mg/5ml</i>	1	MO
<i>meloxicam tablet 7.5mg</i>	1	MO
<i>nabumetone tablet 750mg</i>	1	MO
<i>naproxen dr tablet delayed release 375mg</i>	1	MO
<i>naproxen dr tablet delayed release 500mg</i>	1	MO
<i>naproxen sodium tablet 275mg</i>	1	MO
<i>naproxen sodium tablet 550mg</i>	1	MO
<i>naproxen suspension 125mg/5ml</i>	1	MO
<i>naproxen tablet 250mg</i>	1	MO
<i>naproxen tablet 375mg</i>	1	MO
<i>oxaprozin tablet 600mg</i>	2	MO
<i>piroxicam capsule 20mg</i>	2	MO
<i>sulindac tablet 200mg</i>	1	MO
<i>tolmetin sodium capsule 400mg</i>	2	MO
<i>tolmetin sodium tablet 600mg</i>	2	MO
Opioid Analgesics, Long-acting		
<i>fentanyl patch 72 hour 100mcg/hr</i>	2	QL (10 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 72 hour 12mcg/hr</i>	2	QL (10 EA per 30 days) MO
<i>fentanyl patch 72 hour 25mcg/hr</i>	2	QL (10 EA per 30 days) MO
<i>fentanyl patch 72 hour 37.5mcg/hr</i>	2	QL (10 EA per 30 days) MO
<i>fentanyl patch 72 hour 50mcg/hr</i>	2	QL (10 EA per 30 days) MO
<i>fentanyl patch 72 hour 62.5mcg/hr</i>	2	QL (10 EA per 30 days) MO
<i>fentanyl patch 72 hour 75mcg/hr</i>	2	QL (10 EA per 30 days) MO
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	2	QL (10 EA per 30 days) MO
<i>hydromorphone hcl er tablet er 24 hour abuse-deterrent 12mg</i>	5	QL (150 EA per 30 days) MO
<i>hydromorphone hcl er tablet er 24 hour abuse-deterrent 16mg</i>	5	QL (120 EA per 30 days) MO
<i>hydromorphone hcl er tablet er 24 hour abuse-deterrent 32mg</i>	5	QL (60 EA per 30 days) MO
<i>hydromorphone hcl er tablet er 24 hour abuse-deterrent 8mg</i>	5	QL (240 EA per 30 days) MO
LEVORPHANOL TARTRATE TABLET 2MG	4	MO
<i>methadone hcl intensol concentrate 10mg/ml</i>	1	QL (360 ML per 30 days) MO
<i>methadone hcl concentrate 10mg/ml</i>	1	QL (360 ML per 30 days) MO
<i>methadone hcl injection 10mg/ml</i>	2	MO
<i>methadone hcl solution 10mg/5ml</i>	1	QL (450 ML per 30 days) MO
<i>methadone hcl solution 5mg/5ml</i>	1	QL (3600 ML per 30 days) MO
<i>methadone hcl tablet 10mg</i>	1	QL (360 EA per 30 days) MO
<i>methadone hcl tablet 5mg</i>	1	QL (180 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour 100mg</i>	2	QL (120 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour 10mg</i>	2	QL (120 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour 20mg</i>	2	QL (120 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour 30mg</i>	2	QL (120 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour 50mg</i>	2	QL (120 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour 60mg</i>	2	QL (120 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour 80mg</i>	2	QL (120 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 100mg</i>	1	QL (120 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 15mg</i>	1	QL (120 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 200mg</i>	1	QL (120 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 30mg</i>	1	QL (120 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 60mg</i>	1	QL (120 EA per 30 days) MO
<i>morphine sulfate tablet 15mg</i>	1	QL (240 EA per 30 days) MO
<i>morphine sulfate tablet 30mg</i>	1	QL (240 EA per 30 days) MO
<i>tramadol hcl er tablet extended release 24 hour 100mg</i>	2	MO
<i>tramadol hcl er tablet extended release 24 hour 100mg</i>	2	MO
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	2	MO
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	2	MO
<i>tramadol hcl er tablet extended release 24 hour 300mg</i>	2	MO
<i>tramadol hcl er tablet extended release 24 hour 300mg</i>	2	MO
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine #2 tablet 300mg; 15mg</i>	1	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine #3 tablet 300mg; 30mg</i>	1	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine #4 tablet 300mg; 60mg</i>	1	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine phosphate tablet 300mg; 30mg</i>	1	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	1	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	1	QL (5000 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg</i>	1	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	1	QL (390 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ascomp/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	2	PA (HRM - Analgesics) MO
<i>astramorph injection 0.5mg/ml</i>	1	MO
<i>astramorph injection 1mg/ml</i>	1	MO
<i>butalbital/aspirin/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	2	PA (HRM - Analgesics) MO
<i>butorphanol tartrate injection 1mg/ml</i>	1	MO
<i>butorphanol tartrate injection 2mg/ml</i>	1	MO
<i>butorphanol tartrate solution 10mg/ml</i>	2	QL (25 ML per 30 days) MO
<i>codeine sulfate tablet 15mg</i>	1	QL (180 EA per 30 days) MO
<i>codeine sulfate tablet 30mg</i>	1	QL (180 EA per 30 days) MO
<i>codeine sulfate tablet 60mg</i>	1	QL (180 EA per 30 days) MO
<i>duramorph injection 0.5mg/ml</i>	1	MO
<i>duramorph injection 1mg/ml</i>	1	MO
<i>endocet tablet 325mg; 10mg</i>	1	QL (360 EA per 30 days) MO
<i>endocet tablet 325mg; 2.5mg</i>	1	QL (360 EA per 30 days) MO
<i>endocet tablet 325mg; 5mg</i>	1	QL (360 EA per 30 days) MO
<i>endocet tablet 325mg; 7.5mg</i>	1	QL (360 EA per 30 days) MO
<i>endodan tablet 325mg; 4.835mg</i>	1	QL (180 EA per 30 days) MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg</i>	5	QL (120 EA per 30 days) PA (Fentanyl) MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg</i>	5	QL (120 EA per 30 days) PA (Fentanyl) MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	2	QL (120 EA per 30 days) PA (Fentanyl) MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 400mcg</i>	2	QL (120 EA per 30 days) PA (Fentanyl) MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 600mcg</i>	5	QL (120 EA per 30 days) PA (Fentanyl) MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 800mcg</i>	5	QL (120 EA per 30 days) PA (Fentanyl) MO
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	2	QL (5500 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg</i>	2	QL (390 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg</i>	2	QL (390 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 7.5mg</i>	2	QL (390 EA per 30 days) MO
<i>hydrocodone/acetaminophen solution 500mg/15ml; 7.5mg/15ml</i>	1	QL (3600 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 10mg</i>	2	QL (360 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 5mg</i>	2	QL (360 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL (360 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	2	MO
<i>hydromorphone hcl injection 500mg/50ml</i>	2	MO
<i>hydromorphone hcl liquid 1mg/ml</i>	2	MO
<i>hydromorphone hcl tablet 2mg</i>	2	MO
<i>hydromorphone hcl tablet 4mg</i>	2	MO
<i>hydromorphone hcl tablet 8mg</i>	2	MO
<i>lorcet hd tablet 325mg; 10mg</i>	2	QL (360 EA per 30 days) MO
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	QL (360 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorcet tablet 325mg; 5mg</i>	2	QL (360 EA per 30 days) MO
<i>lortab tablet 325mg; 10mg</i>	2	QL (360 EA per 30 days) MO
<i>lortab tablet 325mg; 5mg</i>	2	QL (360 EA per 30 days) MO
<i>lortab tablet 325mg; 7.5mg</i>	2	QL (360 EA per 30 days) MO
<i>morphine sulfate injection 0.5mg/ml</i>	1	MO
<i>morphine sulfate injection 1mg/ml</i>	1	MO
<i>morphine sulfate solution 10mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>morphine sulfate solution 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>morphine sulfate solution 20mg/ml</i>	2	QL (1260 ML per 30 days) MO
<i>nalbuphine hcl injection 10mg/ml</i>	1	MO
<i>nalbuphine hcl injection 20mg/ml</i>	1	MO
<i>oxycodone hcl capsule 5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hcl concentrate 100mg/5ml</i>	2	QL (270 ML per 30 days) MO
<i>oxycodone hcl solution 5mg/5ml</i>	2	MO
<i>oxycodone hcl tablet 10mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hcl tablet 15mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hcl tablet 20mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hcl tablet 30mg</i>	2	QL (90 EA per 30 days) MO
<i>oxycodone hcl tablet 5mg</i>	2	QL (360 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg</i>	1	QL (360 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	1	QL (360 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	1	QL (360 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 7.5mg</i>	1	QL (360 EA per 30 days) MO
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen tablet 400mg; 5mg</i>	1	MO
<i>oxymorphone hydrochloride tablet 10mg</i>	2	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride tablet 5mg</i>	2	QL (180 EA per 30 days) MO
<i>pentazocine/acetaminophen tablet 650mg; 25mg</i>	2	QL (180 EA per 30 days) PA (HRM - Analgesics) MO
<i>pentazocine/naloxone hcl tablet 0.5mg; 50mg</i>	2	PA (HRM - Analgesics) MO
<i>roxicet solution 325mg/5ml; 5mg/5ml</i>	1	QL (1850 ML per 30 days) MO
<i>stagesic capsule 500mg; 5mg</i>	1	QL (240 EA per 30 days) MO
TALWIN INJECTION 30MG/ML	4	PA (HRM - Analgesics) MO
<i>tramadol hcl tablet 50mg</i>	2	MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	QL (360 EA per 30 days) MO
<i>vicodin es tablet 300mg; 7.5mg</i>	2	QL (390 EA per 30 days) MO
<i>vicodin hp tablet 300mg; 10mg</i>	2	QL (390 EA per 30 days) MO
<i>vicodin tablet 300mg; 5mg</i>	2	QL (390 EA per 30 days) MO

Anesthetics

Local Anesthetics

<i>glydo gel 2%</i>	1	MO
<i>lidocaine hcl jelly gel 2%</i>	1	MO
<i>lidocaine hcl jelly gel 2%</i>	1	MO
<i>lidocaine hcl jelly gel 2%</i>	1	MO
<i>lidocaine hcl viscous solution 2%</i>	1	MO
<i>lidocaine hcl gel 2%</i>	1	MO
<i>lidocaine hcl injection 0.5%</i>	1	MO
<i>lidocaine hcl injection 0.5%</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl injection 1%</i>	1	MO
<i>lidocaine hcl injection 1%</i>	1	MO
<i>lidocaine hcl solution 4%</i>	1	MO
<i>lidocaine viscous solution 2%</i>	1	MO
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	1	MO
<i>lidocaine/prilocaine kit 2.5%; 2.5%</i>	1	MO
<i>lidocaine ointment 5%</i>	2	MO
<i>lidocaine patch 5%</i>	2	PA (Lidoderm) MO
<i>premium lidocaine ointment 5%</i>	2	MO
<i>relador pak cream 2.5%; 2.5%</i>	1	MO
SYNERA PATCH 70MG; 70MG	4	MO
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	2	MO
<i>disulfiram tablet 250mg</i>	2	MO
<i>disulfiram tablet 500mg</i>	2	MO
VIVITROL INJECTION 380MG	5	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl injection 0.3mg/ml</i>	2	MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	MO
<i>naltrexone hcl tablet 50mg</i>	2	MO
SUBOXONE FILM 12MG; 3MG	4	MO
SUBOXONE FILM 2MG; 0.5MG	4	MO
SUBOXONE FILM 4MG; 1MG	4	MO
SUBOXONE FILM 8MG; 2MG	4	MO
Opioid Reversal Agents		
<i>naloxone hcl injection 1mg/ml</i>	1	MO
Smoking Cessation Agents		
<i>buproban tablet extended release 12 hour 150mg</i>	2	MO
<i>bupropion hcl sr tablet extended release 12 hour 150mg</i>	2	MO
CHANTIX CONTINUING MONTH PAK TABLET 1MG	4	QL (504 EA per 365 days) MO
CHANTIX STARTING MONTH PAK TABLET 0	4	QL (53 EA per 28 days) MO
CHANTIX TABLET 0.5MG	4	QL (56 EA per 28 days) MO
CHANTIX TABLET 1MG	4	QL (56 EA per 28 days) MO
NICOTROL INHALER INHALER 10MG	4	MO
NICOTROL NS SOLUTION 10MG/ML	4	MO
Anti-inflammatory Agents		
Glucocorticoids		
<i>dexamethasone tablet 0.5mg</i>	1	MO
<i>dexamethasone tablet 1.5mg</i>	1	MO
<i>dexamethasone tablet 2mg</i>	1	MO
<i>dexamethasone tablet 4mg</i>	1	MO
<i>methylprednisolone tablet 4mg</i>	2	MO
<i>triamcinolone injection 40mg/ml</i>	2	MO
<i>triamcinolone injection 80mg/ml</i>	2	MO
Nonsteroidal Anti-inflammatory Drugs		

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

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib capsule 100mg</i>	2	QL (60 EA per 30 days) PA (Celebrex) MO
<i>celecoxib capsule 200mg</i>	2	QL (60 EA per 30 days) PA (Celebrex) MO
<i>celecoxib capsule 400mg</i>	2	PA (Celebrex) MO
<i>celecoxib capsule 50mg</i>	2	PA (Celebrex) MO
<i>diclofenac sodium dr tablet delayed release 75mg</i>	1	MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	2	MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	2	MO
<i>etodolac tablet 400mg</i>	1	MO
<i>flurbiprofen tablet 100mg</i>	1	MO
<i>ibuprofen tablet 400mg</i>	1	MO
<i>indomethacin capsule 25mg</i>	2	PA (HRM - Analgesics) MO
<i>ketoprofen capsule 50mg</i>	1	MO
<i>meclofenamate sodium capsule 100mg</i>	2	MO
<i>meloxicam tablet 15mg</i>	1	MO
<i>nabumetone tablet 500mg</i>	1	MO
<i>naproxen kit tablet 500mg</i>	1	MO
<i>naproxen tablet 500mg</i>	1	MO
<i>piroxicam capsule 10mg</i>	2	MO
<i>sulindac tablet 150mg</i>	1	MO
<i>tolmetin sodium tablet 200mg</i>	2	MO

Antibacterials

Aminoglycosides

<i>amikacin sulfate injection 1gm/4ml</i>	2	MO
<i>amikacin sulfate injection 500mg/2ml</i>	2	MO
<i>garamycin ointment 0.3%</i>	2	MO
<i>gentak ointment 0.3%</i>	2	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 0.8mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 0.9mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.4mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate cream 0.1%</i>	2	MO
<i>gentamicin sulfate injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
<i>gentamicin sulfate ointment 0.1%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate ointment 0.3%</i>	2	MO
<i>gentamicin sulfate solution 0.3%</i>	2	MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	MO
<i>isotonic gentamicin injection 1.2mg/ml; 0.9%</i>	1	MO
<i>isotonic gentamicin injection 1.6mg/ml; 0.9%</i>	1	MO
<i>isotonic gentamicin injection 1mg/ml; 0.9%</i>	1	MO
<i>isotonic gentamicin injection 2mg/ml; 0.9%</i>	1	MO
<i>neomycin sulfate tablet 500mg</i>	1	MO
<i>neomycin/polymyxin b sulfates solution 40mg/ml; 200000unit/ml</i>	2	MO
<i>paromomycin sulfate capsule 250mg</i>	2	MO
<i>streptomycin sulfate injection 1gm</i>	1	MO
TOBRADEX OINTMENT 0.1%; 0.3%	3	MO
<i>tobramycin sulfate/sodium chloride injection 0.9%; 0.8mg/ml</i>	1	MO
<i>tobramycin sulfate injection 1.2gm/30ml</i>	1	MO
<i>tobramycin sulfate injection 1.2gm</i>	1	MO
<i>tobramycin sulfate injection 10mg/ml</i>	1	MO
<i>tobramycin sulfate injection 40mg/ml</i>	1	MO
<i>tobramycin sulfate injection 40mg/ml</i>	1	MO
<i>tobramycin sulfate injection 80mg/2ml</i>	1	MO
<i>tobramycin sulfate solution 0.3%</i>	2	MO
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL (280 ML per 28 days) B/D MO
TOBEX OINTMENT 0.3%	4	MO
ZYLET SUSPENSION 0.5%; 0.3%	4	MO
Antibacterials, Other		
ALCOHOL PREP PADS PAD 70%	3	MO
ALTABAX OINTMENT 1%	4	MO
<i>baciim injection 50000unit</i>	1	MO
<i>bacitracin injection 50000unit</i>	1	MO
<i>bacitracin ointment 500unit/gm</i>	2	MO
BACTROBAN NASAL OINTMENT 2%	3	MO
<i>chloramphenicol sodium succinate injection 1gm</i>	1	MO
CLEOCIN SUPPOSITORY 100MG	4	MO
<i>clindamycin hcl capsule 150mg</i>	1	MO
<i>clindamycin hcl capsule 300mg</i>	1	MO
<i>clindamycin hcl capsule 75mg</i>	1	MO
<i>clindamycin palmitate hcl solution reconstituted 75mg/5ml</i>	2	MO
<i>clindamycin phosphate add-vantage injection 150mg/ml</i>	1	MO
<i>clindamycin phosphate add-vantage injection 150mg/ml</i>	1	MO
<i>clindamycin phosphate in d5w injection 300mg/50ml; 5%</i>	1	MO
<i>clindamycin phosphate in d5w injection 600mg/50ml; 5%</i>	1	MO
<i>clindamycin phosphate in d5w injection 900mg/50ml; 5%</i>	1	MO
<i>clindamycin phosphate pharmacy bulk package injection 150mg/ml</i>	1	MO
<i>clindamycin phosphate cream 2%</i>	2	MO
<i>clindamycin phosphate injection 150mg/ml</i>	1	MO
<i>clindamycin phosphate injection 300mg/2ml</i>	1	MO
<i>clindamycin phosphate injection 300mg/2ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection 300mg/2ml</i>	1	MO
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO
<i>clindamycin phosphate injection 900mg/6ml</i>	1	MO
<i>colistimethate sodium injection 150mg</i>	1	MO
CORTISPORIN OINTMENT 400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	4	MO
CUBICIN INJECTION 500MG	3	MO
FLAGYL ER TABLET EXTENDED RELEASE 24 HOUR 750MG	4	MO
<i>lansoprazole/amoxicillin/clarithromycin miscellaneous 0; 0; 0</i>	2	MO
LINCOCIN INJECTION 300MG/ML	4	MO
<i>lincomycin/lidocaine injection 10mg/ml; 300mg/ml</i>	2	MO
<i>linezolid injection 2mg/ml</i>	2	MO
<i>linezolid tablet 600mg</i>	2	MO
<i>methenamine hippurate tablet 1gm</i>	2	MO
<i>methenamine mandelate tablet 1gm</i>	2	MO
<i>metronidazole in nacl 0.79% injection 500mg/100ml; 0.79%</i>	1	MO
<i>metronidazole vaginal gel 0.75%</i>	2	MO
<i>metronidazole cream 0.75%</i>	2	MO
<i>metronidazole gel 0.75%</i>	2	MO
<i>metronidazole gel 1%</i>	2	MO
<i>metronidazole injection 500mg/100ml; 0.79%</i>	1	MO
<i>metronidazole lotion 0.75%</i>	2	MO
<i>metronidazole tablet 250mg</i>	1	MO
<i>metronidazole tablet 500mg</i>	1	MO
MONUROL PACKET 5.631GM	4	MO
<i>mupirocin calcium cream 2%</i>	2	MO
<i>mupirocin cream 2%</i>	2	MO
<i>mupirocin ointment 2%</i>	1	MO
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>nitrofurantoin macrocrystals capsule 100mg</i>	2	QL (90 EA per 90 days) MO
<i>nitrofurantoin macrocrystals capsule 50mg</i>	2	QL (720 EA per 365 days) MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	QL (180 EA per 365 days) MO
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	QL (180 EA per 365 days) MO
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	MO
<i>polymyxin b sulfate injection 500000unit</i>	2	MO
<i>rosadan cream 0.75%</i>	2	MO
<i>rosadan gel 0.75%</i>	2	MO
<i>silver sulfadiazine cream 1%</i>	1	MO
<i>ssd cream 1%</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLLON CREAM 85MG/GM	4	MO
SYNERCID INJECTION 350MG; 150MG	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate solution</i>	2	MO
<i>10000unit/ml; 0.1%</i>		
<i>trimethoprim tablet 100mg</i>	1	MO
TYGACIL INJECTION 50MG	4	MO
<i>vancomycin hcl in dextrose injection 0; 1gm/200ml</i>	1	B/D MO
<i>vancomycin hcl in dextrose injection 0; 500mg/100ml</i>	1	B/D MO
<i>vancomycin hcl in dextrose injection 0; 750mg/150ml</i>	1	B/D MO
<i>vancomycin hcl capsule 125mg</i>	5	MO
<i>vancomycin hcl capsule 250mg</i>	5	MO
<i>vancomycin hcl injection 1000mg</i>	1	B/D MO
<i>vancomycin hcl injection 10gm</i>	1	B/D MO
<i>vancomycin hcl injection 5000mg</i>	1	B/D MO
<i>vancomycin hcl injection 500mg</i>	1	B/D MO
<i>vancomycin hcl injection 750mg</i>	1	B/D MO
<i>vandazole gel 0.75%</i>	2	MO
VIBATIV INJECTION 250MG	3	MO
VIBATIV INJECTION 750MG	3	MO
XIFAXAN TABLET 200MG	5	MO
XIFAXAN TABLET 550MG	5	MO
ZYVOX SUSPENSION RECONSTITUTED 100MG/5ML	4	MO
Beta-lactam, Cephalosporins		
CEDAX CAPSULE 400MG	4	MO
<i>cefaclor er tablet extended release 12 hour 500mg</i>	1	MO
<i>cefaclor capsule 250mg</i>	1	MO
<i>cefaclor capsule 500mg</i>	1	MO
<i>cefadroxil capsule 500mg</i>	1	MO
<i>cefadroxil suspension reconstituted 250mg/5ml</i>	1	MO
<i>cefadroxil suspension reconstituted 500mg/5ml</i>	1	MO
<i>cefadroxil tablet 1gm</i>	1	MO
<i>cefazolin sodium injection 10gm</i>	1	MO
<i>cefazolin sodium injection 1gm</i>	1	MO
<i>cefazolin sodium injection 1gm; 5%</i>	1	MO
<i>cefazolin sodium injection 20gm</i>	1	MO
<i>cefazolin sodium injection 500mg</i>	1	MO
<i>cefdinir capsule 300mg</i>	2	MO
<i>cefdinir suspension reconstituted 125mg/5ml</i>	2	MO
<i>cefdinir suspension reconstituted 250mg/5ml</i>	2	MO
<i>cefepime injection 1gm/50ml; 5%</i>	2	MO
<i>cefepime injection 1gm</i>	2	MO
<i>cefepime injection 2gm/50ml; 5%</i>	2	MO
<i>cefepime injection 2gm</i>	2	MO
<i>cefixime suspension reconstituted 100mg/5ml</i>	2	MO
<i>cefixime suspension reconstituted 200mg/5ml</i>	2	MO
<i>cefotaxime sodium injection 10gm</i>	2	MO
<i>cefotaxime sodium injection 1gm</i>	2	MO
<i>cefotaxime sodium injection 2gm</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium injection 500mg</i>	2	MO
<i>cefoxitin sodium injection 10gm</i>	1	MO
<i>cefoxitin sodium injection 1gm</i>	1	MO
<i>cefoxitin sodium injection 1gm; 4%</i>	1	MO
<i>cefoxitin sodium injection 2gm</i>	1	MO
<i>cefoxitin sodium injection 2gm; 2.2%</i>	1	MO
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml</i>	2	MO
<i>cefpodoxime proxetil suspension reconstituted 50mg/5ml</i>	2	MO
<i>cefpodoxime proxetil tablet 100mg</i>	2	MO
<i>cefpodoxime proxetil tablet 200mg</i>	2	MO
<i>cefprozil suspension reconstituted 125mg/5ml</i>	2	MO
<i>cefprozil suspension reconstituted 250mg/5ml</i>	2	MO
<i>cefprozil tablet 250mg</i>	2	MO
<i>cefprozil tablet 500mg</i>	2	MO
<i>ceftazidime/dextrose injection 1gm/50ml; 5%</i>	2	MO
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	2	MO
<i>ceftazidime injection 100gm</i>	2	MO
<i>ceftazidime injection 1gm</i>	2	MO
<i>ceftazidime injection 2gm</i>	2	MO
<i>ceftazidime injection 6gm</i>	2	MO
CEFTIBUTEN CAPSULE 400MG	4	MO
<i>ceftriaxone sodium injection 100gm</i>	2	MO
<i>ceftriaxone sodium injection 10gm</i>	2	MO
<i>ceftriaxone sodium injection 1gm</i>	2	MO
<i>ceftriaxone sodium injection 1gm</i>	2	MO
<i>ceftriaxone sodium injection 250mg</i>	2	MO
<i>ceftriaxone sodium injection 2gm</i>	2	MO
<i>ceftriaxone sodium injection 2gm</i>	2	MO
<i>ceftriaxone sodium injection 500mg</i>	2	MO
<i>cefuroxime axetil tablet 250mg</i>	2	MO
<i>cefuroxime axetil tablet 500mg</i>	2	MO
<i>cefuroxime sodium injection 1.5gm</i>	2	MO
<i>cefuroxime sodium injection 1.5gm</i>	2	MO
<i>cefuroxime sodium injection 225gm</i>	2	MO
<i>cefuroxime sodium injection 7.5gm</i>	2	MO
<i>cefuroxime sodium injection 7.5gm</i>	2	MO
<i>cefuroxime sodium injection 750mg</i>	2	MO
<i>cefuroxime sodium injection 75gm</i>	2	MO
<i>cephalexin capsule 250mg</i>	1	MO
<i>cephalexin capsule 500mg</i>	1	MO
<i>cephalexin capsule 750mg</i>	2	MO
<i>cephalexin suspension reconstituted 125mg/5ml</i>	1	MO
<i>cephalexin suspension reconstituted 250mg/5ml</i>	1	MO
<i>cephalexin tablet 250mg</i>	1	MO
<i>cephalexin tablet 500mg</i>	1	MO
CLAFORAN/D5W INJECTION 1GM/50ML; 5%	4	MO
CLAFORAN INJECTION 1GM	4	MO
FORTAZ INJECTION 1GM/50ML; 5%	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
FORTAZ INJECTION 2GM/50ML; 5%	4	MO
SUPRAX CAPSULE 400MG	4	MO
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	4	MO
SUPRAX TABLET CHEWABLE 100MG	4	MO
SUPRAX TABLET CHEWABLE 200MG	4	MO
<i>tazicef injection 1gm</i>	2	MO
<i>tazicef injection 1gm</i>	2	MO
<i>tazicef injection 2gm</i>	2	MO
<i>tazicef injection 2gm</i>	2	MO
<i>tazicef injection 6gm</i>	2	MO
TEFLARO INJECTION 400MG	4	MO
TEFLARO INJECTION 600MG	4	MO
Beta-lactam, Other		
<i>aztreonam injection 1gm</i>	2	MO
<i>aztreonam injection 2gm</i>	5	MO
CAYSTON SOLUTION RECONSTITUTED 75MG	5	QL (84 ML per 30 days) MO
<i>cefotetan injection 10gm</i>	1	MO
<i>cefotetan injection 1gm</i>	1	MO
<i>cefotetan injection 2gm</i>	1	MO
DORIBAX INJECTION 250MG	3	MO
DORIBAX INJECTION 500MG	3	MO
<i>imipenem/cilastatin injection 250mg; 250mg</i>	1	MO
<i>imipenem/cilastatin injection 500mg; 500mg</i>	1	MO
INVANZ INJECTION 1GM	3	MO
INVANZ INJECTION 1GM	3	MO
<i>meropenem injection 1gm</i>	5	MO
<i>meropenem injection 500mg</i>	2	MO
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml</i>	1	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 400mg/5ml; 57mg/5ml</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 600mg/5ml; 42.9mg/5ml</i>	2	MO
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	1	MO
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	1	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	1	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg</i>	1	MO
<i>amoxicillin/clavulanate potassium tablet 875mg; 125mg</i>	1	MO
<i>amoxicillin capsule 250mg</i>	1	MO
<i>amoxicillin capsule 500mg</i>	1	MO
<i>amoxicillin suspension reconstituted 125mg/5ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin suspension reconstituted 200mg/5ml</i>	1	MO
<i>amoxicillin suspension reconstituted 250mg/5ml</i>	1	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	1	MO
<i>amoxicillin tablet chewable 125mg</i>	1	MO
<i>amoxicillin tablet chewable 250mg</i>	1	MO
<i>amoxicillin tablet 500mg</i>	1	MO
<i>amoxicillin tablet 875mg</i>	1	MO
<i>ampicillin sodium injection 10gm</i>	1	MO
<i>ampicillin sodium injection 10gm</i>	1	MO
<i>ampicillin sodium injection 125mg</i>	1	MO
<i>ampicillin sodium injection 1gm</i>	1	MO
<i>ampicillin sodium injection 1gm</i>	1	MO
<i>ampicillin sodium injection 250mg</i>	1	MO
<i>ampicillin sodium injection 2gm</i>	1	MO
<i>ampicillin sodium injection 2gm</i>	1	MO
<i>ampicillin sodium injection 500mg</i>	1	MO
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	1	MO
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	1	MO
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	1	MO
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	1	MO
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	1	MO
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	1	MO
<i>ampicillin capsule 250mg</i>	1	MO
<i>ampicillin capsule 500mg</i>	1	MO
<i>ampicillin suspension reconstituted 125mg/5ml</i>	1	MO
<i>ampicillin suspension reconstituted 250mg/5ml</i>	1	MO
<i>bactocill in dextrose injection 0; 1gm/50ml</i>	1	MO
<i>bactocill in dextrose injection 0; 2gm/50ml</i>	1	MO
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML	4	MO
BICILLIN C-R INJECTION 900000UNIT/2ML; 300000UNIT/2ML	4	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML	4	MO
BICILLIN L-A INJECTION 2400000UNIT/4ML	4	MO
BICILLIN L-A INJECTION 600000UNIT/ML	4	MO
<i>dicloxacillin sodium capsule 250mg</i>	1	MO
<i>dicloxacillin sodium capsule 500mg</i>	1	MO
<i>nafcillin sodium injection 10gm</i>	1	MO
<i>nafcillin sodium injection 1gm</i>	1	MO
<i>nafcillin sodium injection 1gm</i>	1	MO
<i>nafcillin sodium injection 2gm</i>	1	MO
<i>nafcillin sodium injection 2gm</i>	1	MO
<i>nallpen iso-osmotic in dextrose injection 0; 2gm/100ml</i>	1	MO
<i>nallpen/dextrose injection 0; 1gm/50ml</i>	1	MO
<i>oxacillin sodium injection 10gm</i>	1	MO
<i>oxacillin sodium injection 1gm</i>	1	MO
<i>oxacillin sodium injection 2gm</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 0; 20000UNIT/ML	3	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 0; 40000UNIT/ML	3	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 0; 60000UNIT/ML	3	MO
<i>penicillin g potassium injection 20000000unit</i>	1	MO
<i>penicillin g potassium injection 5000000unit</i>	1	MO
<i>penicillin g procaine injection 600000unit/ml</i>	1	MO
<i>penicillin g sodium injection 5000000unit</i>	1	MO
<i>penicillin v potassium solution reconstituted 125mg/5ml</i>	1	MO
<i>penicillin v potassium solution reconstituted 250mg/5ml</i>	1	MO
<i>penicillin v potassium tablet 250mg</i>	1	MO
<i>penicillin v potassium tablet 500mg</i>	1	MO
<i>piperacillin sodium/ tazobactam sodium injection 36gm; 4.5gm</i>	1	MO
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	1	MO
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	1	MO
<i>piperacillin sodium/tazobactam sodium injection 4gm; 0.5gm</i>	1	MO
<i>piperacillin/tazobactam injection 2gm; 0.25gm</i>	1	MO
<i>piperacillin/tazobactam injection 36gm; 4.5gm</i>	1	MO
<i>piperacillin/tazobactam injection 3gm; 0.375gm</i>	1	MO
<i>piperacillin/tazobactam injection 4gm; 0.5gm</i>	1	MO
TIMENTIN INJECTION 0.1GM/100ML; 3GM/100ML	4	MO
TIMENTIN INJECTION 0.1GM; 3GM	4	MO
TIMENTIN INJECTION 1GM; 30GM	4	MO
ZOSYN INJECTION 5%; 2GM/50ML; 0.25GM/50ML	4	MO
ZOSYN INJECTION 5%; 3GM/50ML; 0.375GM/50ML	4	MO
ZOSYN INJECTION 5%; 4GM/100ML; 0.5GM/100ML	4	MO
Macrolides		
AZASITE SOLUTION 1%	4	MO
<i>azithromycin injection 500mg</i>	1	MO
<i>azithromycin injection 500mg</i>	1	MO
<i>azithromycin suspension reconstituted 100mg/5ml</i>	1	MO
<i>azithromycin suspension reconstituted 200mg/5ml</i>	1	MO
<i>azithromycin tablet 250mg</i>	1	MO
<i>azithromycin tablet 500mg</i>	1	MO
<i>azithromycin tablet 600mg</i>	1	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	2	MO
<i>clarithromycin suspension reconstituted 125mg/5ml</i>	2	MO
<i>clarithromycin suspension reconstituted 250mg/5ml</i>	2	MO
<i>clarithromycin tablet 250mg</i>	2	MO
<i>clarithromycin tablet 500mg</i>	2	MO
E.E.S. GRANULES SUSPENSION RECONSTITUTED 200MG/5ML	4	MO
<i>ery pad 2%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
ERYPED 200 SUSPENSION RECONSTITUTED 200MG/5ML	4	MO
ERYPED 400 SUSPENSION RECONSTITUTED 400MG/5ML	4	MO
ERYTHROCIN LACTOBIONATE INJECTION 500MG	3	MO
<i>erythrocin stearate tablet 250mg</i>	2	MO
<i>erythromycin base tablet 250mg</i>	2	MO
<i>erythromycin base tablet 500mg</i>	2	MO
<i>erythromycin ethylsuccinate tablet 400mg</i>	2	MO
<i>erythromycin capsule delayed release particles 250mg</i>	2	MO
<i>erythromycin capsule delayed release particles 250mg</i>	2	MO
<i>erythromycin gel 2%</i>	1	MO
<i>erythromycin ointment 5mg/gm</i>	2	MO
<i>erythromycin pad 2%</i>	2	MO
<i>erythromycin solution 2%</i>	1	MO
<i>ilotycin ointment 5mg/gm</i>	2	MO
KETEK TABLET 300MG	4	MO
KETEK TABLET 400MG	4	MO
<i>romycin ointment 5mg/gm</i>	2	MO
Quinolones		
BESIVANCE SUSPENSION 0.6%	4	MO
<i>ciprofloxacin er tablet extended release 24 hour 1000mg; 0</i>	1	MO
<i>ciprofloxacin er tablet extended release 24 hour 500mg; 0</i>	1	MO
<i>ciprofloxacin hcl solution 0.3%</i>	2	MO
<i>ciprofloxacin hcl tablet 100mg</i>	1	MO
<i>ciprofloxacin hcl tablet 250mg</i>	1	MO
<i>ciprofloxacin hcl tablet 500mg</i>	1	MO
<i>ciprofloxacin hcl tablet 750mg</i>	1	MO
<i>ciprofloxacin injection 200mg/20ml</i>	1	MO
<i>ciprofloxacin injection 400mg/40ml</i>	1	MO
<i>ciprofloxacin suspension reconstituted 250mg/5ml</i>	2	MO
<i>ciprofloxacin suspension reconstituted 500mg/5ml</i>	2	MO
<i>gatifloxacin solution 0.5%</i>	2	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	1	MO
<i>levofloxacin in d5w injection 5%; 500mg/100ml</i>	1	MO
<i>levofloxacin in d5w injection 5%; 750mg/150ml</i>	1	MO
<i>levofloxacin injection 25mg/ml</i>	2	MO
<i>levofloxacin solution 0.5%</i>	2	MO
<i>levofloxacin solution 25mg/ml</i>	2	MO
<i>levofloxacin tablet 250mg</i>	1	MO
<i>levofloxacin tablet 500mg</i>	1	MO
<i>levofloxacin tablet 750mg</i>	1	MO
<i>moxifloxacin hcl tablet 400mg</i>	2	MO
<i>ofloxacin solution 0.3%</i>	2	MO
<i>ofloxacin solution 0.3%</i>	1	MO
<i>ofloxacin tablet 200mg</i>	2	MO
<i>ofloxacin tablet 300mg</i>	2	MO
<i>ofloxacin tablet 400mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
Sulfonamides		
BLEPHAMIDE S.O.P. OINTMENT 0.2%; 10%	3	MO
BLEPHAMIDE SUSPENSION 0.2%; 10%	4	MO
sodium sulfacetamide solution 10%	2	MO
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	1	MO
sulfacetamide sodium solution 10%	2	MO
sulfadiazine tablet 500mg	2	MO
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	1	MO
sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml	1	MO
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	1	MO
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	1	MO
sulfatrim pediatric suspension 200mg/5ml; 40mg/5ml	1	MO
Tetracyclines		
avidoxy tablet 100mg	2	MO
demeclocycline hcl tablet 150mg	2	MO
demeclocycline hcl tablet 300mg	2	MO
doxy 100 injection 100mg	1	MO
doxycycline hyclate dr tablet delayed release 100mg	2	MO
doxycycline hyclate dr tablet delayed release 150mg	2	MO
doxycycline hyclate dr tablet delayed release 75mg	2	MO
doxycycline hyclate capsule 100mg	2	MO
doxycycline hyclate capsule 50mg	2	MO
doxycycline hyclate injection 100mg	1	MO
doxycycline hyclate tablet 100mg	2	MO
doxycycline hyclate tablet 20mg	1	MO
doxycycline monohydrate capsule 100mg	2	MO
doxycycline monohydrate capsule 50mg	2	MO
doxycycline monohydrate tablet 100mg	2	MO
doxycycline monohydrate tablet 150mg	2	MO
doxycycline monohydrate tablet 50mg	2	MO
doxycycline monohydrate tablet 50mg	2	MO
doxycycline monohydrate tablet 75mg	2	MO
doxycycline capsule 75mg	1	MO
doxycycline suspension reconstituted 25mg/5ml	2	MO
minocycline hcl er tablet extended release 24 hour 135mg	2	QL (30 EA per 30 days) MO
minocycline hcl er tablet extended release 24 hour 45mg	2	QL (30 EA per 30 days) MO
minocycline hcl er tablet extended release 24 hour 90mg	2	QL (30 EA per 30 days) MO
minocycline hcl capsule 100mg	1	MO
minocycline hcl capsule 50mg	1	MO
minocycline hcl capsule 75mg	1	MO
minocycline hcl tablet 100mg	2	MO
minocycline hcl tablet 50mg	2	MO
minocycline hcl tablet 75mg	2	MO
Anticonvulsants		
Anticonvulsants, Other		

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

Drug Name	Drug Tier	Requirements/Limits
APTIOM TABLET 200MG	4	MO
APTIOM TABLET 400MG	4	MO
APTIOM TABLET 600MG	4	MO
APTIOM TABLET 800MG	4	MO
FYCOMPA TABLET 10MG	4	QL (30 EA per 30 days) MO
FYCOMPA TABLET 12MG	4	QL (30 EA per 30 days) MO
FYCOMPA TABLET 2MG	4	QL (30 EA per 30 days) MO
FYCOMPA TABLET 4MG	4	QL (30 EA per 30 days) MO
FYCOMPA TABLET 6MG	4	QL (30 EA per 30 days) MO
FYCOMPA TABLET 8MG	4	QL (30 EA per 30 days) MO
<i>levetiracetam er tablet extended release 24 hour 500mg</i>	2	MO
<i>levetiracetam er tablet extended release 24 hour 750mg</i>	2	MO
<i>levetiracetam injection 1000mg/100ml; 750mg/100ml</i>	2	MO
<i>levetiracetam injection 1500mg/100ml; 540mg/100ml</i>	2	MO
<i>levetiracetam injection 500mg/100ml; 820mg/100ml</i>	2	MO
<i>levetiracetam injection 500mg/5ml</i>	1	MO
<i>levetiracetam solution 100mg/ml</i>	1	MO
<i>levetiracetam tablet 1000mg</i>	1	MO
<i>levetiracetam tablet 250mg</i>	1	MO
<i>levetiracetam tablet 500mg</i>	1	MO
<i>levetiracetam tablet 750mg</i>	1	MO
<i>phenobarbital elixir 20mg/5ml</i>	2	MO
<i>phenobarbital tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>phenobarbital tablet 15mg</i>	2	QL (90 EA per 30 days) MO
<i>phenobarbital tablet 16.2mg</i>	2	QL (90 EA per 30 days) MO
<i>phenobarbital tablet 30mg</i>	2	QL (90 EA per 30 days) MO
<i>phenobarbital tablet 32.4mg</i>	2	QL (90 EA per 30 days) MO
<i>phenobarbital tablet 60mg</i>	2	QL (90 EA per 30 days) MO
<i>phenobarbital tablet 64.8mg</i>	2	QL (90 EA per 30 days) MO
<i>phenobarbital tablet 97.2mg</i>	2	QL (120 EA per 30 days) MO
POTIGA TABLET 200MG	5	QL (90 EA per 30 days) MO
POTIGA TABLET 300MG	5	QL (90 EA per 30 days) MO
POTIGA TABLET 400MG	5	QL (90 EA per 30 days) MO
POTIGA TABLET 50MG	4	QL (90 EA per 30 days) MO
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	MO
<i>ethosuximide capsule 250mg</i>	2	MO
<i>ethosuximide solution 250mg/5ml</i>	2	MO
LYRICA CAPSULE 150MG	4	QL (90 EA per 30 days) PA (Lyrica, new starts only) MO
LYRICA CAPSULE 200MG	4	QL (90 EA per 30 days) PA (Lyrica, new starts only) MO
LYRICA CAPSULE 225MG	4	QL (90 EA per 30 days) PA (Lyrica, new starts only) MO
LYRICA CAPSULE 25MG	4	QL (90 EA per 30 days) PA (Lyrica, new starts only) MO
LYRICA CAPSULE 300MG	4	QL (60 EA per 30 days) PA (Lyrica, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPSULE 50MG	4	QL (90 EA per 30 days) PA (Lyrica, new starts only) MO
LYRICA CAPSULE 75MG	4	QL (90 EA per 30 days) PA (Lyrica, new starts only) MO
LYRICA SOLUTION 20MG/ML	4	PA (Lyrica, new starts only) MO
<i>zonisamide capsule 100mg</i>	1	MO
<i>zonisamide capsule 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>divalproex sodium dr tablet delayed release 125mg</i>	1	MO
<i>divalproex sodium dr tablet delayed release 250mg</i>	1	MO
<i>divalproex sodium dr tablet delayed release 500mg</i>	1	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg</i>	1	MO
<i>divalproex sodium er tablet extended release 24 hour 500mg</i>	1	MO
<i>divalproex sodium capsule sprinkle 125mg</i>	1	MO
<i>gabapentin capsule 100mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin capsule 300mg</i>	2	QL (270 EA per 30 days) MO
<i>gabapentin capsule 400mg</i>	2	QL (270 EA per 30 days) MO
<i>gabapentin solution 250mg/5ml</i>	2	MO
<i>gabapentin tablet 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tablet 800mg</i>	2	QL (90 EA per 30 days) MO
GABITRIL TABLET 12MG	3	QL (120 EA per 30 days) MO
GABITRIL TABLET 16MG	3	QL (90 EA per 30 days) MO
ONFI SUSPENSION 2.5MG/ML	4	MO
ONFI TABLET 10MG	4	QL (30 EA per 30 days) MO
ONFI TABLET 20MG	4	QL (60 EA per 30 days) MO
ONFI TABLET 5MG	4	QL (30 EA per 30 days) MO
<i>primidone tablet 250mg</i>	1	MO
<i>primidone tablet 50mg</i>	1	MO
SABRIL PACKET 500MG	5	QL (180 EA per 30 days) LA
SABRIL TABLET 500MG	5	QL (180 EA per 30 days) LA
<i>tiagabine hydrochloride tablet 2mg</i>	2	MO
<i>tiagabine hydrochloride tablet 4mg</i>	2	MO
<i>valproate sodium injection 500mg/5ml</i>	1	MO
<i>valproic acid capsule 250mg</i>	1	MO
<i>valproic acid syrup 250mg/5ml</i>	1	MO
Glutamate Reducing Agents		
<i>felbamate suspension 600mg/5ml</i>	2	MO
<i>felbamate tablet 400mg</i>	2	MO
<i>felbamate tablet 600mg</i>	2	MO
<i>lamotrigine er tablet extended release 24 hour 100mg</i>	2	MO
<i>lamotrigine er tablet extended release 24 hour 200mg</i>	2	MO
<i>lamotrigine er tablet extended release 24 hour 250mg</i>	2	MO
<i>lamotrigine er tablet extended release 24 hour 25mg</i>	2	MO
<i>lamotrigine er tablet extended release 24 hour 300mg</i>	2	MO
<i>lamotrigine er tablet extended release 24 hour 50mg</i>	2	MO
<i>lamotrigine odt tablet dispersible 100mg</i>	2	MO
<i>lamotrigine odt tablet dispersible 200mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine odt tablet dispersible 25mg</i>	2	MO
<i>lamotrigine odt tablet dispersible 50mg</i>	2	MO
<i>lamotrigine tablet chewable 25mg</i>	1	MO
<i>lamotrigine tablet chewable 5mg</i>	1	MO
<i>lamotrigine tablet 100mg</i>	1	MO
<i>lamotrigine tablet 150mg</i>	1	MO
<i>lamotrigine tablet 200mg</i>	1	MO
<i>lamotrigine tablet 25mg</i>	1	MO
Sodium Channel Agents		
BANZEL SUSPENSION 40MG/ML	5	MO
BANZEL TABLET 200MG	4	QL (240 EA per 30 days) MO
BANZEL TABLET 400MG	5	QL (240 EA per 30 days) MO
<i>carbamazepine er tablet extended release 12 hour 200mg</i>	2	MO
<i>carbamazepine er tablet extended release 12 hour 400mg</i>	2	MO
<i>carbamazepine suspension 100mg/5ml</i>	1	MO
<i>carbamazepine tablet chewable 100mg</i>	1	MO
<i>carbamazepine tablet 200mg</i>	1	MO
CEREBYX INJECTION 500MG PE/10ML	4	MO
DILANTIN CAPSULE 30MG	3	MO
<i>epitol tablet 200mg</i>	1	MO
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	MO
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200MG	4	MO
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300MG	4	MO
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	2	MO
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	MO
<i>oxcarbazepine suspension 300mg/5ml</i>	2	MO
<i>oxcarbazepine tablet 150mg</i>	2	MO
<i>oxcarbazepine tablet 300mg</i>	2	MO
<i>oxcarbazepine tablet 600mg</i>	2	MO
PEGANONE TABLET 250MG	4	MO
<i>phenytoin infatabs tablet chewable 50mg</i>	1	MO
<i>phenytoin sodium extended capsule 100mg</i>	1	MO
<i>phenytoin sodium extended capsule 200mg</i>	1	MO
<i>phenytoin sodium extended capsule 300mg</i>	1	MO
<i>phenytoin sodium injection 50mg/ml</i>	1	MO
<i>phenytoin suspension 125mg/5ml</i>	1	MO
<i>phenytoin tablet chewable 50mg</i>	1	MO
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG	4	MO
VIMPAT INJECTION 200MG/20ML	4	MO
VIMPAT SOLUTION 10MG/ML	4	MO
VIMPAT TABLET 100MG	4	MO
VIMPAT TABLET 150MG	4	MO
VIMPAT TABLET 200MG	4	MO
VIMPAT TABLET 50MG	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet 1mg</i>	2	PA (HRM - Dementia Agents) MO
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet dispersible 10mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet dispersible 5mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	1	QL (90 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	2	MO
<i>donepezil hcl tablet 5mg</i>	1	QL (180 EA per 30 days) MO
EXELON PATCH 24 HOUR 13.3MG/24HR	3	QL (30 EA per 30 days) MO
EXELON PATCH 24 HOUR 4.6MG/24HR	3	QL (30 EA per 30 days) MO
EXELON PATCH 24 HOUR 9.5MG/24HR	3	QL (30 EA per 30 days) MO
EXELON SOLUTION 2MG/ML	3	QL (240 ML per 30 days) MO
<i>galantamine hydrobromide capsule extended release 24 hour 16mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide capsule extended release 24 hour 24mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide capsule extended release 24 hour 8mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	2	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg</i>	2	QL (60 EA per 30 days) MO
<i>galantamine hydrobromide tablet 4mg</i>	2	QL (60 EA per 30 days) MO
<i>galantamine hydrobromide tablet 8mg</i>	2	QL (60 EA per 30 days) MO
<i>rivastigmine tartrate capsule 1.5mg</i>	2	QL (90 EA per 30 days) MO
<i>rivastigmine tartrate capsule 3mg</i>	2	QL (90 EA per 30 days) MO
<i>rivastigmine tartrate capsule 4.5mg</i>	2	QL (60 EA per 30 days) MO
<i>rivastigmine tartrate capsule 6mg</i>	2	QL (60 EA per 30 days) MO
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tablet 0</i>	2	QL (98 EA per 30 days) PA (Namenda) MO
<i>memantine hcl tablet 10mg</i>	2	QL (60 EA per 30 days) PA (Namenda) MO
<i>memantine hcl tablet 5mg</i>	2	QL (120 EA per 30 days) PA (Namenda) MO
NAMENDA TITRATION PAK TABLET 0	4	QL (98 EA per 30 days) PA (Namenda) MO
NAMENDA SOLUTION 10MG/5ML	4	QL (360 ML per 30 days) PA (Namenda) MO
NAMENDA TABLET 10MG	4	QL (60 EA per 30 days) PA (Namenda) MO
NAMENDA TABLET 5MG	4	QL (120 EA per 30 days) PA (Namenda) MO
Antidepressants		
<i>Antidepressants, Other</i>		
BRINTELLIX TABLET 10MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
BRINTELLIX TABLET 20MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
BRINTELLIX TABLET 5MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
<i>budeprion sr tablet extended release 12 hour 150mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl er tablet extended release 12 hour 100mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl er tablet extended release 12 hour 150mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl er tablet extended release 12 hour 200mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl sr tablet extended release 12 hour 100mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl sr tablet extended release 12 hour 150mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl sr tablet extended release 12 hour 200mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl xl tablet extended release 24 hour 150mg</i>	2	MO
<i>bupropion hcl xl tablet extended release 24 hour 300mg</i>	2	MO
<i>bupropion hcl tablet 100mg</i>	1	MO
<i>bupropion hcl tablet 75mg</i>	1	MO
<i>maprotiline hcl tablet 25mg</i>	1	MO
<i>maprotiline hcl tablet 50mg</i>	1	MO
<i>maprotiline hcl tablet 75mg</i>	1	MO
<i>mirtazapine odt tablet dispersible 15mg</i>	2	MO
<i>mirtazapine odt tablet dispersible 30mg</i>	2	MO
<i>mirtazapine odt tablet dispersible 45mg</i>	2	MO
<i>mirtazapine tablet dispersible 15mg</i>	2	MO
<i>mirtazapine tablet 15mg</i>	1	MO
<i>mirtazapine tablet 30mg</i>	1	MO
<i>mirtazapine tablet 45mg</i>	1	MO
<i>mirtazapine tablet 7.5mg</i>	1	MO
<i>nefazodone hcl tablet 100mg</i>	2	MO
<i>nefazodone hcl tablet 150mg</i>	2	MO
<i>nefazodone hcl tablet 200mg</i>	2	MO
<i>nefazodone hcl tablet 250mg</i>	2	MO
<i>nefazodone hcl tablet 50mg</i>	2	MO
<i>olanzapine/fluoxetine capsule 25mg; 12mg</i>	2	MO
<i>olanzapine/fluoxetine capsule 25mg; 3mg</i>	2	MO
<i>olanzapine/fluoxetine capsule 25mg; 6mg</i>	2	MO
<i>olanzapine/fluoxetine capsule 50mg; 12mg</i>	2	MO
<i>olanzapine/fluoxetine capsule 50mg; 6mg</i>	2	MO
<i>trazodone hcl tablet 100mg</i>	1	MO
<i>trazodone hcl tablet 150mg</i>	1	MO
<i>trazodone hcl tablet 300mg</i>	1	MO
<i>trazodone hcl tablet 50mg</i>	1	MO
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR	5	QL (30 EA per 30 days) MO
EMSAM PATCH 24 HOUR 6MG/24HR	5	QL (30 EA per 30 days) MO
EMSAM PATCH 24 HOUR 9MG/24HR	5	QL (30 EA per 30 days) MO
MARPLAN TABLET 10MG	4	MO
<i>phenelzine sulfate tablet 15mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate tablet 10mg</i>	2	MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide solution 10mg/5ml</i>	1	MO
<i>citalopram hydrobromide tablet 10mg</i>	1	MO
<i>citalopram hydrobromide tablet 20mg</i>	1	MO
<i>citalopram hydrobromide tablet 40mg</i>	1	MO
<i>duloxetine hcl capsule delayed release particles 30mg</i>	2	QL (60 EA per 30 days) MO
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL (60 EA per 30 days) MO
<i>duloxetine hcl capsule delayed release particles 60mg</i>	2	QL (60 EA per 30 days) MO
<i>escitalopram oxalate solution 5mg/5ml</i>	1	MO
<i>escitalopram oxalate tablet 10mg</i>	1	MO
<i>escitalopram oxalate tablet 20mg</i>	1	MO
<i>escitalopram oxalate tablet 5mg</i>	1	MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
<i>fluoxetine dr capsule delayed release 90mg</i>	2	MO
<i>fluoxetine hcl capsule 10mg</i>	1	MO
<i>fluoxetine hcl capsule 20mg</i>	1	MO
<i>fluoxetine hcl capsule 40mg</i>	1	MO
<i>fluoxetine hcl solution 20mg/5ml</i>	1	MO
<i>fluoxetine hcl tablet 10mg</i>	1	MO
<i>fluoxetine hcl tablet 20mg</i>	1	MO
<i>fluoxetine hcl tablet 60mg</i>	1	MO
<i>fluoxetine capsule 10mg</i>	1	MO
<i>fluoxetine capsule 20mg</i>	1	MO
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg</i>	2	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate er capsule extended release 24 hour 150mg</i>	2	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tablet 100mg</i>	1	MO
<i>fluvoxamine maleate tablet 25mg</i>	1	MO
<i>fluvoxamine maleate tablet 50mg</i>	1	MO
<i>irenka capsule delayed release particles 40mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl er tablet extended release 24 hour 25mg</i>	2	MO
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	2	MO
<i>paroxetine hcl tablet 10mg</i>	1	MO
<i>paroxetine hcl tablet 20mg</i>	1	MO
<i>paroxetine hcl tablet 30mg</i>	1	MO
<i>paroxetine hcl tablet 40mg</i>	1	MO
PAXIL SUSPENSION 10MG/5ML	4	MO
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	4	QL (30 EA per 30 days) MO
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	4	QL (30 EA per 30 days) MO
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	4	QL (30 EA per 30 days) MO
<i>sertraline hcl concentrate 20mg/ml</i>	1	MO
<i>sertraline hcl tablet 100mg</i>	1	MO
<i>sertraline hcl tablet 25mg</i>	1	MO
<i>sertraline hcl tablet 50mg</i>	1	MO
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	1	MO
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	1	MO
<i>venlafaxine hcl er capsule extended release 24 hour 75mg</i>	1	MO
<i>venlafaxine hcl tablet 100mg</i>	1	MO
<i>venlafaxine hcl tablet 25mg</i>	1	MO
<i>venlafaxine hcl tablet 37.5mg</i>	1	MO
<i>venlafaxine hcl tablet 50mg</i>	1	MO
<i>venlafaxine hcl tablet 75mg</i>	1	MO
VIIBRYD KIT 0	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
VIIBRYD TABLET 10MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
VIIBRYD TABLET 20MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
VIIBRYD TABLET 40MG	4	QL (30 EA per 30 days) PA (Antidepressants, new starts only) MO
Tricyclics		
<i>amitriptyline hcl tablet 100mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>amitriptyline hcl tablet 10mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>amitriptyline hcl tablet 150mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>amitriptyline hcl tablet 25mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>amitriptyline hcl tablet 50mg</i>	2	PA (HRM - Antidepressants, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tablet 75mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>amoxapine tablet 100mg</i>	2	MO
<i>amoxapine tablet 150mg</i>	2	MO
<i>amoxapine tablet 25mg</i>	2	MO
<i>amoxapine tablet 50mg</i>	2	MO
<i>clomipramine hcl capsule 25mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>clomipramine hcl capsule 50mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>clomipramine hcl capsule 75mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>desipramine hcl tablet 100mg</i>	1	MO
<i>desipramine hcl tablet 10mg</i>	1	MO
<i>desipramine hcl tablet 150mg</i>	1	MO
<i>desipramine hcl tablet 25mg</i>	1	MO
<i>desipramine hcl tablet 50mg</i>	1	MO
<i>desipramine hcl tablet 75mg</i>	1	MO
<i>doxepin hcl capsule 10mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>doxepin hcl capsule 25mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>doxepin hcl concentrate 10mg/ml</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>imipramine hcl tablet 10mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>imipramine hcl tablet 25mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>imipramine hcl tablet 50mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>imipramine pamoate capsule 100mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>imipramine pamoate capsule 125mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>imipramine pamoate capsule 150mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>imipramine pamoate capsule 75mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>nortriptyline hcl capsule 10mg</i>	1	MO
<i>nortriptyline hcl capsule 25mg</i>	1	MO
<i>nortriptyline hcl capsule 50mg</i>	1	MO
<i>nortriptyline hcl capsule 75mg</i>	1	MO
<i>nortriptyline hcl solution 10mg/5ml</i>	1	MO
<i>perphenazine/amitriptyline tablet 10mg; 2mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>perphenazine/amitriptyline tablet 10mg; 4mg</i>	2	PA (HRM - Antidepressants, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine/amitriptyline tablet 25mg; 2mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>perphenazine/amitriptyline tablet 25mg; 4mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>perphenazine/amitriptyline tablet 50mg; 4mg</i>	2	PA (HRM - Antidepressants, new starts only) MO
<i>protriptyline hcl tablet 10mg</i>	2	MO
<i>protriptyline hcl tablet 5mg</i>	2	MO
SURMONTIL CAPSULE 100MG	4	PA (HRM - Antidepressants, new starts only) MO
SURMONTIL CAPSULE 25MG	4	PA (HRM - Antidepressants, new starts only) MO
SURMONTIL CAPSULE 50MG	4	PA (HRM - Antidepressants, new starts only) MO

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl injection 25mg/ml</i>	2	MO
<i>chlorpromazine hcl tablet 100mg</i>	2	MO
<i>chlorpromazine hcl tablet 10mg</i>	2	MO
<i>chlorpromazine hcl tablet 200mg</i>	2	MO
<i>chlorpromazine hcl tablet 25mg</i>	2	MO
<i>chlorpromazine hcl tablet 50mg</i>	2	MO
<i>compazine suppository 25mg</i>	1	MO
<i>compro suppository 25mg</i>	1	MO
<i>meclizine hcl tablet 12.5mg</i>	1	MO
<i>meclizine hcl tablet 25mg</i>	1	MO
<i>metoclopramide hcl injection 5mg/ml</i>	1	MO
<i>metoclopramide hcl solution 5mg/5ml</i>	1	MO
<i>metoclopramide hcl tablet 10mg</i>	1	MO
<i>metoclopramide hcl tablet 5mg</i>	1	MO
<i>perphenazine tablet 16mg</i>	2	MO
<i>perphenazine tablet 2mg</i>	2	MO
<i>perphenazine tablet 4mg</i>	2	MO
<i>perphenazine tablet 8mg</i>	2	MO
<i>prochlorperazine edisylate injection 5mg/ml</i>	2	MO
<i>prochlorperazine maleate tablet 10mg</i>	1	MO
<i>prochlorperazine maleate tablet 5mg</i>	1	MO
<i>prochlorperazine suppository 25mg</i>	1	MO
<i>promethazine hcl injection 25mg/ml</i>	2	PA (HRM - Antihistamines) MO
<i>promethazine hcl suppository 25mg</i>	2	PA (HRM - Antihistamines) MO
<i>promethazine hcl tablet 25mg</i>	2	PA (HRM - Antihistamines) MO
TRANSDERM-SCOP PATCH 72 HOUR 1MG/3DAYS	4	QL (10 EA per 30 days) MO

Emetogenic Therapy Adjuncts

ALOXI INJECTION 0.25MG/5ML	4	PA (Aloxi) MO
ANZEMET INJECTION 20MG/ML	4	MO
ANZEMET TABLET 100MG	4	B/D MO
ANZEMET TABLET 50MG	4	B/D MO
CESAMET CAPSULE 1MG	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol capsule 10mg</i>	2	QL (120 EA per 30 days) MO
<i>dronabinol capsule 2.5mg</i>	2	QL (120 EA per 30 days) MO
<i>dronabinol capsule 5mg</i>	2	QL (120 EA per 30 days) MO
EMEND CAPSULE 0	3	B/D MO
EMEND CAPSULE 125MG	3	B/D MO
EMEND CAPSULE 80MG	3	B/D MO
<i>granisetron hcl injection 0.1mg/ml</i>	2	MO
<i>granisetron hcl injection 1mg/ml</i>	2	MO
<i>granisetron hcl injection 4mg/4ml</i>	2	MO
<i>granisetron hcl tablet 1mg</i>	2	B/D MO
<i>ondansetron hcl injection 40mg/20ml</i>	2	MO
<i>ondansetron hcl injection 4mg/2ml</i>	2	MO
<i>ondansetron hcl injection 4mg/2ml</i>	2	MO
<i>ondansetron hcl solution 4mg/5ml</i>	2	B/D MO
<i>ondansetron hcl tablet 24mg</i>	2	B/D MO
<i>ondansetron hcl tablet 4mg</i>	2	B/D MO
<i>ondansetron hcl tablet 8mg</i>	2	B/D MO
<i>ondansetron odt tablet dispersible 4mg</i>	2	B/D MO
<i>ondansetron odt tablet dispersible 8mg</i>	2	B/D MO

Antifungals

Antifungals

ABELCET INJECTION 5MG/ML	4	MO
AMBISOME INJECTION 50MG	4	MO
<i>amphotericin b injection 50mg</i>	1	MO
CANCIDAS INJECTION 50MG	3	MO
CANCIDAS INJECTION 70MG	3	MO
<i>ciclodan cream 0.77%</i>	2	MO
<i>ciclodan solution 8%</i>	2	MO
<i>ciclopirox nail lacquer solution 8%</i>	2	MO
<i>ciclopirox olamine cream 0.77%</i>	2	MO
<i>ciclopirox topical solution kit kit 8%; 5%</i>	2	MO
<i>ciclopirox treatment kit 0; 8%; 0</i>	2	MO
<i>ciclopirox gel 0.77%</i>	2	MO
<i>ciclopirox shampoo 1%</i>	2	MO
<i>ciclopirox suspension 0.77%</i>	2	MO
<i>clotrimazole cream 1%</i>	2	MO
<i>clotrimazole solution 1%</i>	2	MO
<i>clotrimazole troche 10mg</i>	1	MO
CRESEMBA CAPSULE 186MG	5	MO
CRESEMBA INJECTION 372MG	5	MO
<i>econazole nitrate cream 1%</i>	1	MO
ERAXIS INJECTION 100MG	4	MO
ERAXIS INJECTION 50MG	4	MO
EXELDERM CREAM 1%	4	MO
EXELDERM SOLUTION 1%	4	MO
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	1	MO
<i>fluconazole in dextrose injection 56mg/ml; 400mg/200ml</i>	1	MO
<i>fluconazole in nacl injection 100mg/50ml; 0.9%</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl injection 200mg/100ml; 0.9%</i>	1	MO
<i>fluconazole in nacl injection 400mg/200ml; 0.9%</i>	1	MO
<i>fluconazole suspension reconstituted 10mg/ml</i>	2	MO
<i>fluconazole suspension reconstituted 40mg/ml</i>	2	MO
<i>fluconazole tablet 100mg</i>	1	MO
<i>fluconazole tablet 150mg</i>	1	MO
<i>fluconazole tablet 200mg</i>	1	MO
<i>fluconazole tablet 50mg</i>	1	MO
<i>flucytosine capsule 250mg</i>	2	MO
<i>flucytosine capsule 500mg</i>	2	MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	1	MO
<i>griseofulvin microsize tablet 500mg</i>	2	MO
<i>griseofulvin ultramicrosize tablet 125mg</i>	2	MO
<i>griseofulvin ultramicrosize tablet 250mg</i>	2	MO
<i>itraconazole capsule 100mg</i>	2	MO
<i>ketoconazole cream 2%</i>	1	MO
<i>ketoconazole shampoo 2%</i>	1	MO
<i>ketoconazole tablet 200mg</i>	2	MO
<i>ketodan foam 2%</i>	2	MO
<i>miconazole 3 suppository 200mg</i>	1	MO
MYCAMINE INJECTION 100MG	3	MO
MYCAMINE INJECTION 50MG	3	MO
<i>naftifine hcl cream 1%</i>	2	MO
NAFTIN CREAM 2%	4	MO
NAFTIN GEL 1%	4	MO
NATACYN SUSPENSION 5%	3	MO
NOXAFIL SUSPENSION 40MG/ML	5	QL (840 ML per 28 days) MO
NOXAFIL TABLET DELAYED RELEASE 100MG	5	MO
<i>nyamyc powder 100000unit/gm</i>	2	MO
<i>nystatin/triamcinolone cream 100000unit/gm; 0.1%</i>	2	MO
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	2	MO
<i>nystatin cream 100000unit/gm</i>	1	MO
<i>nystatin ointment 100000unit/gm</i>	1	MO
<i>nystatin powder 100000unit/gm</i>	2	MO
<i>nystatin suspension 100000unit/ml</i>	1	MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>nystop powder 100000unit/gm</i>	2	MO
OXISTAT CREAM 1%	4	MO
OXISTAT LOTION 1%	4	MO
<i>pedi-dri powder 100000unit/gm</i>	2	MO
<i>terbinafine hcl tablet 250mg</i>	1	MO
<i>terconazole cream 0.4%</i>	2	MO
<i>terconazole cream 0.8%</i>	2	MO
<i>terconazole suppository 80mg</i>	2	MO
<i>voriconazole injection 200mg</i>	2	MO
<i>voriconazole suspension reconstituted 40mg/ml</i>	2	QL (450 ML per 30 days) MO
<i>voriconazole tablet 200mg</i>	5	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	5	QL (90 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>zazole cream 0.4%</i>	2	MO
<i>zazole cream 0.8%</i>	2	MO
<i>zazole suppository 80mg</i>	2	MO
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg</i>	1	MO
<i>allopurinol tablet 300mg</i>	1	MO
COLCHICINE TABLET 0.6MG	3	MO
COLCRYS TABLET 0.6MG	3	MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	1	MO
<i>probenecid tablet 500mg</i>	1	MO
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection 1mg/ml</i>	1	MO
DIHYDROERGOTAMINE MESYLATE SOLUTION 4MG/ML	5	QL (8 ML per 28 days) MO
<i>migergot suppository 100mg; 2mg</i>	5	MO
Prophylactic		
<i>topiragen tablet 100mg</i>	1	MO
<i>topiragen tablet 200mg</i>	1	MO
<i>topiragen tablet 25mg</i>	1	MO
<i>topiragen tablet 50mg</i>	1	MO
<i>topiramate capsule sprinkle 15mg</i>	2	MO
<i>topiramate capsule sprinkle 25mg</i>	2	MO
<i>topiramate tablet 100mg</i>	1	MO
<i>topiramate tablet 200mg</i>	1	MO
<i>topiramate tablet 25mg</i>	1	MO
<i>topiramate tablet 50mg</i>	1	MO
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>naratriptan hcl tablet 1mg</i>	2	QL (12 EA per 30 days) MO
<i>naratriptan hcl tablet 2.5mg</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt tablet dispersible 10mg</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt tablet dispersible 5mg</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 5mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection 4mg/0.5ml</i>	2	QL (6 ML per 30 days) MO
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	2	QL (6 ML per 30 days) MO
<i>sumatriptan succinate injection 4mg/0.5ml</i>	2	QL (6 ML per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2	QL (6 ML per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2	QL (8 ML per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2	QL (6 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 50mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan solution 20mg/act</i>	1	QL (6 EA per 30 days) MO
<i>sumatriptan solution 5mg/act</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan odt tablet dispersible 2.5mg</i>	2	QL (12 EA per 30 days) MO
<i>zolmitriptan odt tablet dispersible 5mg</i>	2	QL (12 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan tablet 2.5mg</i>	2	QL (12 EA per 30 days) MO
<i>zolmitriptan tablet 5mg</i>	2	QL (12 EA per 30 days) MO
Antimychasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl tablet 125mg</i>	1	MO
MESTINON TIMESPAN TABLET EXTENDED RELEASE 180MG	4	MO
MESTINON SYRUP 60MG/5ML	4	MO
<i>pyridostigmine bromide tablet extended release 180mg</i>	2	MO
<i>pyridostigmine bromide tablet 60mg</i>	1	MO
REGONOL INJECTION 10MG/2ML	4	MO
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg</i>	1	MO
<i>dapsone tablet 25mg</i>	1	MO
<i>rifabutin capsule 150mg</i>	2	MO
Antituberculars		
CAPASTAT SULFATE INJECTION 1GM	4	MO
<i>ethambutol hcl tablet 100mg</i>	2	MO
<i>ethambutol hcl tablet 400mg</i>	2	MO
<i>isoniazid injection 100mg/ml</i>	1	MO
<i>isoniazid syrup 50mg/5ml</i>	1	MO
<i>isoniazid tablet 100mg</i>	1	MO
<i>isoniazid tablet 300mg</i>	1	MO
PASER PACKET 4GM	4	MO
PRIFTIN TABLET 150MG	4	MO
<i>pyrazinamide tablet 500mg</i>	2	MO
<i>rifampin capsule 150mg</i>	2	MO
<i>rifampin capsule 300mg</i>	2	MO
<i>rifampin injection 600mg</i>	1	MO
RIFATER TABLET 50MG; 300MG; 120MG	4	MO
SIRTURO TABLET 100MG	5	MO
TRECTOR TABLET 250MG	4	MO
Antineoplastics		
Alkylating Agents		
BICNU INJECTION 100MG	3	MO
BUSULFEX INJECTION 6MG/ML	3	MO
CYCLOPHOSPHAMIDE CAPSULE 25MG	3	B/D MO
CYCLOPHOSPHAMIDE CAPSULE 50MG	3	B/D MO
<i>cyclophosphamide tablet 25mg</i>	1	B/D MO
<i>cyclophosphamide tablet 50mg</i>	1	B/D MO
<i>dacarbazine injection 200mg</i>	1	MO
GLEOSTINE CAPSULE 100MG	4	MO
GLEOSTINE CAPSULE 10MG	4	MO
GLEOSTINE CAPSULE 40MG	4	MO
HEXALEN CAPSULE 50MG	3	MO
<i>ifosfamide injection 1gm/20ml</i>	1	MO
<i>ifosfamide injection 1gm/20ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide injection 1gm</i>	1	MO
<i>ifosfamide injection 3gm/60ml</i>	1	MO
<i>ifosfamide injection 3gm</i>	1	MO
LEUKERAN TABLET 2MG	3	MO
LOMUSTINE CAPSULE 100MG	3	MO
LOMUSTINE CAPSULE 10MG	3	MO
LOMUSTINE CAPSULE 40MG	3	MO
MATULANE CAPSULE 50MG	5	MO
<i>melfhalan hydrochloride injection 50mg</i>	5	MO
MUSTARGEN INJECTION 10MG	3	MO
TREANDA INJECTION 100MG	5	QL (600 EA per 21 days) MO
TREANDA INJECTION 180MG/2ML	5	MO
TREANDA INJECTION 25MG	5	QL (600 EA per 21 days) MO
TREANDA INJECTION 45MG/0.5ML	5	MO
VALCHLOR GEL 0.016%	5	MO
ZANOSAR INJECTION 1GM	3	MO
Antiandrogens		
<i>bicalutamide tablet 50mg</i>	2	MO
<i>flutamide capsule 125mg</i>	2	MO
NILANDRON TABLET 150MG	3	QL (60 EA per 30 days) MO
XTANDI CAPSULE 40MG	5	QL (120 EA per 30 days) PA (Xtandi, new starts only) MO
Antiangiogenic Agents		
REVLIMID CAPSULE 10MG	5	QL (30 EA per 30 days) PA (Revlimid, new starts only) LA
REVLIMID CAPSULE 15MG	5	QL (30 EA per 30 days) PA (Revlimid, new starts only) LA
REVLIMID CAPSULE 2.5MG	5	QL (30 EA per 30 days) PA (Revlimid, new starts only) LA
REVLIMID CAPSULE 20MG	5	QL (30 EA per 30 days) PA (Revlimid, new starts only) LA
REVLIMID CAPSULE 25MG	5	QL (30 EA per 30 days) PA (Revlimid, new starts only) LA
REVLIMID CAPSULE 5MG	5	QL (30 EA per 30 days) PA (Revlimid, new starts only) LA
THALOMID CAPSULE 100MG	5	QL (60 EA per 30 days) MO
THALOMID CAPSULE 150MG	5	QL (60 EA per 30 days) MO
THALOMID CAPSULE 200MG	5	QL (60 EA per 30 days) MO
THALOMID CAPSULE 50MG	5	QL (60 EA per 30 days) MO
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	3	MO
FARESTON TABLET 60MG	5	QL (30 EA per 30 days) MO
FASLODEX INJECTION 250MG/5ML	5	QL (30 ML per 30 days) MO
SOLTAMOX SOLUTION 10MG/5ML	4	MO
<i>tamoxifen citrate tablet 10mg</i>	1	MO
<i>tamoxifen citrate tablet 20mg</i>	1	MO
Antimetabolites		
<i>adrucil injection 2.5gm/50ml</i>	1	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>adrucil injection 500mg/10ml</i>	1	B/D MO
<i>adrucil injection 5gm/100ml</i>	1	B/D MO
ALIMTA INJECTION 100MG	5	PA (Alimta, new starts only) MO
ALIMTA INJECTION 500MG	5	PA (Alimta, new starts only) MO
<i>cladribine injection 1mg/ml</i>	1	B/D MO
CLOLAR INJECTION 1MG/ML	4	MO
<i>cytarabine aqueous injection 100mg/ml</i>	1	B/D MO
<i>cytarabine aqueous injection 20mg/ml</i>	1	B/D MO
<i>cytarabine aqueous injection 20mg/ml</i>	1	B/D MO
<i>cytarabine injection 100mg/ml</i>	1	B/D MO
<i>cytarabine injection 100mg/ml</i>	1	B/D MO
<i>cytarabine injection 20mg/ml</i>	1	B/D MO
<i>cytarabine injection 20mg/ml</i>	1	B/D MO
<i>cytarabine injection 500mg</i>	1	B/D MO
ELITEK INJECTION 1.5MG	5	MO
ELITEK INJECTION 7.5MG	5	MO
<i>fluorouracil injection 1gm/20ml</i>	1	B/D MO
<i>fluorouracil injection 2.5gm/50ml</i>	1	B/D MO
<i>fluorouracil injection 500mg/10ml</i>	1	B/D MO
<i>fluorouracil injection 5gm/100ml</i>	1	B/D MO
FOLOTYN INJECTION 20MG/ML	5	PA (Folotyn, new starts only) MO
FOLOTYN INJECTION 40MG/2ML	5	PA (Folotyn, new starts only) MO
<i>gemcitabine hcl injection 1gm</i>	1	MO
<i>gemcitabine hcl injection 200mg</i>	1	MO
<i>gemcitabine hcl injection 2gm</i>	1	MO
<i>gemcitabine injection 1gm/26.3ml</i>	1	MO
<i>gemcitabine injection 200mg/5.26ml</i>	1	MO
<i>gemcitabine injection 2gm/52.6ml</i>	1	MO
<i>hydroxyurea capsule 500mg</i>	1	MO
NIPENT INJECTION 10MG	5	MO
TABLOID TABLET 40MG	4	MO
Antineoplastics, Other		
ABRAXANE INJECTION 900MG; 100MG	4	PA (Abraxane, new starts only) MO
<i>amifostine injection 500mg</i>	2	MO
ARRANON INJECTION 5MG/ML	3	MO
<i>azacitidine injection 100mg</i>	5	MO
BELEODAQ INJECTION 500MG	5	PA (Beleodaq, new starts only) MO
<i>bleomycin sulfate injection 15unit</i>	1	MO
<i>bleomycin sulfate injection 30unit</i>	1	MO
<i>calcium folinate injection 300mg/30ml</i>	2	MO
<i>carboplatin injection 150mg/15ml</i>	2	MO
<i>carboplatin injection 450mg/45ml</i>	2	MO
<i>carboplatin injection 50mg/5ml</i>	2	MO
<i>carboplatin injection 600mg/60ml</i>	2	MO
<i>cisplatin injection 100mg/100ml</i>	1	MO
<i>cisplatin injection 200mg/200ml</i>	1	MO
<i>cisplatin injection 50mg/50ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 0	5	QL (112 EA per 28 days) PA (Cometriq, new starts only) MO
COMETRIQ KIT 0	5	QL (56 EA per 28 days) PA (Cometriq, new starts only) MO
COMETRIQ KIT 20MG	5	QL (84 EA per 28 days) PA (Cometriq, new starts only) MO
<i>daunorubicin hcl injection 20mg</i>	1	MO
<i>daunorubicin hcl injection 5mg/ml</i>	1	MO
DAUNOXOME INJECTION 2MG/ML	4	MO
<i>decitabine injection 50mg</i>	5	MO
<i>dexrazoxane injection 250mg</i>	2	MO
<i>dexrazoxane injection 500mg</i>	2	MO
DOCEFREZ INJECTION 20MG	5	MO
<i>docetaxel injection 140mg/7ml</i>	5	MO
<i>docetaxel injection 160mg/16ml</i>	5	MO
<i>docetaxel injection 160mg/8ml</i>	5	MO
<i>docetaxel injection 200mg/20ml</i>	5	MO
<i>docetaxel injection 20mg/0.5ml</i>	5	MO
<i>docetaxel injection 20mg/2ml</i>	5	MO
<i>docetaxel injection 20mg/ml</i>	5	MO
<i>docetaxel injection 20mg/ml</i>	5	MO
<i>docetaxel injection 80mg/2ml</i>	5	MO
<i>docetaxel injection 80mg/4ml</i>	5	MO
<i>docetaxel injection 80mg/8ml</i>	5	MO
<i>doxorubicin hcl liposome injection 2mg/ml</i>	2	PA (Doxil (doxorubicin liposomal), new starts only) MO
<i>doxorubicin hcl liposome injection 2mg/ml</i>	2	PA (Doxil (doxorubicin liposomal), new starts only) MO
<i>doxorubicin hcl injection 10mg</i>	1	B/D MO
<i>doxorubicin hcl injection 2mg/ml</i>	1	B/D MO
<i>doxorubicin hcl injection 50mg</i>	1	B/D MO
<i>epirubicin hcl injection 200mg/100ml</i>	1	MO
<i>epirubicin hcl injection 50mg/25ml</i>	1	MO
<i>epirubicin hcl injection 50mg</i>	1	MO
ERIVEDGE CAPSULE 150MG	5	QL (30 EA per 30 days) PA (Erivedge, new starts only) MO
ERWINAZE INJECTION 10000UNIT	5	PA (Erwinaze, new starts only) MO
FARYDAK CAPSULE 10MG	5	QL (6 EA per 21 days) PA (Farydak, new starts only) MO
FARYDAK CAPSULE 15MG	5	QL (6 EA per 21 days) PA (Farydak, new starts only) MO
FARYDAK CAPSULE 20MG	5	QL (6 EA per 21 days) PA (Farydak, new starts only) MO
<i>fludarabine phosphate injection 50mg</i>	1	MO
FUSILEV INJECTION 50MG	4	MO
GILOTRIF TABLET 20MG	5	QL (30 EA per 30 days) PA (Gilotrif, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TABLET 30MG	5	QL (30 EA per 30 days) PA (Gilotrif, new starts only) MO
GILOTRIF TABLET 40MG	5	QL (30 EA per 30 days) PA (Gilotrif, new starts only) MO
HALAVEN INJECTION 1MG/2ML	5	PA (Halaven, new starts only) MO
IBRANCE CAPSULE 100MG	5	QL (21 EA per 28 days) PA (Ibrance, new starts only) MO
IBRANCE CAPSULE 125MG	5	QL (21 EA per 28 days) PA (Ibrance, new starts only) MO
IBRANCE CAPSULE 75MG	5	QL (21 EA per 28 days) PA (Ibrance, new starts only) MO
<i>idarubicin hcl injection 10mg/10ml</i>	1	MO
<i>idarubicin hcl injection 20mg/20ml</i>	1	MO
<i>idarubicin hcl injection 5mg/5ml</i>	1	MO
<i>irinotecan injection 100mg/5ml</i>	1	MO
<i>irinotecan injection 40mg/2ml</i>	1	MO
<i>irinotecan injection 500mg/25ml</i>	1	MO
ISTODAX INJECTION 10MG	5	PA (Istodax, new starts only) MO
IXEMPRA KIT INJECTION 15MG	5	MO
IXEMPRA KIT INJECTION 45MG	5	MO
JAKAFI TABLET 10MG	5	QL (60 EA per 30 days) PA (Jakafi, new starts only) MO
JAKAFI TABLET 15MG	5	QL (60 EA per 30 days) PA (Jakafi, new starts only) MO
JAKAFI TABLET 20MG	5	QL (60 EA per 30 days) PA (Jakafi, new starts only) MO
JAKAFI TABLET 25MG	5	QL (60 EA per 30 days) PA (Jakafi, new starts only) MO
JAKAFI TABLET 5MG	5	QL (60 EA per 30 days) PA (Jakafi, new starts only) MO
JEVTANA INJECTION 60MG/1.5ML	5	PA (Jevtana, new starts only) MO
KADCYLA INJECTION 100MG	5	PA (Kadcyla, new starts only) MO
KADCYLA INJECTION 160MG	5	PA (Kadcyla, new starts only) MO
<i>leucovorin calcium injection 100mg</i>	2	MO
<i>leucovorin calcium injection 200mg</i>	2	MO
<i>leucovorin calcium injection 350mg</i>	2	MO
<i>leucovorin calcium injection 50mg</i>	2	MO
<i>leucovorin calcium tablet 10mg</i>	2	MO
<i>leucovorin calcium tablet 15mg</i>	2	MO
<i>leucovorin calcium tablet 25mg</i>	2	MO
<i>leucovorin calcium tablet 5mg</i>	2	MO
<i>levoleucovorin calcium injection 175mg/17.5ml</i>	5	MO
<i>lipodox 50 injection 2mg/ml</i>	2	PA (Doxil (doxorubicin liposomal), new starts only) MO
<i>lipodox injection 2mg/ml</i>	2	PA (Doxil (doxorubicin liposomal), new starts only) MO
LYNPARZA CAPSULE 50MG	5	QL (480 EA per 30 days) PA (Lynparza, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABLET 0.5MG	5	QL (30 EA per 30 days) PA (Mekinist, new starts only) LA
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA (Mekinist, new starts only) LA
MENEST TABLET 0.3MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins, new starts only) MO
MENEST TABLET 0.625MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins, new starts only) MO
MENEST TABLET 1.25MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins, new starts only) MO
MENEST TABLET 2.5MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins, new starts only) MO
<i>mesna injection 100mg/ml</i>	2	MO
MESNEX TABLET 400MG	3	MO
<i>mitomycin injection 20mg</i>	1	MO
<i>mitomycin injection 40mg</i>	1	MO
<i>mitomycin injection 5mg</i>	1	MO
<i>mitoxantrone hcl injection 2mg/ml</i>	1	MO
<i>mitoxantrone hcl injection 2mg/ml</i>	1	MO
<i>mitoxantrone hcl injection 2mg/ml</i>	1	MO
ONCASPAR INJECTION 750UNIT/ML	5	MO
<i>oxaliplatin injection 100mg/20ml</i>	5	MO
<i>oxaliplatin injection 100mg</i>	5	MO
<i>oxaliplatin injection 50mg/10ml</i>	5	MO
<i>oxaliplatin injection 50mg/10ml</i>	5	MO
<i>oxaliplatin injection 50mg</i>	5	MO
<i>paclitaxel injection 100mg/16.7ml</i>	1	MO
<i>paclitaxel injection 150mg/25ml</i>	1	MO
<i>paclitaxel injection 300mg/50ml</i>	1	MO
<i>paclitaxel injection 30mg/5ml</i>	1	MO
POMALYST CAPSULE 1MG	5	QL (21 EA per 28 days) PA (Pomalyst, new starts only) MO
POMALYST CAPSULE 2MG	5	QL (21 EA per 28 days) PA (Pomalyst, new starts only) MO
POMALYST CAPSULE 3MG	5	QL (21 EA per 28 days) PA (Pomalyst, new starts only) MO
POMALYST CAPSULE 4MG	5	QL (21 EA per 28 days) PA (Pomalyst, new starts only) MO
PROLEUKIN INJECTION 22000000UNIT	5	MO
SYLATRON INJECTION 200MCG	5	QL (2.8 EA per 30 days) PA (Sylatron, new starts only) MO
SYLATRON INJECTION 200MCG	5	QL (2.8 EA per 30 days) PA (Sylatron, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
SYLATRON INJECTION 300MCG	5	QL (2.8 EA per 30 days) PA (Sylatron, new starts only) MO
SYLATRON INJECTION 300MCG	5	QL (2.8 EA per 30 days) PA (Sylatron, new starts only) MO
SYLATRON INJECTION 600MCG	5	QL (2.8 EA per 30 days) PA (Sylatron, new starts only) MO
SYNRIBO INJECTION 3.5MG	5	PA (Synribo, new starts only) MO
TAFINLAR CAPSULE 50MG	5	QL (120 EA per 30 days) PA (Tafinlar, new starts only) LA
TAFINLAR CAPSULE 75MG	5	QL (120 EA per 30 days) PA (Tafinlar, new starts only) LA
TRISENOX INJECTION 10MG/10ML	3	MO
VELCADE INJECTION 3.5MG	3	PA (Velcade, new starts only) MO
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D MO
<i>vincasar pfs injection 1mg/ml</i>	1	MO
<i>vincristine sulfate injection 1mg/ml</i>	1	MO
<i>vinorelbine tartrate injection 10mg/ml</i>	1	MO
<i>vinorelbine tartrate injection 50mg/5ml</i>	1	MO
ZALTRAP INJECTION 100MG/4ML	5	PA (Zaltrap, new starts only) MO
ZALTRAP INJECTION 200MG/8ML	5	PA (Zaltrap, new starts only) MO
ZOLINZA CAPSULE 100MG	5	QL (120 EA per 30 days) PA (Zolinza, new starts only) MO
ZYKADIA CAPSULE 150MG	5	QL (140 EA per 28 days) PA (Zykadia, new starts only) MO
ZYTIGA TABLET 250MG	5	QL (120 EA per 30 days) PA (Zytiga, new starts only) MO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	1	MO
<i>exemestane tablet 25mg</i>	2	MO
<i>letrozole tablet 2.5mg</i>	1	QL (30 EA per 30 days) MO
Enzyme Inhibitors		
ETOPOPHOS INJECTION 100MG	3	MO
<i>etoposide injection 100mg/5ml</i>	1	MO
<i>etoposide injection 1gm/50ml</i>	1	MO
<i>etoposide injection 500mg/25ml</i>	1	MO
TOPOTECAN HCL INJECTION 4MG/4ML	4	MO
<i>topotecan hcl injection 4mg</i>	2	MO
ZYDELIG TABLET 100MG	5	QL (60 EA per 30 days) PA (Zydelig, new starts only) MO
ZYDELIG TABLET 150MG	5	QL (60 EA per 30 days) PA (Zydelig, new starts only) MO
Molecular Target Inhibitors		
AFINITOR DISPERZ TABLET SOLUBLE 2MG	5	QL (150 EA per 30 days) PA (Afinitor, new starts only) MO
AFINITOR DISPERZ TABLET SOLUBLE 3MG	5	QL (90 EA per 30 days) PA (Afinitor, new starts only) MO
AFINITOR DISPERZ TABLET SOLUBLE 5MG	5	QL (60 EA per 30 days) PA (Afinitor, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
AFINITOR TABLET 10MG	5	QL (30 EA per 30 days) PA (Afinitor, new starts only) MO
AFINITOR TABLET 2.5MG	5	QL (30 EA per 30 days) PA (Afinitor, new starts only) MO
AFINITOR TABLET 5MG	5	QL (30 EA per 30 days) PA (Afinitor, new starts only) MO
AFINITOR TABLET 7.5MG	5	QL (30 EA per 30 days) PA (Afinitor, new starts only) MO
BOSULIF TABLET 100MG	5	QL (180 EA per 30 days) PA (Bosulif, new starts only) MO
BOSULIF TABLET 500MG	5	QL (30 EA per 30 days) PA (Bosulif, new starts only) MO
CAPRELSA TABLET 100MG	5	QL (90 EA per 30 days) PA (Caprelsa, new starts only) MO
CAPRELSA TABLET 300MG	5	QL (30 EA per 30 days) PA (Caprelsa, new starts only) MO
GLEEVEC TABLET 100MG	5	QL (60 EA per 30 days) PA (Gleevec, new starts only) MO
GLEEVEC TABLET 400MG	5	QL (60 EA per 30 days) PA (Gleevec, new starts only) MO
ICLUSIG TABLET 15MG	5	QL (90 EA per 30 days) PA (Iclusig, new starts only) MO
ICLUSIG TABLET 45MG	5	QL (30 EA per 30 days) PA (Iclusig, new starts only) MO
IMBRUVICA CAPSULE 140MG	5	QL (120 EA per 30 days) PA (Imbruvica, new starts only) MO
INLYTA TABLET 1MG	5	QL (120 EA per 30 days) PA (Inlyta, new starts only) MO
INLYTA TABLET 5MG	5	QL (120 EA per 30 days) PA (Inlyta, new starts only) MO
LENVIMA 10MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA (Lenvima, new starts only) MO
LENVIMA 14MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA (Lenvima, new starts only) MO
LENVIMA 20MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA (Lenvima, new starts only) MO
LENVIMA 24MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA (Lenvima, new starts only) MO
NEXAVAR TABLET 200MG	5	QL (120 EA per 30 days) PA (Nexavar, new starts only) MO
SPRYCEL TABLET 100MG	5	QL (30 EA per 30 days) PA (Sprycel, new starts only) MO
SPRYCEL TABLET 140MG	5	QL (30 EA per 30 days) PA (Sprycel, new starts only) MO
SPRYCEL TABLET 20MG	5	QL (60 EA per 30 days) PA (Sprycel, new starts only) MO
SPRYCEL TABLET 50MG	5	QL (60 EA per 30 days) PA (Sprycel, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABLET 70MG	5	QL (60 EA per 30 days) PA (Sprycel, new starts only) MO
SPRYCEL TABLET 80MG	5	QL (30 EA per 30 days) PA (Sprycel, new starts only) MO
STIVARGA TABLET 40MG	5	QL (84 EA per 28 days) PA (Stivarga, new starts only) MO
SUTENT CAPSULE 12.5MG	5	QL (60 EA per 30 days) PA (Sutent, new starts only) MO
SUTENT CAPSULE 25MG	5	QL (60 EA per 30 days) PA (Sutent, new starts only) MO
SUTENT CAPSULE 37.5MG	5	QL (30 EA per 30 days) PA (Sutent, new starts only) MO
SUTENT CAPSULE 50MG	5	QL (30 EA per 30 days) PA (Sutent, new starts only) MO
TARCEVA TABLET 100MG	5	QL (30 EA per 30 days) PA (Tarceva, new starts only) MO
TARCEVA TABLET 150MG	5	QL (30 EA per 30 days) PA (Tarceva, new starts only) MO
TARCEVA TABLET 25MG	5	QL (30 EA per 30 days) PA (Tarceva, new starts only) MO
TASIGNA CAPSULE 150MG	5	QL (120 EA per 30 days) PA (Tasigna, new starts only) MO
TASIGNA CAPSULE 200MG	5	QL (120 EA per 30 days) PA (Tasigna, new starts only) MO
TYKERB TABLET 250MG	5	QL (180 EA per 30 days) PA (Tykerb, new starts only) MO
VOTRIENT TABLET 200MG	5	QL (120 EA per 30 days) PA (Votrient, new starts only) MO
XALKORI CAPSULE 200MG	5	QL (60 EA per 30 days) PA (Xalkori, new starts only) MO
XALKORI CAPSULE 250MG	5	QL (60 EA per 30 days) PA (Xalkori, new starts only) MO
ZELBORAF TABLET 240MG	5	QL (240 EA per 30 days) PA (Zelboraf, new starts only) MO

Monoclonal Antibodies

ARZERRA INJECTION 1000MG/50ML	5	PA (Arzerra, new starts only) MO
ARZERRA INJECTION 100MG/5ML	4	PA (Arzerra, new starts only) MO
AVASTIN INJECTION 100MG/4ML	5	PA (Avastin, new starts only) MO
AVASTIN INJECTION 400MG/16ML	5	PA (Avastin, new starts only) MO
BLINCYTO INJECTION 35MCG	5	PA (Blinicyto, new starts only) MO
CYRAMZA INJECTION 100MG/10ML	5	PA (Cyramza, new starts only) MO
CYRAMZA INJECTION 500MG/50ML	5	PA (Cyramza, new starts only) MO
ERBITUX INJECTION 100MG/50ML	5	PA (Erbix, new starts only) MO
ERBITUX INJECTION 200MG/100ML	5	PA (Erbix, new starts only) MO
GAZYVA INJECTION 1000MG/40ML	5	QL (360 ML per 365 days) PA (Gazyva, new starts only) MO
HERCEPTIN INJECTION 440MG	5	PA (Antineoplastics, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INJECTION 50MG	5	PA (Keytruda, new starts only) MO
OPDIVO INJECTION 100MG/10ML	5	PA (Opdivo, new starts only) MO
OPDIVO INJECTION 40MG/4ML	5	PA (Opdivo, new starts only) MO
PERJETA INJECTION 420MG/14ML	5	PA (Perjeta, new starts only) MO
RITUXAN INJECTION 10MG/ML	3	PA (Rituxan, new starts only) MO
SYLVANT INJECTION 100MG	5	PA (Sylvant, new starts only) MO
SYLVANT INJECTION 400MG	5	PA (Sylvant, new starts only) MO
VECTIBIX INJECTION 100MG/5ML	5	PA (Vectibix, new starts only) MO
VECTIBIX INJECTION 400MG/20ML	5	PA (Vectibix, new starts only) MO
YERVOY INJECTION 200MG/40ML	5	PA (Yervoy, new starts only) MO
YERVOY INJECTION 50MG/10ML	5	PA (Yervoy, new starts only) MO
Retinoids		
<i>bexarotene capsule 75mg</i>	2	MO
PANRETIN GEL 0.1%	3	MO
TARGRETIN CAPSULE 75MG	5	MO
TARGRETIN GEL 1%	5	MO
<i>tretinoin capsule 10mg</i>	5	MO
Antiparasitics		
Anthelmintics		
ALBENZA TABLET 200MG	5	MO
BILTRICIDE TABLET 600MG	3	MO
<i>ivermectin tablet 3mg</i>	2	MO
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	3	QL (500 ML per 30 days) MO
ALINIA TABLET 500MG	3	QL (20 EA per 30 days) MO
<i>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	2	MO
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	2	MO
<i>atovaquone suspension 750mg/5ml</i>	2	MO
<i>chloroquine phosphate tablet 250mg</i>	1	MO
<i>chloroquine phosphate tablet 500mg</i>	1	MO
COARTEM TABLET 20MG; 120MG	3	MO
DARAPRIM TABLET 25MG	5	MO
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	MO
<i>mefloquine hcl tablet 250mg</i>	2	MO
NEBUPENT SOLUTION RECONSTITUTED 300MG	3	B/D MO
PENTAM 300 INJECTION 300MG	4	MO
PRIMAQUINE PHOSPHATE TABLET 26.3MG	3	MO
<i>quinine sulfate capsule 324mg</i>	2	QL (42 EA per 7 days) PA (Quinine Sulfate) MO
<i>tinidazole tablet 250mg</i>	2	MO
<i>tinidazole tablet 500mg</i>	2	MO
Pediculicides/Scabicides		
<i>acticin cream 5%</i>	2	MO
EURAX CREAM 10%	3	MO
EURAX LOTION 10%	3	MO
<i>lindane lotion 1%</i>	2	MO
<i>lindane shampoo 1%</i>	2	MO
<i>malathion lotion 0.5%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin cream 5%</i>	2	MO
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate injection 1mg/ml</i>	2	MO
<i>benztropine mesylate tablet 0.5mg</i>	2	PA (HRM - Antiparkinson Agents) MO
<i>benztropine mesylate tablet 1mg</i>	2	PA (HRM - Antiparkinson Agents) MO
<i>benztropine mesylate tablet 2mg</i>	2	PA (HRM - Antiparkinson Agents) MO
<i>trihexyphenidyl hcl elixir 0.4mg/ml</i>	2	PA (HRM - Antiparkinson Agents) MO
<i>trihexyphenidyl hcl tablet 2mg</i>	2	PA (HRM - Antiparkinson Agents) MO
<i>trihexyphenidyl hcl tablet 5mg</i>	2	PA (HRM - Antiparkinson Agents) MO
Antiparkinson Agents, Other		
<i>amantadine hcl capsule 100mg</i>	2	MO
<i>amantadine hcl syrup 50mg/5ml</i>	2	MO
<i>amantadine hcl tablet 100mg</i>	2	MO
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 12.5MG; 200MG; 50MG	3	MO
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 18.75MG; 200MG; 75MG	3	MO
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 25MG; 200MG; 100MG	3	MO
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 31.25MG; 200MG; 125MG	3	MO
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 37.5MG; 200MG; 150MG	3	MO
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 50MG; 200MG; 200MG	3	MO
<i>entacapone tablet 200mg</i>	2	MO
<i>tolcapone tablet 100mg</i>	2	MO
Dopamine Agonists		
APOKYN INJECTION 10MG/ML	5	MO
<i>bromocriptine mesylate capsule 5mg</i>	2	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	2	MO
NEUPRO PATCH 24 HOUR 1MG/24HR	4	QL (30 EA per 30 days) MO
NEUPRO PATCH 24 HOUR 2MG/24HR	4	QL (30 EA per 30 days) MO
NEUPRO PATCH 24 HOUR 3MG/24HR	4	QL (30 EA per 30 days) MO
NEUPRO PATCH 24 HOUR 4MG/24HR	4	QL (30 EA per 30 days) MO
NEUPRO PATCH 24 HOUR 6MG/24HR	4	QL (30 EA per 30 days) MO
NEUPRO PATCH 24 HOUR 8MG/24HR	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg</i>	2	MO
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.75mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride er tablet extended release 24 hour 1.5mg</i>	2	MO
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3mg</i>	2	MO
<i>pramipexole dihydrochloride tablet 0.125mg</i>	1	MO
<i>pramipexole dihydrochloride tablet 0.25mg</i>	1	MO
<i>pramipexole dihydrochloride tablet 0.5mg</i>	1	MO
<i>pramipexole dihydrochloride tablet 0.75mg</i>	1	MO
<i>pramipexole dihydrochloride tablet 1.5mg</i>	1	MO
<i>pramipexole dihydrochloride tablet 1mg</i>	1	MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	2	QL (90 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	2	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	2	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	2	QL (90 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	2	QL (30 EA per 30 days) MO
<i>ropinirole hcl tablet 0.25mg</i>	1	MO
<i>ropinirole hcl tablet 0.5mg</i>	1	MO
<i>ropinirole hcl tablet 1mg</i>	1	MO
<i>ropinirole hcl tablet 2mg</i>	1	MO
<i>ropinirole hcl tablet 3mg</i>	1	MO
<i>ropinirole hcl tablet 4mg</i>	1	MO
<i>ropinirole hcl tablet 5mg</i>	1	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa er tablet extended release 50mg; 200mg</i>	1	MO
<i>carbidopa/levodopa odt tablet dispersible 10mg; 100mg</i>	1	MO
<i>carbidopa/levodopa odt tablet dispersible 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa odt tablet dispersible 25mg; 250mg</i>	1	MO
<i>carbidopa/levodopa tablet 10mg; 100mg</i>	1	MO
<i>carbidopa/levodopa tablet 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa tablet 25mg; 250mg</i>	1	MO
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT TABLET 0.5MG	3	QL (30 EA per 30 days) MO
AZILECT TABLET 1MG	3	QL (30 EA per 30 days) MO
<i>selegiline hcl capsule 5mg</i>	2	MO
<i>selegiline hcl tablet 5mg</i>	2	MO
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine decanoate injection 25mg/ml</i>	2	MO
<i>fluphenazine hcl concentrate 5mg/ml</i>	2	MO
<i>fluphenazine hcl elixir 2.5mg/5ml</i>	2	MO
<i>fluphenazine hcl injection 2.5mg/ml</i>	2	MO
<i>fluphenazine hcl tablet 10mg</i>	2	MO
<i>fluphenazine hcl tablet 1mg</i>	2	MO
<i>fluphenazine hcl tablet 2.5mg</i>	2	MO
<i>fluphenazine hcl tablet 5mg</i>	2	MO
<i>haloperidol decanoate injection 100mg/ml</i>	2	MO
<i>haloperidol decanoate injection 50mg/ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate injection 5mg/ml</i>	2	MO
<i>haloperidol concentrate 2mg/ml</i>	2	MO
<i>haloperidol tablet 0.5mg</i>	2	MO
<i>haloperidol tablet 10mg</i>	2	MO
<i>haloperidol tablet 1mg</i>	2	MO
<i>haloperidol tablet 20mg</i>	2	MO
<i>haloperidol tablet 2mg</i>	2	MO
<i>haloperidol tablet 5mg</i>	2	MO
<i>loxapine succinate capsule 10mg</i>	1	MO
<i>loxapine succinate capsule 25mg</i>	1	MO
<i>loxapine succinate capsule 50mg</i>	1	MO
<i>loxapine succinate capsule 5mg</i>	1	MO
<i>loxapine capsule 10mg</i>	1	MO
<i>loxapine capsule 25mg</i>	1	MO
<i>loxapine capsule 50mg</i>	1	MO
<i>loxapine capsule 5mg</i>	1	MO
ORAP TABLET 1MG	3	MO
ORAP TABLET 2MG	3	MO
<i>thioridazine hcl tablet 100mg</i>	2	PA (HRM - Antipsychotics, new starts only) MO
<i>thioridazine hcl tablet 10mg</i>	2	PA (HRM - Antipsychotics, new starts only) MO
<i>thioridazine hcl tablet 25mg</i>	2	PA (HRM - Antipsychotics, new starts only) MO
<i>thioridazine hcl tablet 50mg</i>	2	PA (HRM - Antipsychotics, new starts only) MO
<i>thiothixene capsule 10mg</i>	1	MO
<i>thiothixene capsule 1mg</i>	1	MO
<i>thiothixene capsule 2mg</i>	1	MO
<i>thiothixene capsule 5mg</i>	1	MO
<i>trifluoperazine hcl tablet 10mg</i>	2	MO
<i>trifluoperazine hcl tablet 1mg</i>	2	MO
<i>trifluoperazine hcl tablet 2mg</i>	2	MO
<i>trifluoperazine hcl tablet 5mg</i>	2	MO
2nd Generation/Atypical		
ABILIFY DISCMELT TABLET DISPERSIBLE 10MG	5	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
ABILIFY DISCMELT TABLET DISPERSIBLE 15MG	5	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
ABILIFY MAINTENA INJECTION 300MG	5	MO
ABILIFY MAINTENA INJECTION 300MG	5	QL (1 EA per 30 days) MO
ABILIFY MAINTENA INJECTION 400MG	5	QL (1 EA per 30 days) MO
ABILIFY INJECTION 9.75MG/1.3ML	4	MO
ABILIFY SOLUTION 1MG/ML	5	QL (900 ML per 30 days) PA (Atypical Antipsychotics, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tablet 10mg</i>	2	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
<i>aripiprazole tablet 15mg</i>	2	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
<i>aripiprazole tablet 20mg</i>	2	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
<i>aripiprazole tablet 2mg</i>	2	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
<i>aripiprazole tablet 30mg</i>	2	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
<i>aripiprazole tablet 5mg</i>	2	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
FANAPT TITRATION PACK TABLET 0	4	PA (Atypical Antipsychotics, new starts only) MO
FANAPT TABLET 10MG	4	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
FANAPT TABLET 12MG	4	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
FANAPT TABLET 1MG	4	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
FANAPT TABLET 2MG	4	PA (Atypical Antipsychotics, new starts only) MO
FANAPT TABLET 4MG	4	PA (Atypical Antipsychotics, new starts only) MO
FANAPT TABLET 6MG	4	PA (Atypical Antipsychotics, new starts only) MO
FANAPT TABLET 8MG	4	PA (Atypical Antipsychotics, new starts only) MO
GEODON INJECTION 20MG	4	MO
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	MO
INVEGA SUSTENNA INJECTION 156MG/ML	5	MO
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	MO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	MO
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	MO
INVEGA TRINZA INJECTION 273MG/0.875ML	5	MO
INVEGA TRINZA INJECTION 410MG/1.315ML	5	MO
INVEGA TRINZA INJECTION 546MG/1.75ML	5	MO
INVEGA TRINZA INJECTION 819MG/2.625ML	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG	5	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG	5	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9MG	5	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
LATUDA TABLET 120MG	5	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
LATUDA TABLET 20MG	5	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
LATUDA TABLET 40MG	5	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
LATUDA TABLET 60MG	5	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
LATUDA TABLET 80MG	5	QL (30 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
<i>olanzapine odt tablet dispersible 10mg</i>	2	MO
<i>olanzapine odt tablet dispersible 15mg</i>	2	MO
<i>olanzapine odt tablet dispersible 20mg</i>	2	MO
<i>olanzapine odt tablet dispersible 5mg</i>	2	MO
<i>olanzapine injection 10mg</i>	2	MO
<i>olanzapine tablet 10mg</i>	2	MO
<i>olanzapine tablet 15mg</i>	2	MO
<i>olanzapine tablet 2.5mg</i>	2	MO
<i>olanzapine tablet 20mg</i>	2	MO
<i>olanzapine tablet 5mg</i>	2	MO
<i>olanzapine tablet 7.5mg</i>	2	MO
<i>quetiapine fumarate tablet 100mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tablet 200mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tablet 25mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tablet 300mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tablet 400mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tablet 50mg</i>	2	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJECTION 12.5MG	4	MO
RISPERDAL CONSTA INJECTION 25MG	5	MO
RISPERDAL CONSTA INJECTION 37.5MG	5	MO
RISPERDAL CONSTA INJECTION 50MG	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone m-tab tablet dispersible 0.5mg</i>	2	MO
<i>risperidone m-tab tablet dispersible 1mg</i>	2	MO
<i>risperidone m-tab tablet dispersible 2mg</i>	2	MO
<i>risperidone m-tab tablet dispersible 3mg</i>	2	MO
<i>risperidone m-tab tablet dispersible 4mg</i>	2	MO
<i>risperidone odt tablet dispersible 0.25mg</i>	2	MO
<i>risperidone odt tablet dispersible 0.5mg</i>	2	MO
<i>risperidone odt tablet dispersible 1mg</i>	2	MO
<i>risperidone odt tablet dispersible 2mg</i>	2	MO
<i>risperidone odt tablet dispersible 3mg</i>	2	MO
<i>risperidone odt tablet dispersible 4mg</i>	2	MO
<i>risperidone solution 1mg/ml</i>	2	MO
<i>risperidone tablet 0.25mg</i>	2	MO
<i>risperidone tablet 0.5mg</i>	2	MO
<i>risperidone tablet 1mg</i>	2	MO
<i>risperidone tablet 2mg</i>	2	MO
<i>risperidone tablet 3mg</i>	2	MO
<i>risperidone tablet 4mg</i>	2	MO
<i>ziprasidone hcl capsule 20mg</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone hcl capsule 40mg</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone hcl capsule 60mg</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone hcl capsule 80mg</i>	2	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJECTION 210MG	4	MO
ZYPREXA RELPREVV INJECTION 300MG	4	MO
ZYPREXA RELPREVV INJECTION 405MG	4	MO
Treatment-Resistant		
CLOZAPINE ODT TABLET DISPERSIBLE 100MG	4	QL (270 EA per 30 days) MO
CLOZAPINE ODT TABLET DISPERSIBLE 12.5MG	4	QL (90 EA per 30 days) MO
<i>clozapine odt tablet dispersible 150mg</i>	2	QL (180 EA per 30 days) MO
<i>clozapine odt tablet dispersible 200mg</i>	2	QL (120 EA per 30 days) MO
CLOZAPINE ODT TABLET DISPERSIBLE 25MG	4	QL (270 EA per 30 days) MO
<i>clozapine tablet 100mg</i>	2	MO
<i>clozapine tablet 200mg</i>	2	MO
<i>clozapine tablet 25mg</i>	2	MO
<i>clozapine tablet 50mg</i>	2	MO
FAZACLO TABLET DISPERSIBLE 100MG	4	QL (270 EA per 30 days) MO
FAZACLO TABLET DISPERSIBLE 12.5MG	4	QL (90 EA per 30 days) MO
FAZACLO TABLET DISPERSIBLE 25MG	4	QL (270 EA per 30 days) MO
VERSACLOZ SUSPENSION 50MG/ML	5	MO
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg</i>	1	MO
<i>baclofen tablet 20mg</i>	1	MO
<i>dantrolene sodium capsule 100mg</i>	2	MO
<i>dantrolene sodium capsule 25mg</i>	2	MO
<i>dantrolene sodium capsule 50mg</i>	2	MO
<i>tizanidine hcl capsule 2mg</i>	2	MO
<i>tizanidine hcl capsule 4mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl capsule 6mg</i>	2	MO
<i>tizanidine hcl tablet 2mg</i>	1	MO
<i>tizanidine hcl tablet 4mg</i>	1	MO
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir injection 75mg/ml</i>	5	MO
<i>foscarnet sodium injection 24mg/ml</i>	2	MO
<i>ganciclovir injection 500mg</i>	2	MO
VALCYTE SOLUTION RECONSTITUTED 50MG/ML	5	MO
<i>valganciclovir tablet 450mg</i>	5	MO
ZIRGAN GEL 0.15%	4	MO
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	2	MO
BARACLUDE SOLUTION 0.05MG/ML	3	QL (600 ML per 30 days) MO
<i>entecavir tablet 0.5mg</i>	5	QL (30 EA per 30 days) MO
<i>entecavir tablet 1mg</i>	5	QL (30 EA per 30 days) MO
INTRON A W/DILUENT INJECTION 10MU	4	MO
INTRON A W/DILUENT INJECTION 18MU	4	MO
INTRON A W/DILUENT INJECTION 50MU	4	MO
INTRON A INJECTION 10MU/ML	4	MO
INTRON A INJECTION 10MU	4	MO
INTRON A INJECTION 18MU	4	MO
INTRON A INJECTION 50MU	4	MO
INTRON A INJECTION 6000000UNIT/ML	4	MO
TYZEKA TABLET 600MG	5	QL (30 EA per 30 days) MO
Anti-hepatitis C (HCV) Agents		
HARVONI TABLET 90MG; 400MG	5	QL (28 EA per 28 days) PA (Harvoni) MO
INFERGEN INJECTION 15MCG/0.5ML	5	MO
INFERGEN INJECTION 9MCG/0.3ML	5	MO
<i>moderiba 1200 dose pack tablet 600mg</i>	5	MO
<i>moderiba 800 dose pack tablet 400mg</i>	5	MO
<i>moderiba miscellaneous 0</i>	5	MO
<i>moderiba miscellaneous 0</i>	5	MO
<i>moderiba tablet 200mg</i>	2	MO
OLYSIO CAPSULE 150MG	5	QL (30 EA per 30 days) PA (Olysio) MO
PEG-INTRON REDIPEN PAK 4 INJECTION 120MCG/0.5ML	5	MO
PEG-INTRON REDIPEN PAK 4 INJECTION 150MCG/0.5ML	5	MO
PEG-INTRON REDIPEN PAK 4 INJECTION 50MCG/0.5ML	5	MO
PEG-INTRON REDIPEN PAK 4 INJECTION 80MCG/0.5ML	5	MO
PEG-INTRON REDIPEN INJECTION 120MCG/0.5ML	5	MO
PEG-INTRON REDIPEN INJECTION 150MCG/0.5ML	5	MO
PEG-INTRON REDIPEN INJECTION 50MCG/0.5ML	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
PEG-INTRON REDIPEN INJECTION 80MCG/0.5ML	5	MO
PEG-INTRON INJECTION 50MCG/0.5ML	5	MO
PEGASYS PROCLICK INJECTION 135MCG/0.5ML	5	QL (4 ML per 28 days) MO
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	5	QL (2 ML per 28 days) MO
PEGASYS INJECTION 180MCG/0.5ML	5	QL (2 ML per 28 days) MO
PEGASYS INJECTION 180MCG/ML	5	QL (4 ML per 28 days) MO
PEGINTRON INJECTION 120MCG/0.5ML	5	MO
PEGINTRON INJECTION 150MCG/0.5ML	5	MO
PEGINTRON INJECTION 50MCG/0.5ML	5	MO
PEGINTRON INJECTION 80MCG/0.5ML	5	MO
<i>ribasphere ribapak tablet 0</i>	5	MO
<i>ribasphere ribapak tablet 0</i>	5	MO
<i>ribasphere ribapak tablet 400mg</i>	5	MO
<i>ribasphere ribapak tablet 600mg</i>	5	MO
<i>ribasphere capsule 200mg</i>	2	MO
<i>ribasphere tablet 200mg</i>	2	MO
<i>ribasphere tablet 400mg</i>	5	MO
<i>ribasphere tablet 600mg</i>	5	MO
<i>ribavirin capsule 200mg</i>	2	MO
<i>ribavirin tablet 200mg</i>	2	MO
SOVALDI TABLET 400MG	5	QL (30 EA per 30 days) PA (Sovaldi) MO
VICTRELIS CAPSULE 200MG	5	QL (360 EA per 30 days) MO
VIRAZOLE SOLUTION RECONSTITUTED 6GM	5	MO
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	5	QL (30 EA per 30 days) MO
EDURANT TABLET 25MG	5	MO
INTELENCE TABLET 100MG	5	QL (120 EA per 30 days) MO
INTELENCE TABLET 200MG	5	QL (60 EA per 30 days) MO
INTELENCE TABLET 25MG	4	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	2	MO
NEVIRAPINE SUSPENSION 50MG/5ML	3	MO
<i>nevirapine tablet 200mg</i>	2	MO
RESCRIPTOR TABLET 100MG	3	MO
RESCRIPTOR TABLET 200MG	3	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	MO
SUSTIVA CAPSULE 200MG	5	MO
SUSTIVA CAPSULE 50MG	4	MO
SUSTIVA TABLET 600MG	5	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg</i>	5	MO
<i>abacavir tablet 300mg</i>	2	MO
<i>didanosine capsule delayed release 125mg</i>	2	MO
<i>didanosine capsule delayed release 200mg</i>	2	MO
<i>didanosine capsule delayed release 250mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine capsule delayed release 400mg</i>	2	MO
EMTRIVA CAPSULE 200MG	3	MO
EMTRIVA SOLUTION 10MG/ML	3	MO
EPIVIR HBV SOLUTION 5MG/ML	3	MO
EPZICOM TABLET 600MG; 300MG	5	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	5	MO
<i>lamivudine solution 10mg/ml</i>	2	MO
<i>lamivudine tablet 100mg</i>	2	MO
<i>lamivudine tablet 150mg</i>	2	MO
<i>lamivudine tablet 300mg</i>	2	MO
RETROVIR IV INFUSION INJECTION 10MG/ML	4	MO
<i>stavudine capsule 15mg</i>	2	MO
<i>stavudine capsule 20mg</i>	2	MO
<i>stavudine capsule 30mg</i>	2	MO
<i>stavudine capsule 40mg</i>	2	MO
<i>stavudine solution reconstituted 1mg/ml</i>	2	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL (30 EA per 30 days) MO
TRUVADA TABLET 200MG; 300MG	5	MO
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 2GM	3	MO
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 4GM	3	MO
VIREAD POWDER 40MG/GM	5	MO
VIREAD TABLET 150MG	5	MO
VIREAD TABLET 200MG	5	MO
VIREAD TABLET 250MG	5	MO
VIREAD TABLET 300MG	5	MO
ZIAGEN SOLUTION 20MG/ML	4	MO
<i>zidovudine capsule 100mg</i>	2	MO
<i>zidovudine syrup 50mg/5ml</i>	2	MO
<i>zidovudine tablet 300mg</i>	2	MO
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	QL (60 EA per 30 days) MO
ISENTRESS PACKET 100MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG	3	MO
ISENTRESS TABLET CHEWABLE 25MG	3	MO
ISENTRESS TABLET 400MG	5	QL (120 EA per 30 days) MO
SELZENTRY TABLET 150MG	5	QL (120 EA per 30 days) MO
SELZENTRY TABLET 300MG	5	QL (120 EA per 30 days) MO
TIVICAY TABLET 50MG	5	MO
TYBOST TABLET 150MG	4	MO
VITEKTA TABLET 150MG	5	QL (30 EA per 30 days) MO
VITEKTA TABLET 85MG	5	QL (30 EA per 30 days) MO
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPSULE 250MG	5	MO
APTIVUS SOLUTION 100MG/ML	4	MO
CRIXIVAN CAPSULE 200MG	3	MO
CRIXIVAN CAPSULE 400MG	3	MO
EVOTAZ TABLET 300MG; 150MG	5	QL (30 EA per 30 days) MO
INVIRASE CAPSULE 200MG	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
INVIRASE TABLET 500MG	5	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	5	MO
KALETRA TABLET 100MG; 25MG	4	MO
KALETRA TABLET 200MG; 50MG	5	MO
LEXIVA SUSPENSION 50MG/ML	3	MO
LEXIVA TABLET 700MG	5	MO
NORVIR CAPSULE 100MG	3	MO
NORVIR SOLUTION 80MG/ML	3	MO
NORVIR TABLET 100MG	3	MO
PREZCOBIX TABLET 150MG; 800MG	5	QL (30 EA per 30 days) MO
PREZISTA SUSPENSION 100MG/ML	5	MO
PREZISTA TABLET 150MG	3	MO
PREZISTA TABLET 400MG	5	MO
PREZISTA TABLET 600MG	5	MO
PREZISTA TABLET 75MG	3	MO
PREZISTA TABLET 800MG	5	MO
REYATAZ CAPSULE 150MG	5	MO
REYATAZ CAPSULE 200MG	5	MO
REYATAZ CAPSULE 300MG	5	MO
REYATAZ PACKET 50MG	5	MO
VIRACEPT TABLET 250MG	5	MO
VIRACEPT TABLET 625MG	5	MO
Anti-influenza Agents		
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	4	QL (120 EA per 365 days) MO
<i>rimantadine hcl tablet 100mg</i>	2	MO
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days) MO
TAMIFLU CAPSULE 45MG	3	QL (84 EA per 365 days) MO
TAMIFLU CAPSULE 75MG	3	QL (84 EA per 365 days) MO
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL (1080 ML per 365 days) MO
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	2	MO
<i>acyclovir capsule 200mg</i>	2	MO
<i>acyclovir ointment 5%</i>	2	MO
<i>acyclovir suspension 200mg/5ml</i>	2	MO
<i>acyclovir tablet 400mg</i>	2	MO
<i>acyclovir tablet 800mg</i>	2	MO
DENAVIR CREAM 1%	4	MO
<i>famciclovir tablet 125mg</i>	2	QL (60 EA per 30 days) MO
<i>famciclovir tablet 250mg</i>	2	QL (60 EA per 30 days) MO
<i>famciclovir tablet 500mg</i>	2	QL (60 EA per 30 days) MO
<i>trifluridine solution 1%</i>	2	MO
<i>valacyclovir hcl tablet 1000mg</i>	2	QL (90 EA per 30 days) MO
<i>valacyclovir hcl tablet 500mg</i>	2	QL (60 EA per 30 days) MO
Antivirals		
ATRIPLA TABLET 600MG; 200MG; 300MG	5	MO

Anxiolytics

Anxiolytics, Other

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tablet 0.25mg</i>	2	MO
<i>alprazolam tablet 0.5mg</i>	2	MO
<i>alprazolam tablet 1mg</i>	2	QL (90 EA per 30 days) MO
<i>bupirone hcl tablet 10mg</i>	1	MO
<i>bupirone hcl tablet 15mg</i>	1	MO
<i>bupirone hcl tablet 30mg</i>	1	MO
<i>bupirone hcl tablet 5mg</i>	1	MO
<i>bupirone hcl tablet 7.5mg</i>	1	MO
<i>clonazepam odt tablet dispersible 0.125mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam odt tablet dispersible 0.25mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam odt tablet dispersible 0.5mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam odt tablet dispersible 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam odt tablet dispersible 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam tablet 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	2	QL (300 EA per 30 days) MO
<i>diazepam intensol concentrate 5mg/ml</i>	2	QL (240 ML per 30 days) MO
<i>diazepam concentrate 5mg/ml</i>	2	QL (240 ML per 30 days) MO
DIAZEPAM GEL 10MG	4	MO
DIAZEPAM GEL 2.5MG	4	MO
DIAZEPAM GEL 20MG	4	MO
<i>diazepam solution 1mg/ml</i>	2	QL (1200 ML per 30 days) MO
<i>diazepam tablet 10mg</i>	2	QL (120 EA per 30 days) MO
<i>diazepam tablet 2mg</i>	2	QL (60 EA per 30 days) MO
<i>diazepam tablet 5mg</i>	2	QL (60 EA per 30 days) MO
Benzodiazepines		
<i>clorazepate dipotassium tablet 15mg</i>	2	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tablet 3.75mg</i>	2	QL (90 EA per 90 days) MO
<i>clorazepate dipotassium tablet 7.5mg</i>	2	QL (90 EA per 30 days) MO
<i>lorazepam tablet 0.5mg</i>	2	MO
<i>lorazepam tablet 1mg</i>	2	MO
<i>lorazepam tablet 2mg</i>	2	MO
Bipolar Agents		
Bipolar Agents, Other		
SAPHRIS TABLET SUBLINGUAL 10MG	4	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
SAPHRIS TABLET SUBLINGUAL 2.5MG	4	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
SAPHRIS TABLET SUBLINGUAL 5MG	4	QL (60 EA per 30 days) PA (Atypical Antipsychotics, new starts only) MO
Mood Stabilizers		
<i>carbamazepine er capsule extended release 12 hour 100mg</i>	2	MO
<i>carbamazepine er capsule extended release 12 hour 200mg</i>	2	MO
<i>carbamazepine er capsule extended release 12 hour 300mg</i>	2	MO
<i>lithium carbonate er tablet extended release 300mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er tablet extended release 450mg</i>	1	MO
<i>lithium carbonate capsule 150mg</i>	1	MO
<i>lithium carbonate capsule 300mg</i>	1	MO
<i>lithium carbonate capsule 600mg</i>	1	MO
<i>lithium carbonate tablet 300mg</i>	1	MO
<i>lithium solution 8meq/5ml</i>	1	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet 100mg</i>	2	MO
<i>acarbose tablet 25mg</i>	2	MO
<i>acarbose tablet 50mg</i>	2	MO
BYDUREON INJECTION 2MG	3	QL (2.6 EA per 28 days) PA (Bydureon) MO
BYDUREON INJECTION 2MG	3	QL (2.6 EA per 28 days) PA (Bydureon) MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 30 days) PA (Byetta) MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA (Byetta) MO
<i>chlorpropamide tablet 100mg</i>	2	PA (HRM - Sulfonylureas) MO
<i>chlorpropamide tablet 250mg</i>	2	PA (HRM - Sulfonylureas) MO
CYCLOSET TABLET 0.8MG	4	PA (Cycloset) MO
<i>glimepiride tablet 1mg</i>	6	MO
<i>glimepiride tablet 2mg</i>	6	MO
<i>glimepiride tablet 4mg</i>	6	MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	6	MO
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	6	MO
<i>glipizide er tablet extended release 24 hour 5mg</i>	6	MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	6	MO
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	6	MO
<i>glipizide xl tablet extended release 24 hour 5mg</i>	6	MO
<i>glipizide/metformin hcl tablet 2.5mg; 250mg</i>	6	MO
<i>glipizide/metformin hcl tablet 2.5mg; 500mg</i>	6	MO
<i>glipizide/metformin hcl tablet 5mg; 500mg</i>	6	MO
<i>glipizide tablet 10mg</i>	6	MO
<i>glipizide tablet 5mg</i>	6	MO
GLYSET TABLET 100MG	4	MO
GLYSET TABLET 25MG	4	MO
GLYSET TABLET 50MG	4	MO
INVOKANA TABLET 100MG	4	QL (30 EA per 30 days) PA (Invokana) MO
INVOKANA TABLET 300MG	4	QL (30 EA per 30 days) PA (Invokana) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 3 1000MG; 100MG	3	QL (30 EA per 30 days) PA (Sitagliptin) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 3 1000MG; 50MG	3	QL (30 EA per 30 days) PA (Sitagliptin) MO

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

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	3	QL (30 EA per 30 days) PA (Sitagliptin) MO
JANUMET TABLET 1000MG; 50MG	3	QL (60 EA per 30 days) PA (Sitagliptin) MO
JANUMET TABLET 500MG; 50MG	3	QL (60 EA per 30 days) PA (Sitagliptin) MO
JANUVIA TABLET 100MG	3	QL (30 EA per 30 days) PA (Sitagliptin) MO
JANUVIA TABLET 25MG	3	QL (30 EA per 30 days) PA (Sitagliptin) MO
JANUVIA TABLET 50MG	3	QL (30 EA per 30 days) PA (Sitagliptin) MO
<i>metformin hcl er tablet extended release 24 hour 500mg</i>	6	MO
<i>metformin hcl er tablet extended release 24 hour 500mg</i>	6	MO
<i>metformin hcl er tablet extended release 24 hour 750mg</i>	6	MO
<i>metformin hcl tablet 1000mg</i>	6	MO
<i>metformin hcl tablet 500mg</i>	6	MO
<i>metformin hcl tablet 850mg</i>	6	MO
<i>nateglinide tablet 120mg</i>	2	MO
<i>nateglinide tablet 60mg</i>	2	MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg</i>	2	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride tablet 4mg; 30mg</i>	2	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg</i>	2	QL (90 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 850mg; 15mg</i>	2	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 15mg</i>	2	MO
<i>pioglitazone hcl tablet 30mg</i>	2	MO
<i>pioglitazone hcl tablet 45mg</i>	2	MO
PRANDIMET TABLET 500MG; 1MG	4	MO
PRANDIMET TABLET 500MG; 2MG	4	MO
<i>repaglinide tablet 0.5mg</i>	2	MO
<i>repaglinide tablet 1mg</i>	2	MO
<i>repaglinide tablet 2mg</i>	2	MO
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	4	QL (10.8 ML per 30 days) MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	4	QL (6 ML per 30 days) MO
<i>tolazamide tablet 250mg</i>	6	MO
<i>tolazamide tablet 500mg</i>	6	MO
<i>tolbutamide tablet 500mg</i>	6	MO
VICTOZA INJECTION 18MG/3ML	4	QL (9 ML per 30 days) PA (Victoza) MO
WELCHOL PACKET 3.75GM	4	MO
Glycemic Agents		
CLINIMIX 4.25%/DEXTROSE 20% INJECTION 37MEQ/L; 4880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML		B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D MO
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D MO
CLINIMIX E 2.75%/DEXTROSE 10% INJECTION 570MG/100ML; 316MG/100ML; 33MG/100ML; 10GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D MO
CLINIMIX E 2.75%/DEXTROSE 5% INJECTION 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D MO
CLINIMIX E 4.25%/DEXTROSE 10% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D MO
CLINIMIX E 4.25%/DEXTROSE 25% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 25GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 5% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D MO
CLINIMIX E 5%/DEXTROSE 15% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D MO
CLINIMIX E 5%/DEXTROSE 25% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 25GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D MO
<i>dextrose 10%/nacl 0.45% injection 10%; 0.45%</i>	1	MO
<i>dextrose 10% flex container injection 10%</i>	1	MO
<i>dextrose 10%/nacl 0.2% injection 10%; 0.2%</i>	1	MO
<i>dextrose 10% injection 10%</i>	1	MO
<i>dextrose 10% injection 10%</i>	1	MO
<i>dextrose 2.5%/nacl 0.45% injection 2.5%; 0.45%</i>	1	MO
<i>dextrose 2.5%/nacl 0.45% injection 2.5%; 0.45%</i>	1	MO
<i>dextrose 2.5%/sodium chloride 0.45% injection 2.5%; 0.45%</i>	1	MO
<i>dextrose 5% viaflex injection 5%</i>	1	MO
<i>dextrose 5% viaflex injection 5%</i>	1	MO
<i>dextrose 5%/nacl 0.2% injection 5%; 0.2%</i>	1	MO
<i>dextrose 5%/nacl 0.225% injection 5%; 0.225%</i>	1	MO
<i>dextrose 5%/nacl 0.3% injection 5%; 0.3%</i>	1	MO
<i>dextrose 5%/nacl 0.33% injection 5%; 0.33%</i>	1	MO
<i>dextrose 5%/nacl 0.45% injection 5%; 0.45%</i>	1	MO
<i>dextrose 5%/nacl 0.9% injection 5%; 0.9%</i>	1	MO
<i>dextrose 5%/sodium chloride 0.2% injection 5%; 0.2%</i>	1	MO
<i>dextrose 5%/sodium chloride 0.2% injection 5%; 0.2%</i>	1	MO
<i>dextrose 5%/sodium chloride 0.33% injection 5%; 0.33%</i>	1	MO
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	1	MO
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	1	MO
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	1	MO
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	1	MO
<i>dextrose 5% injection 5%</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJECTION 1MG	3	MO
GLUCAGON EMERGENCY KIT INJECTION 1MG	3	MO
ionosol-b/dextrose 5% injection 49meq/l; 5%; 25meq/l; 5meq/l; 13meq/l; 25meq/l; 57meq/l	1	MO
ionosol-mb/dextrose 5% injection 22meq/l; 5%; 23meq/l; 3meq/l; 3meq/l; 20meq/l; 25meq/l	1	MO
kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%	1	MO
kcl 0.15%/d5w/ nacl 0.3% injection 5%; 20meq/l; 0.33%	1	MO
kcl 0.15%/d5w/lr injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	1	MO
kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%	1	MO
kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%	1	MO
kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	1	MO
kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	1	MO
kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%	1	MO
kcl 0.3%/d5w/lr iv lac ring injection 3meq/l; 149meq/l; 5%; 28meq/l; 44meq/l; 130meq/l	1	MO
kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%	1	MO
kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%	1	MO
normosol-r in d5w injection 27meq/l; 98meq/l; 5%; 23meq/l; 3meq/l; 5meq/l; 140meq/l	1	MO
potassium chloride 0.15% d5w/nacl 0.33% injection 5%; 20meq/l; 0.33%	1	MO
potassium chloride 0.15% d5w/nacl 0.45% viaflex injection 5%; 20meq/l; 0.45%	1	MO
potassium chloride 0.15% d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	1	MO
potassium chloride 0.22% d5w/nacl 0.45% injection 5%; 30meq/l; 0.45%	1	MO
potassium chloride 0.224%d5w/nacl 0.45% viaflex injection 5%; 30meq/l; 0.45%	1	MO
PROGLYCEM SUSPENSION 50MG/ML	3	MO
Insulins		
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	QL (240 ML per 30 days) MO
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	QL (240 ML per 30 days) MO
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	QL (240 ML per 30 days) MO
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	MO
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	MO
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	MO
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	MO
HUMALOG INJECTION 100UNIT/ML	3	QL (240 ML per 30 days) MO
HUMALOG INJECTION 100UNIT/ML	3	QL (240 ML per 30 days) MO
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 PEN INJECTION 30UNIT/ML; 70UNIT/ML	3	MO
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	MO
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	MO
HUMULIN N U-100 PEN INJECTION 100UNIT/ML	3	MO
HUMULIN N INJECTION 100UNIT/ML	3	MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	MO
HUMULIN R INJECTION 100UNIT/ML	3	MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	MO
LANTUS INJECTION 100UNIT/ML	3	MO
LEVEMIR FLEXPEN INJECTION 100UNIT/ML	3	MO
LEVEMIR FLEXTOUCH INJECTION 100UNIT/ML	3	MO
LEVEMIR INJECTION 100UNIT/ML	3	MO

Blood Products/Modifiers/Volume Expanders

Anticoagulants

ELIQUIS TABLET 2.5MG	3	MO
ELIQUIS TABLET 5MG	3	MO
<i>enoxaparin sodium injection 100mg/ml</i>	5	MO
<i>enoxaparin sodium injection 120mg/0.8ml</i>	5	MO
<i>enoxaparin sodium injection 150mg/ml</i>	5	MO
<i>enoxaparin sodium injection 300mg/3ml</i>	5	MO
<i>enoxaparin sodium injection 30mg/0.3ml</i>	2	MO
<i>enoxaparin sodium injection 40mg/0.4ml</i>	2	MO
<i>enoxaparin sodium injection 60mg/0.6ml</i>	2	MO
<i>enoxaparin sodium injection 80mg/0.8ml</i>	5	MO
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	2	MO
<i>fondaparinux sodium injection 5mg/0.4ml</i>	5	MO
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	5	MO
<i>heparin sodium dcu injection 20000unit/ml</i>	1	MO
<i>heparin sodium/d5w injection 5%; 100unit/ml</i>	1	MO
<i>heparin sodium/d5w injection 5%; 40unit/ml</i>	1	MO
<i>heparin sodium/d5w injection 5%; 50unit/ml</i>	1	MO
<i>heparin sodium/nacl 0.45% injection 100unit/ml; 0.45%</i>	1	MO
<i>heparin sodium/nacl 0.45% injection 50unit/ml; 0.45%</i>	1	MO
<i>heparin sodium/nacl 0.9% injection 2unit/ml; 0.9%</i>	1	MO
<i>heparin sodium/sodium chloride 0.9% premix injection 2unit/ml; 0.9%</i>	1	MO
<i>heparin sodium/sodium chloride 0.9% injection 2unit/ml; 0.9%</i>	1	MO
<i>heparin sodium/sodium chloride 0.9% injection 2unit/ml; 0.9%</i>	1	MO
<i>heparin sodium injection 10000unit/ml</i>	1	MO
<i>heparin sodium injection 1000unit/ml</i>	1	MO
<i>heparin sodium injection 20000unit/ml</i>	1	MO
<i>heparin sodium injection 5000unit/0.5ml</i>	1	MO
<i>heparin sodium injection 5000unit/0.5ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium injection 5000unit/ml</i>	1	MO
<i>jantoven tablet 10mg</i>	1	MO
<i>jantoven tablet 1mg</i>	1	MO
<i>jantoven tablet 2.5mg</i>	1	MO
<i>jantoven tablet 2mg</i>	1	MO
<i>jantoven tablet 3mg</i>	1	MO
<i>jantoven tablet 4mg</i>	1	MO
<i>jantoven tablet 5mg</i>	1	MO
<i>jantoven tablet 6mg</i>	1	MO
<i>jantoven tablet 7.5mg</i>	1	MO
PRADAXA CAPSULE 150MG	4	MO
PRADAXA CAPSULE 75MG	4	MO
<i>warfarin sodium tablet 10mg</i>	1	MO
<i>warfarin sodium tablet 1mg</i>	1	MO
<i>warfarin sodium tablet 2.5mg</i>	1	MO
<i>warfarin sodium tablet 2mg</i>	1	MO
<i>warfarin sodium tablet 3mg</i>	1	MO
<i>warfarin sodium tablet 4mg</i>	1	MO
<i>warfarin sodium tablet 5mg</i>	1	MO
<i>warfarin sodium tablet 6mg</i>	1	MO
<i>warfarin sodium tablet 7.5mg</i>	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	MO
XARELTO TABLET 10MG	3	MO
XARELTO TABLET 15MG	3	MO
XARELTO TABLET 20MG	3	MO
Blood Formation Modifiers		
<i>anagrelide hydrochloride capsule 0.5mg</i>	2	MO
<i>anagrelide hydrochloride capsule 1mg</i>	2	MO
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 100MCG/ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML	4	B/D MO
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 150MCG/0.75ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 200MCG/0.4ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 200MCG/ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML	4	B/D MO
ARANESP ALBUMIN FREE INJECTION 25MCG/ML	4	B/D MO
ARANESP ALBUMIN FREE INJECTION 300MCG/0.6ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 300MCG/ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 40MCG/0.4ML	4	B/D MO
ARANESP ALBUMIN FREE INJECTION 40MCG/ML	4	B/D MO
ARANESP ALBUMIN FREE INJECTION 500MCG/ML	5	B/D MO
ARANESP ALBUMIN FREE INJECTION 60MCG/0.3ML	4	B/D MO
ARANESP ALBUMIN FREE INJECTION 60MCG/ML	4	B/D MO
EPOGEN INJECTION 10000UNIT/ML	3	B/D MO
EPOGEN INJECTION 20000UNIT/ML	5	B/D MO
EPOGEN INJECTION 2000UNIT/ML	3	B/D MO
EPOGEN INJECTION 3000UNIT/ML	3	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJECTION 4000UNIT/ML	3	B/D MO
LEUKINE INJECTION 250MCG	5	MO
NEULASTA DELIVERY KIT INJECTION 6MG/0.6ML	5	MO
NEULASTA INJECTION 6MG/0.6ML	5	MO
NEUMEGA INJECTION 5MG	5	MO
NEUPOGEN INJECTION 300MCG/0.5ML	5	MO
NEUPOGEN INJECTION 300MCG/ML	5	MO
NEUPOGEN INJECTION 480MCG/0.8ML	5	MO
NEUPOGEN INJECTION 480MCG/1.6ML	5	MO
PROCRIT INJECTION 10000UNIT/ML	3	B/D MO
PROCRIT INJECTION 20000UNIT/ML	5	B/D MO
PROCRIT INJECTION 2000UNIT/ML	3	B/D MO
PROCRIT INJECTION 3000UNIT/ML	3	B/D MO
PROCRIT INJECTION 40000UNIT/ML	5	B/D MO
PROCRIT INJECTION 4000UNIT/ML	3	B/D MO
PROMACTA TABLET 12.5MG	5	QL (30 EA per 30 days) PA (Promacta) LA
PROMACTA TABLET 25MG	5	QL (30 EA per 30 days) PA (Promacta) LA
PROMACTA TABLET 50MG	5	QL (30 EA per 30 days) PA (Promacta) LA
PROMACTA TABLET 75MG	5	QL (30 EA per 30 days) PA (Promacta) LA
Coagulants		
<i>aminocaproic acid syrup 25%</i>	2	MO
<i>aminocaproic acid syrup 25%</i>	2	MO
<i>aminocaproic acid tablet 500mg</i>	2	MO
<i>aminocaproic acid tablet 500mg</i>	2	MO
<i>tranexamic acid injection 100mg/ml</i>	2	MO
<i>tranexamic acid tablet 650mg</i>	2	MO
Platelet Modifying Agents		
AGGRENOX CAPSULE EXTENDED RELEASE 12 HOUR 25MG; 200MG	4	MO
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	2	MO
BRILINTA TABLET 90MG	4	MO
<i>cilostazol tablet 100mg</i>	2	MO
<i>cilostazol tablet 50mg</i>	2	MO
<i>clopidogrel tablet 75mg</i>	2	MO
<i>dipyridamole tablet 25mg</i>	2	PA (HRM - Vasodilators) MO
<i>dipyridamole tablet 50mg</i>	2	PA (HRM - Vasodilators) MO
<i>dipyridamole tablet 75mg</i>	2	PA (HRM - Vasodilators) MO
<i>ticlopidine hcl tablet 250mg</i>	2	PA (HRM - Platelet Inhibitors) MO
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl tablet 0.1mg</i>	1	MO
<i>clonidine hcl tablet 0.2mg</i>	1	MO
<i>clonidine hcl tablet 0.3mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clorpres tablet 15mg; 0.1mg</i>	2	MO
<i>clorpres tablet 15mg; 0.2mg</i>	2	MO
<i>clorpres tablet 15mg; 0.3mg</i>	2	MO
<i>guanfacine hcl tablet 1mg</i>	2	PA (HRM - Antihypertensive Agents) MO
<i>guanfacine hcl tablet 2mg</i>	2	PA (HRM - Antihypertensive Agents) MO
<i>methyldopa/hydrochlorothiazide tablet 15mg; 250mg</i>	2	PA (HRM - Antihypertensive Agents) MO
<i>methyldopa/hydrochlorothiazide tablet 25mg; 250mg</i>	2	PA (HRM - Antihypertensive Agents) MO
<i>methyldopa tablet 250mg</i>	2	PA (HRM - Antihypertensive Agents) MO
<i>methyldopa tablet 500mg</i>	2	PA (HRM - Antihypertensive Agents) MO
<i>methyldopate hcl injection 250mg/5ml</i>	2	PA (HRM - Antihypertensive Agents) MO
<i>midodrine hcl tablet 10mg</i>	2	MO
<i>midodrine hcl tablet 2.5mg</i>	2	MO
<i>midodrine hcl tablet 5mg</i>	2	MO
Alpha-adrenergic Blocking Agents		
DIBENZYLINE CAPSULE 10MG	5	MO
<i>doxazosin mesylate tablet 1mg</i>	1	MO
<i>doxazosin mesylate tablet 2mg</i>	1	MO
<i>doxazosin mesylate tablet 4mg</i>	1	MO
<i>doxazosin mesylate tablet 8mg</i>	1	MO
<i>doxazosin tablet 2mg</i>	1	MO
<i>doxazosin tablet 4mg</i>	1	MO
<i>doxazosin tablet 8mg</i>	1	MO
<i>prazosin hcl capsule 1mg</i>	1	MO
<i>prazosin hcl capsule 2mg</i>	1	MO
<i>prazosin hcl capsule 5mg</i>	1	MO
<i>reserpine tablet 0.1mg</i>	2	MO
<i>reserpine tablet 0.25mg</i>	2	MO
<i>terazosin hcl capsule 10mg</i>	1	MO
<i>terazosin hcl capsule 1mg</i>	1	MO
<i>terazosin hcl capsule 2mg</i>	1	MO
<i>terazosin hcl capsule 5mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	2	QL (60 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 25mg</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 32mg</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 4mg</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 8mg</i>	2	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>eprosartan mesylate tablet 600mg</i>	2	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	6	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	6	MO
<i>irbesartan tablet 150mg</i>	6	MO
<i>irbesartan tablet 300mg</i>	6	MO
<i>irbesartan tablet 75mg</i>	6	MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg</i>	6	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	6	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide tablet 25mg; 100mg</i>	6	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	6	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg</i>	6	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 50mg</i>	6	QL (60 EA per 30 days) MO
<i>telmisartan/amlodipine tablet 10mg; 40mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine tablet 10mg; 80mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine tablet 5mg; 40mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine tablet 5mg; 80mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan tablet 20mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan tablet 40mg</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan tablet 80mg</i>	2	QL (30 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg</i>	2	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg</i>	2	QL (30 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 25mg; 160mg</i>	2	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 25mg; 320mg</i>	2	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg</i>	2	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	2	QL (30 EA per 30 days) MO
<i>valsartan tablet 40mg</i>	2	QL (30 EA per 30 days) MO
<i>valsartan tablet 80mg</i>	2	QL (30 EA per 30 days) MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide tablet 20mg; 12.5mg</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide tablet 20mg; 25mg</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	MO
<i>benazepril hcl tablet 10mg</i>	6	MO
<i>benazepril hcl tablet 20mg</i>	6	MO
<i>benazepril hcl tablet 40mg</i>	6	MO
<i>benazepril hcl tablet 5mg</i>	6	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg</i>	1	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 25mg</i>	1	MO
<i>captopril/hydrochlorothiazide tablet 50mg; 15mg</i>	1	MO
<i>captopril/hydrochlorothiazide tablet 50mg; 25mg</i>	1	MO
<i>captopril tablet 100mg</i>	6	MO
<i>captopril tablet 12.5mg</i>	6	MO
<i>captopril tablet 25mg</i>	6	MO
<i>captopril tablet 50mg</i>	6	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	6	MO
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	6	MO
<i>enalapril maleate tablet 10mg</i>	6	MO
<i>enalapril maleate tablet 2.5mg</i>	6	MO
<i>enalapril maleate tablet 20mg</i>	6	MO
<i>enalapril maleate tablet 5mg</i>	6	MO
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg</i>	6	MO
<i>fosinopril sodium/hydrochlorothiazide tablet 20mg; 12.5mg</i>	6	MO
<i>fosinopril sodium tablet 10mg</i>	6	MO
<i>fosinopril sodium tablet 20mg</i>	6	MO
<i>fosinopril sodium tablet 40mg</i>	6	MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	6	MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	6	MO
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	6	MO
<i>lisinopril tablet 10mg</i>	6	MO
<i>lisinopril tablet 2.5mg</i>	6	MO
<i>lisinopril tablet 20mg</i>	6	MO
<i>lisinopril tablet 30mg</i>	6	MO
<i>lisinopril tablet 40mg</i>	6	MO
<i>lisinopril tablet 5mg</i>	6	MO
<i>moexipril hcl tablet 15mg</i>	2	MO
<i>moexipril hcl tablet 7.5mg</i>	2	MO
<i>moexipril/hydrochlorothiazide tablet 12.5mg; 15mg</i>	1	MO
<i>moexipril/hydrochlorothiazide tablet 12.5mg; 7.5mg</i>	1	MO
<i>moexipril/hydrochlorothiazide tablet 25mg; 15mg</i>	1	MO
<i>perindopril erbumine tablet 2mg</i>	2	MO
<i>perindopril erbumine tablet 4mg</i>	2	MO
<i>perindopril erbumine tablet 8mg</i>	2	MO
<i>quinapril hcl tablet 10mg</i>	6	MO
<i>quinapril hcl tablet 20mg</i>	6	MO
<i>quinapril hcl tablet 40mg</i>	6	MO
<i>quinapril hcl tablet 5mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	6	MO
<i>ramipril capsule 1.25mg</i>	6	MO
<i>ramipril capsule 10mg</i>	6	MO
<i>ramipril capsule 2.5mg</i>	6	MO
<i>ramipril capsule 5mg</i>	6	MO
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg</i>	2	MO
<i>trandolapril/verapamil hcl er tablet extended release 2mg; 180mg</i>	2	MO
<i>trandolapril/verapamil hcl er tablet extended release 2mg; 240mg</i>	2	MO
<i>trandolapril/verapamil hcl er tablet extended release 4mg; 240mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril/verapamil hcl tablet extended release 1mg; 240mg</i>	2	MO
<i>trandolapril/verapamil hcl tablet extended release 2mg; 180mg</i>	2	MO
<i>trandolapril/verapamil hcl tablet extended release 2mg; 240mg</i>	2	MO
<i>trandolapril/verapamil hcl tablet extended release 4mg; 240mg</i>	2	MO
<i>trandolapril tablet 1mg</i>	2	MO
<i>trandolapril tablet 2mg</i>	2	MO
<i>trandolapril tablet 4mg</i>	2	MO
Antiarrhythmics		
<i>amiodarone hcl injection 50mg/ml</i>	1	MO
<i>amiodarone hcl injection 50mg/ml</i>	1	MO
<i>amiodarone hcl injection 900mg/18ml</i>	1	MO
<i>amiodarone hcl tablet 100mg</i>	1	MO
<i>amiodarone hcl tablet 200mg</i>	1	MO
<i>amiodarone hcl tablet 400mg</i>	1	MO
<i>disopyramide phosphate capsule 100mg</i>	2	PA (HRM - Anti-arrhythmics) MO
<i>disopyramide phosphate capsule 150mg</i>	2	PA (HRM - Anti-arrhythmics) MO
<i>flecainide acetate tablet 100mg</i>	1	MO
<i>flecainide acetate tablet 150mg</i>	1	MO
<i>flecainide acetate tablet 50mg</i>	1	MO
<i>mexiletine hcl capsule 150mg</i>	2	MO
<i>mexiletine hcl capsule 200mg</i>	2	MO
<i>mexiletine hcl capsule 250mg</i>	2	MO
<i>pacerone tablet 100mg</i>	1	MO
<i>pacerone tablet 200mg</i>	1	MO
<i>pacerone tablet 400mg</i>	1	MO
<i>procainamide hcl injection 100mg/ml</i>	1	MO
<i>procainamide hcl injection 500mg/ml</i>	1	MO
<i>propafenone hcl er capsule extended release 12 hour 225mg</i>	2	MO
<i>propafenone hcl er capsule extended release 12 hour 325mg</i>	2	MO
<i>propafenone hcl er capsule extended release 12 hour 425mg</i>	2	MO
<i>propafenone hcl tablet 150mg</i>	2	MO
<i>propafenone hcl tablet 225mg</i>	2	MO
<i>propafenone hcl tablet 300mg</i>	2	MO
<i>quinidine gluconate cr tablet extended release 324mg</i>	2	MO
<i>quinidine gluconate er tablet extended release 324mg</i>	2	MO
<i>quinidine gluconate injection 80mg/ml</i>	1	MO
<i>quinidine sulfate tablet 200mg</i>	1	MO
<i>quinidine sulfate tablet 300mg</i>	1	MO
<i>sotalol hcl (af) tablet 120mg</i>	1	MO
<i>sotalol hcl (af) tablet 160mg</i>	1	MO
<i>sotalol hcl (af) tablet 80mg</i>	1	MO
<i>sotalol hcl tablet 120mg</i>	1	MO
<i>sotalol hcl tablet 160mg</i>	1	MO
<i>sotalol hcl tablet 240mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tablet 80mg</i>	1	MO
<i>sotalol hydrochloride injection 150mg/10ml</i>	1	MO
TIKOSYN CAPSULE 125MCG	4	QL (240 EA per 30 days) MO
TIKOSYN CAPSULE 250MCG	4	QL (120 EA per 30 days) MO
TIKOSYN CAPSULE 500MCG	4	QL (60 EA per 30 days) MO
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 200mg</i>	1	MO
<i>acebutolol hcl capsule 400mg</i>	1	MO
<i>atenolol/chlorthalidone tablet 100mg; 25mg</i>	1	MO
<i>atenolol/chlorthalidone tablet 50mg; 25mg</i>	1	MO
<i>atenolol tablet 100mg</i>	1	MO
<i>atenolol tablet 25mg</i>	1	MO
<i>atenolol tablet 50mg</i>	1	MO
<i>betaxolol hcl tablet 10mg</i>	1	MO
<i>betaxolol hcl tablet 20mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate tablet 10mg</i>	2	MO
<i>bisoprolol fumarate tablet 5mg</i>	2	MO
BYSTOLIC TABLET 10MG	4	QL (60 EA per 30 days) MO
BYSTOLIC TABLET 2.5MG	4	MO
BYSTOLIC TABLET 20MG	4	QL (60 EA per 30 days) MO
BYSTOLIC TABLET 5MG	4	MO
<i>carvedilol tablet 12.5mg</i>	1	MO
<i>carvedilol tablet 25mg</i>	1	MO
<i>carvedilol tablet 3.125mg</i>	1	MO
<i>carvedilol tablet 6.25mg</i>	1	MO
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10MG	4	MO
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL (30 EA per 30 days) MO
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	MO
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL (30 EA per 30 days) MO
<i>labetalol hcl injection 5mg/ml</i>	1	MO
<i>labetalol hcl tablet 100mg</i>	1	MO
<i>labetalol hcl tablet 200mg</i>	1	MO
<i>labetalol hcl tablet 300mg</i>	1	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg</i>	2	MO
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	2	MO
<i>metoprolol succinate er tablet extended release 24 hour 25mg</i>	2	MO
<i>metoprolol succinate er tablet extended release 24 hour 50mg</i>	2	MO
<i>metoprolol tartrate injection 1mg/ml</i>	2	MO
<i>metoprolol tartrate tablet 100mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tablet 25mg</i>	2	MO
<i>metoprolol tartrate tablet 50mg</i>	2	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 50mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tablet 50mg; 100mg</i>	1	MO
<i>nadolol/bendroflumethiazide tablet 5mg; 40mg</i>	1	MO
<i>nadolol/bendroflumethiazide tablet 5mg; 80mg</i>	1	MO
<i>nadolol tablet 20mg</i>	2	MO
<i>nadolol tablet 40mg</i>	2	MO
<i>nadolol tablet 80mg</i>	2	MO
<i>pindolol tablet 10mg</i>	2	MO
<i>pindolol tablet 5mg</i>	2	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>propranolol hcl er capsule extended release 24 hour 160mg</i>	2	MO
<i>propranolol hcl er capsule extended release 24 hour 60mg</i>	2	MO
<i>propranolol hcl er capsule extended release 24 hour 80mg</i>	2	MO
<i>propranolol hcl injection 1mg/ml</i>	1	MO
<i>propranolol hcl solution 20mg/5ml</i>	2	MO
<i>propranolol hcl solution 40mg/5ml</i>	2	MO
<i>propranolol hcl tablet 10mg</i>	1	MO
<i>propranolol hcl tablet 20mg</i>	1	MO
<i>propranolol hcl tablet 40mg</i>	1	MO
<i>propranolol hcl tablet 60mg</i>	1	MO
<i>propranolol hcl tablet 80mg</i>	1	MO
<i>propranolol/hydrochlorothiazide tablet 25mg; 40mg</i>	1	MO
<i>propranolol/hydrochlorothiazide tablet 25mg; 80mg</i>	1	MO
<i>timolol maleate tablet 10mg</i>	2	MO
<i>timolol maleate tablet 20mg</i>	2	MO
<i>timolol maleate tablet 5mg</i>	2	MO
Calcium Channel Blocking Agents		
<i>afeditab cr tablet extended release 24 hour 30mg</i>	1	MO
<i>afeditab cr tablet extended release 24 hour 60mg</i>	1	MO
<i>amlodipine besylate/benazepril hcl capsule 10mg; 40mg</i>	2	MO
<i>amlodipine besylate/benazepril hcl capsule 5mg; 40mg</i>	2	MO
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg</i>	2	MO
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 20mg</i>	2	MO
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg</i>	2	MO
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 20mg</i>	2	MO
<i>amlodipine besylate tablet 10mg</i>	1	MO
<i>amlodipine besylate tablet 2.5mg</i>	1	MO
<i>amlodipine besylate tablet 5mg</i>	1	MO
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG	4	MO
<i>cartia xt capsule extended release 24 hour 120mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt capsule extended release 24 hour 180mg</i>	2	MO
<i>cartia xt capsule extended release 24 hour 240mg</i>	2	MO
<i>cartia xt capsule extended release 24 hour 300mg</i>	2	MO
<i>dilt-cd capsule extended release 24 hour 120mg</i>	2	MO
<i>dilt-cd capsule extended release 24 hour 180mg</i>	2	MO
<i>dilt-cd capsule extended release 24 hour 240mg</i>	2	MO
<i>dilt-cd capsule extended release 24 hour 300mg</i>	2	MO
<i>dilt-xr capsule extended release 24 hour 120mg</i>	2	MO
<i>dilt-xr capsule extended release 24 hour 180mg</i>	2	MO
<i>dilt-xr capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem cd capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem cd capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem cd capsule extended release 24 hour 180mg</i>	2	MO
<i>diltiazem cd capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem cd capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour 60mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour 90mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 300mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour 360mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 360mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 420mg</i>	2	MO
<i>diltiazem hcl er tablet extended release 24 hour 180mg</i>	2	MO
<i>diltiazem hcl er tablet extended release 24 hour 240mg</i>	2	MO
<i>diltiazem hcl er tablet extended release 24 hour 300mg</i>	2	MO
<i>diltiazem hcl er tablet extended release 24 hour 360mg</i>	2	MO
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	2	MO
<i>diltiazem hcl injection 100mg</i>	1	MO
<i>diltiazem hcl injection 125mg/25ml</i>	1	MO
<i>diltiazem hcl injection 25mg/5ml</i>	1	MO
<i>diltiazem hcl injection 50mg/10ml</i>	1	MO
<i>diltiazem hcl tablet 120mg</i>	1	MO
<i>diltiazem hcl tablet 30mg</i>	1	MO
<i>diltiazem hcl tablet 60mg</i>	1	MO
<i>diltiazem hcl tablet 90mg</i>	1	MO
<i>diltzac capsule extended release 24 hour 120mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 120mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 180mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 180mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 240mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 240mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 300mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 300mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 360mg</i>	2	MO
<i>diltzac capsule extended release 24 hour 360mg</i>	2	MO
<i>felodipine er tablet extended release 24 hour 10mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 5mg</i>	1	MO
<i>isradipine capsule 2.5mg</i>	2	MO
<i>isradipine capsule 5mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 180mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 240mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 300mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 360mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 420mg</i>	2	MO
<i>nicardipine hcl capsule 20mg</i>	1	MO
<i>nicardipine hcl capsule 30mg</i>	1	MO
<i>nicardipine hcl injection 2.5mg/ml</i>	1	MO
<i>nifedical xl tablet extended release 24 hour 30mg</i>	1	MO
<i>nifedical xl tablet extended release 24 hour 60mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 30mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 30mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 60mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 60mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 90mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 90mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine capsule 10mg</i>	2	PA (HRM - Calcium Channel Blockers, Dihydropyridine) MO
<i>nifedipine capsule 20mg</i>	2	PA (HRM - Calcium Channel Blockers, Dihydropyridine) MO
<i>nimodipine capsule 30mg</i>	2	MO
<i>nisoldipine er tablet extended release 24 hour 25.5mg</i>	2	MO
<i>nisoldipine tablet extended release 24 hour 17mg</i>	2	MO
<i>nisoldipine tablet extended release 24 hour 20mg</i>	2	MO
<i>nisoldipine tablet extended release 24 hour 30mg</i>	2	MO
<i>nisoldipine tablet extended release 24 hour 34mg</i>	2	MO
<i>nisoldipine tablet extended release 24 hour 40mg</i>	2	MO
<i>nisoldipine tablet extended release 24 hour 8.5mg</i>	2	MO
<i>taztia xt capsule extended release 24 hour 120mg</i>	2	MO
<i>taztia xt capsule extended release 24 hour 180mg</i>	2	MO
<i>taztia xt capsule extended release 24 hour 240mg</i>	2	MO
<i>taztia xt capsule extended release 24 hour 300mg</i>	2	MO
<i>taztia xt capsule extended release 24 hour 360mg</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour 120mg</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour 180mg</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour 200mg</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour 240mg</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour 300mg</i>	2	MO
<i>verapamil hcl er tablet extended release 120mg</i>	1	MO
<i>verapamil hcl er tablet extended release 180mg</i>	1	MO
<i>verapamil hcl er tablet extended release 240mg</i>	1	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg</i>	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 180mg</i>	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 240mg</i>	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	2	MO
<i>verapamil hcl injection 2.5mg/ml</i>	1	MO
<i>verapamil hcl tablet 120mg</i>	1	MO
<i>verapamil hcl tablet 40mg</i>	1	MO
<i>verapamil hcl tablet 80mg</i>	1	MO
Cardiovascular Agents, Other		
DEMSER CAPSULE 250MG	4	MO
<i>digitek tablet 0.125mg</i>	1	MO
<i>digitek tablet 0.25mg</i>	2	PA (HRM - Anti-arrhythmics) MO
<i>digoxin injection 0.25mg/ml</i>	2	PA (HRM - Anti-arrhythmics) MO
<i>digoxin solution 0.05mg/ml</i>	2	MO
<i>digoxin tablet 125mcg</i>	1	MO
<i>digoxin tablet 250mcg</i>	2	PA (HRM - Anti-arrhythmics) MO
<i>digox tablet 125mcg</i>	1	MO
<i>digox tablet 250mcg</i>	2	PA (HRM - Anti-arrhythmics) MO
<i>pentoxifylline er tablet extended release 400mg</i>	1	MO
RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000MG	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
RANEXA TABLET EXTENDED RELEASE 12 HOUR 500MG	4	MO
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium injection 500mg</i>	2	MO
<i>acetazolamide tablet 125mg</i>	2	MO
<i>acetazolamide tablet 250mg</i>	2	MO
<i>methazolamide tablet 25mg</i>	2	MO
<i>methazolamide tablet 50mg</i>	2	MO
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	1	MO
<i>bumetanide tablet 0.5mg</i>	1	MO
<i>bumetanide tablet 1mg</i>	1	MO
<i>bumetanide tablet 2mg</i>	1	MO
<i>furosemide injection 10mg/ml</i>	1	MO
<i>furosemide injection 10mg/ml</i>	1	MO
<i>furosemide solution 10mg/ml</i>	1	MO
<i>furosemide solution 8mg/ml</i>	1	MO
<i>furosemide tablet 20mg</i>	1	MO
<i>furosemide tablet 40mg</i>	1	MO
<i>furosemide tablet 80mg</i>	1	MO
<i>toremide injection 20mg/2ml</i>	1	MO
<i>toremide injection 50mg/5ml</i>	1	MO
<i>toremide tablet 100mg</i>	1	MO
<i>toremide tablet 10mg</i>	1	MO
<i>toremide tablet 20mg</i>	1	MO
<i>toremide tablet 5mg</i>	1	MO
Diuretics, Potassium-sparing		
ALDACTAZIDE TABLET 50MG; 50MG	4	MO
<i>amiloride hcl tablet 5mg</i>	1	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	1	MO
DYRENIUM CAPSULE 0; 100MG	4	MO
DYRENIUM CAPSULE 50MG	4	MO
<i>eplerenone tablet 25mg</i>	2	MO
<i>eplerenone tablet 50mg</i>	2	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	1	MO
<i>spironolactone tablet 100mg</i>	1	MO
<i>spironolactone tablet 25mg</i>	1	MO
<i>spironolactone tablet 50mg</i>	1	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet 50mg; 75mg</i>	1	MO
Diuretics, Thiazide		
<i>chlorothiazide tablet 250mg</i>	1	MO
<i>chlorothiazide tablet 500mg</i>	1	MO
<i>chlorthalidone tablet 25mg</i>	1	MO
<i>chlorthalidone tablet 50mg</i>	1	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide tablet 12.5mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tablet 25mg</i>	1	MO
<i>hydrochlorothiazide tablet 50mg</i>	1	MO
<i>indapamide tablet 1.25mg</i>	1	MO
<i>indapamide tablet 2.5mg</i>	1	MO
<i>methyclothiazide tablet 5mg</i>	1	MO
<i>metolazone tablet 10mg</i>	1	MO
<i>metolazone tablet 2.5mg</i>	1	MO
<i>metolazone tablet 5mg</i>	1	MO
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized capsule 134mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrate micronized capsule 200mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrate micronized capsule 67mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrate capsule 130mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrate capsule 43mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrate tablet 145mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrate tablet 160mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrate tablet 48mg</i>	2	QL (60 EA per 30 days) MO
<i>fenofibrate tablet 54mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrin acid dr capsule delayed release 135mg</i>	2	QL (30 EA per 30 days) MO
<i>fenofibrin acid dr capsule delayed release 45mg</i>	2	QL (30 EA per 30 days) MO
<i>gemfibrozil tablet 600mg</i>	1	MO
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg</i>	6	QL (30 EA per 30 days) MO
<i>atorvastatin calcium tablet 20mg</i>	6	QL (30 EA per 30 days) MO
<i>atorvastatin calcium tablet 40mg</i>	6	QL (30 EA per 30 days) MO
<i>atorvastatin calcium tablet 80mg</i>	6	QL (30 EA per 30 days) MO
CRESTOR TABLET 10MG	3	QL (30 EA per 30 days) MO
CRESTOR TABLET 20MG	3	QL (30 EA per 30 days) MO
CRESTOR TABLET 40MG	3	QL (30 EA per 30 days) MO
CRESTOR TABLET 5MG	3	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg</i>	2	MO
<i>fluvastatin capsule 40mg</i>	2	MO
<i>lovastatin tablet 10mg</i>	6	QL (60 EA per 30 days) MO
<i>lovastatin tablet 20mg</i>	6	QL (60 EA per 30 days) MO
<i>lovastatin tablet 40mg</i>	6	QL (60 EA per 30 days) MO
<i>pravastatin sodium tablet 10mg</i>	6	QL (30 EA per 30 days) MO
<i>pravastatin sodium tablet 20mg</i>	6	QL (30 EA per 30 days) MO
<i>pravastatin sodium tablet 40mg</i>	6	QL (30 EA per 30 days) MO
<i>pravastatin sodium tablet 80mg</i>	6	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg</i>	6	QL (30 EA per 30 days) MO
<i>simvastatin tablet 20mg</i>	6	QL (30 EA per 30 days) MO
<i>simvastatin tablet 40mg</i>	6	QL (30 EA per 30 days) MO
<i>simvastatin tablet 5mg</i>	6	QL (30 EA per 30 days) MO
<i>simvastatin tablet 80mg</i>	6	QL (30 EA per 30 days) MO
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	2	MO
<i>cholestyramine light powder 4gm/dose</i>	2	MO
<i>cholestyramine powder 4gm/dose</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl granules 5gm</i>	2	MO
<i>colestipol hcl tablet 1gm</i>	2	MO
KYNAMRO INJECTION 200MG/ML	5	QL (4 ML per 28 days) PA (Kynamro) MO
<i>micronized colestipol hcl tablet 1gm</i>	2	MO
<i>niacin er tablet extended release 1000mg</i>	2	MO
<i>niacin er tablet extended release 500mg</i>	2	MO
<i>niacin er tablet extended release 750mg</i>	2	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	2	QL (120 EA per 30 days) MO
<i>prevalite packet 4gm</i>	2	MO
<i>prevalite powder 4gm/dose</i>	2	MO
ZETIA TABLET 10MG	4	QL (30 EA per 30 days) MO
Vasodilators, Direct-acting Arterial/Venous		
<i>isoditrate er tablet extended release 40mg</i>	1	MO
<i>isosorbide dinitrate er tablet extended release 40mg</i>	1	MO
<i>isosorbide dinitrate tablet 10mg</i>	1	MO
<i>isosorbide dinitrate tablet 20mg</i>	1	MO
<i>isosorbide dinitrate tablet 30mg</i>	1	MO
<i>isosorbide dinitrate tablet 5mg</i>	1	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	1	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg</i>	1	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 60mg</i>	1	MO
<i>isosorbide mononitrate tablet 10mg</i>	1	MO
<i>isosorbide mononitrate tablet 20mg</i>	1	MO
<i>minitran patch 24 hour 0.1mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>minitran patch 24 hour 0.2mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>minitran patch 24 hour 0.4mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>minitran patch 24 hour 0.6mg/hr</i>	1	QL (30 EA per 30 days) MO
NITRO-BID OINTMENT 2%	4	MO
NITROGLYCERIN LINGUAL AEROSOL SOLUTION 400MCG/SPRAY	4	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>nitroglycerin transdermal patch 24 hour 0.2mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>nitroglycerin transdermal patch 24 hour 0.4mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>nitroglycerin transdermal patch 24 hour 0.6mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>nitroglycerin injection 5mg/ml</i>	1	MO
<i>nitroglycerin patch 24 hour 0.2mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>nitroglycerin patch 24 hour 0.4mg/hr</i>	1	QL (30 EA per 30 days) MO
<i>nitroglycerin patch 24 hour 0.6mg/hr</i>	1	QL (30 EA per 30 days) MO
NITROMIST AEROSOL SOLUTION 400MCG/SPRAY	4	MO
NITROSTAT TABLET SUBLINGUAL 0.3MG	4	MO
NITROSTAT TABLET SUBLINGUAL 0.4MG	4	MO
NITROSTAT TABLET SUBLINGUAL 0.6MG	4	MO
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl injection 20mg/ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl tablet 100mg	1	MO
hydralazine hcl tablet 10mg	1	MO
hydralazine hcl tablet 25mg	1	MO
hydralazine hcl tablet 50mg	1	MO
minoxidil tablet 10mg	1	MO
minoxidil tablet 2.5mg	1	MO

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

amphetamine/dextroamphetamine capsule extended release 242 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg		QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine capsule extended release 242 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg		QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine capsule extended release 242 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg		QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine capsule extended release 242 hour 5mg; 5mg; 5mg; 5mg		QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine capsule extended release 242 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg		QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine capsule extended release 242 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg		QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg	2	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg	2	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg	2	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg	2	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg	2	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg	2	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	QL (60 EA per 30 days) MO
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	2	QL (90 EA per 30 days) MO
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	2	QL (120 EA per 30 days) MO
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	2	MO
dextroamphetamine sulfate tablet 10mg	2	QL (180 EA per 30 days) MO
dextroamphetamine sulfate tablet 5mg	2	QL (90 EA per 30 days) MO
methamphetamine hcl tablet 5mg	2	QL (150 EA per 30 days) MO
VYVANSE CAPSULE 10MG	3	QL (30 EA per 30 days) MO
VYVANSE CAPSULE 20MG	3	QL (30 EA per 30 days) MO
VYVANSE CAPSULE 30MG	3	QL (30 EA per 30 days) MO
VYVANSE CAPSULE 40MG	3	QL (30 EA per 30 days) MO
VYVANSE CAPSULE 50MG	3	QL (30 EA per 30 days) MO
VYVANSE CAPSULE 60MG	3	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPSULE 70MG	3	QL (30 EA per 30 days) MO
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg</i>	2	QL (180 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 2.5mg</i>	2	QL (90 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 5mg</i>	2	QL (90 EA per 30 days) MO
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25MG	4	QL (30 EA per 30 days) MO
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35MG	4	QL (30 EA per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 1mg</i>	2	QL (30 EA per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 2mg</i>	2	QL (30 EA per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 3mg</i>	2	QL (30 EA per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 4mg</i>	2	QL (30 EA per 30 days) MO
<i>metadate er tablet extended release 20mg</i>	2	QL (90 EA per 30 days) MO
<i>methylin solution 10mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>methylin solution 5mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>methylin tablet chewable 10mg</i>	2	QL (180 EA per 30 days) MO
<i>methylin tablet chewable 2.5mg</i>	2	QL (90 EA per 30 days) MO
<i>methylin tablet chewable 5mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 10mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 20mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 20mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 30mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 30mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 40mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 40mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 50mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl cd capsule extended release 60mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er capsule extended release 24 hour 20mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er capsule extended release 24 hour 30mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er capsule extended release 24 hour 40mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hcl er tablet extended release 10mg</i>	2	QL (90 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er tablet extended release 18mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl er tablet extended release 20mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl er tablet extended release 27mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl er tablet extended release 36mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl er tablet extended release 54mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl sr tablet extended release 20mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl tablet chewable 10mg</i>	2	QL (180 EA per 30 days) MO
<i>methylphenidate hcl tablet chewable 2.5mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl tablet chewable 5mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl tablet 10mg</i>	2	QL (60 EA per 30 days) MO
<i>methylphenidate hcl tablet 20mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hcl tablet 5mg</i>	2	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	2	QL (900 ML per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG	4	QL (180 EA per 30 days) MO
STRATTERA CAPSULE 100MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPSULE 10MG	4	QL (60 EA per 30 days) MO
STRATTERA CAPSULE 18MG	4	QL (60 EA per 30 days) MO
STRATTERA CAPSULE 25MG	4	QL (60 EA per 30 days) MO
STRATTERA CAPSULE 40MG	4	QL (60 EA per 30 days) MO
STRATTERA CAPSULE 60MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPSULE 80MG	4	QL (30 EA per 30 days) MO
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	2	QL (180 EA per 30 days) PA (HRM - Analgesics) MO
HETLIOZ CAPSULE 20MG	5	QL (30 EA per 30 days) PA (HetlioZ) MO
NUEDEXTA CAPSULE 20MG; 10MG	4	
<i>riluzole tablet 50mg</i>	2	MO
XENAZINE TABLET 12.5MG	5	PA (Xenazine) LA
XENAZINE TABLET 25MG	5	PA (Xenazine) LA
Fibromyalgia Agents		
<i>duloxetine hcl capsule delayed release particles 20mg</i>	2	QL (60 EA per 30 days) MO
LYRICA CAPSULE 100MG	4	QL (90 EA per 30 days) PA (Lyrica, new starts only) MO
Multiple Sclerosis Agents		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10MG	5	QL (60 EA per 30 days) PA (Ampyra) MO
AVONEX PEN INJECTION 30MCG/0.5ML	5	MO
AVONEX INJECTION 30MCG/0.5ML	5	MO
AVONEX INJECTION 30MCG/VIAL	5	MO
BETASERON INJECTION 0.3MG	5	QL (15 EA per 30 days) PA (Betaseron) MO
COPAXONE INJECTION 40MG/ML	5	QL (12 ML per 28 days) MO
EXTAVIA INJECTION 0.3MG	5	QL (15 EA per 30 days) PA (Extavia) MO
GILENYA CAPSULE 0.5MG	5	PA (Gilenya) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa injection 20mg/ml</i>	5	QL (30 ML per 30 days) MO
REBIF REBIDOSE TITRATION PACK INJECTION 0	5	QL (8.4 ML per 30 days) MO
REBIF REBIDOSE INJECTION 22MCG/0.5ML	5	QL (12 ML per 30 days) MO
REBIF REBIDOSE INJECTION 44MCG/0.5ML	5	QL (12 ML per 30 days) MO
REBIF TITRATION PACK INJECTION 0	5	QL (8.4 ML per 30 days) MO
REBIF INJECTION 22MCG/0.5ML	5	QL (12 ML per 30 days) MO
REBIF INJECTION 44MCG/0.5ML	5	QL (12 ML per 30 days) MO
TYSABRI INJECTION 300MG/15ML	5	PA (Tysabri) LA

Dental and Oral Agents

Dental and Oral Agents

<i>cevimeline hcl capsule 30mg</i>	2	MO
<i>chlorhexidine gluconate oral rinse solution 0.12%</i>	1	MO
<i>chlorhexidine gluconate solution 0.12%</i>	1	MO
KEPIVANCE INJECTION 6.25MG	4	MO
<i>oralone paste 0.1%</i>	2	MO
<i>paroex solution 0.12%</i>	1	MO
<i>periogard solution 0.12%</i>	1	MO
<i>pilocarpine hcl tablet 7.5mg</i>	2	MO
<i>pilocarpine hydrochloride tablet 5mg</i>	2	MO
<i>triamcinolone acetonide paste 0.1%</i>	2	MO
<i>triamcinolone in orabase paste 0.1%</i>	2	MO

Dermatological Agents

Dermatological Agents

8-MOP CAPSULE 10MG	3	MO
ACANYA GEL 2.5%; 1.2%	4	MO
<i>acitretin capsule 10mg</i>	5	MO
<i>acitretin capsule 17.5mg</i>	5	MO
<i>acitretin capsule 25mg</i>	5	MO
ACZONE GEL 5%	4	MO
<i>adapalene cream 0.1%</i>	2	MO
<i>adapalene gel 0.1%</i>	2	MO
<i>adapalene gel 0.3%</i>	2	MO
<i>ammonium lactate cream 12%</i>	1	MO
<i>ammonium lactate lotion 12%</i>	1	MO
<i>amnesteem capsule 10mg</i>	2	MO
<i>amnesteem capsule 20mg</i>	2	MO
<i>amnesteem capsule 40mg</i>	2	MO
ATRALIN GEL 0.05%	4	PA (Tretinoin topical products) MO
AZELEX CREAM 20%	3	MO
<i>betamethasone dipropionate lotion 0.05%</i>	2	MO
<i>calcipotriene/betamethasone dipropionate ointment 0.064%; 0.005%</i>	2	MO
<i>calcipotriene cream 0.005%</i>	2	QL (120 GM per 30 days) MO
<i>calcipotriene ointment 0.005%</i>	2	QL (120 GM per 30 days) MO
<i>calcipotriene solution 0.005%</i>	2	QL (60 ML per 30 days) MO
<i>calcitrene ointment 0.005%</i>	2	QL (120 GM per 30 days) MO
CALCITRIOL OINTMENT 3MCG/GM	4	MO
CARAC CREAM 0.5%	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>claravis capsule 10mg</i>	2	MO
<i>claravis capsule 20mg</i>	2	MO
<i>claravis capsule 30mg</i>	2	MO
<i>claravis capsule 40mg</i>	2	MO
<i>clindacin etz pledgets swab 1%</i>	2	MO
<i>clindacin etz kit 0; 1%; 0</i>	2	MO
<i>clindacin pac kit 0; 1%</i>	2	MO
<i>clindacin-p swab 1%</i>	2	MO
<i>clindamax gel 1%</i>	2	MO
<i>clindamax lotion 1%</i>	2	MO
<i>clindamycin phosphate foam 1%</i>	2	MO
<i>clindamycin phosphate gel 1%</i>	2	MO
<i>clindamycin phosphate lotion 1%</i>	2	MO
<i>clindamycin phosphate solution 1%</i>	1	MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 5%; 1.2%</i>	2	MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	MO
<i>clotrimazole/betamethasone dipropionate lotion 0.05%; 1%</i>	2	MO
CONDYLOX GEL 0.5%	4	MO
CURITY GAUZE PADS 2"X2" PAD	3	MO
DESONATE GEL 0.05%	4	MO
<i>diclofenac sodium gel 3%</i>	5	MO
DIFFERIN LOTION 0.1%	3	MO
ELIDEL CREAM 1%	4	MO
EPIDUO GEL 0.1%; 2.5%	4	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	MO
FINACEA GEL 15%	4	MO
FLUOROURACIL CREAM 0.5%	5	MO
<i>fluorouracil cream 5%</i>	2	MO
<i>fluorouracil solution 2%</i>	2	MO
<i>fluorouracil solution 5%</i>	2	MO
<i>imiquimod cream 5%</i>	2	QL (12 EA per 30 days) MO
<i>laclotion lotion 12%</i>	1	MO
<i>methoxsalen capsule 10mg</i>	5	MO
<i>myorisan capsule 10mg</i>	2	MO
<i>myorisan capsule 20mg</i>	2	MO
<i>myorisan capsule 40mg</i>	2	MO
<i>neuac gel 5%; 1.2%</i>	2	MO
OXSORALEN LOTION 1%	3	MO
<i>podofilox solution 0.5%</i>	2	MO
PRUDOXIN CREAM 5%	4	MO
RETIN-A MICRO PUMP GEL 0.04%	4	PA (Tretinoin topical products) MO
RETIN-A MICRO PUMP GEL 0.1%	4	PA (Tretinoin topical products) MO
RETIN-A MICRO GEL 0.04%	4	PA (Tretinoin topical products) MO
RETIN-A MICRO GEL 0.1%	4	PA (Tretinoin topical products) MO
SANTYL OINTMENT 250UNIT/GM	4	MO
<i>selenium sulfide lotion 2.5%</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium sulfacetamide lotion 10%</i>	1	MO
STELARA INJECTION 45MG/0.5ML	5	QL (1 ML per 28 days) PA (Stelara) MO
STELARA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA (Stelara) MO
<i>sulfacetamide sodium suspension 10%</i>	1	MO
TACLONEX SUSPENSION 0.064%; 0.005%	4	MO
<i>tacrolimus ointment 0.03%</i>	2	MO
<i>tacrolimus ointment 0.1%</i>	2	MO
TAZORAC CREAM 0.05%	3	MO
TAZORAC CREAM 0.1%	3	MO
TAZORAC GEL 0.05%	3	MO
TAZORAC GEL 0.1%	3	MO
<i>tretinoin microsphere pump gel 0.04%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin microsphere pump gel 0.04%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin microsphere pump gel 0.1%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin microsphere gel 0.04%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin microsphere gel 0.1%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin cream 0.025%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin cream 0.05%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin cream 0.1%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin gel 0.01%</i>	2	PA (Tretinoin topical products) MO
<i>tretinoin gel 0.025%</i>	2	PA (Tretinoin topical products) MO
UVADEX INJECTION 20MCG/ML	4	MO
VECTICAL OINTMENT 3MCG/GM	4	MO
VEREGEN OINTMENT 15%	5	MO
VOLTAREN GEL 1%	4	MO
<i>zenatane capsule 10mg</i>	2	MO
<i>zenatane capsule 20mg</i>	2	MO
<i>zenatane capsule 30mg</i>	2	MO
<i>zenatane capsule 40mg</i>	2	MO
ZONALON CREAM 5%	4	MO

Enzyme Replacement/Modifiers

Enzyme Replacement/Modifiers

ADAGEN INJECTION 250UNIT/ML	5	LA
ALDURAZYME INJECTION 2.9MG/5ML	5	LA
BUPHENYL TABLET 500MG	3	PA (Buphenyl) MO
CEREZYME INJECTION 400UNIT	5	PA (Cerezyme/VPRIV) LA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT	3	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 15000UNIT; 3000UNIT; 9500UNIT	3	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	3	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 30000UNIT; 6000UNIT; 19000UNIT	3	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 60000UNIT; 12000UNIT; 38000UNIT	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
CYSTADANE POWDER 0	3	MO
CYSTAGON CAPSULE 150MG	4	MO
CYSTAGON CAPSULE 50MG	4	MO
ELAPRASE INJECTION 6MG/3ML	5	LA
FABRAZYME INJECTION 35MG	5	PA (Fabrazyme) LA
FABRAZYME INJECTION 5MG	5	PA (Fabrazyme) LA
KUVAN PACKET 100MG	5	PA (Kuvan) MO
KUVAN PACKET 500MG	5	PA (Kuvan) MO
KUVAN TABLET SOLUBLE 100MG	5	PA (Kuvan) MO
MYOZYME INJECTION 50MG	5	LA
NAGLAZYME INJECTION 1MG/ML	5	MO
ORFADIN CAPSULE 10MG	5	MO
ORFADIN CAPSULE 2MG	5	MO
ORFADIN CAPSULE 5MG	5	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 17500UNIT; 4200UNIT; 10000UNIT	3	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 43750UNIT; 10500UNIT; 25000UNIT	3	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 61000UNIT; 21000UNIT; 37000UNIT	3	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 70000UNIT; 16800UNIT; 40000UNIT	3	MO
PANCRELIPASE CAPSULE DELAYED RELEASE PARTICLES 27000UNIT; 5000UNIT; 17000UNIT	3	MO
<i>sodium phenylbutyrate powder 3gm/tsp</i>	1	MO
SUCRAID SOLUTION 8500UNIT/ML	4	MO
VIMIZIM INJECTION 5MG/5ML	5	MO
VPRIV INJECTION 400UNIT	5	PA (Cerezyme/VPRIV) MO
ZAVESCA CAPSULE 100MG	5	QL (90 EA per 30 days) PA (Zavesca) MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 109000UNIT; 20000UNIT; 68000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 136000UNIT; 25000UNIT; 85000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 16000UNIT; 3000UNIT; 10000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 218000UNIT; 40000UNIT; 136000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 27000UNIT; 5000UNIT; 17000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 55000UNIT; 10000UNIT; 34000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 82000UNIT; 15000UNIT; 51000UNIT	3	MO

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

<i>atropine sulfate injection 0.05mg/ml</i>	1	MO
<i>atropine sulfate injection 0.1mg/ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
CANTIL TABLET 25MG	4	MO
<i>dicyclomine hcl capsule 10mg</i>	1	MO
<i>dicyclomine hcl solution 10mg/5ml</i>	1	MO
<i>dicyclomine hcl tablet 20mg</i>	1	MO
<i>glycopyrrolate injection 0.2mg/ml</i>	2	MO
<i>glycopyrrolate injection 0.4mg/2ml</i>	2	MO
<i>glycopyrrolate injection 1mg/5ml</i>	2	MO
<i>glycopyrrolate injection 4mg/20ml</i>	2	MO
<i>glycopyrrolate tablet 1mg</i>	2	MO
<i>glycopyrrolate tablet 2mg</i>	2	MO
<i>methscopolamine bromide tablet 2.5mg</i>	2	MO
<i>methscopolamine bromide tablet 5mg</i>	2	MO
<i>propantheline bromide tablet 15mg</i>	2	MO
Gastrointestinal Agents, Other		
<i>cromolyn sodium concentrate 100mg/5ml</i>	2	MO
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	2	MO
<i>diphenoxylate/atropine tablet 0.025mg; 2.5mg</i>	2	MO
<i>lofene tablet 0.025mg; 2.5mg</i>	2	MO
<i>lonox tablet 0.025mg; 2.5mg</i>	2	MO
<i>loperamide hcl capsule 2mg</i>	1	MO
MOTOFEN TABLET 0.025MG; 1MG	4	MO
OSMOPREP TABLET 0.398GM; 1.102GM	4	MO
PYLERA CAPSULE 140MG; 125MG; 125MG	4	MO
RELISTOR INJECTION 12MG/0.6ML	5	QL (18 ML per 28 days) PA (Relistor) MO
RELISTOR INJECTION 12MG/0.6ML	5	QL (18 ML per 28 days) PA (Relistor) MO
RELISTOR INJECTION 8MG/0.4ML	5	QL (18 ML per 28 days) PA (Relistor) MO
<i>ursodiol capsule 300mg</i>	2	MO
<i>ursodiol tablet 250mg</i>	1	MO
<i>ursodiol tablet 500mg</i>	1	MO
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl solution 300mg/5ml</i>	1	MO
<i>cimetidine tablet 200mg</i>	1	MO
<i>cimetidine tablet 300mg</i>	1	MO
<i>cimetidine tablet 400mg</i>	1	MO
<i>cimetidine tablet 800mg</i>	1	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	1	MO
<i>famotidine injection 200mg/20ml</i>	1	MO
<i>famotidine injection 20mg/2ml</i>	1	MO
<i>famotidine injection 40mg/4ml</i>	1	MO
<i>famotidine injection 500mg/50ml</i>	1	MO
<i>famotidine suspension reconstituted 40mg/5ml</i>	2	MO
<i>famotidine tablet 20mg</i>	1	MO
<i>famotidine tablet 40mg</i>	1	MO
<i>nizatidine capsule 150mg</i>	2	MO
<i>nizatidine capsule 300mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine solution 15mg/ml</i>	2	MO
<i>ranitidine hcl capsule 150mg</i>	1	MO
<i>ranitidine hcl capsule 300mg</i>	1	MO
<i>ranitidine hcl injection 150mg/6ml</i>	1	MO
<i>ranitidine hcl injection 50mg/2ml</i>	1	MO
<i>ranitidine hcl syrup 15mg/ml</i>	2	MO
<i>ranitidine hcl tablet 150mg</i>	1	MO
<i>ranitidine hcl tablet 300mg</i>	1	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	2	QL (60 EA per 30 days) MO
<i>alosetron hydrochloride tablet 1mg</i>	2	QL (60 EA per 30 days) MO
AMITIZA CAPSULE 24MCG	3	MO
AMITIZA CAPSULE 8MCG	3	MO
Laxatives		
<i>constulose solution 10gm/15ml</i>	1	MO
<i>enulose solution 10gm/15ml</i>	1	MO
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>gavilyte-n/ flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
<i>generlac solution 10gm/15ml</i>	1	MO
GOLYTELY SOLUTION RECONSTITUTED 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	4	MO
KRISTALOSE PACKET 10GM	3	MO
KRISTALOSE PACKET 20GM	3	MO
<i>lactulose solution 10gm/15ml</i>	1	MO
<i>lactulose solution 10gm/15ml</i>	1	MO
MOVIPREP SOLUTION RECONSTITUTED 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	4	MO
<i>peg 3350/electrolytes solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
<i>pegylax powder 0</i>	2	MO
<i>polyethylene glycol 3350 packet 0</i>	2	MO
<i>polyethylene glycol 3350 powder 0</i>	2	MO
SUPREP BOWEL PREP SOLUTION 1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	4	MO
<i>trilyte solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
Protectants		

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

Drug Name	Drug Tier	Requirements/Limits
CARAFATE SUSPENSION 1GM/10ML	4	MO
<i>misoprostol tablet 100mcg</i>	2	MO
<i>misoprostol tablet 200mcg</i>	2	MO
<i>sucralfate tablet 1gm</i>	2	MO
Proton Pump Inhibitors		
<i>esomeprazole sodium injection 20mg</i>	2	MO
<i>esomeprazole sodium injection 40mg</i>	2	MO
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (30 EA per 30 days) PA (Lansoprazole) MO
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (30 EA per 30 days) PA (Lansoprazole) MO
<i>omeprazole capsule delayed release 10mg</i>	2	MO
<i>omeprazole capsule delayed release 20mg</i>	2	MO
<i>omeprazole capsule delayed release 40mg</i>	2	MO
<i>pantoprazole sodium injection 40mg</i>	1	MO
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (120 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	2	QL (30 EA per 30 days) PA (Rabeprazole) MO
Genitourinary Agents		
Antispasmodics, Urinary		
ENABLEX TABLET EXTENDED RELEASE 24 HOUR 15MG	4	QL (30 EA per 30 days) MO
ENABLEX TABLET EXTENDED RELEASE 24 HOUR 7.5MG	4	QL (30 EA per 30 days) MO
<i>flavoxate hcl tablet 100mg</i>	2	MO
GELNIQUE GEL 10%	4	QL (30 GM per 30 days) MO
GELNIQUE GEL 3%	4	MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	3	MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	MO
<i>oxybutynin chloride er tablet extended release 24 hour 10mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>	2	QL (60 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride syrup 5mg/5ml</i>	1	MO
<i>oxybutynin chloride tablet 5mg</i>	1	MO
<i>tolterodine tartrate tablet 1mg</i>	2	QL (60 EA per 30 days) MO
<i>tolterodine tartrate tablet 2mg</i>	2	QL (60 EA per 30 days) MO
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4MG	3	MO
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8MG	3	MO
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	2	QL (30 EA per 30 days) MO
<i>tropium chloride tablet 20mg</i>	2	MO
VESICARE TABLET 10MG	4	MO
VESICARE TABLET 5MG	4	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	MO
AVODART CAPSULE 0.5MG	3	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride tablet 5mg</i>	2	QL (30 EA per 30 days) MO
JALYN CAPSULE 0.5MG; 0.4MG	3	QL (60 EA per 30 days) MO
<i>tamsulosin hcl capsule 0.4mg</i>	2	QL (60 EA per 30 days) MO
Genitourinary Agents, Other		
<i>bethanechol chloride tablet 10mg</i>	1	MO
<i>bethanechol chloride tablet 25mg</i>	1	MO
<i>bethanechol chloride tablet 50mg</i>	1	MO
<i>bethanechol chloride tablet 5mg</i>	1	MO
DEPEN TITRATABS TABLET 250MG	3	MO
ELMIRON CAPSULE 100MG	3	MO
Phosphate Binders		
FOSRENOL PACKET 1000MG	4	MO
FOSRENOL PACKET 750MG	4	MO
FOSRENOL TABLET CHEWABLE 1000MG	4	MO
FOSRENOL TABLET CHEWABLE 500MG	4	MO
FOSRENOL TABLET CHEWABLE 750MG	4	MO
REVELA PACKET 0.8GM	4	QL (540 EA per 30 days) MO
REVELA PACKET 2.4GM	4	QL (180 EA per 30 days) MO
REVELA TABLET 800MG	4	QL (540 EA per 30 days) MO
SEVELAMER CARBONATE TABLET 800MG	4	QL (540 EA per 30 days) MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-hydrocort injection 100mg</i>	1	MO
<i>a-methapred injection 125mg</i>	2	MO
<i>a-methapred injection 40mg</i>	2	MO
<i>ala cort cream 1%</i>	1	MO
<i>ala scalp lotion 2%</i>	2	MO
<i>alclometasone dipropionate cream 0.05%</i>	2	MO
<i>alclometasone dipropionate ointment 0.05%</i>	2	MO
<i>alphatrex gel 0.05%</i>	2	MO
<i>amcinonide cream 0.1%</i>	2	MO
<i>amcinonide lotion 0.1%</i>	2	MO
<i>amcinonide ointment 0.1%</i>	2	MO
<i>apexicon ointment 0.05%</i>	2	MO
<i>asmapred plus solution 15mg/5ml</i>	1	MO
<i>augmented betamethasone dipropionate cream 0.05%</i>	2	MO
<i>augmented betamethasone dipropionate gel 0.05%</i>	2	MO
<i>augmented betamethasone dipropionate lotion 0.05%</i>	2	MO
<i>augmented betamethasone dipropionate ointment 0.05%</i>	2	MO
<i>baycadron elixir 0.5mg/5ml</i>	2	MO
<i>betamethasone dipropionate cream 0.05%</i>	2	MO
<i>betamethasone dipropionate ointment 0.05%</i>	2	MO
<i>betamethasone valerate cream 0.1%</i>	2	MO
<i>betamethasone valerate foam 0.12%</i>	2	MO
<i>betamethasone valerate lotion 0.1%</i>	2	MO
<i>betamethasone valerate ointment 0.1%</i>	2	MO
CAPEX SHAMPOO 0.01%	3	MO
<i>clobetasol propionate e cream 0.05%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emollient cream 0.05%</i>	2	MO
<i>clobetasol propionate emollient cream 0.05%</i>	2	MO
<i>clobetasol propionate emollient foam 0.05%</i>	2	MO
<i>clobetasol propionate cream 0.05%</i>	2	MO
<i>clobetasol propionate foam 0.05%</i>	2	MO
<i>clobetasol propionate foam 0.05%</i>	2	MO
<i>clobetasol propionate gel 0.05%</i>	2	MO
<i>clobetasol propionate liquid 0.05%</i>	2	MO
<i>clobetasol propionate lotion 0.05%</i>	2	MO
<i>clobetasol propionate ointment 0.05%</i>	2	MO
<i>clobetasol propionate shampoo 0.05%</i>	2	MO
<i>clobetasol propionate solution 0.05%</i>	2	MO
<i>clodan shampoo 0.05%</i>	2	MO
CLODERM PUMP CREAM 0.1%	3	MO
CLODERM CREAM 0.1%	3	MO
CORDRAN TAPE TAPE 4MCG/SQCM	3	MO
<i>cormax scalp application solution 0.05%</i>	2	MO
<i>cortisone acetate tablet 25mg</i>	1	MO
DEPO-MEDROL INJECTION 20MG/ML	4	MO
<i>desonide cream 0.05%</i>	2	MO
<i>desonide lotion 0.05%</i>	2	MO
<i>desonide ointment 0.05%</i>	2	MO
<i>desoximetasone cream 0.05%</i>	2	MO
<i>desoximetasone cream 0.25%</i>	2	MO
<i>desoximetasone gel 0.05%</i>	2	MO
<i>desoximetasone ointment 0.25%</i>	2	MO
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	3	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml</i>	1	MO
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection 120mg/30ml</i>	1	MO
<i>dexamethasone sodium phosphate injection 20mg/5ml</i>	1	MO
<i>dexamethasone sodium phosphate injection 20mg/5ml</i>	1	MO
<i>dexamethasone sodium phosphate injection 4mg/ml</i>	1	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	2	MO
<i>dexamethasone solution 0.5mg/5ml</i>	2	MO
<i>dexamethasone tablet 0.75mg</i>	1	MO
<i>dexamethasone tablet 1mg</i>	1	MO
<i>dexamethasone tablet 6mg</i>	1	MO
<i>diflorasone diacetate cream 0.05%</i>	2	MO
<i>diflorasone diacetate ointment 0.05%</i>	2	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	1	MO
<i>fluocinolone acetonide body oil 0.01%</i>	2	MO
<i>fluocinolone acetonide ear drops oil 0.01%</i>	2	MO
<i>fluocinolone acetonide ear drops oil 0.01%</i>	2	MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	2	MO
<i>fluocinolone acetonide cream 0.01%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.025%</i>	2	MO
<i>fluocinolone acetonide oil 0.01%</i>	2	MO
<i>fluocinolone acetonide ointment 0.025%</i>	2	MO
<i>fluocinolone acetonide solution 0.01%</i>	2	MO
<i>fluocinonide-e cream 0.05%</i>	2	MO
<i>fluocinonide cream 0.05%</i>	2	MO
<i>fluocinonide cream 0.1%</i>	5	MO
<i>fluocinonide gel 0.05%</i>	2	MO
<i>fluocinonide ointment 0.05%</i>	2	MO
<i>fluocinonide solution 0.05%</i>	2	MO
<i>fluticasone propionate cream 0.05%</i>	2	MO
<i>fluticasone propionate lotion 0.05%</i>	2	MO
<i>fluticasone propionate ointment 0.005%</i>	2	MO
<i>halobetasol propionate cream 0.05%</i>	2	MO
<i>halobetasol propionate ointment 0.05%</i>	2	MO
HALOG CREAM 0.1%	4	MO
HALOG OINTMENT 0.1%	4	MO
<i>hydrocortisone butyrate (lipid) cream 0.1%</i>	2	MO
<i>hydrocortisone butyrate (lipophilic) cream 0.1%</i>	2	MO
<i>hydrocortisone butyrate cream 0.1%</i>	2	MO
<i>hydrocortisone butyrate ointment 0.1%</i>	2	MO
<i>hydrocortisone butyrate solution 0.1%</i>	2	MO
<i>hydrocortisone in absorbase ointment 1%</i>	1	MO
<i>hydrocortisone in absorbase ointment 1%</i>	1	MO
<i>hydrocortisone valerate cream 0.2%</i>	2	MO
<i>hydrocortisone valerate ointment 0.2%</i>	2	MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	MO
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%</i>	1	MO
<i>hydrocortisone ointment 2.5%</i>	1	MO
<i>hydrocortisone tablet 10mg</i>	1	MO
<i>hydrocortisone tablet 20mg</i>	1	MO
<i>hydrocortisone tablet 5mg</i>	1	MO
LOCOID LOTION 0.1%	4	MO
<i>lokara lotion 0.05%</i>	2	MO
<i>methylprednisolone acetate injection 40mg/ml</i>	2	MO
<i>methylprednisolone acetate injection 80mg/ml</i>	2	MO
<i>methylprednisolone dose pack tablet 4mg</i>	2	MO
<i>methylprednisolone sodiumsuccinate injection 1000mg</i>	2	MO
<i>methylprednisolone sodiumsuccinate injection 125mg</i>	2	MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	2	MO
<i>methylprednisolone sodiumsuccinate injection 500mg</i>	1	MO
<i>methylprednisolone tablet 16mg</i>	2	MO
<i>methylprednisolone tablet 32mg</i>	2	MO
<i>methylprednisolone tablet 8mg</i>	2	MO
MILLIPRED SOLUTION 10MG/5ML	4	MO
MILLIPRED TABLET 5MG	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate cream 0.1%</i>	1	MO
<i>mometasone furoate ointment 0.1%</i>	1	MO
PANDEL CREAM 0.1%	4	MO
<i>prednicarbate cream 0.1%</i>	2	MO
<i>prednicarbate ointment 0.1%</i>	2	MO
<i>prednisolone sodium phosphate odt tablet dispersible 10mg</i>	2	MO
<i>prednisolone sodium phosphate odt tablet dispersible 15mg</i>	2	MO
<i>prednisolone sodium phosphate odt tablet dispersible 30mg</i>	2	MO
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate solution 25mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate solution 5mg/5ml</i>	1	MO
<i>prednisolone solution 15mg/5ml</i>	1	MO
PREDNISONO INTENSOL CONCENTRATE 5MG/ML	3	MO
PREDNISONO SOLUTION 5MG/5ML	3	MO
<i>prednisone tablet 10mg</i>	1	MO
<i>prednisone tablet 1mg</i>	1	MO
<i>prednisone tablet 2.5mg</i>	1	MO
<i>prednisone tablet 20mg</i>	1	MO
<i>prednisone tablet 50mg</i>	1	MO
<i>prednisone tablet 5mg</i>	1	MO
<i>prednisone tablet 5mg</i>	1	MO
<i>procto-pak cream 1%</i>	1	MO
<i>proctosol hc cream 2.5%</i>	1	MO
<i>proctozone-hc cream 2.5%</i>	1	MO
SOLU-CORTEF INJECTION 1000MG	3	MO
SOLU-CORTEF INJECTION 100MG	3	MO
SOLU-CORTEF INJECTION 250MG	3	MO
SOLU-CORTEF INJECTION 500MG	3	MO
SOLU-MEDROL INJECTION 2GM	4	MO
<i>triamcinolone acetonide aerosol solution 0</i>	2	MO
<i>triamcinolone acetonide cream 0.025%</i>	1	MO
<i>triamcinolone acetonide cream 0.1%</i>	1	MO
<i>triamcinolone acetonide cream 0.5%</i>	1	MO
<i>triamcinolone acetonide lotion 0.025%</i>	1	MO
<i>triamcinolone acetonide lotion 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.025%</i>	1	MO
<i>triamcinolone acetonide ointment 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.5%</i>	1	MO
<i>triamcinolone injection 50mg/ml</i>	2	MO
<i>triderm cream 0.1%</i>	1	MO
U-CORT CREAM 1%; 10%	4	MO
VERIPRED 20 SOLUTION 20MG/5ML	4	MO

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>chorionic gonadotropin injection 10000unit</i>	2	PA (Chorionic Gonadotropin) MO
<i>desmopressin acetate injection 4mcg/ml</i>	2	MO
<i>desmopressin acetate solution 0.01%</i>	2	MO
<i>desmopressin acetate solution 0.01%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate tablet 0.1mg</i>	2	MO
<i>desmopressin acetate tablet 0.2mg</i>	2	MO
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 0.4MG	5	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 0.6MG	5	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 0.8MG	5	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 1.2MG	5	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 1.4MG	5	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 1.6MG	5	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 1.8MG	5	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 1MG	5	PA (Pituitary) MO
GENOTROPIN MINIQUICK INJECTION 2MG	5	PA (Pituitary) MO
GENOTROPIN INJECTION 12MG	5	PA (Pituitary) MO
GENOTROPIN INJECTION 5MG	5	PA (Pituitary) MO
HUMATROPE COMBO PACK INJECTION 5MG	5	PA (Pituitary) MO
HUMATROPE INJECTION 12MG	5	PA (Pituitary) MO
HUMATROPE INJECTION 24MG	5	PA (Pituitary) MO
HUMATROPE INJECTION 5MG	5	PA (Pituitary) MO
HUMATROPE INJECTION 6MG	5	PA (Pituitary) MO
INCRELEX INJECTION 40MG/4ML	5	PA (Increlex) LA
NORDITROPIN FLEXPRO INJECTION 10MG/1.5ML	5	PA (Pituitary) MO
NORDITROPIN FLEXPRO INJECTION 15MG/1.5ML	5	PA (Pituitary) MO
NORDITROPIN FLEXPRO INJECTION 30MG/3ML	5	PA (Pituitary) MO
NORDITROPIN FLEXPRO INJECTION 5MG/1.5ML	5	PA (Pituitary) MO
NORDITROPIN NORDIFLEX PEN INJECTION 30MG/3ML	5	PA (Pituitary) MO
NUTROPIN AQ NUSPIN 10 INJECTION 10MG/2ML	5	PA (Nutropin/Omnitrope) MO
NUTROPIN AQ NUSPIN 20 INJECTION 20MG/2ML	5	PA (Nutropin/Omnitrope) MO
NUTROPIN AQ NUSPIN 5 INJECTION 5MG/2ML	5	PA (Nutropin/Omnitrope) MO
NUTROPIN AQ PEN INJECTION 10MG/2ML	5	PA (Nutropin/Omnitrope) MO
NUTROPIN AQ PEN INJECTION 20MG/2ML	5	PA (Nutropin/Omnitrope) MO
OMNITROPE INJECTION 10MG/1.5ML	5	PA (Nutropin/Omnitrope) MO
OMNITROPE INJECTION 5.8MG	5	PA (Nutropin/Omnitrope) MO
OMNITROPE INJECTION 5MG/1.5ML	5	PA (Nutropin/Omnitrope) MO
<i>pregnyl w/diluent benzyl alcohol/nacl injection 10000unit</i>	2	PA (Chorionic Gonadotropin) MO
SAIZEN CLICK.EASY INJECTION 8.8MG	5	PA (Pituitary) MO
SAIZEN INJECTION 5MG	5	PA (Pituitary) MO
SAIZEN INJECTION 8.8MG	5	PA (Pituitary) MO
SEROSTIM INJECTION 4MG	5	PA (Pituitary) MO
SEROSTIM INJECTION 5MG	5	PA (Pituitary) MO
SEROSTIM INJECTION 6MG	5	PA (Pituitary) MO
STIMATE SOLUTION 1.5MG/ML	3	MO
TEV-TROPIN INJECTION 5MG	5	PA (Pituitary) MO
ZOMACTON INJECTION 10MG	5	PA (Pituitary) MO
ZOMACTON INJECTION 5MG	5	PA (Pituitary) MO
ZORBTIVE INJECTION 8.8MG	5	PA (Pituitary) MO

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM TABLET 300MG	5	QL (120 EA per 30 days) PA (Korlym) MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone tablet 10mg</i>	2	QL (60 EA per 30 days) MO
<i>oxandrolone tablet 2.5mg</i>	2	QL (120 EA per 30 days) MO
Androgens		
ANDROGEL PUMP GEL 1%	3	QL (300 GM per 30 days) PA (Testosterone topical gel) MO
ANDROGEL PUMP GEL 1.62%	3	QL (150 GM per 30 days) PA (Testosterone topical gel) MO
ANDROGEL GEL 20.25MG/1.25GM	3	QL (150 GM per 30 days) PA (Testosterone topical gel) MO
ANDROGEL GEL 25MG/2.5GM	3	QL (300 GM per 30 days) PA (Testosterone topical gel) MO
ANDROGEL GEL 40.5MG/2.5GM	3	QL (150 GM per 30 days) PA (Testosterone topical gel) MO
ANDROGEL GEL 50MG/5GM	3	QL (300 GM per 30 days) PA (Testosterone topical gel) MO
ANDROXY TABLET 10MG	4	MO
<i>danazol capsule 100mg</i>	2	MO
<i>danazol capsule 200mg</i>	2	MO
<i>danazol capsule 50mg</i>	2	MO
METHITEST TABLET 10MG	3	PA (Methitest) MO
<i>testone cik injection 200mg/ml</i>	2	PA (Testosterone) MO
<i>testosterone cypionate injection 100mg/ml</i>	2	PA (Testosterone) MO
<i>testosterone cypionate injection 200mg/ml</i>	2	PA (Testosterone) MO
<i>testosterone enanthate injection 200mg/ml</i>	2	PA (Testosterone) MO
Estrogens		
ALORA PATCH TWICE WEEKLY 0.025MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
ALORA PATCH TWICE WEEKLY 0.05MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
ALORA PATCH TWICE WEEKLY 0.075MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
ALORA PATCH TWICE WEEKLY 0.1MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>altavera tablet 0.03mg; 0.15mg</i>	1	MO
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>alyacen 7/7/7 tablet 0; 0</i>	1	MO
<i>amethia lo tablet 0; 0</i>	1	QL (91 EA per 91 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amethia lo tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>amethia tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>amethyst tablet 20mcg; 90mcg</i>	1	MO
<i>apri tablet 0.15mg; 30mcg</i>	1	MO
<i>aranelle tablet 0; 0</i>	1	MO
<i>ashlyna tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>aubra tablet 20mcg; 0.1mg</i>	1	MO
<i>aviane tablet 20mcg; 0.1mg</i>	1	MO
<i>azurette tablet 0; 0</i>	1	MO
<i>balziva tablet 35mcg; 0.4mg</i>	1	MO
<i>briellyn tablet 35mcg; 0.4mg</i>	1	MO
<i>camrese lo tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>camrese tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>caziant tablet 0; 0</i>	1	MO
<i>cesia tablet 0; 0</i>	1	MO
<i>chateal tablet 0.03mg; 0.15mg</i>	1	MO
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	1	MO
<i>cyclafem 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>cyclafem 7/7/7 tablet 0; 0</i>	1	MO
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>dasetta 7/7/7 tablet 0; 0</i>	1	MO
<i>dasetta 7/7/7 tablet 0; 0</i>	1	MO
<i>daysee tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>delyla tablet 20mcg; 0.1mg</i>	1	MO
DEPO-ESTRADIOL INJECTION 5MG/ML	4	MO
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 30mcg</i>	1	MO
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	1	MO
DIVIGEL GEL 0.25MG/0.25GM	4	MO
DIVIGEL GEL 0.5MG/0.5GM	4	MO
DIVIGEL GEL 1MG/GM	4	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.03mg</i>	1	MO
<i>elimest tablet 30mcg; 0.3mg</i>	1	MO
<i>elimest tablet 30mcg; 0.3mg</i>	1	MO
<i>emoquette tablet 0.15mg; 30mcg</i>	1	MO
<i>enpresse-28 tablet 0; 0</i>	1	MO
<i>enskyce tablet 0.15mg; 30mcg</i>	1	MO
<i>estarylla tablet 35mcg; 0.25mg</i>	1	MO
ESTRACE CREAM 0.1MG/GM	4	MO
<i>estradiol valerate injection 10mg/ml</i>	2	MO
<i>estradiol valerate injection 20mg/ml</i>	2	MO
<i>estradiol valerate injection 40mg/ml</i>	2	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol/norethindrone acetate tablet 1mg; 0.5mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch twice weekly 0.025mg/24hr</i>	2	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol patch twice weekly 0.0375mg/24hr</i>	2	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch twice weekly 0.05mg/24hr</i>	2	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch twice weekly 0.075mg/24hr</i>	2	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch twice weekly 0.1mg/24hr</i>	2	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch weekly 0.025mg/24hr</i>	2	QL (4 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch weekly 0.05mg/24hr</i>	2	QL (4 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch weekly 0.06mg/24hr</i>	2	QL (4 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch weekly 0.075mg/24hr</i>	2	QL (4 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch weekly 0.1mg/24hr</i>	2	QL (4 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol patch weekly 37.5mcg/24hr</i>	2	QL (4 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol tablet 0.5mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol tablet 1mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estradiol tablet 2mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
ESTRING RING 2MG	4	QL (1 EA per 30 days) MO
<i>estropipate tablet 0.75mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estropipate tablet 1.5mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>estropipate tablet 3mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>falmina tablet 20mcg; 0.1mg</i>	1	MO
FEMRING RING 0.05MG/24HR	4	QL (1 EA per 90 days) MO
FEMRING RING 0.1MG/24HR	4	QL (1 EA per 90 days) MO
<i>gianvi tablet 3mg; 0.02mg</i>	1	MO
<i>gildagia tablet 35mcg; 0.4mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>gildess 1.5/30 tablet 30mcg; 1.5mg</i>	1	MO
<i>gildess 1/20 tablet 20mcg; 1mg</i>	1	MO
<i>gildess 24 fe tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>gildess fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	MO
<i>gildess fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>introvale tablet 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days) MO
<i>jolessa tablet 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days) MO
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	1	MO
<i>junel 1/20 tablet 20mcg; 1mg</i>	1	MO
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>kariva tablet 0; 0</i>	1	MO
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>kimidess tablet 0; 0</i>	1	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	1	MO
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	1	MO
<i>larin 1/20 tablet 20mcg; 1mg</i>	1	MO
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	MO
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>leena tablet 0; 0</i>	1	MO
<i>lessina tablet 20mcg; 0.1mg</i>	1	MO
<i>levonest tablet 0; 0</i>	1	MO
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days) MO
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	1	QL (91 EA per 91 days) MO
<i>levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg</i>	1	MO
<i>levora 0.15/30-28 tablet 30mcg; 0.15mg</i>	1	MO
<i>lomedica 24 fe tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>lopreeza tablet 0.5mg; 0.1mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>lopreeza tablet 1mg; 0.5mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>loryna tablet 3mg; 0.02mg</i>	1	MO
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	1	MO
<i>lutera tablet 20mcg; 0.1mg</i>	1	MO
<i>marlissa tablet 0.03mg; 0.15mg</i>	1	MO
MENOSTAR PATCH WEEKLY 14MCG/24HR	4	QL (4 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	1	MO
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	1	MO
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>mimvey lo tablet 0.5mg; 0.1mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>mimvey tablet 1mg; 0.5mg</i>	2	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
MINIVELLE PATCH TWICE WEEKLY 0.025MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
MINIVELLE PATCH TWICE WEEKLY 0.0375MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
MINIVELLE PATCH TWICE WEEKLY 0.05MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
MINIVELLE PATCH TWICE WEEKLY 0.075MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
MINIVELLE PATCH TWICE WEEKLY 0.1MG/24HR	4	QL (8 EA per 28 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>mono-linyah tablet 35mcg; 0.25mg</i>	1	MO
<i>mono-linyah tablet 35mcg; 0.25mg</i>	1	MO
<i>mononessa tablet 35mcg; 0.25mg</i>	1	MO
<i>myzilra tablet 0; 0</i>	1	MO
<i>myzilra tablet 0; 0</i>	1	MO
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	1	MO
<i>necon 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>necon 10/11-28 tablet 35mcg; 0</i>	1	MO
<i>necon 7/7/7 tablet 0; 0</i>	1	MO
<i>nikki tablet 3mg; 0.02mg</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate tablet chewable 25mcg; 75mg; 0.8mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tablet 0; 0</i>	1	MO
<i>norgestimate/ethinyl estradiol tablet 35mcg; 0.25mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tablet 35mcg; 0.25mg</i>	1	MO
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	1	MO
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>nortrel 7/7/7 tablet 0; 0</i>	1	MO
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	4	QL (1 EA per 28 days) MO
<i>ocella tablet 3mg; 0.03mg</i>	1	MO
<i>ogestrel tablet 50mcg; 0.5mg</i>	1	MO
<i>orsythia tablet 20mcg; 0.1mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ORTHO TRI-CYCLEN LO TABLET 0; 0	3	MO
<i>philith tablet 35mcg; 0.4mg</i>	1	MO
<i>pimtrea tablet 0; 0</i>	1	MO
<i>pirmella 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>pirmella 7/7/7 tablet 0; 0</i>	1	MO
<i>pirmella 7/7/7 tablet 0; 0</i>	1	MO
<i>portia-28 tablet 0.03mg; 0.15mg</i>	1	MO
PREMARIN CREAM 0.625MG/GM	3	MO
PREMARIN INJECTION 25MG	4	MO
PREMARIN TABLET 0.3MG	4	QL (30 EA per 30 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMARIN TABLET 0.45MG	4	QL (30 EA per 30 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMARIN TABLET 0.625MG	4	QL (30 EA per 30 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMARIN TABLET 0.9MG	4	QL (30 EA per 30 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMARIN TABLET 1.25MG	4	QL (30 EA per 30 days) PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMPHASE TABLET 0.625MG; 5MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMPRO TABLET 0.3MG; 1.5MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMPRO TABLET 0.45MG; 1.5MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMPRO TABLET 0.625MG; 2.5MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
PREMPRO TABLET 0.625MG; 5MG	4	PA (HRM - Oral and Transdermal Estrogens and Progestins) MO
<i>previfem tablet 35mcg; 0.25mg</i>	1	MO
<i>quasense tablet 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days) MO
<i>reclipsen tablet 0.15mg; 30mcg</i>	1	MO
<i>solia tablet 0.15mg; 30mcg</i>	1	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	1	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	1	MO
<i>syeda tablet 3mg; 0.03mg</i>	1	MO
<i>tarina fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>tilia fe tablet 0; 75mg; 1mg</i>	1	MO
<i>tri-estarylla tablet 0; 0</i>	1	MO
<i>tri-legest fe tablet 0; 75mg; 1mg</i>	1	MO
<i>tri-linyah tablet 0; 0</i>	1	MO
<i>tri-linyah tablet 0; 0</i>	1	MO
<i>tri-previfem tablet 0; 0</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec tablet 0; 0</i>	1	MO
<i>trinessa tablet 0; 0</i>	1	MO
<i>trivora-28 tablet 0; 0</i>	1	MO
VAGIFEM TABLET 10MCG	3	MO
<i>velivet tablet 0; 0</i>	1	MO
<i>vestura tablet 3mg; 0.02mg</i>	1	MO
<i>viorele tablet 0; 0</i>	1	MO
<i>viorele tablet 0; 0</i>	1	MO
<i>vyfemla tablet 35mcg; 0.4mg</i>	1	MO
<i>wera tablet 35mcg; 0.5mg</i>	1	MO
<i>wymzya fe tablet chewable 35mcg; 0; 0.4mg</i>	1	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	2	MO
<i>zarah tablet 3mg; 0.03mg</i>	1	MO
<i>zenchent fe tablet chewable 35mcg; 0; 0.4mg</i>	1	MO
<i>zenchent tablet 35mcg; 0.4mg</i>	1	MO
<i>zovia 1/35e tablet 35mcg; 1mg</i>	1	MO
<i>zovia 1/50e tablet 50mcg; 1mg</i>	1	MO
Progestins		
<i>camila tablet 0.35mg</i>	1	MO
<i>deblitane tablet 0.35mg</i>	1	MO
DEPO-PROVERA INJECTION 400MG/ML	4	QL (12 ML per 30 days) MO
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	4	MO
ELLA TABLET 30MG	4	MO
<i>errin tablet 0.35mg</i>	1	MO
<i>heather tablet 0.35mg</i>	1	MO
<i>jencycla tablet 0.35mg</i>	1	MO
<i>jolivette tablet 0.35mg</i>	1	MO
<i>lyza tablet 0.35mg</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL (1 ML per 90 days) MO
<i>medroxyprogesterone acetate tablet 10mg</i>	1	MO
<i>medroxyprogesterone acetate tablet 2.5mg</i>	1	MO
<i>medroxyprogesterone acetate tablet 5mg</i>	1	MO
<i>medroxyprogesterone/lidocaine injection 10mg/ml; 150mg/ml</i>	2	MO
MEGACE ES SUSPENSION 625MG/5ML	5	PA (HRM - Oncology, new starts only) MO
<i>megestrol acetate suspension 40mg/ml</i>	2	PA (HRM - Oncology, new starts only) MO
<i>megestrol acetate tablet 20mg</i>	2	PA (HRM - Oncology, new starts only) MO
<i>megestrol acetate tablet 40mg</i>	2	PA (HRM - Oncology, new starts only) MO
<i>nora-be tablet 0.35mg</i>	1	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO
<i>norethindrone tablet 0.35mg</i>	1	MO
<i>norlyroc tablet 0.35mg</i>	1	MO
<i>progesterone capsule 100mg</i>	2	MO
<i>progesterone capsule 200mg</i>	2	MO
<i>sharobel tablet 0.35mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride tablet 60mg</i>	2	QL (30 EA per 30 days) MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tablet 100mcg</i>	1	MO
<i>levothyroxine sodium tablet 112mcg</i>	1	MO
<i>levothyroxine sodium tablet 125mcg</i>	1	MO
<i>levothyroxine sodium tablet 137mcg</i>	1	MO
<i>levothyroxine sodium tablet 150mcg</i>	1	MO
<i>levothyroxine sodium tablet 175mcg</i>	1	MO
<i>levothyroxine sodium tablet 200mcg</i>	1	MO
<i>levothyroxine sodium tablet 25mcg</i>	1	MO
<i>levothyroxine sodium tablet 300mcg</i>	1	MO
<i>levothyroxine sodium tablet 50mcg</i>	1	MO
<i>levothyroxine sodium tablet 75mcg</i>	1	MO
<i>levothyroxine sodium tablet 88mcg</i>	1	MO
LEVOXYL TABLET 100MCG	3	MO
LEVOXYL TABLET 112MCG	3	MO
LEVOXYL TABLET 125MCG	3	MO
LEVOXYL TABLET 137MCG	3	MO
LEVOXYL TABLET 150MCG	3	MO
LEVOXYL TABLET 175MCG	3	MO
LEVOXYL TABLET 200MCG	3	MO
LEVOXYL TABLET 25MCG	3	MO
LEVOXYL TABLET 50MCG	3	MO
LEVOXYL TABLET 75MCG	3	MO
LEVOXYL TABLET 88MCG	3	MO
<i>liothyronine sodium injection 10mcg/ml</i>	2	MO
<i>liothyronine sodium tablet 25mcg</i>	1	MO
<i>liothyronine sodium tablet 50mcg</i>	1	MO
<i>liothyronine sodium tablet 5mcg</i>	1	MO
SYNTHROID TABLET 100MCG	3	MO
SYNTHROID TABLET 112MCG	3	MO
SYNTHROID TABLET 125MCG	3	MO
SYNTHROID TABLET 137MCG	3	MO
SYNTHROID TABLET 150MCG	3	MO
SYNTHROID TABLET 175MCG	3	MO
SYNTHROID TABLET 200MCG	3	MO
SYNTHROID TABLET 25MCG	3	MO
SYNTHROID TABLET 300MCG	3	MO
SYNTHROID TABLET 50MCG	3	MO
SYNTHROID TABLET 75MCG	3	MO
SYNTHROID TABLET 88MCG	3	MO
<i>unithroid tablet 100mcg</i>	1	MO
<i>unithroid tablet 112mcg</i>	1	MO
<i>unithroid tablet 125mcg</i>	1	MO
<i>unithroid tablet 137mcg</i>	1	MO
<i>unithroid tablet 150mcg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid tablet 175mcg</i>	1	MO
<i>unithroid tablet 200mcg</i>	1	MO
<i>unithroid tablet 25mcg</i>	1	MO
<i>unithroid tablet 300mcg</i>	1	MO
<i>unithroid tablet 50mcg</i>	1	MO
<i>unithroid tablet 75mcg</i>	1	MO
<i>unithroid tablet 88mcg</i>	1	MO
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN TABLET 500MG	3	MO
Hormonal Agents, Suppressant (Parathyroid)		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR TABLET 30MG	3	QL (60 EA per 30 days) MO
SENSIPAR TABLET 60MG	3	QL (60 EA per 30 days) MO
SENSIPAR TABLET 90MG	3	QL (120 EA per 30 days) MO
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	2	MO
ELIGARD INJECTION 22.5MG	4	MO
ELIGARD INJECTION 30MG	4	MO
ELIGARD INJECTION 45MG	4	MO
ELIGARD INJECTION 7.5MG	4	MO
FIRMAGON INJECTION 120MG	5	QL (6 EA per 28 days) MO
FIRMAGON INJECTION 80MG	4	QL (4 EA per 28 days) MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	2	MO
LUPRON DEPOT-PED INJECTION 11.25MG	5	MO
LUPRON DEPOT-PED INJECTION 11.25MG	5	MO
LUPRON DEPOT-PED INJECTION 15MG	5	MO
LUPRON DEPOT-PED INJECTION 30MG	5	MO
LUPRON DEPOT-PED INJECTION 7.5MG	5	MO
LUPRON DEPOT INJECTION 11.25MG	5	MO
LUPRON DEPOT INJECTION 22.5MG	5	MO
LUPRON DEPOT INJECTION 3.75MG	5	MO
LUPRON DEPOT INJECTION 30MG	5	MO
LUPRON DEPOT INJECTION 45MG	5	MO
LUPRON DEPOT INJECTION 7.5MG	5	MO
OCTREOTIDE ACETATE INJECTION 1000MCG/ML	5	MO
OCTREOTIDE ACETATE INJECTION 100MCG/ML	4	MO
OCTREOTIDE ACETATE INJECTION 200MCG/ML	4	MO
OCTREOTIDE ACETATE INJECTION 500MCG/ML	5	MO
<i>octreotide acetate injection 50mcg/ml</i>	2	MO
SANDOSTATIN LAR DEPOT INJECTION 10MG	5	MO
SANDOSTATIN LAR DEPOT INJECTION 20MG	5	MO
SANDOSTATIN LAR DEPOT INJECTION 30MG	5	MO
SIGNIFOR LAR INJECTION 20MG	5	QL (1 EA per 28 days) MO
SIGNIFOR LAR INJECTION 40MG	5	QL (1 EA per 28 days) MO
SIGNIFOR LAR INJECTION 60MG	5	QL (1 EA per 28 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR INJECTION 0.3MG/ML	5	QL (60 ML per 30 days) PA (Signifor) MO
SIGNIFOR INJECTION 0.6MG/ML	5	QL (60 ML per 30 days) PA (Signifor) MO
SIGNIFOR INJECTION 0.9MG/ML	5	QL (60 ML per 30 days) PA (Signifor) MO
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	QL (0.5 ML per 28 days) MO
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	QL (0.2 ML per 28 days) MO
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	QL (0.3 ML per 28 days) MO
SOMAVERT INJECTION 10MG	5	MO
SOMAVERT INJECTION 15MG	5	MO
SOMAVERT INJECTION 20MG	5	MO
SOMAVERT INJECTION 25MG	5	MO
SOMAVERT INJECTION 30MG	5	MO
SYNAREL SOLUTION 2MG/ML	5	MO
TRELSTAR MIXJECT INJECTION 11.25MG	5	MO
TRELSTAR MIXJECT INJECTION 22.5MG	5	MO
TRELSTAR MIXJECT INJECTION 3.75MG	5	MO
TRELSTAR INJECTION 11.25MG	5	MO
TRELSTAR INJECTION 3.75MG	5	MO
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg</i>	1	MO
<i>methimazole tablet 5mg</i>	1	MO
<i>propylthiouracil tablet 50mg</i>	1	MO
Immunological Agents		
<i>Angioedema (HAE) Agents</i>		
BERINERT INJECTION 500UNIT	5	PA (Berinert) MO
CINRYZE INJECTION 500UNIT	5	PA (Cinryze) MO
FIRAZYR INJECTION 30MG/3ML	5	QL (9 ML per 30 days) PA (Firazyr) MO
<i>Immune Suppressants</i>		
AZASAN TABLET 100MG	4	B/D MO
AZASAN TABLET 75MG	4	B/D MO
<i>azathioprine tablet 50mg</i>	1	B/D MO
BENLYSTA INJECTION 120MG	5	PA (Benlysta) MO
CELLCEPT INTRAVENOUS INJECTION 500MG	3	B/D MO
<i>cyclosporine modified capsule 100mg</i>	2	B/D MO
<i>cyclosporine modified capsule 25mg</i>	2	B/D MO
<i>cyclosporine modified capsule 50mg</i>	2	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	2	B/D MO
<i>cyclosporine capsule 100mg</i>	2	B/D MO
<i>cyclosporine capsule 25mg</i>	2	B/D MO
<i>cyclosporine injection 50mg/ml</i>	2	B/D MO
ENBREL SURECLICK INJECTION 50MG/ML	5	QL (7.84 ML per 28 days) PA (Enbrel) MO
ENBREL INJECTION 25MG/0.5ML	5	QL (4.08 ML per 28 days) PA (Enbrel) MO

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJECTION 25MG	5	QL (8 EA per 28 days) PA (Enbrel) MO
ENBREL INJECTION 50MG/ML	5	QL (7.84 ML per 28 days) PA (Enbrel) MO
<i>gengraf capsule 100mg</i>	2	B/D MO
<i>gengraf capsule 25mg</i>	2	B/D MO
<i>gengraf solution 100mg/ml</i>	2	B/D MO
<i>hecoria capsule 0.5mg</i>	2	B/D MO
<i>hecoria capsule 1mg</i>	2	B/D MO
<i>hecoria capsule 5mg</i>	2	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	5	QL (4.8 EA per 28 days) PA (Humira) MO
HUMIRA PEN-CROHNS DISEASESTARTER INJECTION 40MG/0.8ML	5	QL (4.8 EA per 28 days) PA (Humira) MO
HUMIRA PEN-PSORIASIS STARTER INJECTION 40MG/0.8ML	5	QL (4.8 EA per 28 days) PA (Humira) MO
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL (4.8 EA per 28 days) PA (Humira) MO
HUMIRA INJECTION 10MG/0.2ML	5	QL (0.4 EA per 28 days) PA (Humira) MO
HUMIRA INJECTION 20MG/0.4ML	5	QL (1.6 EA per 30 days) PA (Humira) MO
HUMIRA INJECTION 40MG/0.8ML	5	QL (4.8 EA per 28 days) PA (Humira) MO
KINERET INJECTION 100MG/0.67ML	5	QL (20.1 ML per 30 days) PA (Kineret) MO
<i>mercaptopurine tablet 50mg</i>	2	MO
<i>methotrexate sodium injection 1gm/40ml</i>	1	MO
<i>methotrexate sodium injection 1gm</i>	1	MO
<i>methotrexate sodium injection 25mg/ml</i>	1	MO
<i>methotrexate tablet 2.5mg</i>	1	MO
<i>mycophenolate mofetil capsule 250mg</i>	2	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	2	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	2	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg</i>	2	B/D MO
<i>mycophenolic acid dr tablet delayed release 360mg</i>	2	B/D MO
NULOJIX INJECTION 250MG	5	B/D MO
ORENCIA INJECTION 125MG/ML	5	QL (4 ML per 28 days) PA (Orencia) MO
ORENCIA INJECTION 250MG	5	PA (Orencia) MO
PROGRAF INJECTION 5MG/ML	4	B/D MO
PURIXAN SUSPENSION 2000MG/100ML	5	MO
RAPAMUNE SOLUTION 1MG/ML	3	B/D MO
REMICADE INJECTION 100MG	5	PA (Remicade) MO
RHEUMATREX TABLET 2.5MG	4	MO
RHEUMATREX TABLET 2.5MG	4	MO
RHEUMATREX TABLET 2.5MG	4	MO
RHEUMATREX TABLET 2.5MG	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
RHEUMATREX TABLET 2.5MG	4	MO
SIMPONI ARIA INJECTION 50MG/4ML	5	PA (Simponi Aria) MO
SIMPONI INJECTION 100MG/ML	5	QL (1 ML per 30 days) PA (Simponi) MO
SIMPONI INJECTION 100MG/ML	5	QL (1 ML per 30 days) PA (Simponi) MO
SIMPONI INJECTION 50MG/0.5ML	5	QL (1 ML per 30 days) PA (Simponi) MO
SIMPONI INJECTION 50MG/0.5ML	5	QL (1 ML per 30 days) PA (Simponi) MO
<i>sirolimus tablet 0.5mg</i>	2	B/D MO
<i>sirolimus tablet 1mg</i>	2	B/D MO
<i>sirolimus tablet 2mg</i>	2	B/D MO
<i>tacrolimus capsule 0.5mg</i>	2	B/D MO
<i>tacrolimus capsule 1mg</i>	2	B/D MO
<i>tacrolimus capsule 5mg</i>	2	B/D MO
TORISEL INJECTION 25MG/ML	5	QL (100 ML per 28 days) MO
TREXALL TABLET 10MG	4	MO
TREXALL TABLET 15MG	4	MO
TREXALL TABLET 5MG	4	MO
TREXALL TABLET 7.5MG	4	MO
ZORTRESS TABLET 0.25MG	4	B/D MO
ZORTRESS TABLET 0.5MG	5	B/D MO
ZORTRESS TABLET 0.75MG	5	B/D MO
<i>Immunizing Agents, Passive</i>		
ATGAM INJECTION 50MG/ML	4	B/D MO
BIVIGAM INJECTION 10GM/100ML	5	PA (Serum immunoglobulins gamma) MO
BIVIGAM INJECTION 5GM/50ML	5	PA (Serum immunoglobulins gamma) MO
CARIMUNE NANOFILTERED INJECTION 12GM	5	PA (Serum immunoglobulins gamma) MO
CARIMUNE NANOFILTERED INJECTION 3GM	5	PA (Serum immunoglobulins gamma) MO
CARIMUNE NANOFILTERED INJECTION 6GM	5	PA (Serum immunoglobulins gamma) MO
FLEBOGAMMA DIF INJECTION 0.5GM/10ML	5	PA (Serum immunoglobulins gamma) MO
FLEBOGAMMA DIF INJECTION 10%	5	PA (Serum immunoglobulins gamma) MO
FLEBOGAMMA DIF INJECTION 10%	5	PA (Serum immunoglobulins gamma) MO
FLEBOGAMMA DIF INJECTION 10%	5	PA (Serum immunoglobulins gamma) MO
FLEBOGAMMA DIF INJECTION 10GM/200ML	5	PA (Serum immunoglobulins gamma) MO
FLEBOGAMMA DIF INJECTION 2.5GM/50ML	5	PA (Serum immunoglobulins gamma) MO

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

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INJECTION 20GM/400ML	5	PA (Serum immunoglobulins gamma) MO
FLEBOGAMMA DIF INJECTION 5GM/100ML	5	PA (Serum immunoglobulins gamma) MO
FLEBOGAMMA INJECTION 0.5GM/10ML	5	PA (Serum immunoglobulins gamma) MO
GAMASTAN S/D INJECTION 0	3	PA (Serum immunoglobulins gamma) MO
GAMMAGARD LIQUID INJECTION 0	5	PA (Serum immunoglobulins gamma) MO
GAMMAGARD LIQUID INJECTION 0	5	PA (Serum immunoglobulins gamma) MO
GAMMAGARD LIQUID INJECTION 0	5	PA (Serum immunoglobulins gamma) MO
GAMMAGARD LIQUID INJECTION 0	5	PA (Serum immunoglobulins gamma) MO
GAMMAGARD LIQUID INJECTION 0	5	PA (Serum immunoglobulins gamma) MO
GAMMAGARD LIQUID INJECTION 0	5	PA (Serum immunoglobulins gamma) MO
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM	5	PA (Serum immunoglobulins gamma) MO
GAMMAGARD S/D INJECTION 5GM	5	PA (Serum immunoglobulins gamma) MO
GAMMAKED INJECTION 10GM/100ML	5	PA (Serum immunoglobulins gamma) MO
GAMMAKED INJECTION 1GM/10ML	5	PA (Serum immunoglobulins gamma) MO
GAMMAKED INJECTION 2.5GM/25ML	5	PA (Serum immunoglobulins gamma) MO
GAMMAKED INJECTION 20GM/200ML	5	PA (Serum immunoglobulins gamma) MO
GAMMAKED INJECTION 5GM/50ML	5	PA (Serum immunoglobulins gamma) MO
GAMMAPLEX INJECTION 10GM/200ML	5	PA (Serum immunoglobulins gamma) MO
GAMMAPLEX INJECTION 2.5GM/50ML	5	PA (Serum immunoglobulins gamma) MO
GAMMAPLEX INJECTION 20GM/400ML	5	PA (Serum immunoglobulins gamma) MO
GAMMAPLEX INJECTION 5GM/100ML	5	PA (Serum immunoglobulins gamma) MO
GAMUNEX-C INJECTION 10GM/100ML	5	PA (Serum immunoglobulins gamma) MO
GAMUNEX-C INJECTION 1GM/10ML	5	PA (Serum immunoglobulins gamma) MO
GAMUNEX-C INJECTION 2.5GM/25ML	5	PA (Serum immunoglobulins gamma) MO

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

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION 20GM/200ML	5	PA (Serum immunoglobulins gamma) MO
GAMUNEX-C INJECTION 40GM/400ML	5	PA (Serum immunoglobulins gamma) MO
GAMUNEX-C INJECTION 5GM/50ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 10GM/100ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 10GM/200ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 1GM/20ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 2.5GM/50ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 20GM/200ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 25GM/500ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 2GM/20ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 5GM/100ML	5	PA (Serum immunoglobulins gamma) MO
OCTAGAM INJECTION 5GM/50ML	5	PA (Serum immunoglobulins gamma) MO
PRIVIGEN INJECTION 10GM/100ML	5	PA (Serum immunoglobulins gamma) MO
PRIVIGEN INJECTION 20GM/200ML	5	PA (Serum immunoglobulins gamma) MO
PRIVIGEN INJECTION 40GM/400ML	5	PA (Serum immunoglobulins gamma) MO
PRIVIGEN INJECTION 5GM/50ML	5	PA (Serum immunoglobulins gamma) MO
THYMOGLOBULIN INJECTION 25MG	5	B/D MO
Immunomodulators		
ACTEMRA INJECTION 200MG/10ML	5	PA (Actemra) MO
ACTEMRA INJECTION 400MG/20ML	5	PA (Actemra) MO
ACTEMRA INJECTION 80MG/4ML	5	PA (Actemra) MO
ACTIMMUNE INJECTION 2000000UNIT/0.5ML	5	MO
ARCALYST INJECTION 220MG	5	PA (Arcalyst) MO
<i>leflunomide tablet 10mg</i>	1	QL (30 EA per 30 days) MO
<i>leflunomide tablet 20mg</i>	1	QL (30 EA per 30 days) MO
RIDAURA CAPSULE 3MG	5	MO
SIMULECT INJECTION 10MG	5	MO
SIMULECT INJECTION 20MG	5	MO
SYNAGIS INJECTION 100MG/ML	5	PA (Synagis) MO
SYNAGIS INJECTION 50MG/0.5ML	5	PA (Synagis) MO
XELJANZ TABLET 5MG	5	PA (Xeljanz) MO
Vaccines		

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

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJECTION 0	3	MO
ADACEL INJECTION 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	3	MO
BEXSERO INJECTION 0	3	MO
BOOSTRIX INJECTION 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	3	MO
BOOSTRIX INJECTION 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	3	MO
CERVARIX INJECTION 0	3	MO
COMVAX INJECTION 7.5MCG/0.5ML; 5MCG/0.5ML	3	MO
DAPTACEL INJECTION 10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	MO
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJECTION 25LFU/0.5ML; 5LFU/0.5ML	3	MO
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D MO
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D MO
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D MO
ENGERIX-B INJECTION 20MCG/ML	3	B/D MO
ENGERIX-B INJECTION 20MCG/ML	3	B/D MO
GARDASIL 9 INJECTION 0	3	QL (1.5 ML per 365 days) MO
GARDASIL 9 INJECTION 0	3	QL (1.5 ML per 365 days) MO
GARDASIL INJECTION 0	3	QL (1.5 ML per 365 days) MO
GARDASIL INJECTION 0	3	QL (1.5 ML per 365 days) MO
HAVRIX INJECTION 1440ELU/ML	3	MO
HAVRIX INJECTION 720ELU/0.5ML	3	MO
HIBERIX INJECTION 10MCG	3	MO
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	MO
INFANRIX INJECTION 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	3	MO
IPOX INACTIVATED IPV INJECTION 0	3	MO
IPOX INACTIVATED IPV INJECTION 0	3	MO
IXIARO INJECTION 0	3	MO
KINRIX INJECTION 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	3	MO
M-M-R II W/DILUENT 10 DOSE INJECTION 0; 0; 0	3	MO
MENACTRA INJECTION 0	3	MO
MENOMUNE-A/C/Y/W-135 INJECTION 0	3	MO
MENVEO INJECTION 0	3	MO
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	MO
PROQUAD INJECTION 0; 0; 0; 0	3	MO
QUADRACEL INJECTION 48MCG/0.5ML; 15LFU/0.5ML; 0; 5LFU/0.5ML	3	MO
RABAVERT INJECTION 0	3	MO
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D MO
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D MO
RECOMBIVAX HB INJECTION 40MCG/ML	3	B/D MO
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D MO
ROTARIX SUSPENSION RECONSTITUTED 0	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOLUTION 0	3	MO
TENIVAC INJECTION 2LFU; 5LFU	3	MO
TETANUS TOXOID ADSORBED INJECTION 5LFU	3	MO
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	MO
TETANUS/DIPHThERIA TOXOIDS-ADSORBED INJECTION 2LF/0.5ML; 2LF/0.5ML	3	MO
TRUMENBA INJECTION 0	3	MO
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	MO
TYPHIM VI INJECTION 25MCG/0.5ML	3	MO
TYPHIM VI INJECTION 25MCG/0.5ML	3	MO
VAQTA INJECTION 25UNIT/0.5ML	3	MO
VAQTA INJECTION 50UNIT/ML	3	MO
VARIVAX INJECTION 1350PFU/0.5ML	3	MO
YF-VAX INJECTION 0	3	MO
ZOSTAVAX INJECTION 19400UNT/0.65ML	3	QL (1 EA per 365 days) MO

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375GM	3	QL (120 EA per 30 days) MO
ASACOL HD TABLET DELAYED RELEASE 800MG	3	MO
<i>balsalazide disodium capsule 750mg</i>	2	MO
CANASA SUPPOSITORY 1000MG	3	QL (30 EA per 30 days) MO
DIPENTUM CAPSULE 250MG	3	MO
LIALDA TABLET DELAYED RELEASE 1.2GM	4	QL (120 EA per 30 days) PA (Lialda) MO
<i>mesalamine enema 4gm</i>	2	MO
<i>mesalamine kit 4gm</i>	2	MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	3	QL (150 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	3	QL (300 EA per 30 days) MO

Glucocorticoids

<i>budesonide capsule extended release 24 hour 3mg</i>	2	MO
<i>colocort enema 100mg/60ml</i>	2	MO
<i>hydrocortisone enema 100mg/60ml</i>	2	MO

Sulfonamides

<i>sulfasalazine tablet delayed release 500mg</i>	1	MO
<i>sulfasalazine tablet 500mg</i>	1	MO
<i>sulfazine ec tablet delayed release 500mg</i>	1	MO
<i>sulfazine tablet 500mg</i>	1	MO

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate sodium tablet 10mg</i>	6	QL (30 EA per 30 days) MO
<i>alendronate sodium tablet 35mg</i>	6	QL (4 EA per 28 days) MO
<i>alendronate sodium tablet 40mg</i>	6	QL (30 EA per 30 days) MO
<i>alendronate sodium tablet 5mg</i>	6	QL (30 EA per 30 days) MO
<i>alendronate sodium tablet 70mg</i>	6	QL (4 EA per 28 days) MO
<i>calcitonin salmon solution 200unit/act</i>	2	QL (4 ML per 28 days) MO
<i>calcitonin-salmon solution 200unit/act</i>	2	QL (4 ML per 28 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol capsule 0.25mcg</i>	1	B/D MO
<i>calcitriol capsule 0.5mcg</i>	1	B/D MO
<i>calcitriol injection 1mcg/ml</i>	1	B/D MO
<i>calcitriol solution 1mcg/ml</i>	1	B/D MO
<i>doxercalciferol capsule 0.5mcg</i>	2	B/D MO
<i>doxercalciferol capsule 1mcg</i>	2	B/D MO
<i>doxercalciferol capsule 2.5mcg</i>	2	B/D MO
<i>doxercalciferol injection 4mcg/2ml</i>	2	B/D MO
<i>etidronate disodium tablet 200mg</i>	2	MO
<i>etidronate disodium tablet 400mg</i>	2	MO
FORTEO INJECTION 600MCG/2.4ML	5	QL (2.4 ML per 28 days) PA (Forteo) MO
<i>ibandronate sodium tablet 150mg</i>	2	MO
MIACALCIN INJECTION 200UNIT/ML	3	MO
<i>pamidronate disodium injection 30mg/10ml</i>	1	MO
<i>pamidronate disodium injection 30mg</i>	1	MO
<i>pamidronate disodium injection 6mg/ml</i>	1	MO
<i>pamidronate disodium injection 90mg/10ml</i>	1	MO
<i>pamidronate disodium injection 90mg</i>	1	MO
<i>paricalcitol capsule 1mcg</i>	2	B/D MO
<i>paricalcitol capsule 2mcg</i>	2	B/D MO
<i>paricalcitol capsule 4mcg</i>	2	B/D MO
PARICALCITOL INJECTION 2MCG/ML	4	B/D MO
PARICALCITOL INJECTION 5MCG/ML	4	B/D MO
<i>risedronate sodium dr tablet delayed release 35mg</i>	2	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	2	QL (2 EA per 30 days) MO
<i>risedronate sodium tablet 30mg</i>	2	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	2	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 35mg</i>	2	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 5mg</i>	2	QL (30 EA per 30 days) MO
SKELID TABLET 200MG	4	MO
XGEVA INJECTION 120MG/1.7ML	5	QL (1.7 ML per 28 days) PA (Xgeva) MO
<i>zoledronic acid injection 4mg/100ml</i>	5	PA (Zoledronic Acid) MO
<i>zoledronic acid injection 4mg/5ml</i>	2	PA (Zoledronic Acid) MO
<i>zoledronic acid injection 4mg</i>	2	PA (Zoledronic Acid) MO
<i>zoledronic acid injection 5mg/100ml</i>	2	PA (Zoledronic Acid) MO
ZOMETA INJECTION 4MG/100ML	5	PA (Zoledronic Acid) MO

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

<i>argyle sterile saline 100ml solution 0.9%</i>	1	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
MISCELLANEOUS		
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	MO
MISCELLANEOUS		
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	MO
MISCELLANEOUS		

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	MO
MISCELLANEOUS		
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	MO
MISCELLANEOUS		
<i>curity sterile saline solution 0.9%</i>	1	MO
<i>fomepizole injection 1gm/ml</i>	5	MO
INTRALIPID INJECTION 20GM/100ML	4	B/D MO
INTRALIPID INJECTION 30GM/100ML	4	B/D MO
<i>lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	MO
<i>levocarnitine injection 200mg/ml</i>	2	B/D MO
<i>levocarnitine solution 1gm/10ml</i>	2	B/D MO
<i>levocarnitine tablet 330mg</i>	2	B/D MO
LIPOSYN III INJECTION 1.2GM/100ML; 2.5GM/100ML; 10GM/100ML	4	B/D MO
LIPOSYN III INJECTION 1.2GM/100ML; 2.5GM/100ML; 20GM/100ML	4	B/D MO
LIPOSYN II INJECTION 2.5%; 10%; 10%	4	B/D MO
LIPOSYN II INJECTION 2.5%; 10%; 10%	4	B/D MO
<i>methylergonovine maleate tablet 0.2mg</i>	2	MO
NATPARA INJECTION 100MCG	5	QL (2 EA per 28 days) PA (Natpara) MO
NATPARA INJECTION 25MCG	5	QL (2 EA per 28 days) PA (Natpara) MO
NATPARA INJECTION 50MCG	5	QL (2 EA per 28 days) PA (Natpara) MO
NATPARA INJECTION 75MCG	5	QL (2 EA per 28 days) PA (Natpara) MO
NUTRILIPID INJECTION 20GM/100ML	4	B/D MO
NUTRILIPID INJECTION 20GM/100ML	4	B/D MO
<i>physiolyte solution 27meq/1000ml; 98meq/1000ml; 23meq/1000ml; 3meq/1000ml; 5meq/1000ml; 140meq/1000ml</i>	1	MO
PHYSIOSOL IRRIGATION SOLUTION 30MG/100ML; 37MG/100ML; 222MG/100ML; 526MG/100ML; 502MG/100ML	4	MO
<i>ringers irrigation solution 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sodium chloride solution 0.9%</i>	1	MO
<i>sterile water irrigation w/hanger solution 0</i>	1	MO
<i>sterile water irrigation solution 0</i>	1	MO
<i>tis-u-sol solution 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	MO

Ophthalmic Agents

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost solution 0.03%</i>	2	MO
<i>latanoprost solution 0.005%</i>	1	QL (2.5 ML per 25 days) MO
<i>travoprost solution 0.004%</i>	2	QL (5 ML per 30 days) MO

Ophthalmic Agents, Other

<i>ak-poly-bac ointment 500unit/gm; 10000unit/gm</i>	2	MO
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	MO
LACRISERT INSERT 5MG	4	MO
<i>naphazoline hcl solution 0.1%</i>	1	MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	MO
<i>parcaine solution 0.5%</i>	1	MO
<i>polycin b ointment 500unit/gm; 10000unit/gm</i>	2	MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	MO
<i>proparacaine hcl solution 0.5%</i>	1	MO
RESTASIS EMULSION 0.05%	4	MO
<i>sulfacetamide sodium ointment 10%</i>	2	MO

Ophthalmic Anti-allergy Agents

ALOCRIAL SOLUTION 2%	3	MO
<i>azelastine hcl solution 0.05%</i>	2	MO
<i>cromolyn sodium solution 4%</i>	2	MO
EMADINE SOLUTION 0.05%	4	MO
<i>epinastine hcl solution 0.05%</i>	2	MO
PATADAY SOLUTION 0.2%	3	MO
PATANOL SOLUTION 0.1%	3	MO

Ophthalmic Anti-inflammatories

ALOMIDE SOLUTION 0.1%	4	MO
ALREX SUSPENSION 0.2%	3	MO
<i>bromfenac solution 0.09%</i>	2	MO
<i>bromfenac solution 0.09%</i>	2	MO
<i>dexamethasone sodium phosphate solution 0.1%</i>	2	MO
<i>diclofenac sodium solution 0.1%</i>	1	MO
DUREZOL EMULSION 0.05%	4	MO
FLAREX SUSPENSION 0.1%	4	MO
<i>flurbiprofen sodium solution 0.03%</i>	1	MO
FML FORTE SUSPENSION 0.25%	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
FML OINTMENT 0.1%	3	MO
<i>ketorolac tromethamine solution 0.4%</i>	2	MO
<i>ketorolac tromethamine solution 0.5%</i>	2	MO
LOTEMAX OINTMENT 0.5%	3	MO
LOTEMAX SUSPENSION 0.5%	3	MO
MAXIDEX SUSPENSION 0.1%	4	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
NEVANAC SUSPENSION 0.1%	3	MO
<i>poly-dex ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	MO
PRED MILD SUSPENSION 0.12%	3	MO
PRED-G S.O.P. OINTMENT 0.3%; 0.6%	4	MO
PRED-G SUSPENSION 0.3%; 1%	4	MO
<i>prednisolone acetate suspension 1%</i>	1	MO
<i>prednisolone sodium phosphate solution 1%</i>	1	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	2	MO
VELXOL SUSPENSION 1%	4	MO
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	2	MO
ALPHAGAN P SOLUTION 0.1%	3	MO
ALPHAGAN P SOLUTION 0.15%	3	MO
<i>apraclonidine solution 0.5%</i>	1	MO
AZOPT SUSPENSION 1%	3	MO
<i>betaxolol hcl solution 0.5%</i>	2	MO
BETIMOL SOLUTION 0.25%	3	MO
BETIMOL SOLUTION 0.5%	3	MO
BETOPTIC-S SUSPENSION 0.25%	3	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>carteolol hcl solution 1%</i>	1	MO
COMBIGAN SOLUTION 0.2%; 0.5%	4	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	1	QL (10 ML per 30 days) MO
<i>dorzolamide hcl solution 2%</i>	1	MO
IOPIDINE SOLUTION 1%	4	MO
ISTALOL SOLUTION 0.5%	4	MO
<i>levobunolol hcl solution 0.5%</i>	1	MO
<i>metipranolol solution 0.3%</i>	1	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	4	MO
<i>pilocarpine hcl solution 1%</i>	2	MO
<i>pilocarpine hcl solution 2%</i>	2	MO
<i>pilocarpine hcl solution 4%</i>	2	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic gel forming gel forming solution 0.5%</i>	2	MO
<i>timolol maleate solution 0.25%</i>	1	MO
<i>timolol maleate solution 0.5%</i>	1	MO
TIMOPTIC OCUDOSE SOLUTION 0.25%	4	MO
TIMOPTIC OCUDOSE SOLUTION 0.5%	4	MO

Otic Agents

Otic Agents

<i>acetazol hc solution 2%; 1%</i>	2	MO
<i>acetic acid/aluminum acetate solution 2%; 0</i>	1	MO
<i>acetic acid solution 2%</i>	1	MO
COLY-MYCIN S SUSPENSION 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	MO
CORTISPORIN-TC SUSPENSION 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	2	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO

Respiratory Tract/Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ASMANEX HFA AEROSOL 100MCG/ACT	3	QL (13 GM per 30 days) MO
ASMANEX HFA AEROSOL 200MCG/ACT	3	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (2 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (2 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (2 EA per 30 days) MO
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	3	QL (2 EA per 30 days) MO
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (2 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (2 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	3	QL (2 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml</i>	2	B/D MO
<i>budesonide suspension 0.5mg/2ml</i>	2	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide suspension 32mcg/act</i>	2	MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT	3	MO
DULERA AEROSOL 5MCG/ACT; 200MCG/ACT	3	MO
<i>flunisolide solution 0.025%</i>	2	QL (50 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	2	MO
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT	3	MO
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90MCG/ACT	3	MO
PULMICORT SUSPENSION 1MG/2ML	5	B/D MO
QVAR AEROSOL SOLUTION 40MCG/ACT	3	QL (34.8 GM per 30 days) MO
QVAR AEROSOL SOLUTION 80MCG/ACT	3	QL (26.1 GM per 30 days) MO
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) MO
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) MO
<i>triamcinolone acetonide aerosol 55mcg/act</i>	2	MO
Antihistamines		
<i>azelastine hcl solution 0.1%</i>	2	MO
<i>brompheniramine injection 10mg/ml</i>	2	MO
<i>cetirizine hcl syrup 1mg/ml</i>	1	MO
CLARINEX SYRUP 0.5MG/ML	4	MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	2	PA (HRM - Antihistamines) MO
<i>cyproheptadine hcl tablet 4mg</i>	2	PA (HRM - Antihistamines) MO
<i>desloratadine odt tablet dispersible 2.5mg</i>	2	MO
<i>desloratadine odt tablet dispersible 5mg</i>	2	MO
<i>desloratadine tablet 5mg</i>	2	MO
<i>hydroxyzine hcl injection 25mg/ml</i>	1	PA (HRM - Antihistamines) MO
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	1	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	1	MO
<i>olopatadine hcl solution 0.6%</i>	2	QL (31.5 GM per 30 days) MO
SEMPREX-D CAPSULE 8MG; 60MG	4	MO
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 5mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	1	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg</i>	2	QL (60 EA per 30 days) MO
<i>zafirlukast tablet 20mg</i>	2	QL (60 EA per 30 days) MO
ZYFLO CR TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL (120 EA per 30 days) MO
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	3	QL (25.8 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D MO
<i>ipratropium bromide solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide solution 0.03%</i>	2	QL (30 ML per 30 days) MO
<i>ipratropium bromide solution 0.06%</i>	2	QL (45 ML per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er tablet extended release 12 hour 4mg</i>	2	MO
<i>albuterol sulfate er tablet extended release 12 hour 8mg</i>	2	MO
<i>albuterol sulfate nebulization solution 0.083%</i>	1	B/D MO
<i>albuterol sulfate nebulization solution 0.5%</i>	1	B/D MO
<i>albuterol sulfate nebulization solution 0.63mg/3ml</i>	2	B/D MO
<i>albuterol sulfate nebulization solution 1.25mg/3ml</i>	2	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	1	MO
<i>albuterol sulfate tablet 2mg</i>	1	MO
<i>albuterol sulfate tablet 4mg</i>	1	MO
AUVI-Q INJECTION 0.15MG/0.15ML	3	MO
AUVI-Q INJECTION 0.3MG/0.3ML	3	MO
BROVANA NEBULIZATION SOLUTION 15MCG/2ML	4	QL (120 ML per 30 days) B/D MO
EPINEPHRINE INJECTION 0.15MG/0.15ML	3	MO
EPINEPHRINE INJECTION 0.3MG/0.3ML	3	MO
EPIPEN 2-PAK INJECTION 0.3MG/0.3ML	3	MO
EPIPEN-JR 2-PAK INJECTION 0.15MG/0.3ML	3	MO
FORADIL AEROLIZER CAPSULE 12MCG	3	QL (60 EA per 30 days) MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	2	B/D MO
<i>metaproterenol sulfate syrup 10mg/5ml</i>	1	MO
<i>metaproterenol sulfate tablet 10mg</i>	1	MO
<i>metaproterenol sulfate tablet 20mg</i>	1	MO
PERFORMIST NEBULIZATION SOLUTION 20MCG/2ML	4	B/D MO
PROAIR HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (34 GM per 30 days) MO
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL (2 EA per 30 days) MO
PROVENTIL HFA AEROSOL SOLUTION 108MCG/ACT	4	QL (26.8 GM per 30 days) MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	1	MO
<i>terbutaline sulfate tablet 2.5mg</i>	1	MO
<i>terbutaline sulfate tablet 5mg</i>	1	MO
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (36 GM per 30 days) MO
XOPENEX HFA AEROSOL 45MCG/ACT	4	MO
Cystic Fibrosis Agents		
KALYDECO PACKET 50MG	5	QL (60 EA per 30 days) PA (Kalydeco) MO
KALYDECO PACKET 75MG	5	QL (60 EA per 30 days) PA (Kalydeco) MO
KALYDECO TABLET 150MG	5	QL (60 EA per 30 days) PA (Kalydeco) MO

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

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME SOLUTION 1MG/ML	3	QL (150 ML per 30 days) B/D MO
TOBI PODHALER CAPSULE 28MG	5	MO
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline injection 25mg/ml</i>	1	MO
DALIRESP TABLET 500MCG	4	PA (Daliresp)
<i>elixophyllin elixir 80mg/15ml</i>	1	MO
LUFYLLIN TABLET 200MG	4	MO
<i>theochron tablet extended release 12 hour 100mg</i>	1	MO
<i>theochron tablet extended release 12 hour 200mg</i>	1	MO
<i>theochron tablet extended release 12 hour 300mg</i>	1	MO
<i>theophylline cr tablet extended release 12 hour 100mg</i>	1	MO
<i>theophylline cr tablet extended release 12 hour 200mg</i>	1	MO
<i>theophylline er tablet extended release 12 hour 100mg</i>	1	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	1	MO
<i>theophylline er tablet extended release 12 hour 300mg</i>	1	MO
<i>theophylline er tablet extended release 12 hour 450mg</i>	1	MO
<i>theophylline er tablet extended release 24 hour 400mg</i>	1	MO
<i>theophylline er tablet extended release 24 hour 600mg</i>	1	MO
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG	5	QL (90 EA per 30 days) PA (Adempas) MO
ADEMPAS TABLET 1.5MG	5	QL (90 EA per 30 days) PA (Adempas) MO
ADEMPAS TABLET 1MG	5	QL (90 EA per 30 days) PA (Adempas) MO
ADEMPAS TABLET 2.5MG	5	QL (90 EA per 30 days) PA (Adempas) MO
ADEMPAS TABLET 2MG	5	QL (90 EA per 30 days) PA (Adempas) MO
LETAIRIS TABLET 10MG	5	QL (30 EA per 30 days) PA (Pulmonary Antihypertensives) LA
LETAIRIS TABLET 5MG	5	QL (30 EA per 30 days) PA (Pulmonary Antihypertensives) LA
REMODULIN INJECTION 10MG/ML	5	PA (Pulmonary Antihypertensives) MO
REMODULIN INJECTION 1MG/ML	5	PA (Pulmonary Antihypertensives) MO
REMODULIN INJECTION 2.5MG/ML	5	PA (Pulmonary Antihypertensives) MO
REMODULIN INJECTION 5MG/ML	5	PA (Pulmonary Antihypertensives) MO
REVATIO SUSPENSION RECONSTITUTED 10MG/ML	5	PA (Pulmonary Antihypertensives) MO
<i>sildenafil citrate tablet 20mg</i>	2	QL (90 EA per 30 days) PA (Pulmonary Antihypertensives) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil injection 10mg/12.5ml</i>	2	PA (Pulmonary Antihypertensives) MO
<i>sildenafil tablet 20mg</i>	2	QL (90 EA per 30 days) PA (Pulmonary Antihypertensives) MO
TRACLEER TABLET 125MG	5	QL (60 EA per 30 days) PA (Pulmonary Antihypertensives) LA
TRACLEER TABLET 62.5MG	5	QL (60 EA per 30 days) PA (Pulmonary Antihypertensives) LA
VENTAVIS SOLUTION 10MCG/ML	5	QL (540 ML per 30 days) PA (Pulmonary Antihypertensives) MO
VENTAVIS SOLUTION 20MCG/ML	5	QL (540 ML per 30 days) PA (Pulmonary Antihypertensives) MO
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 10%</i>	2	B/D MO
<i>acetylcysteine solution 20%</i>	2	B/D MO
ARALAST NP INJECTION 1000MG	5	PA (Alpha-1 Proteinase Inhibitors) LA
ARALAST NP INJECTION 400MG	5	PA (Alpha-1 Proteinase Inhibitors) LA
ARALAST NP INJECTION 500MG	5	PA (Alpha-1 Proteinase Inhibitors) LA
ARALAST NP INJECTION 800MG	5	PA (Alpha-1 Proteinase Inhibitors) LA
ESBRIET CAPSULE 267MG	5	PA (Esbriet) MO
GLASSIA INJECTION 1000MG/50ML	5	PA (Alpha-1 Proteinase Inhibitors) MO
OFEV CAPSULE 100MG	5	PA (Ofev) MO
OFEV CAPSULE 150MG	5	PA (Ofev) MO
PROLASTIN-C INJECTION 1000MG	5	PA (Alpha-1 Proteinase Inhibitors) LA
TYZINE PEDIATRIC NASAL DROPS SOLUTION 0.05%	4	MO
XOLAIR INJECTION 150MG	5	PA (Xolair) LA
ZEMAIRA INJECTION 1000MG	5	PA (Alpha-1 Proteinase Inhibitors) LA

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>chlorzoxazone tablet 500mg</i>	2	PA (HRM - Skeletal Muscle Relaxants) MO
<i>cyclobenzaprine hcl tablet 5mg</i>	2	PA (HRM - Skeletal Muscle Relaxants) MO
<i>methocarbamol tablet 500mg</i>	2	PA (HRM - Skeletal Muscle Relaxants) MO
<i>methocarbamol tablet 750mg</i>	2	PA (HRM - Skeletal Muscle Relaxants) MO
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	2	PA (HRM - Skeletal Muscle Relaxants) MO
<i>orphenadrine citrate injection 30mg/ml</i>	2	PA (HRM - Skeletal Muscle Relaxants) MO

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

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>temazepam capsule 15mg</i>	2	MO
<i>temazepam capsule 30mg</i>	2	MO
<i>zaleplon capsule 10mg</i>	2	QL (60 EA per 30 days) PA (HRM - Sedative Hypnotic Agents) MO
<i>zaleplon capsule 5mg</i>	2	QL (30 EA per 30 days) PA (HRM - Sedative Hypnotic Agents) MO
<i>zolpidem tartrate er tablet extended release 12.5mg</i>	2	QL (30 EA per 30 days) PA (HRM - Sedative Hypnotic Agents) MO
<i>zolpidem tartrate er tablet extended release 6.25mg</i>	2	QL (30 EA per 30 days) PA (HRM - Sedative Hypnotic Agents) MO
<i>zolpidem tartrate tablet 10mg</i>	2	QL (30 EA per 30 days) PA (HRM - Sedative Hypnotic Agents) MO
<i>zolpidem tartrate tablet 5mg</i>	2	QL (30 EA per 30 days) PA (HRM - Sedative Hypnotic Agents) MO
Sleep Disorders, Other		
MODAFINIL TABLET 100MG	4	QL (30 EA per 30 days) PA (Modafinil) MO
MODAFINIL TABLET 200MG	4	QL (30 EA per 30 days) PA (Modafinil) MO
ROZEREM TABLET 8MG	3	QL (30 EA per 30 days) MO
XYREM SOLUTION 500MG/ML	5	QL (540 ML per 30 days) PA (Xyrem) LA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
<i>ammonium chloride injection 5meq/ml</i>	1	MO
CARBAGLU TABLET 200MG	5	MO
CHEMET CAPSULE 100MG	3	MO
EXJADE TABLET SOLUBLE 125MG	5	MO
EXJADE TABLET SOLUBLE 250MG	5	MO
EXJADE TABLET SOLUBLE 500MG	5	MO
<i>kionex powder 0</i>	2	MO
<i>kionex suspension 15gm/60ml</i>	1	MO
SAMSCA TABLET 15MG	5	QL (60 EA per 30 days) MO
SAMSCA TABLET 30MG	5	QL (60 EA per 30 days) MO
<i>sodium lactate injection 167meq/l</i>	1	MO
<i>sodium lactate injection 5meq/ml</i>	1	MO
<i>sodium polystyrene sulfonate powder 0</i>	2	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	MO
<i>sodium polystyrene sulfonate suspension 30gm/120ml</i>	1	MO
SYPRINE CAPSULE 250MG	3	MO
Electrolyte/Mineral Replacement		

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 7%/ELECTROLYTES INJECTION 124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	4	B/D MO
AMINOSYN 8.5%/ELECTROLYTES INJECTION 142MEQ/L; 1100MG/100ML; 850MG/100ML; 98MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 10MEQ/L; 340MG/100ML; 380MG/100ML; 30MEQ/L; 65MEQ/L; 750MG/100ML; 370MG/100ML; 65MEQ/L; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	4	B/D MO
AMINOSYN II 8.5%/ELECTROLYTES INJECTION 61MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 86MEQ/L; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 10MEQ/L; 146MG/100ML; 253MG/100ML; 30MMOLE/L; 66MEQ/L; 614MG/100ML; 450MG/100ML; 80MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	4	B/D MO
AMINOSYN II INJECTION 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	4	B/D MO
AMINOSYN II INJECTION 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	4	B/D MO
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D MO
AMINOSYN M INJECTION 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	4	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-HBC INJECTION 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	4	B/D MO
AMINOSYN-HF INJECTION 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	4	B/D MO
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D MO
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D MO
AMINOSYN-RF INJECTION 113MEQ/L; 600MG/100ML; 429MG/100ML; 462MG/100ML; 726MG/100ML; 535MG/100ML; 726MG/100ML; 726MG/100ML; 330MG/100ML; 165MG/100ML; 528MG/100ML	4	B/D MO
AMINOSYN INJECTION 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	4	B/D MO
AMINOSYN INJECTION 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	4	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN INJECTION 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	4	B/D MO
AMINOSYN INJECTION 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	4	B/D MO
AMINOSYN INJECTION 51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	4	B/D MO
AMINOSYN INJECTION 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	4	B/D MO
AMINOSYN INJECTION 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	4	B/D MO
<i>calcium acetate capsule 667mg</i>	2	MO
CLINIMIX 2.75%/DEXTROSE 5% INJECTION 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D MO
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 4 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 25% INJECTION 37MEQ/L; 4 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D MO
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 4 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D MO
CLINIMIX 5%/DEXTROSE 25% INJECTION 42MEQ/L; 4 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D MO
CLINIMIX E 5%/DEXTROSE 20% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D MO
<i>clinisol sf 15% injection 151meq/l; 2170mg/100ml;</i> <i>1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml;</i> <i>894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml;</i> <i>749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	2	B/D MO
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l;</i> <i>5%; 28meq/l; 4meq/l; 130meq/l</i>	1	MO
<i>dextrose 5%/potassium chloride 0.15% injection 5%; 20meq/l</i>	1	MO
<i>fluor-a-day solution 0.125mg/drop</i>	1	MO
<i>fluoride tablet chewable 0.25mg</i>	1	MO
<i>fluoride tablet chewable 1.1mg</i>	1	MO
<i>fluoride tablet chewable 1mg</i>	1	MO
<i>fluoride tablet chewable 2.2mg</i>	1	MO
<i>fluoritab solution 0.125mg/drop</i>	1	MO
<i>fluoritab tablet chewable 0.25mg</i>	1	MO
<i>fluoritab tablet chewable 0.5mg</i>	1	MO
<i>fluoritab tablet chewable 1mg</i>	1	MO
<i>flura-drops solution 0.125mg/drop</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
FREAMINE HBC 6.9% INJECTION 59.3MEQ/L; 400MG/100ML; 580MG/100ML; 3MEQ/L; 14MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 880MG/100ML	4	B/D MO
FREAMINE III INJECTION 72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML	4	B/D MO
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D MO
<i>hepatamine injection 62meq/l; 770mg/100ml; 600mg/100ml; 3meq/l; 20mg/100ml; 900mg/100ml; 240mg/100ml; 900mg/100ml; 1100mg/100ml; 610mg/100ml; 100mg/100ml; 100mg/100ml; 115mg/100ml; 800mg/100ml; 500mg/100ml; 100mg/100ml; 450mg/100ml; 66mg/100ml; 840mg/100ml</i>	2	B/D MO
<i>hepatasol injection 0.77gm/100ml; 0.6gm/100ml; 0.02gm/100ml; 0.9gm/100ml; 0.24gm/100ml; 0.9gm/100ml; 1.1gm/100ml; 0.61gm/100ml; 0.1gm/100ml; 0.1gm/100ml; 0.115gm/100ml; 0.8gm/100ml; 0.5gm/100ml; 0.45gm/100ml; 0.065gm/100ml; 0.84gm/100ml</i>	2	B/D MO
<i>isolyte-p/dextrose 5% injection 23meq/l; 23meq/l; 5%; 3meq/l; 3meq/l; 20meq/l; 25meq/l</i>	1	MO
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	MO
<i>karidium solution 0.125mg/drop</i>	1	MO
<i>klor-con 10 tablet extended release 10meq</i>	1	MO
<i>klor-con 8 tablet extended release 8meq</i>	1	MO
<i>klor-con m10 tablet extended release 10meq</i>	1	MO
<i>klor-con m15 tablet extended release 15meq</i>	1	MO
<i>klor-con m20 tablet extended release 20meq</i>	1	MO
<i>lactated ringers dextrose 5% viaflex injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	MO
<i>lactated ringers viaflex injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	MO
<i>lactated ringers injection 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	MO
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate injection 50%</i>	1	MO
<i>magnesium sulfate injection 50%</i>	1	MO
MOZOBIL INJECTION 24MG/1.2ML	5	QL (8 ML per 30 days) MO
<i>nafrinse drops solution 0.125mg/drop</i>	1	MO
NEPHRAMINE INJECTION 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	4	B/D MO
NORMOSOL -R INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	MO
<i>normosol-m in d5w injection 16meq/l; 40meq/l; 5%; 3meq/l; 13meq/l; 40meq/l</i>	1	MO
NORMOSOL-R INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	MO
<i>nutrilyte ii injection 1.475meq/ml; 0.225meq/ml; 1.75meq/ml; 0.25meq/ml; 1meq/ml; 1.75meq/ml</i>	1	MO
<i>nutrilyte ii injection 1.475meq/ml; 0.225meq/ml; 1.75meq/ml; 0.25meq/ml; 1meq/ml; 1.75meq/ml</i>	1	MO
<i>nutrilyte injection 2.03meq/ml; 0.25meq/ml; 1.68meq/ml; 0.25meq/ml; 0.4meq/ml; 2.03meq/ml; 1.25meq/ml</i>	1	MO
<i>nutrilyte injection 2.03meq/ml; 0.25meq/ml; 1.68meq/ml; 0.25meq/ml; 0.4meq/ml; 2.03meq/ml; 1.25meq</i>	1	MO
PLASMA-LYTE A INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	MO
PLASMA-LYTE-148 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	MO
<i>plasma-lyte-56/d5w injection 16meq/l; 40meq/l; 5%; 3meq/l; 13meq/l; 40meq/l</i>	1	MO
<i>plenamine injection 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	2	B/D MO
<i>potassium chloride 0.15% /nacl 0.45% viaflex injection 20meq/l; 0.45%</i>	1	MO
<i>potassium chloride 0.15% nacl 0.9% injection 20meq/l; 0.9%</i>	1	MO
<i>potassium chloride 0.15% w/nacl 0.9% viaflex injection 20meq/l; 0.9%</i>	1	MO
<i>potassium chloride 0.15%/d5w injection 5%; 20meq/l</i>	1	MO
<i>potassium chloride 0.15%/nacl 0.9% injection 20meq/l; 0.9%</i>	1	MO
<i>potassium chloride 0.3%/ nacl 0.9% injection 40meq/l; 0.9%</i>	1	MO
<i>potassium chloride 0.3%/d5w injection 5%; 40meq/l</i>	1	MO
<i>potassium chloride 0.3%/nacl 0.9%/viaflex injection 40meq/l; 0.9%</i>	1	MO
<i>potassium chloride cr tablet extended release 10meq</i>	1	MO
<i>potassium chloride cr tablet extended release 10meq</i>	1	MO
<i>potassium chloride er capsule extended release 10meq</i>	1	MO
<i>potassium chloride er capsule extended release 8meq</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq</i>	1	MO
<i>potassium chloride er tablet extended release 10meq</i>	1	MO
<i>potassium chloride er tablet extended release 20meq</i>	1	MO
<i>potassium chloride er tablet extended release 20meq</i>	1	MO
<i>potassium chloride er tablet extended release 8meq</i>	1	MO
<i>potassium chloride sr tablet extended release 8meq</i>	1	MO
<i>potassium chloride injection 0.4meq/ml</i>	1	MO
<i>potassium chloride injection 10meq/100ml</i>	1	MO
<i>potassium chloride injection 20meq/100ml</i>	1	MO
<i>potassium chloride injection 20meq/50ml</i>	1	MO
<i>potassium chloride injection 2meq/ml</i>	1	MO
<i>potassium chloride injection 30meq/100ml</i>	1	MO
<i>potassium chloride injection 40meq/100ml</i>	1	MO
<i>potassium chloride liquid 10%</i>	1	MO
<i>potassium chloride liquid 20%</i>	1	MO
<i>potassium citrate er tablet extended release 1080mg</i>	2	MO
<i>potassium citrate er tablet extended release 15meq</i>	2	MO
<i>potassium citrate er tablet extended release 540mg</i>	2	MO
<i>premasol injection 52meq/l; 1760mg/100ml; 880mg/100ml;</i> <i>34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml;</i> <i>526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml;</i> <i>356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml;</i> <i>152mg/100ml</i>	1	B/D MO
<i>premasol injection 56meq/l; 320mg/100ml; 730mg/100ml;</i> <i>190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml;</i> <i>220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml;</i> <i>490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml;</i> <i>230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml;</i> <i>120mg/100ml; 140mg/100ml; 470mg/100ml</i>	1	B/D MO
PROCALAMINE INJECTION 47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	4	B/D MO
PROSOL INJECTION 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D MO
<i>ringers injection injection 4.5meq/l; 156meq/l; 4meq/l;</i> <i>147meq/l</i>	1	MO
<i>sodium chloride 0.45% viaflex injection 0.45%</i>	1	MO
<i>sodium chloride 0.45% injection 0.45%</i>	1	MO
<i>sodium chloride 0.45% injection 0.45%</i>	1	MO
<i>sodium chloride 0.45% injection 0.45%</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride pab injection 0.9%</i>	1	MO
<i>sodium chloride pab injection 0.9%</i>	1	MO
<i>sodium chloride injection 0.9%</i>	1	MO
<i>sodium chloride injection 0.9%</i>	1	MO
<i>sodium chloride injection 2.5meq/ml</i>	1	MO
<i>sodium chloride injection 3%</i>	1	MO
<i>sodium chloride injection 5%</i>	1	MO
<i>sodium fluoride tablet chewable 0.25mg</i>	1	MO
<i>sodium fluoride tablet chewable 0.5mg</i>	1	MO
<i>sodium fluoride tablet chewable 1mg</i>	1	MO
<i>sodium fluoride tablet chewable 2.2mg</i>	1	MO
<i>sodium fluoride tablet 1mg</i>	1	MO
<i>tpn electrolytes injection 29.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 5meq/20ml; 20meq/20ml; 35meq/20ml</i>	1	MO
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D MO
TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D MO
Vitamins		
TRISTART DHA CAPSULE 55MG; 1000UNIT; 14MCG; 200MG; 15MG; 400MCG; 31MG; 30MG; 600MCG; 5MG; 200MCG; 35MG; 1.8MG; 1.3MG; 15UNIT	4	MO
VP-PNV-DHA CAPSULE 80MG; 50MG; 400UNIT; 1MG; 12MCG; 200MG; 15.8MG; 28MG; 1MG; 30MG; 20MG; 16MG; 2.2MG; 6MG; 30UNIT; 2500UNIT; 20MG	4	MO

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<i>terazosin hcl</i>	57
<i>terbinafine hcl</i>	26
<i>terbutaline sulfate</i>	106
<i>terconazole</i>	26
<i>testone cik</i>	84
<i>testosterone cypionate</i>	84
<i>testosterone enanthate</i>	84
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TETANUS/DIPHThERIA TOXOIDS- ADSORBED	99
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	99
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<i>theophylline cr</i>	107
<i>theophylline er</i>	107
<i>thioridazine hcl</i>	40
<i>thiothixene</i>	40
THYMOGLOBULIN	97
<i>tiagabine hydrochloride</i>	17
<i>ticlopidine hcl</i>	56
TIKOSYN	61
<i>tilia fe</i>	89
TIMENTIN	13
<i>timolol maleate</i>	62
<i>timolol maleate</i>	104
<i>timolol maleate ophthalmic gel forming</i>	103
TIMOPTIC OCUDOSE	104
<i>tinidazole</i>	37
<i>tis-u-sol</i>	102
TIVICAY	46
<i>tizanidine hcl</i>	43
TOBI PODHALER	107
TOBRADEX	7
TOBRADEX ST	103
<i>tobramycin</i>	7
<i>tobramycin sulfate</i>	7
<i>tobramycin sulfate/sodium chloride</i>	7
<i>tobramycin/dexamethasone</i>	103
TOBREX	7
<i>tolazamide</i>	50
<i>tolbutamide</i>	50
<i>tolcapone</i>	38
<i>tolmetin sodium</i>	1
<i>tolmetin sodium</i>	6
<i>tolterodine tartrate</i>	78
<i>topiragen</i>	27
<i>topiramate</i>	27
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TORISEL	95
<i>toremide</i>	66
TOVIAZ	78
<i>tpn electrolytes</i>	117
TRACLEER	108
<i>tramadol hcl</i>	4
<i>tramadol hcl er</i>	2
<i>tramadol hydrochloride/acetaminophen</i>	4
<i>trandolapril</i>	60
<i>trandolapril/verapamil hcl</i>	60
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<i>tretinoin</i>	37
<i>tretinoin</i>	74
<i>tretinoin microsphere</i>	74
<i>tretinoin microsphere pump</i>	74
TREXALL	95
<i>triamcinolone</i>	5
<i>triamcinolone</i>	82
<i>triamcinolone acetonide</i>	72
<i>triamcinolone acetonide</i>	82
<i>triamcinolone acetonide</i>	105
<i>triamcinolone in orabase</i>	72
<i>triamterene/hydrochlorothiazide</i>	66
<i>triderm</i>	82
<i>tri-estarylla</i>	89
<i>trifluoperazine hcl</i>	40
<i>trifluridine</i>	47
<i>trihexyphenidyl hcl</i>	38
<i>tri-legest fe</i>	89
<i>tri-linyah</i>	89
<i>trilyte</i>	77
<i>trimethoprim</i>	9
<i>trimethoprim sulfate/polymyxin b sulfate</i>	9
<i>trinessa</i>	90
<i>tri-previfem</i>	89
TRISENOX	34
<i>tri-sprintec</i>	90
TRISTART DHA	117
TRIUMEQ	46
<i>trivora-28</i>	90
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<i>trospium chloride</i>	78
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<i>valproic acid</i>	17
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<i>vancomycin hcl</i>	9
<i>vancomycin hcl in dextrose</i>	9
<i>vandazole</i>	9
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VARIVAX	99
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<i>verapamil hcl</i>	65
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<i>vestura</i>	90
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<i>vicodin</i>	4
<i>vicodin es</i>	4
<i>vicodin hp</i>	4
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<i>vincasar pfs</i>	34

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<i>vinorelbine tartrate</i>	34
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<i>voriconazole</i>	26
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<i>warfarin sodium</i>	55
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<i>wymzya fe</i>	90
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<i>zenatane</i>	74
<i>zenchent</i>	90
<i>zenchent fe</i>	90
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<i>zolmitriptan odt</i>	27
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ZONALON	74
<i>zonisamide</i>	17
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<i>zovia 1/35e</i>	90
<i>zovia 1/50e</i>	90
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This formulary was updated on 7/29/2015. For more recent information or other questions, please contact Regence BlueShield of Idaho Member Services, at 1-800-541-8981 or, for TTY users, 711, from 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week), or visit regence.com/medicare.

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