EXPRESS SCRIPTS®
Medicare (PDP)

Express Scripts Medicare (PDP)
2016 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN

Formulary ID Number: 16082, v5

This formulary was updated on 08/11/2015. For more recent information or other questions, please contact **Express Scripts Medicare**® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.
You can also visit us on the Web at **www.Express-Scripts.com**.

Note to current members: This formulary has changed since last year. Please review this document to understand your plan's drug coverage.

When this drug list (formulary) refers to "we," "us" or "our," it means *Medco Containment Life Insurance Company.* When it refers to "plan" or "our plan," it means *Express Scripts Medicare.*

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 11, 2015. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2017. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call Express Scripts Medicare Customer Service at the numbers on the back of your member ID card for additional information. Customer Service is available 24 hours a day, 7 days a week.

Esta información está disponible sin cargo en otros idiomas. Llame al Servicio al cliente de Express Scripts Medicare a los números que figuran al dorso de su tarjeta de identificación de miembro para obtener información adicional. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

This document is available in braille. Please contact Customer Service if you need plan information in another format.

What is the Express Scripts Medicare formulary?

The list of drugs covered by the plan is also known as the "formulary." It contains a list of highly utilized Medicare Part D drugs selected by Express Scripts Medicare 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. The formulary also includes information on requirements or limits for some covered drugs that are part of Express Scripts Medicare's standard formulary rules. **Your specific plan may provide coverage of additional drugs that are not listed in this formulary, and your plan may have different plan rules and coverage.** For more information on your plan's specific drug coverage, please review your other plan materials, visit us on the Web at **www.Express-Scripts.com** or contact Customer Service.

Express Scripts Medicare will generally cover a drug as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your other plan materials.

Can my drug coverage change?

Generally, if you are taking a drug covered by your plan in 2016, Express Scripts Medicare 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 plan's coverage, will not affect members who are currently taking the drug. It will remain available at the same copayment or coinsurance amount 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 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 Express Scripts Medicare removes drugs from your plan's coverage, adds prior authorization, quantity limits, and/or step therapy restrictions on a drug, or moves 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. If the Food and Drug Administration (FDA) determines that a drug we cover is unsafe, or if the drug's manufacturer removes the drug from the market, we will immediately stop covering the drug and provide notice to members who are taking the drug. This enclosed formulary is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit us on the Web or contact our Customer Service department using the information provided on the front and back covers of this formulary.** If there are any additional changes made to this plan's drug coverage that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time after the changes take effect.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular, Hypertension/Lipids."

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 107. 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 "Drug Name" column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) 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:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drugs may not be covered. These drugs are noted with "PA" next to them in the formulary.

  Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with "QL" next to them in the formulary.

- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. These drugs are noted with "ST" next to them in the formulary.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. **The requirements and limits may not apply to your plan's specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at **www.Express-Scripts.com** or contact Customer Service.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the formulary?" on the following page for information about how to request an exception.

What if my drug is not listed on this formulary?

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

If you learn that your drug is not covered, you have two options:

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

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

You should talk to your doctor to decide if you should switch to an appropriate drug that the plan covers or request an exception so that the plan will cover the drug you are taking.

How do I request an exception to the 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 request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will 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 your drug is contained in our Non-Preferred Brand Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug tier instead. 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, Express Scripts Medicare limits the amount of the drug it will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You should contact us to ask for an initial coverage decision for an exception, utilization restriction exception or to ask the plan to cover a drug that is not currently covered. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Generally, your request for an exception will only be approved if the alternative drugs that are covered, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

How do I request an appeal?

If we make a coverage decision and you are not satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your doctor or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service using the information provided on the front and back covers of this document.

Can I get a temporary transition supply while I wait for an exception decision?

As a new or continuing member in our plan, you may be taking drugs that are not covered from one year to the next. Or, you may be taking a drug that is covered 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 an 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, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the plan or at the start of a new coverage year.

For each of your drugs that has restrictions or limitations, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for at least 30 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of at least a 30-day supply of the medication.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the 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 has restrictions or limitations but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency transition supply of that drug (unless you have a prescription written for fewer days) while you pursue an exception.

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

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

Express Scripts Medicare will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

Other coverage that your plan may provide

Your plan **may** also cover categories of "excluded" drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. **Drugs in the following categories may be covered subject to the rules and limitations of your specific plan:**

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility
- Prescription drugs when used for cosmetic purposes or to promote hair growth
- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations, which are considered Part D drugs)
- Drugs, such as CAVERJECT®, CIALIS®, EDEX®, LEVITRA®, MUSE® and VIAGRA®, when used for the treatment of sexual or erectile dysfunction
- Over-the-counter (OTC) diabetic supplies
- Federal Legend Part B medications – for example, oral chemotherapy agents (e.g., TEMODAR®, XELODA®)
- Non-prescription drugs, also known as over-the-counter (OTC) drugs
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.

Please contact Customer Service for additional information about your plan's specific drug coverage and your cost-sharing amount. **Please note:** Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug yearly deductible (if applicable), total drug costs or yearly out-of-pocket expenses.

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

The "Drug Name" column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*). The information in the "Requirements/Limits" column tells you if there are any special requirements for coverage of that particular drug.

If you are not sure whether your drug is covered, please visit our website or contact Customer Service using the information provided on the front and back covers of this formulary.

Your Costs

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

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.
- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart on the following page explains what types of drugs are included in each tier and shows how costs may change with each tier.

Your other plan materials have more information about your plan's coverage stages and list the specific cost-sharing amounts for each tier.

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: **Generic Drugs**	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: **Preferred Brand Drugs**	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred brand drugs.
Tier 3: **Non-Preferred Brand Drugs**	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.

If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan's standard benefit. Members who qualify for Extra Help will receive a notice called "Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs" ("Low Income Rider" or "LIS Rider"). Please read it to find out what your costs are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

For more information

For more detailed information about your Medicare prescription drug coverage and your plan's specific costs, please review your other plan materials.

If you need additional information on network pharmacies or if you have any other questions, please contact our Customer Service department using the information provided on the front and back covers of this formulary.

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.

Below is a list of abbreviations that may appear on the following pages in the "Requirements/Limits" column that tells you if there are any special requirements for coverage of your drug.

Note: The following drug list includes all possible restrictions and limitations. **Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at **www.Express-Scripts.com**.

List of abbreviations

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service using the information provided on the front and back covers of this formulary.

MO: Mail-Order Drug. This prescription drug is available through our home delivery service, as well as through our retail network pharmacies. Consider using home delivery for your long-term (maintenance) medications, such as high blood pressure medications. Retail network pharmacies may be more appropriate for short-term prescriptions, such as antibiotics.

PA: Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover this drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	PA; MO
AMBISOME	2	PA; MO
amphotericin b	1	PA; MO
ANCOBON	2	MO
CANCIDAS	2	PA; MO
clotrimazole mucous membrane	1	MO
CRESEMBA INTRAVENOUS	2	
CRESEMBA ORAL	2	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	2	MO
fluconazole	1	MO
fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml	1	
flucytosine	2	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
GRIS-PEG (ULTRAMICROSIZE)	3	MO
itraconazole	1	MO
ketoconazole oral	1	MO
LAMISIL ORAL GRANULES IN PACKET	2	MO
LAMISIL ORAL TABLET	3	MO
MYCAMINE	2	MO
NOXAFIL ORAL	2	MO
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
ONMEL	2	MO; QL (30 per 30 days)
SPORANOX ORAL CAPSULE	3	MO
SPORANOX ORAL SOLUTION	2	MO
SPORANOX PULSEPAK	3	MO
terbinafine hcl oral	1	MO
VFEND	2	MO
VFEND IV	3	MO
voriconazole intravenous	1	MO
voriconazole oral	2	MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine-zidovudine	2	MO
acyclovir oral capsule	1	MO

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

Drug Name	Drug Tier	Requirements /Limits
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	PA; MO
adefovir	2	MO
amantadine hcl oral	1	MO
APTIVUS ORAL CAPSULE	2	MO
APTIVUS ORAL SOLUTION	2	
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	2	MO
cidofovir	2	PA; MO
COMBIVIR	2	MO
COMPLERA	2	MO
COPEGUS	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
CYTOVENE	3	MO
didanosine	1	MO
EDURANT	2	MO
EMTRIVA	2	MO
entecavir	2	MO
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO

Drug Name	Drug Tier	Requirements /Limits
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	2	MO
EVOTAZ	2	MO
famciclovir	1	MO
FAMVIR	3	MO
FLUMADINE ORAL TABLET	3	MO
foscarnet	1	PA; MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
ganciclovir sodium	1	MO
HARVONI	2	PA; MO; QL (28 per 28 days)
HEPSERA	2	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	2	MO
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE ORAL CAPSULE	2	MO
INVIRASE ORAL TABLET	2	MO
ISENTRESS ORAL POWDER IN PACKET	2	MO
ISENTRESS ORAL TABLET	2	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
KALETRA ORAL SOLUTION	2	MO
KALETRA ORAL TABLET 100-25 MG	2	MO
KALETRA ORAL TABLET 200-50 MG	2	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEXIVA ORAL SUSPENSION	2	MO
LEXIVA ORAL TABLET	2	MO
moderiba	1	MO
moderiba dose pack oral tablets,dose pack 400 mg (7)-400 mg (7)	1	MO
moderiba dose pack oral tablets,dose pack 600 mg (7)-600 mg (7)	2	MO
nevirapine	1	MO
NORVIR	2	MO
OLYSIO	2	PA; MO; QL (28 per 28 days)
PREZCOBIX	2	MO
PREZISTA ORAL SUSPENSION	2	MO

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	2	MO
REBETOL ORAL CAPSULE	2	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	MO
REYATAZ ORAL POWDER IN PACKET	2	MO
ribasphere oral capsule	1	MO
ribasphere oral tablet 200 mg, 400 mg	1	MO
ribasphere oral tablet 600 mg	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	2	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
SELZENTRY	2	MO
SOVALDI	2	PA; MO; QL (28 per 28 days)
stavudine	1	MO
STRIBILD	2	MO
SUSTIVA	2	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	2	MO; LA
TAMIFLU	2	MO
TIVICAY	2	MO
TRIUMEQ	2	MO
TRIZIVIR	2	MO
TRUVADA	2	MO
TYBOST	3	MO
TYZEKA	2	MO
valacyclovir	1	MO; QL (30 per 30 days)
VALCYTE	2	MO

Drug Name	Drug Tier	Requirements /Limits
valganciclovir	2	MO
VALTREX	3	MO; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO
VIEKIRA PAK	2	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIRAZOLE	2	MO
VIREAD	2	MO
VISTIDE	2	PA
VITEKTA	2	MO
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
zidovudine	1	MO
ZOVIRAX ORAL CAPSULE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
CEDAX ORAL CAPSULE	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 90 MG/5 ML	3	
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	MO
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram	1	
cefdinir	1	MO
cefditoren pivoxil oral tablet 200 mg	1	MO
cefepime	1	MO
CEFEPIME IN DEXTROSE 5 %	3	MO
cefixime	1	MO
cefotaxime injection recon soln 1 gram, 2 gram, 500 mg	1	
cefotetan	1	
cefoxitin in dextrose, iso-osm	1	
cefoxitin intravenous recon soln 1 gram	1	MO
cefoxitin intravenous recon soln 10 gram, 2 gram	1	
cefpodoxime	1	MO
cefprozil	1	MO
CEFTAZIDIME IN D5W	3	
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CEFTIN ORAL TABLET 250 MG, 500 MG	3	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone injection recon soln 250 mg, 500 mg	1	MO
ceftriaxone intravenous recon soln	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	1	MO
cefuroxime sodium intravenous	1	
cephalexin	1	MO
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	MO
CLAFORAN INJECTION RECON SOLN 500 MG	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
FORTAZ INJECTION RECON SOLN 2 GRAM	3	MO

Drug Name	Drug Tier	Requirements /Limits
FORTAZ INJECTION RECON SOLN 6 GRAM	3	
FORTAZ INTRAVENOUS	3	
KEFLEX ORAL CAPSULE	3	MO
MAXIPIME INJECTION	3	MO
SPECTRACEF ORAL TABLET 400 MG	3	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTIO N 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTIO N 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWAB LE	3	MO
TAZICEF INJECTION RECON SOLN 1 GRAM	3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
TEFLARO	3	MO
ZERBAXA	2	

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Drug Name	Drug Tier	Requirements /Limits
ZINACEF INJECTION RECON SOLN 1.5 GRAM	3	MO
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	MO
azithromycin intravenous recon soln 500 mg (2 mg/ml)	1	
azithromycin oral	1	MO
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	3	MO
BIAXIN ORAL TABLET	3	MO
clarithromycin	1	MO
DIFICID	2	MO
e.e.s. 400 oral tablet	1	MO
E.E.S. GRANULES	2	MO
ERYPED 200	3	MO
ERYPED 400	3	MO

Drug Name	Drug Tier	Requirements /Limits
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral tablet	1	MO
PCE	3	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZMAX	2	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
amikacin injection solution 500 mg/2 ml	1	MO
atovaquone	2	MO

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Drug Name	Drug Tier	Requirements /Limits
atovaquone-proguanil	1	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	2	
AZACTAM INJECTION RECON SOLN 1 GRAM	3	MO
aztreonam injection recon soln 1 gram	1	MO
baciim	1	
bacitracin intramuscular	1	MO
BETHKIS	2	PA; MO; QL (224 per 28 days)
BILTRICIDE	2	MO
CAPASTAT	3	
CAYSTON	2	MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	1	
chloroquine phosphate oral	1	MO

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	3	
CLEOCIN INJECTION	3	MO
CLEOCIN ORAL	3	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	MO
clindamycin pediatric	1	
clindamycin phosphate intravenous solution 600 mg/4 ml	1	MO
COARTEM	2	MO
colistin (colistimethate na)	1	MO
CUBICIN	2	MO
DALVANCE	3	
DAPSONE	2	MO
DARAPRIM	2	MO
DORIBAX INTRAVENOUS RECON SOLN 500 MG	3	
ethambutol	1	MO

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Drug Name	Drug Tier	Requirements /Limits
FLAGYL	3	MO
FLAGYL ER	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1	
gentamicin injection solution 40 mg/ml	1	MO
gentamicin sulfate (pf) intravenous solution 80 mg/8 ml	1	
hydroxychloroquine oral	1	MO
imipenem-cilastatin	1	MO
INVANZ INJECTION	3	MO
isoniazid injection	1	
isoniazid oral	1	MO
ivermectin oral	1	MO
KETEK	2	MO
LINCOCIN	3	MO
linezolid intravenous	2	
linezolid oral	2	MO
MALARONE	3	MO

Drug Name	Drug Tier	Requirements /Limits
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	2	MO
meropenem intravenous recon soln 500 mg	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	MO
metronidazole in nacl (iso-os)	1	MO
metronidazole oral	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	2	PA; MO; QL (6 per 28 days)
neomycin	1	MO
paromomycin	1	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
polymyxin b sulfate	1	
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV	3	MO
pyrazinamide	1	MO
QUALAQUIN	3	MO
quinine sulfate	1	MO

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Drug Name	Drug Tier	Requirements /Limits
rifabutin	1	MO
RIFADIN	3	MO
RIFAMATE	3	MO
rifampin intravenous	1	MO
rifampin oral	1	MO
RIFATER	3	MO
SIRTURO	2	MO; LA
SIVEXTRO INTRAVENOUS	2	
SIVEXTRO ORAL	2	MO
STREPTOMYCIN INTRAMUSCULAR	2	MO
STROMECTOL	3	MO
SYNERCID	2	
TINDAMAX ORAL TABLET 500 MG	3	MO
tinidazole	1	MO
TOBI	2	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
tobramycin in 0.225 % nacl	2	PA; MO; QL (280 per 28 days)
tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml	1	MO

Drug Name	Drug Tier	Requirements /Limits
tobramycin sulfate injection solution	1	MO
TRECATOR	2	MO
TYGACIL	2	MO
XIFAXAN ORAL TABLET 200 MG	2	MO
XIFAXAN ORAL TABLET 550 MG	2	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	2	MO
ZYVOX ORAL	2	MO
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate	1	MO
ampicillin	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	

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Drug Name	Drug Tier	Requirements /Limits
ampicillin-sulbactam injection recon soln 3 gram	1	MO
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
dicloxacillin	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	1	
nafcillin injection recon soln 1 gram	1	MO
nafcillin injection recon soln 10 gram	2	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	2	MO
oxacillin injection recon soln 10 gram	2	MO
oxacillin intravenous recon soln 2 gram	1	

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
penicillin g potassium injection recon soln 5 million unit	1	MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	MO
penicillin g sodium	1	MO
penicillin v potassium	1	MO
piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram	1	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	2	

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Drug Name	Drug Tier	Requirements /Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	2	MO
ZOSYN INTRAVENOUS RECON SOLN 3.375 GRAM	3	MO
QUINOLONES		
AVELOX	3	MO
AVELOX ABC PACK	3	MO
AVELOX IN NACL (ISO-OSMOTIC)	3	MO
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
ciprofloxacin	1	
ciprofloxacin (mixture)	1	MO
ciprofloxacin hcl oral	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO

Drug Name	Drug Tier	Requirements /Limits
ciprofloxacin lactate intravenous solution 400 mg/40 ml	1	
FACTIVE	3	MO
LEVAQUIN ORAL	3	MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml	1	MO
levofloxacin intravenous	1	MO
levofloxacin oral	1	MO
moxifloxacin	1	MO
ofloxacin oral tablet 400 mg	1	
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine oral	1	MO
sulfamethoxazole-trimethoprim	1	MO
TETRACYCLINES		
ADOXA ORAL CAPSULE	3	ST; MO
demeclocycline oral	1	MO
doxy-100	1	MO
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
doxycycline hyclate oral tablet 50 mg	1	
doxycycline hyclate oral tablet,delayed release (dr/ec)	1	MO
doxycycline monohydrate oral capsule	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3	ST; MO
minocycline oral	1	MO
ORACEA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	2	ST; MO
tetracycline	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTIO N	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO
URINARY TRACT AGENTS		
FURADANTIN	3	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	3	MO
MACRODANTIN ORAL CAPSULE 25 MG	2	MO
methenamine hippurate	1	MO
MONUROL	3	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
nitrofurantoin oral	1	MO
PRIMSOL	3	MO
trimethoprim	1	MO
VANCOMYCIN		
VANCOCIN	2	MO
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg	1	MO
vancomycin oral capsule	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
amifostine crystalline	2	MO
dexrazoxane hcl intravenous recon soln 250 mg	2	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	2	
FUSILEV	2	MO
KEPIVANCE	2	
leucovorin calcium injection recon soln 100 mg, 350 mg	1	MO
leucovorin calcium oral	1	MO
LEVOLEUCOVORIN CALCIUM	2	
mesna	1	MO
MESNEX INTRAVENOUS	3	
MESNEX ORAL	2	MO
XGEVA	2	MO
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		

Drug Name	Drug Tier	Requirements /Limits
ABRAXANE	2	MO
adrucil intravenous solution 500 mg/10 ml	1	MO
AFINITOR DISPERZ	2	PA; MO
AFINITOR ORAL TABLET 10 MG	2	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	2	PA; MO
ALIMTA INTRAVENOUS RECON SOLN 500 MG	2	MO
ALKERAN INTRAVENOUS	2	
anastrozole	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	2	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	2	PA; MO
ASTAGRAF XL	3	PA; MO
AVASTIN	2	MO
azacitidine	2	MO
AZASAN	3	PA; MO
azathioprine	1	PA; MO
BELEODAQ	2	MO
bicalutamide	1	MO

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Drug Name	Drug Tier	Requirements /Limits
BICNU	3	MO
bleomycin injection recon soln 30 unit	1	MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO
BOSULIF ORAL TABLET 500 MG	2	PA; MO; QL (30 per 30 days)
BUSULFEX	2	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
CAPRELSA ORAL TABLET 100 MG	2	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; MO; LA; QL (30 per 30 days)
carboplatin intravenous solution	1	MO
CASODEX	3	MO
CELLCEPT INTRAVENOUS	2	PA; MO
CELLCEPT ORAL CAPSULE	3	PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTIO N	2	PA; MO
CELLCEPT ORAL TABLET	2	PA; MO
cisplatin	1	MO
cladribine	2	MO
CLOLAR	2	MO

Drug Name	Drug Tier	Requirements /Limits
COMETRIQ	2	PA; MO
COSMEGEN	2	MO
CYCLOPHOSPHA MIDE ORAL CAPSULE	2	PA; MO
cyclosporine intravenous	1	PA
cyclosporine modified	1	PA; MO
cyclosporine oral capsule	1	PA; MO
cytarabine	1	MO
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)	1	MO
dacarbazine intravenous recon soln 200 mg	1	MO
DACOGEN	2	MO
daunorubicin intravenous solution	1	
DAUNOXOME	2	MO
decitabine	2	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	2	
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	2	MO
DOXIL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
doxorubicin intravenous solution 50 mg/25 ml	1	MO
DROXIA	2	MO
ELIGARD	3	PA; MO
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	MO
ELOXATIN INTRAVENOUS SOLUTION 100 MG/20 ML	2	MO
EMCYT	2	MO
epirubicin intravenous solution 50 mg/25 ml	1	MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	2	MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERWINAZE	2	MO
ETOPOPHOS	3	MO
etoposide intravenous	1	MO
exemestane	1	MO
FARESTON	2	MO
FARYDAK ORAL CAPSULE 10 MG	2	PA; MO; QL (12 per 21 days)

Drug Name	Drug Tier	Requirements /Limits
FARYDAK ORAL CAPSULE 15 MG, 20 MG	2	PA; MO; QL (6 per 21 days)
FASLODEX	2	MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
fludarabine intravenous recon soln	1	MO
fluorouracil intravenous solution 2.5 gram/50 ml	1	MO
flutamide	1	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	2	MO
gemcitabine intravenous recon soln 1 gram	2	MO
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	2	MO
gengraf	1	PA; MO
GILOTRIF ORAL TABLET 20 MG	2	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	2	PA; MO; QL (40 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GILOTRIF ORAL TABLET 40 MG	2	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	2	PA; MO
GLEEVEC ORAL TABLET 400 MG	2	PA; MO; QL (60 per 30 days)
GLEOSTINE	3	MO
HALAVEN	2	MO
HERCEPTIN	2	MO
HEXALEN	2	MO
HYCAMTIN INTRAVENOUS	2	MO
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; MO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; MO; QL (30 per 30 days)
IDAMYCIN PFS	3	MO
idarubicin	1	
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	MO
ifosfamide intravenous recon soln 1 gram	1	MO

Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA	2	PA; MO; QL (120 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	MO
ISTODAX	2	MO
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	2	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA; MO
JAKAFI ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)
JEVTANA	2	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	2	MO
KEYTRUDA INTRAVENOUS RECON SOLN	2	MO
LENVIMA	2	PA; MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LOMUSTINE	2	MO
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA; MO
LYNPARZA	2	PA; MO
LYSODREN	2	MO
MATULANE	2	MO
MEGACE	3	MO
MEGACE ES	2	MO
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	MO
megestrol oral tablet	1	MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
melphalan hcl	2	
mercaptopurine	1	MO
methotrexate sodium (pf) injection recon soln	1	PA

Drug Name	Drug Tier	Requirements /Limits
methotrexate sodium (pf) injection solution	1	PA; MO
methotrexate sodium oral	1	PA; MO
mitomycin intravenous recon soln 20 mg	1	MO
mitoxantrone	1	MO
MUSTARGEN	3	MO
mycophenolate mofetil oral capsule	1	PA; MO
mycophenolate mofetil oral suspension for reconstitution	2	PA; MO
mycophenolate mofetil oral tablet	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
NILANDRON	2	MO
NIPENT	2	MO
NULOJIX	2	PA; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	2	MO

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Drug Name	Drug Tier	Requirements /Limits
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	MO
ONCASPAR	2	MO
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	2	MO
oxaliplatin intravenous solution 100 mg/20 ml	2	MO
paclitaxel	1	MO
PERJETA	2	MO
POMALYST	2	MO
PROGRAF INTRAVENOUS	2	PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO
PROGRAF ORAL CAPSULE 5 MG	2	PA; MO
PURIXAN	2	MO
RAPAMUNE ORAL SOLUTION	2	PA; MO
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG	3	PA; MO
RAPAMUNE ORAL TABLET 2 MG	2	PA; MO
REVLIMID	2	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
RHEUMATREX ORAL TABLETS,DOSE PACK 2.5 MG	3	PA; MO
RHEUMATREX ORAL TABLETS,DOSE PACK 2.5 MG (DOSE PACK 12), 2.5 MG (DOSE PACK 16), 2.5 MG (DOSE PACK 20), 2.5 MG (DOSE PACK 8)	3	PA
RITUXAN	2	PA; MO
SANDIMMUNE INTRAVENOUS	3	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SANDOSTATIN INJECTION SOLUTION 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML	2	MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	2	MO
SIGNIFOR	2	MO
SIGNIFOR LAR	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
SYNRIBO	2	MO
TABLOID	2	MO
tacrolimus oral capsule 0.5 mg, 1 mg	1	PA; MO
tacrolimus oral capsule 5 mg	2	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	2	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	2	PA; MO; QL (120 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	2	PA; MO
TARCEVA ORAL TABLET 150 MG	2	PA; MO; QL (30 per 30 days)
TARGRETIN	2	MO
TASIGNA ORAL CAPSULE 150 MG	2	PA; MO
TASIGNA ORAL CAPSULE 200 MG	2	PA; MO; QL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	2	MO
THALOMID	2	PA; MO
toposar	1	MO
topotecan intravenous recon soln	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TORISEL	2	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	2	MO
TREANDA INTRAVENOUS SOLUTION 45 MG/0.5 ML	2	MO
TRELSTAR DEPOT	2	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	2	MO
TRELSTAR LA	2	
tretinoin (chemotherapy)	2	MO
TREXALL	3	PA; MO
TRISENOX	2	MO
TYKERB	2	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	2	PA; MO
VELCADE	2	MO

Drug Name	Drug Tier	Requirements /Limits
VIDAZA	2	MO
vinblastine intravenous solution	1	MO
vincasar pfs intravenous solution 1 mg/ml	1	
vincristine intravenous solution 1 mg/ml	1	MO
vinorelbine intravenous solution 50 mg/5 ml	1	MO
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	2	PA; MO
XALKORI ORAL CAPSULE 250 MG	2	PA; MO; QL (60 per 30 days)
XTANDI	2	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	2	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	2	MO
ZANOSAR	3	MO
ZELBORAF	2	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZOLINZA	2	MO
ZORTRESS ORAL TABLET 0.25 MG	2	PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	2	PA; MO
ZYDELIG	2	PA; MO; QL (90 per 30 days)
ZYKADIA	2	PA; MO; QL (150 per 30 days)
ZYTIGA	2	PA; MO; QL (120 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	2	MO
BANZEL ORAL SUSPENSION	2	MO
BANZEL ORAL TABLET 200 MG	2	MO
BANZEL ORAL TABLET 400 MG	2	MO
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	3	
clonazepam	1	PA; MO
DEPACON	3	MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	PA; MO
DIASTAT ACUDIAL	3	PA; MO
diazepam rectal	1	PA; MO
DILANTIN 30 MG	2	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO

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Drug Name	Drug Tier	Requirements /Limits
divalproex oral capsule, sprinkle	1	MO
divalproex oral tablet extended release 24 hr	1	MO
divalproex oral tablet,delayed release (dr/ec)	1	MO
epitol	1	MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL	3	MO
fosphenytoin injection solution 100 mg pe/2 ml	1	MO
FYCOMPA	2	MO
gabapentin oral capsule	1	MO
gabapentin oral solution 250 mg/5 ml	1	MO
gabapentin oral tablet 600 mg, 800 mg	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
GRALISE	2	PA; MO
GRALISE 30-DAY STARTER PACK	2	PA; MO
KEPPRA ORAL	3	MO

Drug Name	Drug Tier	Requirements /Limits
KEPPRA XR	3	MO
KLONOPIN	3	PA; MO
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet extended release 24hr	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO

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Drug Name	Drug Tier	Requirements /Limits
lamotrigine oral tablet,disintegrating	1	MO
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	2	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	MO
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LYRICA	2	PA; MO
MYSOLINE	3	MO
NEURONTIN	3	PA; MO
ONFI ORAL SUSPENSION	2	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO
oxcarbazepine	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
phenobarbital oral elixir	1	MO

Drug Name	Drug Tier	Requirements /Limits
phenobarbital oral tablet 100 mg	1	
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	MO
PHENYTEK	3	MO
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended	1	MO
phenytoin sodium intravenous solution	1	MO
POTIGA	2	MO
primidone	1	MO
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	PA; MO
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG	2	PA; MO
SABRIL	2	MO; LA
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	2	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	3	MO
tiagabine	1	MO
TOPAMAX	3	PA; MO
topiramate oral capsule, sprinkle	1	PA; MO
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
topiramate oral tablet	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	2	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO

Drug Name	Drug Tier	Requirements /Limits
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
zonisamide	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	MO; LA
AZILECT	2	MO
benztropine	1	MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
COGENTIN	3	MO
COMTAN	3	MO
DUOPA	3	PA; MO
ELDEPRYL	3	MO
entacapone	1	MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	2	MO
pramipexole oral tablet	1	MO

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Drug Name	Drug Tier	Requirements /Limits
pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg	1	MO
REQUIP	3	MO
REQUIP XL	3	MO
ropinirole	1	MO
RYTARY	3	MO
selegiline hcl	1	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	2	MO
tolcapone	2	MO
ZELAPAR	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
ALSUMA	3	MO; QL (16 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
AXERT ORAL TABLET 12.5 MG	3	MO; QL (24 per 28 days)
AXERT ORAL TABLET 6.25 MG	3	MO; QL (18 per 28 days)
CAFERGOT	2	MO

Drug Name	Drug Tier	Requirements /Limits
dihydroergotamine injection	1	MO
dihydroergotamine nasal	1	MO; QL (8 per 28 days)
ERGOMAR	3	MO
FROVA	3	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE KIT REFILL	3	MO; QL (16 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (16 per 28 days)
MAXALT	3	MO; QL (36 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)
migergot	1	MO
MIGRANAL	3	MO; QL (8 per 28 days)
naratriptan	1	MO; QL (18 per 28 days)
RELPAX	2	MO; QL (18 per 28 days)
rizatriptan	1	MO; QL (36 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (16 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (16 per 28 days)
SUMAVEL DOSEPRO	3	MO; QL (9 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
zolmitriptan	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	2	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	2	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; MO; QL (12 per 28 days)
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	1	MO
donepezil oral tablet,disintegrating	1	MO
EXELON ORAL CAPSULE	3	MO
EXELON TRANSDERMAL	2	MO
galantamine	1	MO
GILENYA	2	PA; MO
glatopa	2	PA; MO; QL (30 per 30 days)
HORIZANT	3	PA; MO
NAMENDA ORAL SOLUTION	2	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	2	PA; MO
NUEDEXTA	2	MO
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO
rivastigmine tartrate	1	MO
TECFIDERA	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TYSABRI	2	PA; MO; LA
XENAZINE	2	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen	1	MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
dantrolene	1	MO
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	3	PA; MO
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	3	PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	PA
MESTINON ORAL SYRUP	2	MO
MESTINON ORAL TABLET	3	MO
MESTINON TIMESPAN	2	MO

Drug Name	Drug Tier	Requirements /Limits
pyridostigmine bromide oral tablet	1	MO
tizanidine	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG	2	PA; MO; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 400 MCG	2	PA; MO; QL (116 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG	2	PA; MO; QL (77 per 30 days)
ABSTRAL SUBLINGUAL TABLET 800 MCG	2	PA; MO; QL (58 per 30 days)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
ACTIQ	2	PA; MO; QL (120 per 30 days)
BUPRENEX	2	MO; QL (267 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
buprenorphine hcl injection syringe	1	QL (267 per 30 days)
buprenorphine hcl sublingual tablet 2 mg	1	MO; QL (300 per 30 days)
buprenorphine hcl sublingual tablet 8 mg	1	MO; QL (75 per 30 days)
BUTRANS	2	MO; QL (4 per 28 days)
CAPITAL WITH CODEINE	3	MO; QL (4500 per 30 days)
codeine sulfate oral tablet	1	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 2 MG/ML	3	MO; QL (150 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 4 MG/ML	3	MO; QL (75 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (1500 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DILAUDID-HP (PF) INJECTION SOLUTION	3	QL (30 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	2	MO; QL (9 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	3	MO; QL (10 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	2	MO; QL (10 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO; QL (4000 per 30 days)
duramorph (pf) injection solution 1 mg/ml	1	QL (2000 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG	2	MO; QL (60 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG	3	MO; QL (90 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 50-2 MG, 60-2.4 MG	2	MO; QL (90 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 80-3.2 MG	2	MO; QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
endodan	1	MO; QL (360 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 8 MG	3	MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	2	MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	2	MO; QL (47 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg	2	PA; MO; QL (39 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,600 mcg	2	PA; MO; QL (29 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	2	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 400 mcg	2	PA; MO; QL (116 per 30 days)
fentanyl citrate buccal lozenge on a handle 600 mcg	2	PA; MO; QL (77 per 30 days)
fentanyl citrate buccal lozenge on a handle 800 mcg	2	PA; MO; QL (58 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
fentanyl transdermal patch 72 hour 100 mcg/hr	1	MO; QL (9 per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	MO; QL (10 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR	3	MO; QL (10 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 87.5 MCG/HOUR	2	MO; QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	2	PA; MO; QL (120 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	2	PA; MO; QL (116 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	2	PA; MO; QL (77 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	2	PA; MO; QL (58 per 30 days)
HYCET	3	MO; QL (5550 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 mg/ml	1	MO; QL (120 per 30 days)
hydromorphone oral liquid	1	MO; QL (1500 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg	1	MO; QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr 16 mg	2	MO; QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg	2	MO; QL (47 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 80 MG	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 120 MG	2	MO; QL (50 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	MO; QL (60 per 30 days)
IBUDONE ORAL TABLET 10-200 MG	3	MO; QL (50 per 30 days)
ibuprofen-oxycodone	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 100 MG	3	MO; QL (60 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	2	MO; QL (30 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 80 MG	3	MO; QL (75 per 30 days)
LAZANDA	2	PA; MO; QL (23 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
levorphanol tartrate	1	MO; QL (120 per 30 days)
lorcet (hydrocodone)	1	MO; QL (360 per 30 days)
lorcet hd	1	MO; QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg	1	MO; QL (360 per 30 days)
lortab 10-325	1	MO; QL (360 per 30 days)
lortab 5-325	1	MO; QL (360 per 30 days)
lortab 7.5-325	1	MO; QL (360 per 30 days)
methadone injection	1	QL (160 per 30 days)
methadone oral solution 10 mg/5 ml	1	MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	MO; QL (240 per 30 days)
morphine concentrate oral solution	1	MO; QL (300 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	QL (200 per 30 days)
morphine intravenous syringe 2 mg/ml	1	QL (1000 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
morphine intravenous syringe 4 mg/ml	1	QL (500 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL (250 per 30 days)
morphine oral capsule, er multiphase 24 hr 120 mg	1	MO; QL (50 per 30 days)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	1	MO; QL (90 per 30 days)
morphine oral capsule,extend.release pellets 100 mg	1	MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 80 mg	1	MO; QL (75 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release 100 mg	1	MO; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
morphine oral tablet extended release 200 mg	1	MO; QL (30 per 30 days)
morphine oral tablet extended release 60 mg	1	MO; QL (100 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (30 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	MO; QL (100 per 30 days)
NORCO	3	MO; QL (360 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	MO; QL (90 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	3	MO; QL (67 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG	2	MO; QL (50 per 30 days)
OPANA ORAL TABLET 10 MG	3	MO; QL (200 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 30 mg	1	MO; QL (134 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	MO; QL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
oxycodone-aspirin	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	2	MO; QL (67 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	MO; QL (50 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (200 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (90 per 30 days)
oxymorphone oral tablet extended release 12 hr 30 mg	1	MO; QL (67 per 30 days)
oxymorphone oral tablet extended release 12 hr 40 mg	1	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	MO; QL (360 per 30 days)
PERCODAN	3	MO; QL (360 per 30 days)
PRIMLEV	3	MO; QL (360 per 30 days)
reprexain	1	MO; QL (50 per 30 days)
ROXICET ORAL SOLUTION	3	MO; QL (800 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	MO; QL (134 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	MO; QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	2	PA; MO; LA; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	2	PA; MO; LA; QL (84 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 600 MCG/SPRAY	2	PA; MO; LA; QL (56 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 800 MCG/SPRAY	2	PA; MO; LA; QL (42 per 30 days)
SYNALGOS-DC	3	MO; QL (300 per 30 days)
TREZIX ORAL CAPSULE 16-320.5-30 MG	3	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
TYLENOL-CODEINE #4	3	MO; QL (180 per 30 days)
vicodin es oral tablet 7.5-300 mg	1	MO; QL (360 per 30 days)
vicodin hp oral tablet 10-300 mg	1	MO; QL (360 per 30 days)
vicodin oral tablet 5-300 mg	1	MO; QL (360 per 30 days)
VICOPROFEN	3	MO; QL (50 per 30 days)
XARTEMIS XR	3	MO; QL (120 per 30 days)
XODOL 10/300	3	MO; QL (360 per 30 days)
XODOL 5/300	3	MO; QL (360 per 30 days)
XODOL 7.5/300	3	MO; QL (360 per 30 days)
zamicet	1	QL (5550 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NON-NARCOTIC ANALGESICS		
ANAPROX	3	MO
ANAPROX DS	3	MO
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	PA; MO; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	PA; MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	PA; MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	PA; MO; QL (90 per 30 days)
butorphanol tartrate injection solution 1 mg/ml	1	MO; QL (720 per 30 days)
butorphanol tartrate injection solution 2 mg/ml	1	MO; QL (360 per 30 days)
butorphanol tartrate nasal	1	MO; QL (5 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
celecoxib	1	MO
CONZIP	3	MO; QL (30 per 30 days)
DAYPRO	3	MO
diclofenac potassium	1	MO

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Drug Name	Drug Tier	Requirements /Limits
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO
diclofenac-misoprostol	1	MO
diflunisal	1	MO
DUEXIS	3	ST; MO
EC-NAPROSYN	3	MO
etodolac	1	MO
EVZIO	3	MO; QL (0.8 per 30 days)
FELDENE	3	MO
fenoprofen oral tablet	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
flurbiprofen	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ketoprofen oral capsule	1	MO
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
meclofenamate oral	1	MO
mefenamic acid	1	MO
meloxicam oral suspension	1	MO

Drug Name	Drug Tier	Requirements /Limits
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
MOBIC ORAL SUSPENSION	3	MO
MOBIC ORAL TABLET 15 MG	3	MO
MOBIC ORAL TABLET 7.5 MG	3	MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine injection solution 10 mg/ml	1	MO; QL (200 per 30 days)
nalbuphine injection solution 20 mg/ml	1	MO; QL (100 per 30 days)
naloxone injection syringe 1 mg/ml	1	MO
naltrexone oral	1	MO
NAPRELAN CR	3	ST; MO
NAPROSYN ORAL TABLET	3	MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NUCYNTA ER	3	MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
oxaprozin	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO
piroxicam	1	MO
PONSTEL	3	MO
SPRIX	3	ST; MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	PA; MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	PA; MO; QL (90 per 30 days)
sulindac oral	1	MO
TIVORBEX	3	ST; MO; QL (90 per 30 days)
tolmetin oral capsule	1	MO
tolmetin oral tablet 600 mg	1	MO

Drug Name	Drug Tier	Requirements /Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	QL (30 per 30 days)
tramadol oral tablet	1	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg	1	MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	1	MO; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
ULTRAM ER	3	MO; QL (30 per 30 days)
VIMOVO	3	ST; MO
VIVITROL	2	MO
VOLTAREN GEL TOPICAL GEL 1 %	2	MO
VOLTAREN-XR	3	MO
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG	3	PA; MO; QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	PA; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (90 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ABILIFY ORAL TABLET 10 MG	3	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG	3	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	3	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 30 MG	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
AMBIEN	3	ST; MO; QL (30 per 30 days)
AMBIEN CR	3	ST; MO; QL (30 per 30 days)
amitriptyline	1	PA; MO
amoxapine	1	MO
amphetamine salt combo	1	MO
ANAFRANIL	3	PA; MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QL (90 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QL (60 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QL (30 per 30 days)
APTENSIO XR	3	
aripiprazole oral tablet 10 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
aripiprazole oral tablet 15 mg	1	MO; QL (60 per 30 days)
aripiprazole oral tablet 2 mg	1	MO; QL (450 per 30 days)
aripiprazole oral tablet 20 mg	2	MO; QL (60 per 30 days)
aripiprazole oral tablet 30 mg	2	MO; QL (30 per 30 days)
aripiprazole oral tablet 5 mg	1	MO; QL (180 per 30 days)
ATIVAN ORAL	3	PA; MO
BELSOMRA	3	ST; MO; QL (30 per 30 days)
BRINTELLIX ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
BRINTELLIX ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
BRINTELLIX ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 100 mg	1	MO; QL (120 per 30 days)
bupropion hcl oral tablet extended release 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 200 mg	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (60 per 30 days)
buspirone	1	MO
CELEXA ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
CELEXA ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
chlorpromazine	1	MO
citalopram oral solution	1	MO
citalopram oral tablet 10 mg	1	MO; QL (120 per 30 days)
citalopram oral tablet 20 mg	1	MO; QL (60 per 30 days)
citalopram oral tablet 40 mg	1	MO; QL (30 per 30 days)
clomipramine	1	PA; MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium	1	PA; MO
clozapine oral tablet 100 mg, 25 mg, 50 mg	1	MO
clozapine oral tablet 200 mg	1	

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Drug Name	Drug Tier	Requirements /Limits
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	MO
CONCERTA	3	MO
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	ST; MO; QL (180 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	ST; MO; QL (120 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	3	ST; MO; QL (60 per 30 days)
DAYTRANA	3	MO
desipramine oral	1	MO
DESOXYN	3	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	ST; MO; QL (240 per 30 days)
dexedrine	1	MO
DEXEDRINE SPANSULE	3	MO
dexmethylphenidate	1	MO
dextroamphetamine oral capsule, extended release	1	MO
dextroamphetamine oral tablet	1	MO
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO
diazepam intensol	1	PA; MO
diazepam oral solution 5 mg/5 ml	1	PA; MO
diazepam oral tablet	1	PA; MO
doxepin oral	1	PA; MO
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (180 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	ST; MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	3	ST; MO; QL (180 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	ST; MO; QL (90 per 30 days)
EMSAM	2	MO
ergoloid	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet 10 mg	1	MO; QL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	1	MO; QL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	1	MO; QL (120 per 30 days)
eszopiclone	1	ST; MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
FANAPT ORAL TABLET 1 MG	3	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	3	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 2 MG	3	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	3	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FAZACLO	3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	2	ST; MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	ST; MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	ST; MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	ST; MO; QL (45 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO
FLUOXETINE ORAL TABLET 60 MG	3	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral capsule,extended release 24hr 150 mg	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (360 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (180 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO

Drug Name	Drug Tier	Requirements /Limits
GEODON ORAL CAPSULE 20 MG	3	MO; QL (240 per 30 days)
GEODON ORAL CAPSULE 40 MG	3	MO; QL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG	3	MO; QL (80 per 30 days)
GEODON ORAL CAPSULE 80 MG	3	MO; QL (60 per 30 days)
guanidine	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
haloperidol	1	MO
haloperidol decanoate	1	MO
haloperidol lactate	1	MO
HETLIOZ	2	PA; MO
imipramine hcl	1	PA; MO
imipramine pamoate	1	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	3	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	3	MO; QL (41 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	3	MO
IRENKA	3	MO; QL (90 per 30 days)
KAPVAY	3	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QL (240 per 30 days)
LATUDA ORAL TABLET 120 MG	2	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 60 MG, 80 MG	2	MO; QL (60 per 30 days)
LEXAPRO ORAL SOLUTION	3	MO
LEXAPRO ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
LEXAPRO ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	1	MO
LITHOBID	3	MO
lorazepam intensol	1	PA; MO
lorazepam oral tablet	1	PA; MO
loxapine succinate	1	MO
LUNESTA	3	ST; MO; QL (30 per 30 days)
maprotiline	1	MO
MARPLAN	2	MO
METADATE CD	3	MO
metadate er	1	MO
methamphetamine	1	MO
METHYLIN ORAL SOLUTION	3	MO
METHYLIN ORAL TABLET,CHEWABLE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg	1	MO
methylphenidate oral capsule,er biphasic 50-50	1	MO
methylphenidate oral solution	1	MO
methylphenidate oral tablet	1	MO
methylphenidate oral tablet extended release	1	MO
methylphenidate oral tablet extended release 24hr	1	MO
methylphenidate oral tablet,chewable	1	MO
mirtazapine oral tablet	1	MO
mirtazapine oral tablet,disintegrating	1	MO
modafinil	1	PA; MO
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN	3	MO
nortriptyline	1	MO
NUVIGIL	3	PA; MO
olanzapine intramuscular	1	MO
olanzapine oral tablet 10 mg	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
olanzapine oral tablet 15 mg, 20 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet 2.5 mg	1	MO; QL (240 per 30 days)
olanzapine oral tablet 5 mg	1	MO; QL (120 per 30 days)
olanzapine oral tablet 7.5 mg	1	MO; QL (81 per 30 days)
olanzapine oral tablet,disintegrating 10 mg	1	MO; QL (60 per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 5 mg	1	MO; QL (120 per 30 days)
olanzapine-fluoxetine	1	MO
ORAP	2	MO
oxazepam	1	PA; MO
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral tablet 10 mg	1	MO; QL (180 per 30 days)
paroxetine hcl oral tablet 20 mg	1	MO; QL (90 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet 40 mg	1	MO; QL (45 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
paroxetine hcl oral tablet extended release 24 hr 25 mg	1	MO; QL (90 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 37.5 mg	1	MO; QL (60 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QL (180 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
perphenazine	1	MO
PEXEVA ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
phenelzine	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	ST; MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	2	ST; MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	ST; MO; QL (240 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL	3	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (240 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
PROZAC WEEKLY	3	MO; QL (4 per 28 days)
quetiapine oral tablet 100 mg	1	MO; QL (240 per 30 days)
quetiapine oral tablet 200 mg	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
quetiapine oral tablet 25 mg	1	MO; QL (902 per 30 days)
quetiapine oral tablet 300 mg	1	MO; QL (81 per 30 days)
quetiapine oral tablet 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet 50 mg	1	MO; QL (480 per 30 days)
QUILLIVANT XR	3	MO
REMERON	3	MO
REMERON SOLTAB	3	MO
RESTORIL	3	PA; MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	2	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	2	MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 2 MG	3	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	3	MO; QL (120 per 30 days)
RISPERDAL ORAL SOLUTION	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
risperidone oral solution	1	MO; QL (480 per 30 days)
risperidone oral tablet 0.25 mg	1	MO; QL (1920 per 30 days)
risperidone oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
risperidone oral tablet 1 mg	1	MO; QL (480 per 30 days)
risperidone oral tablet 2 mg	1	MO; QL (240 per 30 days)
risperidone oral tablet 3 mg	1	MO; QL (161 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg	1	MO; QL (1920 per 30 days)
risperidone oral tablet,disintegrating 0.5 mg	1	MO; QL (960 per 30 days)
risperidone oral tablet,disintegrating 1 mg	1	MO; QL (480 per 30 days)
risperidone oral tablet,disintegrating 2 mg	1	MO; QL (240 per 30 days)
risperidone oral tablet,disintegrating 3 mg	1	MO; QL (161 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	MO
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	2	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	2	MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SEROQUEL ORAL TABLET 100 MG	3	MO; QL (240 per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL ORAL TABLET 25 MG	3	MO; QL (902 per 30 days)
SEROQUEL ORAL TABLET 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL ORAL TABLET 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	MO; QL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QL (161 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (480 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (240 per 30 days)
sertraline oral tablet 50 mg	1	MO; QL (120 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG	3	ST; MO; QL (60 per 30 days)
SONATA ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
STRATTERA	2	MO
SURMONTIL	3	PA; MO
SYMBYAX	3	MO
temazepam	1	PA; MO
thioridazine	1	MO
thiothixene	1	MO
TOFRANIL	3	PA; MO
TOFRANIL-PM	3	PA; MO
TRANXENE T-TAB ORAL TABLET 3.75 MG, 7.5 MG	3	PA; MO
tranylcypromine	1	MO

Drug Name	Drug Tier	Requirements /Limits
trazodone	1	MO
trifluoperazine	1	MO
VALIUM	3	PA; MO
venlafaxine oral capsule,extended release 24hr 150 mg	1	MO; QL (60 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg	1	MO; QL (180 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 25 mg	1	MO; QL (270 per 30 days)
venlafaxine oral tablet 37.5 mg	1	MO; QL (180 per 30 days)
venlafaxine oral tablet 50 mg	1	MO; QL (150 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	3	MO; QL (30 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
VERSACLOZ	2	LA
VIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	2	MO; QL (30 per 30 days)
VYVANSE	3	MO
WELLBUTRIN	3	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (120 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (60 per 30 days)
XYREM	2	MO; LA
zaleplon oral capsule 10 mg	1	ST; MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	ST; MO; QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
ziprasidone hcl oral capsule 20 mg	1	MO; QL (240 per 30 days)
ziprasidone hcl oral capsule 40 mg	1	MO; QL (120 per 30 days)
ziprasidone hcl oral capsule 60 mg	1	MO; QL (80 per 30 days)
ziprasidone hcl oral capsule 80 mg	1	MO; QL (60 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
zolpidem	1	ST; MO; QL (30 per 30 days)
ZOLPIMIST	3	ST; QL (8 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	2	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	LA
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	2	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 5 MG	3	MO; QL (120 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

Drug Name	Drug Tier	Requirements /Limits
amiodarone intravenous solution	1	PA; MO
amiodarone oral tablet 200 mg, 400 mg	1	MO
BETAPACE AF	3	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
NEXTERONE	3	PA
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection solution 100 mg/ml	1	MO
procainamide injection solution 500 mg/ml	1	
propafenone	1	MO
quinidine gluconate	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL ORAL TABLET 150 MG, 225 MG	3	MO
RYTHMOL SR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af oral tablet 120 mg	1	MO
sotalol oral tablet 160 mg, 240 mg, 80 mg	1	MO
SOTYLIZE	2	
TIKOSYN	2	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol oral	1	MO
ADALAT CC	3	MO
afeditab cr	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
amiloride oral	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
ATACAND	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	2	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	2	ST; MO
BENICAR HCT	2	ST; MO
betaxolol oral	1	MO
BIDIL	2	MO
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	1	MO
bumetanide oral	1	MO
BYSTOLIC	2	MO
CALAN	3	MO
CALAN SR	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	MO
CARDENE IV IN SODIUM CHLORIDE	3	

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Drug Name	Drug Tier	Requirements /Limits
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
cartia xt	1	MO
carvedilol	1	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
chlorothiazide	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1	MO
CLORPRES ORAL TABLET 0.3-15 MG	3	MO
COREG	3	MO
COREG CR	2	MO
CORGARD	3	MO
CORZIDE	3	MO
COZAAR	3	ST; MO
DEMADEX	3	MO
DEMSER	2	MO
diltiazem hcl intravenous	1	
diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet	1	MO
dilt-xr	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
DIURIL IV	2	

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Drug Name	Drug Tier	Requirements /Limits
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DUTOPROL	3	MO
DYAZIDE	3	MO
EDARBI	3	ST; MO
EDARBYCLOR	3	ST; MO
EDECRIN	2	MO
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	1	MO
EPANED	2	MO
eplerenone	1	MO
eprosartan	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml	1	MO
furosemide oral tablet	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; MO
indapamide	1	MO

Drug Name	Drug Tier	Requirements /Limits
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
labetalol intravenous solution	1	MO
labetalol oral	1	MO
LASIX	3	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR HCT ORAL TABLET 50-25 MG	3	MO
LOPRESSOR INTRAVENOUS	3	MO
LOPRESSOR ORAL TABLET 100 MG	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	MO
LOTREL	3	MO
matzim la	1	MO
MAVIK	3	MO
MAXZIDE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
MAXZIDE-25MG	3	MO
methyclothiazide	1	MO
methyldopa	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous solution	1	MO
metoprolol tartrate oral	1	MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MICROZIDE	3	MO
MINIPRESS	3	MO
minoxidil oral	1	MO
moexipril	1	MO
moexipril-hydrochlorothiazide	1	MO
nadolol	1	MO
nadolol-bendroflumethiazide	1	MO
nicardipine	1	MO
nifedical xl	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
NORVASC	3	MO

Drug Name	Drug Tier	Requirements /Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	2	PA; MO
perindopril erbumine	1	MO
pindolol	1	MO
prazosin oral	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
PROCARDIA XL	3	MO
propranolol intravenous	1	
propranolol oral capsule,extended release 24 hr	1	MO
propranolol oral solution	1	MO
propranolol oral tablet	1	MO
propranolol-hydrochlorothiazid	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
REMODULIN	2	PA; MO; LA
SECTRAL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
spironolactone	1	MO
spironolacton-hydrochlorothiaz	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
TARKA	3	MO
taztia xt	1	MO
TEKAMLO	3	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
TEVETEN HCT	3	ST; MO
TEVETEN ORAL TABLET 600 MG	3	ST; MO
TIAZAC	3	MO
timolol maleate oral	1	MO
TOPROL XL	3	MO

Drug Name	Drug Tier	Requirements /Limits
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
triamterene-hydrochlorothiazid	1	MO
TRIBENZOR	2	ST; MO
TWYNSTA	3	ST; MO
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
verapamil intravenous solution	1	MO
verapamil oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZEBETA	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
CARDIAC GLYCOSIDES		
digitek	1	MO
digoxin oral solution 50 mcg/ml	1	MO
digoxin oral tablet	1	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	MO
COAGULATION THERAPY		
AGGRENOX	3	MO
ARGATROBAN	2	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	2	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	2	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
BRILINTA	2	MO
cilostazol	1	MO
clopidogrel	1	MO
COUMADIN ORAL	3	MO
CYKLOKAPRON	3	MO
dipyridamole oral	1	MO
EFFIENT	2	MO
ELIQUIS	2	MO
enoxaparin	1	MO
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	2	MO

Drug Name	Drug Tier	Requirements /Limits
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	2	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) injection solution	1	MO

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Drug Name	Drug Tier	Requirements /Limits
jantoven	1	MO
LOVENOX	3	MO
pentoxifylline	1	MO
PERSANTINE	3	MO
PLAVIX	3	MO
PLETAL	3	MO
PRADAXA	2	MO
PROMACTA	2	PA; MO; LA
SAVAYSA	3	MO
ticlopidine	1	MO
tranexamic acid intravenous	1	MO
warfarin	1	MO
XARELTO	2	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	3	MO; QL (60 per 30 days)
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG	3	MO; QL (30 per 30 days)
ALTOPREV	3	MO; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
atorvastatin	1	MO; QL (30 per 30 days)
CADUET	3	MO; QL (30 per 30 days)
cholestyramine light oral powder in packet	1	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral granules	1	MO
colestipol oral tablet	1	MO
CRESTOR	2	MO; QL (30 per 30 days)
fenofibrate micronized	1	MO
fenofibrate nanocrystallized	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil oral	1	MO
JUXTAPID	2	MO; LA
KYNAMRO	2	MO; LA
LESCOL ORAL CAPSULE 20 MG	3	MO; QL (30 per 30 days)
LESCOL ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
LESCOL XL	3	MO; QL (30 per 30 days)
LIPITOR	3	MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIPTRUZET	3	MO; QL (30 per 30 days)
LIVALO	3	MO; QL (30 per 30 days)
LOFIBRA	3	MO
LOPID	3	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	3	MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO

Drug Name	Drug Tier	Requirements /Limits
omega-3 acid ethyl esters	1	MO
PRAVACHOL	3	MO; QL (30 per 30 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite oral powder	1	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	3	MO; QL (60 per 30 days)
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG	3	MO; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRIGLIDE ORAL TABLET 160 MG	3	MO
TRILIPIX	3	MO
VASCEPA	2	MO
VYTORIN 10-10	3	MO; QL (30 per 30 days)
VYTORIN 10-20	3	MO; QL (30 per 30 days)
VYTORIN 10-40	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-80	3	MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	2	MO
ZOCOR	3	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA; MO
RANEXA	2	MO
VECAMYL	2	
NITRATES		
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
isosorbide dinitrate oral	1	MO
isosorbide mononitrate	1	MO
MINITRAN	3	MO
nitro-bid	1	MO
NITRO-DUR	3	MO
nitroglycerin intravenous	1	PA
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual spray,non-aerosol	1	MO
NITROLINGUAL	3	MO

Drug Name	Drug Tier	Requirements /Limits
NITROMIST	3	MO
NITROSTAT	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg	1	MO
acitretin oral capsule 17.5 mg, 25 mg	2	MO
calcipotriene	1	MO
calcipotriene-betamethasone	1	MO
calcitriol topical	1	MO
COSENTYX PEN	2	PA; MO
COSENTYX PEN (2 PENS)	2	PA; MO
DOVONEX TOPICAL CREAM	3	MO
selenium sulfide topical suspension	1	MO
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	2	MO
SORILUX	3	MO
STELARA SUBCUTANEOUS SYRINGE	2	PA; MO
TACLONEX	3	MO
VECTICAL	3	MO
BURN THERAPY		

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Drug Name	Drug Tier	Requirements /Limits
SILVADENE	3	MO
silver sulfadiazine	1	MO
ssd	1	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP	2	MO
ALDARA	3	ST; MO
ammonium lactate topical	1	MO
CARAC	2	MO
CONDYLOX TOPICAL GEL	2	MO
diclofenac sodium topical gel	1	PA; MO
EFUDEX TOPICAL CREAM	3	ST; MO
ELIDEL	3	PA; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	2	ST; MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
imiquimod	1	MO
methoxsalen rapid	2	MO
OXSORALEN ULTRA	2	MO
PANRETIN	2	MO
PICATO	2	ST; MO
podofilox	1	MO
PROTOPIC	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
prudoxin	1	MO
REGRANEX	2	MO
SOLARAZE	2	PA; MO
tacrolimus topical	1	PA; MO
UVADEX	3	
VALCHLOR	2	MO
VEREGEN	3	MO
ZONALON	3	MO
ZYCLARA	2	ST; MO
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	MO
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	
ACANYA	3	MO
ACZONE	3	MO
adapalene topical cream	1	PA; MO
adapalene topical gel	1	PA; MO
amnesteem	1	MO
ATRALIN	3	PA; MO
avita topical cream	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
AZELEX	2	MO
BENZACLIN	3	MO
BENZAMYCIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
claravis	1	MO
CLEOCIN T	3	MO
CLINDACIN PAC	3	MO
CLINDAGEL	3	MO
clindamycin phosphate topical	1	MO
clindamycin-benzoyl peroxide topical gel 1-5 %	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
DUAC	3	MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
ery pads	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
EVOCLIN	3	MO
FABIOR	3	MO
FINACEA	3	MO
METROCREAM	3	MO
METROGEL TOPICAL GEL 1 %	3	MO
METROLOTION	3	MO

Drug Name	Drug Tier	Requirements /Limits
metronidazole topical cream	1	MO
metronidazole topical gel	1	MO
metronidazole topical lotion	1	MO
MIRVASO	3	MO
myorisan	1	MO
neuac	1	MO
NORITATE	3	MO
ONEXTON	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	3	PA; MO
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	PA; MO
SOOLANTRA	3	MO
TAZORAC	2	PA; MO
tretinoin microspheres topical gel with pump	1	PA; MO
tretinoin topical	1	PA; MO
TRETIN-X TOPICAL CREAM 0.0375 %	3	PA; MO
VELTIN	3	PA; MO
zenatane	1	MO
ZIANA	3	PA; MO
TOPICAL ANESTHETICS		
EMLA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
lidocaine (pf) injection solution 5 mg/ml (0.5 %)	1	MO
lidocaine hcl injection solution 20 mg/ml (2 %)	1	MO
lidocaine hcl mucous membrane gel	1	MO
lidocaine hcl mucous membrane jelly in applicator	1	MO
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine hcl urethral	1	
lidocaine topical adhesive patch,medicated	1	PA; MO
lidocaine topical ointment	1	MO
lidocaine-prilocaine topical cream	1	MO
LIDODERM	3	PA; MO
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3	
XYLOCAINE MUCOUS MEMBRANE SOLUTION	3	
TOPICAL ANTIBACTERIALS		
ALTABAX	2	MO
BACTROBAN	3	MO
CORTISPORIN TOPICAL	3	MO
gentamicin topical	1	MO
KLARON	3	MO
mupirocin	1	MO
mupirocin calcium	1	MO
NEO-SYNALAR	3	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	3	MO
TOPICAL ANTIFUNGALS		
ciclopirox	1	MO
clotrimazole topical	1	MO
clotrimazole-betamethasone	1	MO
econazole topical	1	MO
ERTACZO	3	MO
EXELDERM	3	MO
EXTINA	3	MO
JUBLIA	3	MO
KERYDIN	3	MO
ketoconazole topical cream	1	MO
ketoconazole topical shampoo	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LOPROX TOPICAL SHAMPOO	3	MO
LOTRISONE TOPICAL CREAM	3	MO
LUZU	3	MO
MENTAX	3	MO
NAFTIFINE	3	
NAFTIN	2	MO
NIZORAL TOPICAL SHAMPOO	3	MO
nyamyc	1	MO
nystatin topical	1	MO
nystatin-triamcinolone	1	MO
nystop	1	MO
OXISTAT	3	MO
TOPICAL ANTIVIRALS		
acyclovir topical	1	MO
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL	3	MO
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream	1	MO
ALA-SCALP	3	ST; MO
alclometasone	1	MO
amcinonide	1	MO
APEXICON	3	ST
apexicon e	1	MO

Drug Name	Drug Tier	Requirements /Limits
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
CAPEX	2	ST; MO
clobetasol topical foam	1	MO
clobetasol topical gel	1	MO
clobetasol topical lotion	1	MO
clobetasol topical ointment	1	MO
clobetasol topical shampoo	1	MO
clobetasol topical solution	1	MO
clobetasol topical spray,non-aerosol	1	MO
clobetasol-emollient topical cream	1	MO
CLOBEX	3	ST; MO
clodan	1	MO
CLODERM	3	ST; MO
CORDRAN TAPE LARGE ROLL	2	ST; MO
cormax topical solution	1	MO
CUTIVATE TOPICAL LOTION	3	ST; MO
DERMATOP TOPICAL CREAM	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
DESONATE	3	ST; MO
desonide	1	MO
DESOWEN	3	ST; MO
desoximetasone	1	MO
diflorasone	1	MO
DIPROLENE	3	ST; MO
DIPROLENE AF	3	ST; MO
ELOCON	3	ST; MO
fluocinolone	1	MO
fluocinonide topical cream 0.1 %	1	MO
fluocinonide topical gel	1	MO
fluocinonide topical ointment	1	MO
fluocinonide topical solution	1	MO
fluocinonide-e	1	MO
fluticasone topical	1	MO
halobetasol propionate	1	MO
HALOG	3	ST; MO
hydrocortisone butyrate topical ointment	1	MO
hydrocortisone butyrate topical solution	1	MO
hydrocortisone butyr-emollient	1	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO

Drug Name	Drug Tier	Requirements /Limits
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
KENALOG TOPICAL	3	ST; MO
LOCOID TOPICAL CREAM	3	ST; MO
LOCOID TOPICAL LOTION	2	ST; MO
LOCOID TOPICAL OINTMENT	3	ST; MO
LOCOID TOPICAL SOLUTION	3	ST; MO
mometasone	1	MO
OLUX	3	ST; MO
PANDEL	2	ST; MO
prednicarbate	1	MO
SYNALAR CREAM KIT	3	ST; MO
TEMOVATE TOPICAL CREAM	3	ST; MO
TEMOVATE TOPICAL OINTMENT	3	ST; MO
TOPICORT	3	ST; MO
triamcinolone acetonide topical aerosol	1	MO

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Drug Name	Drug Tier	Requirements /Limits
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
trianex	1	MO
triderm topical cream	1	MO
ULTRAVATE	3	ST; MO
VANOS	3	ST; MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	3	MO
lindane	1	MO
malathion	1	MO
OVIDE	3	MO
permethrin topical cream	1	MO
SKLICE	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	MO
neomycin-polymyxin b gu	1	MO
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
ringers irrigation	1	MO
MISCELLANEOUS AGENTS		
acamprosate	1	MO
ACTONEL ORAL TABLET 30 MG	3	ST; MO; QL (30 per 30 days)
ADAGEN	2	MO
AGRYLIN	3	MO
alendronate oral tablet 40 mg	1	MO; QL (30 per 30 days)
anagrelide	1	MO
ANTABUSE	3	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	MO; LA
AURYXIA	2	MO
CARBAGLU	2	MO; LA
CARNITOR	3	MO
cevimeline	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
CLINIMIX E 2.75%/D10W SUL FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
d10 % & 0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w) intravenous parenteral solution	1	MO
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose with sodium chloride	1	
disulfiram	1	MO
etidronate disodium	1	MO
EVOXAC	3	MO
EXJADE	2	MO; LA
FERRIPROX	2	MO
FOSRENOL ORAL POWDER IN PACKET	3	

Drug Name	Drug Tier	Requirements /Limits
FOSRENOL ORAL TABLET,CHEWABLE	3	MO
GLASSIA	2	MO; LA
INCRELEX	2	MO; LA
JADENU	2	MO
KAYEXALATE	3	MO
kionex oral powder	1	MO
levocarnitine (with sugar)	1	MO
levocarnitine intravenous	1	MO
levocarnitine oral tablet	1	MO
LITHOSTAT	3	MO
midodrine	1	MO
NORTHERA	2	MO
NUTRESTORE	3	MO
ORFADIN	2	LA
pilocarpine hcl oral	1	MO
PROLASTIN-C	2	MO; LA
RAVICTI	2	MO
RECLAST	3	PA; MO
RENAGEL	3	MO
RENVELA	2	MO
RILUTEK	2	MO
riluzole	1	MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	2	MO
sodium polystyrene (sorb free)	1	
SYPRINE	2	MO
THIOLA	2	MO
VELPHORO	2	MO
water for irrigation, sterile	1	MO
ZEMAIRA	2	MO; LA
zoledronic acid-mannitol-water intravenous solution	1	PA; MO
SMOKING DETERRENTS		
buproban	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
ZYBAN	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		

Drug Name	Drug Tier	Requirements /Limits
ASTEPRO NASAL SPRAY,NON-AEROSOL	3	MO; QL (60 per 30 days)
ATROVENT	3	MO; QL (30 per 30 days)
azelastine nasal	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
olopatadine	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
periogard	1	MO
triamcinolone acetonide dental	1	MO
TYZINE NASAL DROPS 0.05 %	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetasol hc	1	MO
acetic acid otic	1	MO
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CIPRODEX	2	MO
COLY-MYCIN S	2	MO
CORTISPORIN OTIC SOLUTION	3	MO
CORTISPORIN-TC	2	MO
neomycin-polymyxin-hc otic	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	2	PA; MO
a-hydrocort	1	MO
CORTEF	3	MO
cortisone	1	MO
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2	MO
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	3	MO
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral tablet	1	MO
dexamethasone sodium phosphate injection	1	MO
DEXPAK 13 DAY	3	MO
FLO-PRED	3	

Drug Name	Drug Tier	Requirements /Limits
fludrocortisone	1	MO
hydrocortisone oral	1	MO
KENALOG INJECTION	3	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
MILLIPRED ORAL SOLUTION	3	MO
millipred oral tablet	1	PA; MO
ORAPRED ODT	3	PA; MO
prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral tablet,disintegrating	1	PA; MO
prednisone intensol	1	PA; MO
prednisone oral solution	1	MO
prednisone oral tablet	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RAYOS	3	PA; MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	2	MO
SOLU-MEDROL (PF) INJECTION	2	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	2	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	2	MO
veripred 20	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
TAPAZOLE	3	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QL (30 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
AFREZZA INHALATION CARTRIDGE, W/INHALATION DEVICE 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30)	3	MO
ALCOHOL PADS	2	
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA	3	ST; MO
APIDRA SOLOSTAR	3	ST; MO
AVANDAMET ORAL TABLET 2-1,000 MG	3	MO; LA; QL (60 per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AVANDIA ORAL TABLET 8 MG	3	MO; LA; QL (30 per 30 days)
BYDUREON	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QL (150 per 30 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	

Drug Name	Drug Tier	Requirements /Limits
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (75 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
GLYXAMBI	3	ST; MO; QL (30 per 30 days)
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50-50	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG SUBCUTANEOUS CARTRIDGE	2	MO
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MO
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (PREFILLED SYRINGE)	2	

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Drug Name	Drug Tier	Requirements /Limits
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 "CONCENTRATED "	2	MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
INVOKAMET	2	MO; QL (60 per 30 days)
INVOKANA	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (75 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	1	MO; QL (75 per 30 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	ST; MO
NOVOLOG FLEXPEN	3	ST; MO
NOVOLOG MIX 70-30	3	ST; MO
NOVOLOG MIX 70-30 FLEXPEN	3	ST; MO
NOVOLOG PENFILL	3	ST; MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PRANDIMET	3	MO; QL (150 per 30 days)
PRANDIN ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM	2	MO
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SYMLINPEN 120	2	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (10.5 per 30 days)
TANZEUM	3	PA; MO; QL (2 per 28 days)
tolazamide oral tablet 250 mg	1	MO; QL (120 per 30 days)
tolazamide oral tablet 500 mg	1	MO; QL (60 per 30 days)
tolbutamide	1	MO; QL (180 per 30 days)
TOUJEO SOLOSTAR	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 40	2	MO
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR & ER, BIPHASIC 24HR 10-1,000 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR & ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS HORMONES		
ALDURAZYME	2	MO
ANADROL-50	2	PA; MO
ANDRODERM	2	PA; MO
ANDROGEL	2	PA; MO
ANDROID	3	MO
AVEED	3	MO
AXIRON	3	PA; MO
cabergoline	1	MO
calcitonin (salmon)	1	MO
calcitriol intravenous solution 1 mcg/ml	1	MO
calcitriol oral	1	MO
CERDELGA	2	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	MO
chorionic gonadotropin, human	1	PA; MO
danazol oral	1	MO
DDAVP	3	MO
DEPO-TESTOSTERONE	3	MO
desmopressin injection	1	MO
desmopressin nasal solution	1	MO
desmopressin nasal spray,non-aerosol	1	MO

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Drug Name	Drug Tier	Requirements /Limits
desmopressin oral	1	MO
doxercalciferol intravenous	1	
doxercalciferol oral	1	MO
ELAPRASE	2	MO
ELELYSO	2	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	2	MO
FORTESTA	3	PA; MO
fortical	1	MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
HECTOROL ORAL	3	MO
KORLYM	2	MO
KUVAN ORAL POWDER IN PACKET 500 MG	2	MO
KUVAN ORAL TABLET,SOLUBLE	2	MO; LA
LUMIZYME	2	MO
METHITEST	3	MO
MIACALCIN	3	MO
MYALEPT	2	PA; MO; LA
MYOZYME	2	MO
NAGLAZYME	2	MO; LA
NATESTO	3	PA; MO
NATPARA	2	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
novarel	1	PA; MO
oxandrolone oral tablet 10 mg	2	PA; MO
oxandrolone oral tablet 2.5 mg	1	PA; MO
pamidronate intravenous solution	1	MO
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
paricalcitol oral	1	MO
PREGNYL	3	PA; MO
ROCALTROL	3	MO
SAMSCA	2	PA; MO
SENSIPAR ORAL TABLET 30 MG	2	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	2	MO
SOMAVERT	2	MO
STIMATE	2	MO
STRIANT	3	PA; MO
SYNAREL	2	MO
TESTIM	3	PA; MO
testosterone cypionate	1	MO
testosterone enanthate	1	MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TESTOSTERONE TRANSDERMAL GEL IN PACKET	3	PA; MO
TESTRED	3	MO
VOGELXO TRANSDERMAL GEL	3	PA; MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
VPRIV	2	MO
ZAVESCA	2	MO; LA
ZEMPLAR INTRAVENOUS	2	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
zoledronic acid intravenous solution	1	MO
ZOMETA	2	MO
THYROID HORMONES		
CYTOMEL	3	MO
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	MO
levothyroxine oral	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

Drug Name	Drug Tier	Requirements /Limits
liothyronine	1	MO
SYNTHROID	3	MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
TIROSINT	3	MO
TRIOSTAT	3	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1	
CANTIL	3	MO
CUVPOSA	3	MO
diphenoxylate-atropine	1	MO
FULYZAQ	3	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral	1	MO
LOMOTIL	3	MO
loperamide oral capsule	1	MO

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Drug Name	Drug Tier	Requirements /Limits
methscopolamine oral	1	MO
ROBINUL FORTE	3	MO
ROBINUL ORAL	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	MO
AKYNZEO	2	PA; MO
alosetron	2	MO
ALOXI	2	MO
AMITIZA	2	MO
ANUSOL-HC RECTAL CREAM	3	MO
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
ANZEMET ORAL	3	PA; MO
APRISO	3	MO
ASACOL HD	2	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
budesonide oral	2	MO
CANASA	3	MO
CESAMET	2	PA; MO
CHENODAL	2	PA; MO; LA
CIMZIA	2	PA; MO
CIMZIA POWDER FOR RECONST	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
COLAZAL	3	MO
colocort	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	MO
compro	1	MO
constulose	1	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	2	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT	2	MO
cromolyn oral	1	MO
CYSTADANE	2	MO
DELZICOL	2	MO
DIPENTUM	2	MO
dronabinol oral capsule 10 mg	2	PA; MO
dronabinol oral capsule 2.5 mg, 5 mg	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
EMEND INTRAVENOUS RECON SOLN 150 MG	2	MO
EMEND ORAL	2	PA; MO
ENTOCORT EC	2	MO
enulose	1	MO
GASTROCROM	3	MO
GATTEX ONE-VIAL	2	MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
GIAZO	2	MO
GOLYTELY	3	MO
granisetron (pf) intravenous solution 100 mcg/ml	1	MO
granisetron hcl intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl oral	1	PA; MO
hydrocortisone rectal enema	1	MO
KRISTALOSE	3	MO
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	2	MO

Drug Name	Drug Tier	Requirements /Limits
MARINOL ORAL CAPSULE 10 MG, 5 MG	2	PA; MO
MARINOL ORAL CAPSULE 2.5 MG	3	PA; MO
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
metoclopramide hcl oral tablet,disintegrating	1	MO
METOZOLV ODT ORAL TABLET,DISINTEGRATING 5 MG	3	MO
MOVANTIK	2	MO
MOVIPREP	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
ondansetron	1	PA; MO
ondansetron hcl (pf) injection solution	1	MO
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl oral solution	1	PA; MO
ondansetron hcl oral tablet 24 mg	1	PA

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Drug Name	Drug Tier	Requirements /Limits
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO
OSMOPREP	3	MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-25,000 - 43,750 UNIT, 16,800-40,000 - 70,000 UNIT, 4,200-10,000 -17,500 UNIT	3	MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 21,000-37,000 - 61,000 UNIT	2	MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
PENTASA	2	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT	2	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8,000-28,750-30,250 UNIT	3	MO

Drug Name	Drug Tier	Requirements /Limits
polyethylene glycol 3350 oral powder	1	MO
PREPOPIK	3	MO
prochlorperazine	1	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO
procto-pak	1	MO
proctosol hc	1	MO
proctozone-hc	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
REMICADE	2	PA; MO
SANCUSO	2	MO
SFROWASA	3	MO
SUCLEAR	2	MO
SUCRAID	2	MO
sulfasalazine oral tablet	1	MO
sulfazine ec	1	MO
SUPREP BOWEL PREP KIT	2	MO
TRANSDERM-SCOP	3	MO

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Drug Name	Drug Tier	Requirements /Limits
trilyte with flavor packets	1	MO
UCERIS ORAL	2	MO
UCERIS RECTAL	3	MO
ULTRESA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 13,800-27,600 UNIT	3	MO
ULTRESA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20,700-41,400 UNIT, 23,000-46,000 UNIT	2	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	MO
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000-218,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5,000-17,000 - 27,000 UNIT	3	MO
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	3	MO
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	PA; MO
ZOFRAN ODT	3	PA; MO
ZUPLENZ	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
ACIPHEX SPRINKLE	3	MO; QL (30 per 30 days)
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 30 days)
carafate oral suspension	1	MO
CARAFATE ORAL TABLET	3	MO
cimetidine	1	MO
cimetidine hcl oral	1	MO
CYTOTEC	3	MO

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Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
esomeprazole sodium	1	
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol	1	MO

Drug Name	Drug Tier	Requirements /Limits
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
nizatidine	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID ORAL SUSPENSION	3	MO
PEPCID ORAL TABLET 20 MG	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO
PREVPAC	3	MO; QL (112 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 MG, 20 MG	3	MO; QL (30 per 30 days)
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (900 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (300 per 30 days)
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	2	MO
rabeprazole	1	MO
ranitidine hcl injection solution 25 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ranitidine hcl oral capsule	1	MO
ranitidine hcl oral syrup	1	MO
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
sucralfate oral tablet	1	MO
ZANTAC INJECTION SOLUTION 25 MG/ML	3	MO
ZANTAC ORAL TABLET	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	2	PA; MO
ARCALYST	2	PA; MO
AVONEX (WITH ALBUMIN)	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (15 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	2	PA
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	2	PA; MO
EXTAVIA SUBCUTANEOUS KIT	2	PA; MO; QL (15 per 28 days)
GENOTROPIN	2	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; MO
GRANIX	2	PA; MO
HUMATROPE	2	PA; MO
ILARIS (PF)	2	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	MO
LEUKINE INJECTION RECON SOLN	2	MO
MIRCERA	3	MO
MOZOBIL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
NEULASTA SUBCUTANEOUS SYRINGE	2	PA; MO
NEUMEGA	2	MO
NEUPOGEN	2	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; MO
NORDITROPIN NORDIFLEX	2	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	2	PA; MO
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	2	PA; MO
OMNITROPE	2	PA; MO
PEGASYS	2	MO; QL (4 per 28 days)
PEGASYS PROCLICK	2	MO; QL (4 per 28 days)
PEGINTRON	2	MO; QL (4 per 28 days)
PEGINTRON REDIPEN	2	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
PROLEUKIN	2	MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA; MO; QL (12 per 28 days)
SAIZEN	2	PA; MO
SAIZEN CLICK.EASY	2	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; MO
SYLATRON	2	MO
ZOMACTON	2	PA; MO
ZORBTIVE	2	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
ATGAM	2	PA
BCG VACCINE, LIVE (PF)	2	
BEXSERO (PF)	2	
BIVIGAM	2	PA; MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	2	PA; MO
CERVARIX VACCINE (PF)	2	MO
COMVAX (PF)	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	2	PA; MO
fomepizole	1	MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; MO
GAMMAPLEX	2	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; MO
GARDASIL (PF)	2	MO
GARDASIL 9 (PF)	2	MO
GRASTEK	2	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HYPERRAB S/D (PF)	3	
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO

Drug Name	Drug Tier	Requirements /Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	2	PA; MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	2	MO
THYMOGLOBULIN	2	PA
TRUMENBA	2	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO

Drug Name	Drug Tier	Requirements /Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
aloprim	1	
COLCHICINE ORAL	3	MO
colchicine-probenecid	1	MO
COLCRYS	2	MO
probenecid	1	MO
ULORIC	2	ST; MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
alendronate oral solution	1	MO; QL (1286 per 30 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONIVA INTRAVENOUS	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVISTA	3	MO
FORTEO	2	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
ibandronate intravenous solution	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg	1	MO; QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack)	1	QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	2	PA; MO
ARAVA	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	2	MO
CUPRIMINE	2	MO
DEPEN TITRATABS	3	MO
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	2	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (4 per 28 days)
HUMIRA CROHN'S DIS START PCK	2	PA; MO; QL (4.8 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	2	PA; MO; QL (0.4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (3.2 per 28 days)
KINERET	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
leflunomide	1	MO; QL (30 per 30 days)
ORENCIA	2	PA; MO
ORENCIA (WITH MALTOSE)	2	PA; MO
OTEZLA	2	PA; MO
OTEZLA STARTER	2	PA; MO
OTREXUP (PF)	3	MO
RASUVO (PF)	3	MO
RIDAURA	2	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	2	PA; MO
SIMPONI ARIA	2	PA; MO
XELJANZ	2	PA; MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	3	MO
ALORA	3	MO; QL (8 per 28 days)
ANGELIQ ORAL TABLET 0.5-1 MG	3	MO
AYGESTIN	3	MO
camila	1	MO
CLIMARA	3	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
deblitane	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL	3	MO; QL (30 per 30 days)
DUAVEE	2	MO
ELESTRIN	3	MO; QL (52 per 30 days)
ENJUVIA	3	MO
errin	1	MO
ESTRACE ORAL	3	MO
ESTRACE VAGINAL	2	MO
estradiol oral	1	MO
estradiol transdermal patch semiweekly	1	MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet	1	MO
ESTRING	3	MO
estropipate	1	MO
EVAMIST	3	MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	MO
FEMRING	3	MO
jolivette	1	MO
LOPREEZA	3	MO
lyza	1	MO
medroxyprogesterone intramuscular suspension	1	MO
medroxyprogesterone oral	1	MO
MENEST	3	MO
MENOSTAR	3	MO; QL (4 per 28 days)
mimvey	1	MO
mimvey lo	1	MO
MINIVELLE	3	MO; QL (8 per 28 days)
nora-be	1	MO
norethindrone (contraceptive)	1	MO
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
norlyroc	1	
NOR-QD	3	MO
ORTHO MICRONOR	3	MO
PREMARIN INJECTION	3	MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	3	MO
progesterone micronized	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
sharobel	1	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	MO; QL (8 per 28 days)
MISCELLANEOUS OB/GYN		
AVC VAGINAL	3	MO
CLEOCIN VAGINAL CREAM	3	MO
CLEOCIN VAGINAL SUPPOSITORY	2	MO
clindamycin phosphate vaginal	1	MO
GYNAZOLE-1 VAGINAL CREAM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
LUPANETA PACK (1 MONTH)	2	MO
LUPANETA PACK (3 MONTH)	2	MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
metronidazole vaginal	1	MO
miconazole-3 vaginal suppository	1	MO
NUVARING	3	MO
NUVESSA	3	MO
TERAZOL 3 VAGINAL CREAM	3	MO
TERAZOL 7	3	MO
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
xulane	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
amethia	1	MO
amethyst	1	MO
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra	1	MO
aviane	1	MO
balziva (28)	1	MO
BEYAZ	3	MO

Drug Name	Drug Tier	Requirements /Limits
BREVICON (28)	3	MO
briellyn	1	MO
cryselle (28)	1	MO
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
CYCLESSA (28)	3	MO
delyla (28)	1	
desog-e.estradiol/e.estradiol	1	
DESOGEN	3	MO
drospirenone-ethinyl estradiol	1	MO
emoquette	1	MO
enpresse	1	MO
falmina (28)	1	MO
FEMCON FE	3	MO
GENERESS FE	3	MO
gianvi (28)	1	MO
gildagia	1	MO
gildess 24 fe	1	MO
gildess oral tablet 1.5-30 mg-mcg	1	MO
introvale	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kariva (28)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
kelnor 1/35 (28)	1	MO
l norgest&e estradiol-e estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21)	1	
larin 1/20 (21)	1	MO
larin fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	MO
levora-28	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO

Drug Name	Drug Tier	Requirements /Limits
lomedia 24 fe	1	MO
loryna (28)	1	MO
LOSEASONIQUE	3	MO
lutera (28)	1	MO
marlissa	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
MINASTRIN 24 FE	3	MO
MODICON (28)	3	MO
mononessa (28)	1	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
necon 1/35 (28)	1	MO
necon 1/50 (28)	1	MO
necon 10/11 (28)	1	MO
necon 7/7/7 (28)	1	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NORINYL 1+35 (28)	3	MO
NORINYL 1+50 (28)	3	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
ocella	1	MO
ogestrel (28)	1	MO
orsythia	1	MO
ORTHO TRI-CYCLEN (28)	3	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CEPT (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OVCON-35 (28)	3	MO
pimtrea (28)	1	MO
pirmella oral tablet 1-35 mg-mcg	1	MO
portia	1	MO
previfem	1	MO
QUARTETTE	3	MO
quasense	1	MO
reclipsen (28)	1	MO

Drug Name	Drug Tier	Requirements /Limits
SAFYRAL	3	MO
SEASONIQUE	3	MO
sprintec (28)	1	MO
sronyx	1	MO
tarina fe	1	MO
tri-legest fe	1	MO
trinessa (28)	1	MO
TRI-NORINYL (28)	3	MO
tri-previfem (28)	1	MO
tri-sprintec (28)	1	MO
trivora (28)	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vyfemla (28)	1	MO
wymzya fe	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
zenchent (28)	1	MO
zenchent fe	1	MO
zovia 1/35e (28)	1	MO
zovia 1/50e (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	MO
bacitracin ophthalmic	1	MO

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Drug Name	Drug Tier	Requirements /Limits
bacitracin-polymyxin b ophthalmic	1	MO
BESIVANCE	2	MO
CILOXAN OPHTHALMIC DROPS	3	MO
CILOXAN OPHTHALMIC OINTMENT	2	MO
ciprofloxacin hcl ophthalmic	1	MO
erythromycin ophthalmic	1	MO
garamycin ophthalmic drops	1	
gatifloxacin	1	MO
gentak ophthalmic ointment	1	MO
gentamicin ophthalmic	1	MO
ILOTYCIN	3	MO
levofloxacin ophthalmic	1	MO
MOXEZA	3	MO
NATACYN	2	MO
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
NEOSPORIN (NEO-POLYM-GRAMICID)	3	MO
OCUFLOX	3	MO
ofloxacin ophthalmic	1	MO
polymyxin b sulf-trimethoprim	1	MO
POLYTRIM	3	MO
tobramycin	1	MO
TOBREX OPHTHALMIC DROPS	3	MO
TOBREX OPHTHALMIC OINTMENT	2	MO
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
VIROPTIC	3	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
BETAGAN OPHTHALMIC DROPS 0.5 %	3	MO
betaxolol ophthalmic	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
carteolol	1	MO
ISTALOL	3	MO
levobunolol ophthalmic drops 0.5 %	1	MO
metipranolol	1	MO

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Drug Name	Drug Tier	Requirements /Limits
timolol maleate ophthalmic	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	MO
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic drops	1	MO
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	MO
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
azelastine ophthalmic	1	MO
BEPREVE	2	MO
cromolyn ophthalmic	1	MO
CYSTARAN	2	MO
ELESTAT	3	MO
EMADINE	3	MO
epinastine	1	MO
LACRISERT	2	MO
LASTACAFT	2	MO

Drug Name	Drug Tier	Requirements /Limits
PATADAY	2	MO
PATANOL	3	MO
PAZEO	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
bromfenac	1	MO
diclofenac sodium ophthalmic	1	MO
flurbiprofen sodium	1	MO
ILEVRO	2	MO
ketorolac ophthalmic	1	MO
NEVANAC	2	MO
OCUFEN	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral	1	MO
acetazolamide sodium	1	MO
DIAMOX SEQUELS	3	MO
methazolamide oral	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
bimatoprost	1	MO
COMBIGAN	2	MO

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Drug Name	Drug Tier	Requirements /Limits
COSOPT	3	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	2	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
travoprost (benzalkonium)	1	MO
TRUSOPT	3	MO
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic	1	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
tobramycin-dexamethasone	1	MO
ZYLET	2	MO
STEROIDS		

Drug Name	Drug Tier	Requirements /Limits
ALREX	2	MO
dexamethasone sodium phosphate ophthalmic	1	MO
DUREZOL	3	MO
FLAREX	3	MO
fluorometholone	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	2	MO
LOTEMAX	2	MO
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic	1	MO
VEXOL	3	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
sulfacetamide-prednisolone	1	MO
SULFONAMIDES		
BLEPH-10	3	MO
sulfacetamide sodium ophthalmic drops	1	MO

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Drug Name	Drug Tier	Requirements /Limits
sulfacetamide sodium ophthalmic ointment	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	MO
apraclonidine	1	MO
brimonidine	1	MO
IOPIDINE	3	MO
VASOCONSTRICTOR DECONGESTANTS		
naphazoline	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml (1:1,000) (1ml)	1	
AUVI-Q	3	MO; QL (4 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL SYRUP	3	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
desloratadine	1	MO; QL (30 per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl oral elixir	1	PA
epinephrine injection auto-injector	1	MO; QL (4 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	3	MO
promethazine injection solution	1	MO
promethazine oral	1	PA; MO
SEMPREX-D	3	MO
XYZAL ORAL SOLUTION	3	MO
XYZAL ORAL TABLET	3	MO; QL (30 per 30 days)
PULMONARY AGENTS		
ACCOLATE	3	MO
acetylcysteine solution	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ADCIRCA	2	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AEROSPAN	2	MO; QL (17.8 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	1	PA; MO
albuterol sulfate oral	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
aminophylline intravenous solution 250 mg/10 ml	1	
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO; QL (30 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX HFA	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	2	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	MO; QL (60 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	2	PA; MO
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	PA; MO
budesonide inhalation	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
budesonide nasal	1	MO; QL (17.2 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
cromolyn inhalation	1	PA; MO
DALIRESP	2	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
ESBRIET	2	PA; MO; QL (270 per 30 days)
FIRAZYR	2	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)
fluticasone nasal	1	MO; QL (16 per 30 days)
FORADIL AEROLIZER	2	MO; QL (60 per 30 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALBITOR	2	MO
KALYDECO ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
LETAIRIS	2	PA; MO; LA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
metaproterenol oral	1	MO
montelukast	1	MO
NASONEX	2	MO; QL (34 per 30 days)
OFEV	2	PA; MO; QL (60 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (17 per 30 days)
PROVENTIL HFA	3	MO; QL (13.4 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	2	PA; MO
PULMOZYME	2	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR	2	MO; QL (17.4 per 30 days)
REVATIO INTRAVENOUS	2	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTIO N	2	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	2	PA; MO; QL (90 per 30 days)
RHINOCORT AQUA	3	MO; QL (17.2 per 30 days)
RUCONEST	2	PA; MO
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
sildenafil intravenous	2	PA
sildenafil oral	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
SPIRIVA RESPIMAT	2	MO; QL (60 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
terbutaline oral	1	MO
terbutaline subcutaneous	1	MO
THEO-24	3	MO
theophylline oral solution	1	
theophylline oral tablet extended release	1	MO
theophylline oral tablet extended release 12 hr	1	MO
TRACLEER	2	PA; MO; LA
triamcinolone acetonide nasal	1	MO; QL (16.5 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	2	QL (1 per 30 days)
TYVASO	2	PA; MO
VENTAVIS	2	PA; MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)
VERAMYST	3	MO; QL (10 per 30 days)
VOSPIRE ER	3	MO
XOLAIR	2	PA; MO; LA; QL (6 per 28 days)
XOPENEX	3	PA; MO
XOPENEX HFA	3	MO; QL (30 per 30 days)
zafirlukast	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
ZYFLO	2	MO
ZYFLO CR	2	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL	3	MO
ENABLEX	2	MO

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Drug Name	Drug Tier	Requirements /Limits
flavoxate	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	MO; QL (92 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
oxybutynin chloride oral	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
tolterodine	1	MO
TOVIAZ	2	MO
trospium	1	MO
VESICARE	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
AVODART	2	MO
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	ST; MO
JALYN	2	MO
PROSCAR	3	MO
RAPAFLO	2	ST; MO
tamsulosin	1	MO
UROXATRAL	3	ST; MO
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	MO

Drug Name	Drug Tier	Requirements /Limits
URECHOLINE	3	MO
MISCELLANEOUS UROLOGICALS		
AMMONIUM CHLORIDE	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
potassium citrate	1	MO
PROCYSBI	2	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate oral capsule	1	MO
dextrose-kcl-nacl	1	
eliphos	1	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO

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Drug Name	Drug Tier	Requirements /Limits
k-tab oral tablet extended release 8 meq	1	
lactated ringers intravenous	1	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLO	3	MO
PHOSLYRA	3	MO
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l	1	

Drug Name	Drug Tier	Requirements /Limits
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	MO
potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	
potassium chloride intravenous solution	1	MO
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral tablet extended release 8 meq	1	MO
potassium chloride oral tablet,er particles/crystals	1	MO
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	

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Drug Name	Drug Tier	Requirements /Limits
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	1	
ringers intravenous	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 %	1	MO
sodium chloride 5 %	1	
sodium chloride intravenous parenteral solution 2.5 meq/ml	1	MO
sodium lactate intravenous solution	1	
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 7 % WITH ELECTROLYTES	2	PA
AMINOSYN 8.5 %-ELECTROLYTES	2	PA
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN II 7 %	2	PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN II 8.5 %	2	PA
AMINOSYN II 8.5 %-ELECTROLYTES	2	PA
AMINOSYN M 3.5 %	2	PA
AMINOSYN-HBC 7%	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
AMINOSYN-RF 5.2 %	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA
CLINIMIX 5%/D25W SULFITE-FREE	2	PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA
CLINIMIX 4.25%-D25W SULF-FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 4.25%/D10W SUL FREE	3	PA
CLINIMIX E 4.25%/D25W SUL FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINIMIX E 5%/D25W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA; MO
FREAMINE HBC 6.9 %	2	PA
HEPATAMINE 8%	2	PA
intralipid intravenous emulsion 20 %	1	PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	2	PA
IONOSOL-B IN D5W	2	
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	

Drug Name	Drug Tier	Requirements /Limits
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-M IN 5 % DEXTROSE	3	
NORMOSOL-R PH 7.4	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56 IN 5 % DEXTROSE	2	
premasol 10 %	1	PA; MO
PREMASOL 6 %	2	PA
PROCALAMINE 3%	3	PA
PROSOL 20 %	3	PA; MO
travasol 10 %	1	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
PRENATAL VITAMIN ORAL TABLET	3	
SODIUM FLUORIDE ORAL TABLET	3	MO

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