



BlueAdvantage (PPO)SM 2019 Formulary

(List of Covered Drugs)

BlueAdvantage Diamond (PPO)SM

BlueAdvantage Ruby (PPO)SM

BlueAdvantage Sapphire (PPO)SM

BlueAdvantage Garnet (PPO)SM

We have made no changes to this formulary since 4/1/2019.

For more recent information or other questions, please contact BlueAdvantageSM Member Service, at **1-800-831-BLUE (2583)**, TTY: **711**.

From **Oct. 1** to **Mar. 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **Apr. 1** to **Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day or visit **bcbstmedicare.com**.

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

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18159, Version 13,



BlueAdvantage Formulary

Note to existing members:

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means BlueCross BlueShield of Tennessee. When it refers to “plan” or “our plan,” it means BlueAdvantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 4/1/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the BlueAdvantage Formulary?

A formulary is a list of covered drugs selected by BlueAdvantage 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. BlueAdvantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueAdvantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.)

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage

year. Below are changes to the drug list that will also affect members currently taking a drug:

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

+ Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 4/1/2019. To get updated information about the drugs covered by BlueAdvantage, please contact us.

Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, we may reprint our formulary and distribute copies to our members. Updated formularies are posted to our website at **bcbstmedicare.com**.

How do I use the Formulary?

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

+ **Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

+ **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- + **Prior Authorization:** BlueAdvantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueAdvantage before you fill your prescriptions. If you don't get approval, BlueAdvantage may not cover the drug.
- + **Quantity Limits:** For certain drugs, BlueAdvantage limits the amount of the drug that our plan will cover. For example, BlueAdvantage provides 90 tablets/capsules per 90 days per prescription for Dexilant. This may be in addition to a standard one-month or three-month supply.
- + **Step Therapy:** In some cases, BlueAdvantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueAdvantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the BlueAdvantage formulary?” on this page for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Service and ask if your drug is covered. If you learn that BlueAdvantage does not cover your drug, you have two options:

- + You can ask Member Service for a list of similar drugs that are covered by BlueAdvantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by BlueAdvantage.
- + You can ask BlueAdvantage to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the BlueAdvantage Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception.

When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 days (or 31 days for long-term care (LTC)) supply. If your prescription is written for fewer days, we'll allow refills to provide

up to a maximum 30 days (or 31 days for long-term care (LTC)) supply of medication. After your first 30 days (or 31 days for long-term care (LTC)) supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For a member with a level of care change (i.e., member is discharged from a Long Term Care facility to a home setting) outside of the transition window, a pharmacy may obtain a one-time supply of a transition-eligible drug by contacting the help desk.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

BlueAdvantage's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by BlueAdvantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

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

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

Every drug on the plan's Drug List is in one of five tiers. In general, the higher the tier, the higher your cost-sharing for the drug.

Sapphire & Garnet	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1/\$1 copay	\$6/\$15 copay
Tier 2: Generic	\$10/\$10 copay	\$15/\$35 copay
Tier 3: Preferred Brand	\$42/\$105 copay	\$47/\$135 copay
Tier 4: Non-Preferred Drugs	\$92/\$225 copay	\$97/\$285 copay
Tier 5: Specialty Tier	33% of the cost/Specialty medications are limited to a 30-day supply	33% of the cost/Specialty medications are limited to a 30-day supply
Ruby	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1/\$1 copay	\$6/\$15 copay
Tier 2: Generic	\$5/\$5 copay	\$10/\$25 copay
Tier 3: Preferred Brand	\$28/\$70 copay	\$33/\$95 copay
Tier 4: Non-Preferred Drugs	\$65/\$165 copay	\$70/\$185 copay
Tier 5: Specialty Tier	33% of the cost/Specialty medications are limited to a 30-day supply	33% of the cost/Specialty medications are limited to a 30-day supply
Diamond	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1/\$1 copay	\$6/\$15 copay
Tier 2: Generic	\$5/\$5 copay	\$10/\$25 copay
Tier 3: Preferred Brand	\$28/\$70 copay	\$33/\$95 copay
Tier 4: Non-Preferred Drugs	\$50/\$125 copay	\$55/\$145 copay
Tier 5: Specialty Tier	33% of the cost/Specialty medications are limited to a 30-day supply	33% of the cost/Specialty medications are limited to a 30-day supply

You can get a 90-day supply of drugs in Tiers 1 and 2 for the 30-day copay amount at preferred pharmacies. To find a Preferred Pharmacy in your neighborhood, give us a call at the number on the back of this formulary or visit www.bcbstmedicare.com.

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Abbreviations: Requirements & Limits

30D= Specialty Drug. May only obtain a 30 day supply.

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

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

HRM= High Risk Medication for people over age 65, ensure benefits outweigh risk.

LA= Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA= Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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

ST= Step Therapy. In some cases, the Plan requires you to first try 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.

lowercase italics= Generic drugs

UPPERCASE BOLD= Brand name drugs

Drug Tiers

Tier 1= Preferred Generics

Tier 2= Generics

Tier 3= Preferred Brands

Tier 4= Non Preferred Drugs

Tier 5= Brands and Generics: Cost over \$670 per month

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	5	B/D PA; 30D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; 30D
<i>amphotericin b injection recon soln</i>	4	B/D PA
<i>caspofungin intravenous recon soln</i>	5	B/D PA; 30D
<i>clotrimazole mucous membrane troche</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	3	
<i>fluconazole in dextrose(iso-o) intravenous piggyback</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	30D
<i>griseofulvin microsize oral suspension</i>	4	
<i>griseofulvin microsize oral tablet</i>	4	
<i>griseofulvin ultramicrosize oral tablet</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120 EA per 30 days)
<i>itraconazole oral solution</i>	4	
<i>ketoconazole oral tablet</i>	2	
NOXAFIL ORAL SUSPENSION	5	30D
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	5	30D
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	2	
SPORANOX ORAL SOLUTION	3	
<i>terbinafine hcl oral tablet</i>	2	
<i>voriconazole intravenous solution</i>	4	
<i>voriconazole oral suspension for reconstitution</i>	5	30D
<i>voriconazole oral tablet</i>	5	30D
ANTIVIRALS		

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

Updated 04/2019

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir oral solution</i>	2	
<i>abacavir oral tablet</i>	2	
<i>abacavir-lamivudine oral tablet</i>	5	30D
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	30D
<i>acyclovir oral capsule</i>	1	GC
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	1	GC
<i>acyclovir sodium intravenous recon soln 500 mg</i>	4	B/D PA
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir oral tablet</i>	5	30D
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	2	
APTIVUS ORAL CAPSULE	5	30D
APTIVUS ORAL SOLUTION	5	30D
<i>atazanavir oral capsule</i>	4	
ATRIPLA ORAL TABLET	5	30D
BARACLUDE ORAL SOLUTION	5	30D
BIKTARVY ORAL TABLET	5	30D
<i>cidofovir intravenous solution</i>	5	B/D PA; 30D
CIMDUO ORAL TABLET	5	30D
COMPLERA ORAL TABLET	5	30D
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
DELSTRIGO ORAL TABLET	5	30D
DESCOVY ORAL TABLET	5	30D
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	2	
EDURANT ORAL TABLET	5	30D
<i>efavirenz oral capsule 200 mg</i>	5	30D
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet</i>	5	30D
EMTRIVA ORAL CAPSULE	3	

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

Updated 04/2019

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION	3	
<i>entecavir oral tablet</i>	5	30D
EPCLUSA ORAL TABLET	5	PA; 30D; QL (28 EA per 28 days)
EVOTAZ ORAL TABLET	5	30D
<i>famciclovir oral tablet</i>	1	GC
<i>fosamprenavir oral tablet</i>	5	30D
FUZEON SUBCUTANEOUS RECON SOLN	5	30D
<i>ganciclovir sodium intravenous recon soln</i>	2	
<i>ganciclovir sodium intravenous solution</i>	2	
GENVOYA ORAL TABLET	5	30D
HARVONI ORAL TABLET	5	PA; 30D; QL (28 EA per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	30D
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL TABLET	5	30D
ISENTRESS HD ORAL TABLET	5	30D
ISENTRESS ORAL POWDER IN PACKET	5	30D
ISENTRESS ORAL TABLET	5	30D
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	30D
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET	5	30D
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	30D
<i>lamivudine oral solution</i>	4	
<i>lamivudine oral tablet</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
<i>ledipasvir-sofosbuvir oral tablet</i>	5	PA; 30D; QL (28 EA per 28 days)
LEXIVA ORAL SUSPENSION	3	
<i>lopinavir-ritonavir oral solution</i>	4	
MAVYRET ORAL TABLET	5	PA; 30D; QL (84 EA per 28 days)
<i>moderiba oral tablets,dose pack 600 mg (7)- 600 mg (7), 600-600 mg (28)-mg (28)</i>	5	30D

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

Updated 04/2019

Drug Name	Drug Tier	Requirements/Limits
<i>moderiba oral tablet</i>	2	
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	4	
<i>nevirapine oral tablet extended release 24 hr</i>	4	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	3	
ODEFSEY ORAL TABLET	5	30D
<i>oseltamivir oral capsule 30 mg</i>	2	QL (84 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	QL (42 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	2	QL (600 ML per 180 days)
PIFELTRO ORAL TABLET	5	30D
PREZCOBIX ORAL TABLET	5	30D
PREZISTA ORAL SUSPENSION	5	30D
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	30D
REBETOL ORAL SOLUTION	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 180 days)
RESCRIPTOR ORAL TABLET	3	
RESCRIPTOR ORAL TABLET, DISPERSIBLE	3	
RETROVIR INTRAVENOUS SOLUTION	3	
REYATAZ ORAL POWDER IN PACKET	5	30D
<i>ribasphere oral capsule</i>	4	
<i>ribasphere oral tablet 200 mg, 400 mg</i>	4	
<i>ribasphere oral tablet 600 mg</i>	5	30D
<i>ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7)</i>	4	
<i>ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	30D
<i>ribavirin oral capsule</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	
<i>rimantadine oral tablet</i>	2	

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

Updated 04/2019

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir oral tablet</i>	2	
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	3	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; 30D; QL (28 EA per 28 days)
<i>stavudine oral capsule</i>	2	
STRIBILD ORAL TABLET	5	30D
SYMFI LO ORAL TABLET	5	30D
SYMFI ORAL TABLET	5	30D
SYMTUZA ORAL TABLET	5	30D
SYNAGIS INTRAMUSCULAR SOLUTION	5	LA; 30D
<i>tenofovir disoproxil fumarate oral tablet</i>	5	30D
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	30D
TRIUMEQ ORAL TABLET	5	30D
TROGARZO INTRAVENOUS SOLUTION	5	PA; 30D
TRUVADA ORAL TABLET	5	30D
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln</i>	5	30D
<i>valganciclovir oral tablet</i>	5	30D
VEMLIDY ORAL TABLET	5	30D
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	3	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	3	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	4	
VIRACEPT ORAL TABLET	5	30D
VIRAMUNE ORAL SUSPENSION	4	
VIREAD ORAL POWDER	5	30D
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	30D
VOSEVI ORAL TABLET	5	PA; 30D; QL (28 EA per 28 days)
XOFLUZA ORAL TABLET	3	QL (4 EA per 180 days)

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

Updated 04/2019

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral capsule</i>	2	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	2	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefactor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln</i>	2	
<i>cefazolin intravenous recon soln</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	2	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	4	
<i>cefepime injection recon soln</i>	4	
<i>cefixime oral suspension for reconstitution</i>	2	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	2	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	2	
<i>cefotetan injection recon soln</i>	2	
<i>cefotetan intravenous recon soln</i>	2	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	2	
<i>cefoxitin intravenous recon soln</i>	2	
<i>cefpodoxime oral suspension for reconstitution</i>	2	
<i>cefpodoxime oral tablet</i>	2	
<i>cefprozil oral suspension for reconstitution</i>	2	

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

Updated 04/2019

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral tablet</i>	2	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	
<i>ceftazidime injection recon soln</i>	2	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	2	
<i>ceftriaxone intravenous recon soln</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution</i>	2	
SUPRAX ORAL CAPSULE	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
TEFLARO INTRAVENOUS RECON SOLN	5	30D
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	2	
<i>azithromycin oral suspension for reconstitution</i>	1	GC
<i>azithromycin oral tablet</i>	1	GC
<i>clarithromycin oral suspension for reconstitution</i>	2	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	2	
<i>e.e.s. 400 oral tablet</i>	2	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral tablet</i>	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	5	30D; QL (120 EA per 30 days)
ALBENZA ORAL TABLET	5	30D; QL (120 EA per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL (360 ML per 30 days)
ALINIA ORAL TABLET	5	30D; QL (14 EA per 30 days)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; LA; 30D
<i>atovaquone oral suspension</i>	5	30D
<i>atovaquone-proguanil oral tablet</i>	2	
<i>aztreonam injection recon soln</i>	2	
<i>baciim intramuscular recon soln</i>	2	
<i>bacitracin intramuscular recon soln</i>	2	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D; QL (224 ML per 28 days)
BILTRICIDE ORAL TABLET	5	30D
CAPASTAT INJECTION RECON SOLN	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	LA; 30D; QL (84 ML per 28 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	
<i>clindamycin hcl oral capsule</i>	1	GC
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	2	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	2	
<i>clindamycin palmitate hcl oral recon soln</i>	4	
<i>clindamycin pediatric oral recon soln</i>	4	
<i>clindamycin phosphate injection solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate intravenous solution</i>	2	
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
<i>colistin (colistimethate na) injection recon soln</i>	2	
<i>dapsone oral tablet</i>	2	
<i>daptomycin intravenous recon soln 350 mg</i>	4	
<i>daptomycin intravenous recon soln 500 mg</i>	5	30D
DARAPRIM ORAL TABLET	5	PA; 30D
<i>ertapenem injection recon soln</i>	4	
<i>ethambutol oral tablet</i>	2	
FIRVANQ ORAL RECON SOLN	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	2	
<i>gentamicin injection solution</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	2	
<i>hydroxychloroquine oral tablet</i>	2	
<i>imipenem-cilastatin intravenous recon soln</i>	2	
INVANZ INJECTION RECON SOLN	4	
<i>isoniazid injection solution</i>	2	
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	1	GC
<i>ivermectin oral tablet</i>	2	
KRINTAFEL ORAL TABLET	3	
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	30D
<i>linezolid oral suspension for reconstitution</i>	5	30D
<i>linezolid oral tablet</i>	5	30D
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	5	30D
<i>mefloquine oral tablet</i>	2	
<i>meropenem intravenous recon soln</i>	4	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metro i.v. intravenous piggyback</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	2	
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	
NEBUPENT INHALATION RECON SOLN	3	B/D PA; QL (1 EA per 28 days)
<i>neomycin oral tablet</i>	2	
ORBACTIV INTRAVENOUS RECON SOLN	5	30D
<i>paromomycin oral capsule</i>	4	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
PENTAM INJECTION RECON SOLN	4	
<i>polymyxin b sulfate injection recon soln</i>	2	
<i>praziquantel oral tablet</i>	2	
PRIFTIN ORAL TABLET	4	
PRIMAQUINE ORAL TABLET	3	
<i>pyrazinamide oral tablet</i>	2	
<i>quinine sulfate oral capsule</i>	4	QL (42 EA per 30 days)
<i>rifabutin oral capsule</i>	4	
<i>rifampin intravenous recon soln</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	LA; 30D
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	
SYNERCID INTRAVENOUS RECON SOLN	5	30D
<i>tigecycline intravenous recon soln</i>	5	30D
<i>tinidazole oral tablet</i>	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	B/D PA; 30D; QL (280 ML per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	
TRECATOR ORAL TABLET	3	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN INJECTION RECON SOLN	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	2	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	2	
<i>vancomycin oral capsule 125 mg</i>	4	
<i>vancomycin oral capsule 250 mg</i>	5	30D
XIFAXAN ORAL TABLET 200 MG	5	30D; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	30D; QL (90 EA per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	GC
<i>amoxicillin oral suspension for reconstitution</i>	1	GC
<i>amoxicillin oral tablet</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	GC
<i>ampicillin oral capsule 500 mg</i>	1	GC
<i>ampicillin sodium injection recon soln</i>	1	GC
<i>ampicillin sodium intravenous recon soln</i>	1	GC
<i>ampicillin-sulbactam injection recon soln</i>	2	
<i>ampicillin-sulbactam intravenous recon soln</i>	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	
<i>dicloxacillin oral capsule</i>	1	GC
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin injection recon soln 10 gram</i>	5	30D
<i>nafcillin intravenous recon soln</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	2	
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	30D
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
<i>penicillin g potassium injection recon soln</i>	2	
<i>penicillin g procaine intramuscular syringe</i>	2	
<i>penicillin g sodium injection recon soln</i>	2	
<i>penicillin v potassium oral recon soln</i>	2	
<i>penicillin v potassium oral tablet</i>	1	GC
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
ZOSYN INTRAVENOUS RECON SOLN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM	3	
QUINOLONES		
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</i>	1	GC
<i>ciprofloxacin hcl oral tablet</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	2	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	2	
<i>levofloxacin in d5w intravenous piggyback</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	GC
<i>moxifloxacin oral tablet</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S / RELATED AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfadiazine oral tablet</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	GC
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	4	
<i>doxy-100 intravenous recon soln</i>	2	
<i>doxycycline hyclate intravenous recon soln</i>	2	
<i>doxycycline hyclate oral capsule</i>	1	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	GC
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet</i>	1	GC
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
<i>minocycline oral tablet extended release 24 hr</i>	4	
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET	5	PA; 30D
NUZYRA (7 DAY) ORAL TABLET	5	PA; 30D
NUZYRA INTRAVENOUS RECON SOLN	5	PA; 30D
NUZYRA ORAL TABLET	5	PA; 30D
<i>soloxide oral tablet, delayed release (dr/ec)</i>	4	
<i>tetracycline oral capsule</i>	4	
VIBRAMYCIN ORAL SYRUP	3	
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	4	
<i>methenamine mandelate oral tablet</i>	4	
<i>nitrofurantoin macrocrystal oral capsule</i>	4	PA; HRM
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	4	PA; HRM
<i>nitrofurantoin oral suspension</i>	4	PA; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim oral tablet</i>	1	GC
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln</i>	5	B/D PA; 30D
ELITEK INTRAVENOUS RECON SOLN	5	30D
KEPIVANCE INTRAVENOUS RECON SOLN	5	30D
<i>leucovorin calcium injection recon soln</i>	2	B/D PA
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	B/D PA
<i>leucovorin calcium oral tablet</i>	2	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	5	B/D PA; 30D
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA; 30D
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA; 30D
<i>mesna intravenous solution</i>	2	B/D PA
MESNEX ORAL TABLET	5	30D
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	5	PA; 30D; QL (120 EA per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; 30D
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	5	PA; 30D
AFINITOR ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE	5	PA; 30D; QL (240 EA per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	5	B/D PA; 30D
ALIQOPA INTRAVENOUS RECON SOLN	5	PA; LA; 30D
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; 30D; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; 30D; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; 30D; QL (30 EA per 180 days)
<i>anastrozole oral tablet</i>	2	
ARRANON INTRAVENOUS SOLUTION	5	B/D PA; 30D
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION	5	B/D PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	5	30D
AVASTIN INTRAVENOUS SOLUTION	5	B/D PA; 30D
<i>azacitidine injection recon soln</i>	5	B/D PA; 30D
<i>azathioprine oral tablet</i>	2	B/D PA
<i>azathioprine sodium injection recon soln</i>	2	B/D PA
BAVENCIO INTRAVENOUS SOLUTION	5	PA; LA; 30D
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; 30D
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; 30D
BESPONSIA INTRAVENOUS RECON SOLN	5	PA; 30D
<i>bexarotene oral capsule</i>	5	30D
<i>bicalutamide oral tablet</i>	2	
BICNU INTRAVENOUS RECON SOLN	5	B/D PA; 30D
<i>bleomycin injection recon soln</i>	2	
BORTEZOMIB INTRAVENOUS RECON SOLN	5	B/D PA; 30D
BOSULIF ORAL TABLET 100 MG	5	PA; 30D; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; 30D; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; LA; 30D; QL (270 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; 30D; QL (180 EA per 30 days)
<i>busulfan intravenous solution</i>	5	B/D PA; 30D
CABOMETYX ORAL TABLET	5	PA; LA; 30D
CALQUENCE ORAL CAPSULE	5	PA; LA; 30D; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; 30D; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; 30D; QL (30 EA per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA
<i>carmustine intravenous recon soln</i>	5	B/D PA; 30D
<i>cisplatin intravenous solution</i>	2	B/D PA
<i>cladribine intravenous solution</i>	5	B/D PA; 30D
<i>clofarabine intravenous solution</i>	5	B/D PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE	5	PA; 30D
COPIKTRA ORAL CAPSULE	5	PA; LA; 30D; QL (60 EA per 30 days)
COTELLIC ORAL TABLET	5	PA; LA; 30D; QL (63 EA per 28 days)
<i>cyclophosphamide oral capsule</i>	4	B/D PA
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA
CYRAMZA INTRAVENOUS SOLUTION	5	30D
<i>cytarabine (pf) injection solution</i>	2	
<i>cytarabine injection solution</i>	2	
<i>dacarbazine intravenous recon soln</i>	2	B/D PA
<i>dactinomycin intravenous recon soln</i>	5	B/D PA; 30D
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; LA; 30D
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; 30D; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; 30D; QL (60 EA per 30 days)
<i>decitabine intravenous recon soln</i>	5	B/D PA; 30D
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; 30D
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA; 30D
<i>doxorubicin intravenous recon soln</i>	2	B/D PA
<i>doxorubicin intravenous solution</i>	2	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; 30D
DROXIA ORAL CAPSULE	3	
EMCYT ORAL CAPSULE	5	30D
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; 30D
<i>epirubicin intravenous solution</i>	2	B/D PA
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE ORAL CAPSULE	5	PA; 30D; QL (30 EA per 30 days)
ERLEADA ORAL TABLET	5	PA; 30D; QL (120 EA per 30 days)
ERWINAZE INJECTION RECON SOLN	5	B/D PA; 30D
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA
<i>etoposide intravenous solution</i>	2	B/D PA
<i>exemestane oral tablet</i>	2	
FARESTON ORAL TABLET	5	30D
FARYDAK ORAL CAPSULE 10 MG	5	PA; 30D; QL (12 EA per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; 30D; QL (6 EA per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE	5	B/D PA; 30D
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; 30D
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution</i>	2	B/D PA
<i>flutamide oral capsule</i>	2	
FOLOTYN INTRAVENOUS SOLUTION	5	B/D PA; 30D
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA
<i>gengraf oral solution</i>	2	B/D PA
GILOTRIF ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE	3	
HALAVEN INTRAVENOUS SOLUTION	5	B/D PA; 30D
HERCEPTIN INTRAVENOUS RECON SOLN	5	B/D PA; 30D
<i>hydroxyurea oral capsule</i>	2	
IBRANCE ORAL CAPSULE	5	PA; 30D; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; 30D; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; 30D; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin intravenous solution</i>	2	B/D PA
IDHIFA ORAL TABLET	5	PA; LA; 30D; QL (30 EA per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA
<i>ifosfamide intravenous solution</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; 30D; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; 30D; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; 30D; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; 30D; QL (240 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; 30D; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA; 30D; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA; 30D; QL (30 EA per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	PA; LA; 30D
INLYTA ORAL TABLET 1 MG	5	PA; 30D; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; 30D; QL (120 EA per 30 days)
IRESSA ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
<i>irinotecan intravenous solution</i>	2	B/D PA
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; 30D
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; 30D
JAKAFI ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; 30D
KADCYLA INTRAVENOUS RECON SOLN	5	PA; 30D
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; 30D
KISQALI FEMARA CO-PACK ORAL TABLET	5	PA; 30D
KISQALI ORAL TABLET	5	PA; 30D
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA; 30D
LARTRUVO INTRAVENOUS SOLUTION	5	B/D PA; LA; 30D
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; 30D; QL (60 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; 30D; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 4 MG	5	PA; 30D; QL (30 EA per 30 days)
<i>letrozole oral tablet</i>	2	
LEUKERAN ORAL TABLET	3	
<i>leuprolide subcutaneous kit</i>	5	30D
LIBTAYO INTRAVENOUS SOLUTION	5	PA; 30D
LONSURF ORAL TABLET	5	PA; 30D
LORBRENA ORAL TABLET 100 MG	5	PA; 30D; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; 30D; QL (90 EA per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN	5	PA; 30D
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; 30D
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; 30D
LYNPARZA ORAL TABLET	5	PA; 30D; QL (120 EA per 30 days)
LYSODREN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	30D
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA; HRM
<i>megestrol oral tablet</i>	4	PA; HRM
MEKINIST ORAL TABLET 0.5 MG	5	PA; 30D; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; 30D; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET	5	PA; LA; 30D; QL (90 EA per 30 days)
<i>melphalan hcl intravenous recon soln</i>	5	B/D PA; 30D
<i>melphalan oral tablet</i>	4	B/D PA

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

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA
<i>methotrexate sodium injection solution</i>	2	B/D PA
<i>methotrexate sodium oral tablet</i>	2	
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; 30D
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA
<i>mycophenolate mofetil hcl intravenous recon soln</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; 30D
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA
MYLOTARG INTRAVENOUS RECON SOLN	5	PA; LA; 30D
NERLYNX ORAL TABLET	5	PA; LA; 30D
NEXAVAR ORAL TABLET	5	PA; LA; 30D; QL (120 EA per 30 days)
<i>nilutamide oral tablet</i>	5	30D
NINLARO ORAL CAPSULE 2.3 MG	5	PA; 30D; QL (6 EA per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; 30D; QL (4 EA per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; 30D; QL (3 EA per 28 days)
NIPENT INTRAVENOUS RECON SOLN	5	B/D PA; 30D
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; 30D
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	30D
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	
ODOMZO ORAL CAPSULE	5	PA; LA; 30D; QL (30 EA per 30 days)
ONCASPAR INJECTION SOLUTION	5	B/D PA; 30D
OPDIVO INTRAVENOUS SOLUTION	5	PA; 30D
<i>oxaliplatin intravenous recon soln</i>	4	B/D PA
<i>oxaliplatin intravenous solution</i>	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel intravenous concentrate</i>	2	B/D PA
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; 30D
POMALYST ORAL CAPSULE	5	PA; LA; 30D
POTELIGEO INTRAVENOUS SOLUTION	5	PA; 30D
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA
PURIXAN ORAL SUSPENSION	5	30D
RAPAMUNE ORAL SOLUTION	5	B/D PA; 30D
REVLIMID ORAL CAPSULE	5	PA; LA; 30D
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	5	PA; 30D
RITUXAN INTRAVENOUS CONCENTRATE	5	PA; 30D
ROMIDEPSIN INTRAVENOUS RECON SOLN	5	B/D PA; 30D
RUBRACA ORAL TABLET	5	PA; LA; 30D; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	5	PA; 30D
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	30D
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	30D
SIGNIFOR SUBCUTANEOUS SOLUTION	5	30D
SIMULECT INTRAVENOUS RECON SOLN	3	B/D PA
<i>sirolimus oral solution</i>	5	B/D PA; 30D
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; 30D
SOLTAMOX ORAL SOLUTION	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	30D
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; 30D; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; 30D; QL (90 EA per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; 30D; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	5	PA; 30D; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE	5	PA; 30D; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYLVANT INTRAVENOUS RECON SOLN	5	B/D PA; 30D
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; 30D
TABLOID ORAL TABLET	3	
<i>tacrolimus oral capsule</i>	4	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; 30D; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET	5	PA; LA; 30D; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; 30D; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; 30D; QL (30 EA per 30 days)
<i>tamoxifen oral tablet</i>	2	
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; 30D; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; 30D; QL (60 EA per 30 days)
TARGRETIN TOPICAL GEL	5	30D
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; 30D; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; 30D; QL (120 EA per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION	5	PA; LA; 30D
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; 30D
THALOMID ORAL CAPSULE	5	PA; 30D
<i>thiotepa injection recon soln</i>	5	B/D PA; 30D
TIBSOVO ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
<i>toposar intravenous solution</i>	2	B/D PA
<i>topotecan intravenous recon soln</i>	5	B/D PA; 30D
<i>topotecan intravenous solution</i>	5	B/D PA; 30D
<i>toremifene oral tablet</i>	5	30D
TORISEL INTRAVENOUS RECON SOLN	5	B/D PA; 30D
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; 30D
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG	5	B/D PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	B/D PA; 30D
<i>tretinoin (chemotherapy) oral capsule</i>	5	30D
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
TYKERB ORAL TABLET	5	PA; LA; 30D; QL (180 EA per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA; 30D
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; 30D
VELCADE INJECTION RECON SOLN	5	B/D PA; 30D
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; 30D
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; 30D; QL (42 EA per 180 days)
VERZENIO ORAL TABLET	5	PA; LA; 30D; QL (60 EA per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA
<i>vincasar pfs intravenous solution</i>	2	B/D PA
<i>vincristine intravenous solution</i>	2	B/D PA
<i>vinorelbine intravenous solution</i>	2	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; 30D; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; 30D; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; LA; 30D
VIZIMPRO ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET	5	PA; 30D; QL (120 EA per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	5	PA; 30D
XALKORI ORAL CAPSULE	5	PA; 30D; QL (60 EA per 30 days)
XERMELO ORAL TABLET	5	PA; LA; 30D; QL (90 EA per 30 days)
XOSPATA ORAL TABLET	5	PA; LA; 30D; QL (90 EA per 30 days)
XTANDI ORAL CAPSULE	5	PA; 30D; QL (120 EA per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; 30D
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA; 30D
YONSA ORAL TABLET	5	PA; 30D; QL (120 EA per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; 30D
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL CAPSULE	5	PA; LA; 30D; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET	5	PA; 30D; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE	5	30D
ZORTRESS ORAL TABLET	5	B/D PA; 30D
ZYDELIG ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
ZYKADIA ORAL CAPSULE	5	PA; 30D; QL (150 EA per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; 30D; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; 30D; QL (60 EA per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	
APTIOM ORAL TABLET 600 MG	5	30D
BANZEL ORAL SUSPENSION	5	30D
BANZEL ORAL TABLET	5	30D
BRIVIACT INTRAVENOUS SOLUTION	4	
BRIVIACT ORAL SOLUTION	5	30D
BRIVIACT ORAL TABLET	5	30D
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	4	PA; HRM
<i>clobazam oral tablet</i>	4	PA; HRM
<i>clonazepam oral tablet</i>	2	PA; HRM
<i>clonazepam oral tablet, disintegrating</i>	2	PA; HRM
DIASTAT ACUDIAL RECTAL KIT	4	
DIASTAT RECTAL KIT	4	
<i>diazepam rectal kit</i>	4	
DILANTIN 30 MG ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	GC
EPIDIOLEX ORAL SOLUTION	5	PA; LA; 30D
<i>epitol oral tablet</i>	2	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>felbamate oral suspension</i>	5	30D
<i>felbamate oral tablet</i>	4	
<i>fosphenytoin injection solution</i>	2	
FYCOMPA ORAL SUSPENSION	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	QL (90 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	3	QL (60 EA per 30 days)
<i>gabapentin oral capsule</i>	1	PA; GC; QL (180 EA per 30 days)
<i>gabapentin oral solution</i>	2	PA; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	PA; GC; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	PA; GC; QL (120 EA per 30 days)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	4	
<i>lamotrigine oral tablet, chewable dispersible</i>	4	
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i>	2	
<i>levetiracetam intravenous solution</i>	2	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	2	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; QL (30 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; QL (60 EA per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA; QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	PA; QL (900 ML per 30 days)
ONFI ORAL SUSPENSION	5	PA; 30D; HRM
ONFI ORAL TABLET 10 MG, 20 MG	5	PA; 30D; HRM
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	2	
PEGANONE ORAL TABLET	3	
<i>phenobarbital oral elixir</i>	4	PA; HRM
<i>phenobarbital oral tablet</i>	4	PA; HRM
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>primidone oral tablet</i>	2	
<i>roweepra oral tablet</i>	2	
<i>roweepra xr oral tablet extended release 24 hr</i>	2	
SABRIL ORAL TABLET	5	LA; 30D
SPRITAM ORAL TABLET FOR SUSPENSION	4	
<i>subvenite oral tablet</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; 30D; HRM; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; HRM; QL (60 EA per 30 days)
<i>tiagabine oral tablet</i>	4	
<i>topiramate oral capsule, sprinkle</i>	4	
<i>topiramate oral tablet</i>	2	
<i>valproate sodium intravenous solution</i>	2	
<i>valproic acid (as sodium salt) oral solution</i>	2	
<i>valproic acid oral capsule</i>	2	
<i>vigabatrin oral powder in packet</i>	5	LA; 30D
<i>vigabatrin oral tablet</i>	5	LA; 30D
<i>vigadrone oral powder in packet</i>	5	30D
VIMPAT INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
<i>zonisamide oral capsule</i>	2	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	5	LA; 30D
<i>benztropine injection solution</i>	4	PA; HRM
<i>benztropine oral tablet</i>	2	PA; HRM
<i>bromocriptine oral capsule</i>	4	
<i>bromocriptine oral tablet</i>	4	
<i>carbidopa oral tablet</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	
<i>entacapone oral tablet</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline oral tablet</i>	2	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
<i>tolcapone oral tablet</i>	5	30D
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	3	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA
<i>dihydroergotamine injection solution</i>	4	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	3	PA
<i>ergotamine-caffeine oral tablet</i>	2	
<i>naratriptan oral tablet</i>	2	QL (18 EA per 28 days)
<i>rizatriptan oral tablet</i>	2	QL (36 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	QL (36 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	QL (18 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet</i>	2	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	4	QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	5	PA; LA; 30D
AUBAGIO ORAL TABLET	5	PA; 30D
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; 30D; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; 30D; QL (12 ML per 28 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; 30D
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	GC
<i>donepezil oral tablet 23 mg</i>	4	
<i>donepezil oral tablet,disintegrating</i>	1	GC
FIRDAPSE ORAL TABLET	5	PA; LA; 30D
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	2	
<i>galantamine oral tablet</i>	2	
GILENYA ORAL CAPSULE 0.5 MG	5	PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; 30D; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; 30D; QL (12 ML per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; 30D; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; 30D; QL (12 ML per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA
<i>memantine oral solution</i>	2	PA
<i>memantine oral tablet</i>	2	PA
<i>memantine oral tablets, dose pack</i>	2	PA
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA
NUEDEXTA ORAL CAPSULE	3	PA
OCREVUS INTRAVENOUS SOLUTION	5	PA
ONPATTRO INTRAVENOUS SOLUTION	5	PA; 30D
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	2	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	5	PA; LA; 30D
TEGSEDI SUBCUTANEOUS SYRINGE	5	PA; LA; 30D
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; 30D; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; 30D; QL (120 EA per 30 days)
TYSABRI INTRAVENOUS SOLUTION	5	PA; LA; 30D
XENAZINE ORAL TABLET 12.5 MG	5	PA; 30D; QL (240 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	5	PA; 30D; QL (120 EA per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	GC
<i>chlorzoxazone oral tablet</i>	4	
<i>cyclobenzaprine oral tablet</i>	4	PA; HRM; QL (90 EA per 30 days)
<i>dantrolene oral capsule</i>	2	
LIORESAL INTRATHECAL SOLUTION	3	
MESTINON ORAL SYRUP	5	30D
<i>pyridostigmine bromide oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet extended release</i>	4	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	QL (180 EA per 30 days)
BUPRENEX INJECTION SOLUTION	4	QL (266 ML per 30 days)
<i>buprenorphine hcl injection solution</i>	4	QL (267 ML per 30 days)
<i>buprenorphine hcl injection syringe</i>	4	QL (267 ML per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	4	QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	4	QL (25 EA per 30 days)
<i>codeine sulfate oral tablet</i>	2	QL (180 EA per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 ML per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; 30D; QL (39 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	5	PA; 30D; QL (29 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	5	PA; 30D; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	5	PA; 30D; QL (116 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	5	PA; 30D; QL (77 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	5	PA; 30D; QL (58 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	4	PA; QL (8 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	2	QL (5550 ML per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (120 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (120 EA per 30 days)
<i>hydromorphone oral tablet</i>	2	QL (120 EA per 30 days)
<i>ibuprofen-oxycodone oral tablet</i>	2	QL (28 EA per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	QL (120 EA per 30 days)
<i>methadone injection solution</i>	2	PA; QL (150 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; QL (375 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; QL (750 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; QL (120 EA per 30 days)
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	4	PA; QL (60 EA per 30 days)
<i>morphine concentrate oral solution</i>	2	QL (300 ML per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	2	QL (1000 ML per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	2	QL (500 ML per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	2	QL (200 ML per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	2	QL (1000 ML per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	QL (500 ML per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 ML per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 ML per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	2	QL (500 ML per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	2	QL (200 ML per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 ML per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 ML per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	2	QL (250 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	4	PA; QL (50 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	4	PA; QL (60 EA per 30 days)
<i>morphine oral capsule,extend.release pellets</i>	4	PA; QL (60 EA per 30 days)
<i>morphine oral solution</i>	2	QL (900 ML per 30 days)
<i>morphine oral tablet</i>	2	QL (120 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	4	PA; QL (60 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	PA; QL (30 EA per 30 days)
<i>oxycodone oral capsule</i>	2	QL (120 EA per 30 days)
<i>oxycodone oral concentrate</i>	2	QL (120 ML per 30 days)
<i>oxycodone oral solution</i>	2	QL (480 ML per 30 days)
OXYCODONE ORAL SYRINGE	2	QL (120 EA per 30 days)
<i>oxycodone oral tablet</i>	2	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	2	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	2	QL (120 EA per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR	4	PA; QL (60 EA per 30 days)
NON-NARCOTIC ANALGESICS		
BUNAVAIL BUCCAL FILM	4	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i>	4	QL (90 EA per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	4	QL (720 ML per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	4	QL (360 ML per 30 days)
<i>butorphanol tartrate nasal spray,non-aerosol</i>	4	QL (5 ML per 28 days)
<i>celecoxib oral capsule</i>	2	
<i>diclofenac potassium oral tablet</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	2	
<i>diclofenac sodium topical drops</i>	4	QL (300 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical gel 1 %</i>	4	PA; QL (1000 GM per 30 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	2	
<i>diflunisal oral tablet</i>	2	
<i>ec-naproxen oral tablet,delayed release (dr/ec)</i>	1	GC
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	2	
FENOPROFEN ORAL CAPSULE 400 MG	4	
<i>fenoprofen oral tablet</i>	4	
<i>flurbiprofen oral tablet</i>	1	GC
<i>ibu oral tablet</i>	1	GC
<i>ibuprofen oral suspension</i>	1	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
LUCEMYRA ORAL TABLET	5	30D
<i>meclofenamate oral capsule</i>	2	
<i>mefenamic acid oral capsule</i>	2	
<i>meloxicam oral tablet 15 mg</i>	1	GC
<i>meloxicam oral tablet 7.5 mg</i>	1	GC; QL (30 EA per 30 days)
<i>nabumetone oral tablet</i>	1	GC
<i>nalbuphine injection solution 10 mg/ml</i>	2	QL (200 ML per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	QL (100 ML per 30 days)
<i>naloxone injection syringe</i>	2	
<i>naltrexone oral tablet</i>	2	
<i>naproxen oral suspension</i>	1	GC
<i>naproxen oral tablet</i>	1	GC
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	GC
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (2 EA per 30 days)
<i>oxaprozin oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule</i>	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 EA per 30 days)
<i>sulindac oral tablet</i>	1	GC
<i>tolmetin oral capsule</i>	2	
<i>tolmetin oral tablet</i>	2	
<i>tramadol oral tablet</i>	2	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	QL (240 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	4	QL (60 EA per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	30D
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	30D
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH	5	30D; QL (30 EA per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	4	PA; HRM; QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	4	PA; HRM; QL (150 EA per 30 days)
<i>amitriptyline oral tablet</i>	4	PA; HRM
<i>amoxapine oral tablet</i>	2	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	30D
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	30D

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule</i>	2	
<i>bupropion hcl oral tablet</i>	1	GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	GC; QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	GC; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	GC; QL (60 EA per 30 days)
<i>buspirone oral tablet</i>	2	
<i>chlorpromazine injection solution</i>	4	
<i>chlorpromazine oral tablet</i>	4	
<i>citalopram oral solution</i>	2	
<i>citalopram oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>clomipramine oral capsule</i>	4	PA; HRM
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; HRM; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	2	PA; HRM; QL (90 EA per 30 days)
<i>clozapine oral tablet</i>	2	
<i>desipramine oral tablet</i>	2	PA; HRM
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	4	
<i>dexmethylphenidate oral tablet</i>	2	
<i>dextroamphetamine oral capsule, extended release</i>	4	
<i>dextroamphetamine oral tablet</i>	2	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	
<i>dextroamphetamine-amphetamine oral tablet</i>	2	
<i>diazepam intensol oral concentrate</i>	2	PA; HRM
<i>diazepam oral concentrate</i>	2	PA; HRM
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; HRM
<i>diazepam oral tablet</i>	2	PA; HRM; QL (120 EA per 30 days)
<i>doxepin oral capsule</i>	4	PA; HRM
<i>doxepin oral concentrate</i>	4	PA; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	30D
<i>ergoloid oral tablet</i>	4	PA; HRM
<i>escitalopram oxalate oral solution</i>	2	
<i>escitalopram oxalate oral tablet</i>	1	GC; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	30D; QL (60 EA per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	QL (8 EA per 28 days)
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (28 EA per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	GC; QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	GC; QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	GC; QL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	4	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	1	GC; QL (600 ML per 30 days)
<i>fluphenazine decanoate injection solution</i>	2	
<i>fluphenazine hcl injection solution</i>	2	
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	GC; QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	GC; QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	GC; QL (60 EA per 30 days)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR RECON SOLN	4	
<i>guanidine oral tablet</i>	2	
<i>haloperidol decanoate intramuscular solution</i>	2	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate intramuscular syringe</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet</i>	2	
HETLIOZ ORAL CAPSULE	5	PA; 30D; QL (30 EA per 30 days)
<i>imipramine hcl oral tablet</i>	4	PA; HRM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	30D
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	30D; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	30D; QL (60 EA per 30 days)
<i>lithium carbonate oral capsule</i>	2	
<i>lithium carbonate oral tablet</i>	2	
<i>lithium carbonate oral tablet extended release</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam intensol oral concentrate</i>	2	PA; HRM
<i>lorazepam oral concentrate</i>	2	PA; HRM
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; HRM; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; HRM; QL (150 EA per 30 days)
<i>loxapine succinate oral capsule</i>	2	
<i>maprotiline oral tablet</i>	2	
MARPLAN ORAL TABLET	3	
<i>metadate er oral tablet extended release</i>	4	
<i>methamphetamine oral tablet</i>	2	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	
<i>methylphenidate hcl oral solution</i>	2	
<i>methylphenidate hcl oral tablet</i>	2	
<i>methylphenidate hcl oral tablet extended release</i>	4	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	4	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet,disintegrating</i>	2	
<i>modafinil oral tablet</i>	4	PA
<i>molindone oral tablet</i>	2	
<i>nefazodone oral tablet</i>	2	
<i>nortriptyline oral capsule</i>	4	PA; HRM
<i>nortriptyline oral solution</i>	4	PA; HRM
NUPLAZID ORAL CAPSULE	5	PA; 30D; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; 30D; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA; 30D; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln</i>	2	
<i>olanzapine oral tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	2	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	4	
<i>oxazepam oral capsule</i>	4	PA; HRM; QL (120 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	30D; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	4	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	4	QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION	4	
<i>perphenazine oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT	5	30D
<i>phenelzine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>procentra oral solution</i>	2	
<i>protriptyline oral tablet</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET	5	30D; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	30D
<i>risperidone oral solution</i>	2	QL (480 ML per 30 days)
<i>risperidone oral tablet</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating</i>	2	QL (60 EA per 30 days)
ROZEREM ORAL TABLET	3	QL (30 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET	3	QL (60 EA per 30 days)
<i>sertraline oral concentrate</i>	1	GC
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	GC; QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	GC; QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	4	PA; HRM; QL (30 EA per 30 days)
<i>thioridazine oral tablet</i>	4	PA; HRM
<i>thiothixene oral capsule</i>	2	
<i>tranylcypromine oral tablet</i>	4	
<i>trazodone oral tablet</i>	1	GC
<i>trifluoperazine oral tablet</i>	2	
<i>trimipramine oral capsule</i>	4	PA; HRM
TRINTELLIX ORAL TABLET	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	2	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION	5	30D
VIIBRYD ORAL TABLET	3	QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	QL (30 EA per 180 days)
VRAYLAR ORAL CAPSULE	5	30D; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	QL (7 EA per 30 days)
XYREM ORAL SOLUTION	5	PA; LA; 30D
<i>zaleplon oral capsule 10 mg</i>	2	PA; HRM; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	PA; HRM; QL (30 EA per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	4	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	
<i>ziprasidone hcl oral capsule</i>	2	QL (60 EA per 30 days)
<i>zolpidem oral tablet</i>	4	PA; HRM; QL (30 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	30D

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA
<i>amiodarone oral tablet</i>	2	
<i>dofetilide oral capsule</i>	2	
<i>flecainide oral tablet</i>	1	GC
<i>lidocaine (pf) intravenous solution</i>	2	
<i>mexiletine oral capsule</i>	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>procainamide injection solution</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral capsule,extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral tablet extended release</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine oral tablet</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	1	GC
<i>amiloride oral tablet</i>	1	GC
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	GC
<i>amlodipine oral tablet</i>	1	GC
<i>amlodipine-benazepril oral capsule</i>	1	GC
<i>amlodipine-olmesartan oral tablet</i>	1	GC
<i>amlodipine-valsartan oral tablet</i>	1	GC
<i>amlodipine-valsartan-hctiazid oral tablet</i>	1	GC
<i>atenolol oral tablet</i>	1	GC
<i>atenolol-chlorthalidone oral tablet</i>	1	GC
<i>benazepril oral tablet</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	GC
<i>betaxolol oral tablet</i>	1	GC
BIDIL ORAL TABLET	3	
<i>bisoprolol fumarate oral tablet</i>	1	GC
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	GC
<i>bumetanide injection solution</i>	1	GC
<i>bumetanide oral tablet</i>	1	GC
BYSTOLIC ORAL TABLET	3	
<i>candesartan oral tablet</i>	1	GC
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	GC
<i>captopril oral tablet</i>	1	GC
<i>captopril-hydrochlorothiazide oral tablet</i>	1	GC
<i>cartia xt oral capsule,extended release 24hr</i>	2	
<i>carvedilol oral tablet</i>	1	GC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	2	
<i>chlorothiazide oral tablet</i>	1	GC
<i>chlorothiazide sodium intravenous recon soln</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GC
<i>clonidine hcl oral tablet</i>	1	GC
<i>clonidine transdermal patch weekly</i>	2	QL (4 EA per 28 days)
DEMSER ORAL CAPSULE	5	PA; 30D
<i>diltiazem hcl intravenous recon soln</i>	1	GC
<i>diltiazem hcl intravenous solution</i>	1	GC
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	
<i>diltiazem hcl oral tablet</i>	1	GC
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC; QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	GC; QL (60 EA per 30 days)
<i>enalapril maleate oral tablet</i>	1	GC
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	GC
<i>eplerenone oral tablet</i>	2	
<i>eprosartan oral tablet</i>	2	
<i>ethacrynate sodium intravenous recon soln</i>	5	30D
<i>ethacrynic acid oral tablet</i>	5	30D
<i>felodipine oral tablet extended release 24 hr</i>	1	GC
<i>fosinopril oral tablet</i>	1	GC
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	GC
<i>furosemide injection solution</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet</i>	1	GC
<i>hydralazine injection solution</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine oral tablet</i>	1	GC
<i>hydrochlorothiazide oral capsule</i>	1	GC
<i>hydrochlorothiazide oral tablet</i>	1	GC
<i>indapamide oral tablet</i>	1	GC
<i>irbesartan oral tablet</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	GC
<i>isradipine oral capsule</i>	2	
<i>labetalol intravenous solution</i>	1	GC
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	GC
<i>labetalol oral tablet</i>	1	GC
<i>lisinopril oral tablet</i>	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	GC
<i>losartan oral tablet</i>	1	GC
<i>losartan-hydrochlorothiazide oral tablet</i>	1	GC
<i>matzim la oral tablet extended release 24 hr</i>	2	
<i>methyclothiazide oral tablet</i>	1	GC
<i>metolazone oral tablet</i>	1	GC
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	GC
<i>metoprolol tartrate intravenous solution</i>	1	GC
<i>metoprolol tartrate intravenous syringe</i>	1	GC
<i>metoprolol tartrate oral tablet</i>	1	GC
<i>minoxidil oral tablet</i>	1	GC
<i>moexipril oral tablet</i>	1	GC
<i>moexipril-hydrochlorothiazide oral tablet</i>	1	GC
<i>nadolol oral tablet</i>	1	GC
<i>nadolol-bendroflumethiazide oral tablet</i>	1	GC
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral capsule</i>	2	
<i>nifedipine oral tablet extended release</i>	1	GC
<i>nifedipine oral tablet extended release 24hr</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine oral capsule</i>	2	
<i>nisoldipine oral tablet extended release 24 hr</i>	2	
<i>olmesartan oral tablet</i>	1	GC
<i>olmesartan-amlodipin-hcthiazyd oral tablet</i>	1	GC
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	GC
<i>perindopril erbumine oral tablet</i>	1	GC
<i>phenoxybenzamine oral capsule</i>	5	PA; 30D
<i>pindolol oral tablet</i>	1	GC
<i>prazosin oral capsule</i>	1	GC
<i>propranolol intravenous solution</i>	1	GC
<i>propranolol oral capsule,extended release 24 hr</i>	1	GC
<i>propranolol oral solution</i>	1	GC
<i>propranolol oral tablet</i>	1	GC
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	GC
<i>quinapril oral tablet</i>	1	GC
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	GC
<i>ramipril oral capsule</i>	1	GC
REMODYLIN INJECTION SOLUTION	5	PA; LA; 30D
<i>spironolactone oral tablet</i>	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	GC
<i>taztia xt oral capsule,extended release 24 hr</i>	2	
<i>telmisartan oral tablet</i>	1	GC
<i>telmisartan-amlodipine oral tablet</i>	1	GC
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	GC
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	GC; QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	GC; QL (60 EA per 30 days)
<i>timolol maleate oral tablet</i>	1	GC
<i>toremide oral tablet</i>	1	GC
<i>trandolapril oral tablet</i>	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	
<i>treprostinil sodium injection solution</i>	5	PA
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	GC
UPTRAVI ORAL TABLET	5	PA; LA; 30D
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; LA; 30D
<i>valsartan oral tablet</i>	1	GC
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	GC
<i>verapamil intravenous solution</i>	1	GC
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	GC
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	GC
<i>verapamil oral tablet</i>	1	GC
<i>verapamil oral tablet extended release</i>	1	GC
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	
BRILINTA ORAL TABLET	3	
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	GC
<i>dipyridamole oral tablet</i>	4	PA; HRM
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; LA; 30D
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; LA; 30D
ELIQUIS ORAL TABLET	3	
ELIQUIS ORAL TABLETS,DOSE PACK	3	
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	30D
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) injection cartridge</i>	2	
<i>heparin (porcine) injection solution</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution</i>	2	
<i>jantoven oral tablet</i>	1	GC
MULPLETA ORAL TABLET	5	PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline oral tablet extended release</i>	2	
PRADAXA ORAL CAPSULE	4	
<i>prasugrel oral tablet</i>	2	
PROMACTA ORAL POWDER IN PACKET	5	PA; LA; 30D
PROMACTA ORAL TABLET	5	PA; LA; 30D
TAVALISSE ORAL TABLET	5	PA; LA; 30D
<i>warfarin oral tablet</i>	1	GC
XARELTO ORAL TABLET	3	
XARELTO ORAL TABLETS,DOSE PACK	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>atorvastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	
<i>cholestyramine (with sugar) oral powder in packet</i>	2	
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine light oral powder in packet</i>	2	
<i>colestipol oral granules</i>	2	
<i>colestipol oral packet</i>	2	
<i>colestipol oral tablet</i>	2	
<i>ezetimibe oral tablet</i>	2	
<i>ezetimibe-simvastatin oral tablet</i>	2	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec)</i>	2	
<i>fenofibric acid oral tablet</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet</i>	1	GC
JUXTAPID ORAL CAPSULE	5	PA; LA; 30D

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Drug Name	Drug Tier	Requirements/Limits
KYNAMRO SUBCUTANEOUS SYRINGE	5	PA; LA; 30D
LIPOFEN ORAL CAPSULE	4	
LIVALO ORAL TABLET	4	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	GC; QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	GC; QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	4	
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; 30D; QL (2 ML per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; 30D; QL (4 ML per 28 days)
<i>pravastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>prevalite oral powder</i>	2	
<i>prevalite oral powder in packet</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	5	PA; 30D; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>simvastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE	3	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	3	PA; QL (60 EA per 30 days)
<i>digitek oral tablet 125 mcg</i>	4	QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	4	PA; HRM
<i>digox oral tablet 125 mcg</i>	4	QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg</i>	4	PA; HRM
<i>digoxin oral solution 50 mcg/ml</i>	4	PA; HRM
<i>digoxin oral tablet 125 mcg</i>	4	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	4	PA; HRM
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	
VECAMYL ORAL TABLET	5	30D

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Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	GC
<i>isosorbide dinitrate oral tablet extended release</i>	1	GC
<i>isosorbide mononitrate oral tablet</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	GC
<i>nitro-bid transdermal ointment</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin intravenous solution</i>	2	
<i>nitroglycerin sublingual tablet</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual spray,non-aerosol</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg</i>	4	
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	30D
<i>calcipotriene scalp solution</i>	4	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	4	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	4	QL (120 GM per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	4	QL (400 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	5	PA; 30D
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR	5	PA; 30D
COSENTYX SUBCUTANEOUS PEN INJECTOR	5	PA; 30D
COSENTYX SUBCUTANEOUS SYRINGE	5	PA; 30D
<i>selenium sulfide topical lotion</i>	2	
STELARA INTRAVENOUS SOLUTION	5	PA
STELARA SUBCUTANEOUS SOLUTION	5	PA
STELARA SUBCUTANEOUS SYRINGE	5	PA
TREMFYA SUBCUTANEOUS SYRINGE	5	PA
MISCELLANEOUS DERMATOLOGICALS		

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Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate topical cream</i>	2	
<i>ammonium lactate topical lotion</i>	2	
CARAC TOPICAL CREAM	5	30D
CONDYLOX TOPICAL GEL	3	
<i>diclofenac sodium topical gel 3 %</i>	5	PA; 30D; QL (100 GM per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE	5	PA; 30D
FLUOROURACIL TOPICAL CREAM 0.5 %	5	ST; 30D
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution</i>	2	
<i>imiquimod topical cream in packet</i>	2	
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal solution</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	2	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	4	QL (100 GM per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	2	
<i>lidocaine-prilocaine topical cream</i>	4	QL (60 GM per 30 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	5	30D
PANRETIN TOPICAL GEL	5	30D
<i>podofilox topical solution</i>	2	
<i>prudoxin topical cream</i>	4	QL (45 GM per 30 days)
REGRANEX TOPICAL GEL	5	30D; QL (15 GM per 30 days)
SANTYL TOPICAL OINTMENT	3	
<i>silver sulfadiazine topical cream</i>	2	
<i>ssd topical cream</i>	2	
<i>tacrolimus topical ointment</i>	4	PA; QL (100 GM per 30 days)
VALCHLOR TOPICAL GEL	5	30D
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	5	ST; 30D

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Drug Name	Drug Tier	Requirements/Limits
ZYCLARA TOPICAL CREAM IN PACKET	5	ST; 30D
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	4	PA
<i>adapalene topical gel</i>	4	PA
<i>adapalene topical gel with pump</i>	4	PA
<i>amnesteem oral capsule</i>	4	
<i>avita topical cream</i>	2	PA
AZELEX TOPICAL CREAM	3	
<i>claravis oral capsule</i>	4	
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	2	
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin-benzoyl peroxide topical gel</i>	4	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	4	
<i>ery pads topical swab</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide topical gel</i>	4	
<i>isotretinoin oral capsule</i>	4	
<i>metronidazole topical cream</i>	4	
<i>metronidazole topical gel</i>	4	
<i>metronidazole topical gel with pump</i>	4	
<i>metronidazole topical lotion</i>	4	
<i>myorisan oral capsule</i>	4	
<i>tazarotene topical cream</i>	2	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL GEL	3	PA
<i>tretinoin topical cream</i>	2	PA
<i>tretinoin topical gel</i>	2	PA
<i>zenatane oral capsule</i>	4	
TOPICAL ANTIBACTERIALS		

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin topical cream</i>	2	
<i>gentamicin topical ointment</i>	2	
<i>mupirocin calcium topical cream</i>	2	
<i>mupirocin topical ointment</i>	2	
<i>sulfacetamide sodium (acne) topical suspension</i>	2	
SULFAMYLON TOPICAL CREAM	3	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	2	QL (90 GM per 28 days)
<i>ciclopirox topical gel</i>	2	QL (45 GM per 28 days)
<i>ciclopirox topical shampoo</i>	2	QL (120 ML per 28 days)
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	QL (60 ML per 28 days)
<i>clotrimazole topical cream</i>	2	QL (45 GM per 28 days)
<i>clotrimazole topical solution</i>	2	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	QL (60 ML per 28 days)
<i>econazole topical cream</i>	4	QL (85 GM per 28 days)
<i>ketoconazole topical cream</i>	2	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo</i>	2	QL (120 ML per 28 days)
<i>naftifine topical cream</i>	2	QL (60 GM per 28 days)
NAFTIN TOPICAL GEL	3	QL (60 GM per 28 days)
<i>nyamyc topical powder</i>	2	
<i>nystatin topical cream</i>	2	QL (30 GM per 28 days)
<i>nystatin topical ointment</i>	2	QL (30 GM per 28 days)
<i>nystatin topical powder</i>	2	
<i>nystatin-triamcinolone topical cream</i>	2	QL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	2	QL (60 GM per 28 days)
<i>nystop topical powder</i>	2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	5	30D; QL (5 GM per 30 days)
<i>acyclovir topical ointment</i>	4	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM	3	
XERESE TOPICAL CREAM	4	

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Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TOPICAL CREAM	5	30D; QL (5 GM per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	2	
<i>alclometasone topical cream</i>	2	
<i>alclometasone topical ointment</i>	2	
<i>amcinonide topical cream</i>	4	
<i>amcinonide topical lotion</i>	4	
<i>amcinonide topical ointment</i>	4	
<i>apexicon e topical cream</i>	2	
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	2	
<i>betamethasone, augmented topical ointment</i>	2	
CAPEX TOPICAL SHAMPOO	3	
<i>clobetasol scalp solution</i>	4	QL (100 ML per 28 days)
<i>clobetasol topical cream</i>	2	QL (120 GM per 28 days)
<i>clobetasol topical foam</i>	4	QL (100 GM per 28 days)
<i>clobetasol topical gel</i>	2	QL (120 GM per 28 days)
<i>clobetasol topical lotion</i>	4	QL (118 ML per 28 days)
<i>clobetasol topical ointment</i>	2	QL (120 GM per 28 days)
<i>clobetasol topical shampoo</i>	4	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream</i>	2	QL (120 GM per 28 days)
<i>clobetasol-emollient topical foam</i>	4	QL (100 GM per 28 days)
CORDRAN LARGE ROLL TOPICAL TAPE	3	
<i>desonide topical cream</i>	4	
<i>desonide topical lotion</i>	4	
<i>desonide topical ointment</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>diflorasone topical cream</i>	4	
<i>diflorasone topical ointment</i>	4	
<i>fluocinolone and shower cap scalp oil</i>	2	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide topical gel</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical ointment</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical solution</i>	2	QL (120 ML per 30 days)
<i>fluocinonide-e topical cream</i>	2	QL (120 GM per 30 days)
<i>fluocinonide-emollient topical cream</i>	2	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream</i>	1	GC
<i>fluticasone propionate topical lotion</i>	4	
<i>fluticasone propionate topical ointment</i>	1	GC
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical ointment</i>	2	
<i>hydrocortisone butyrate topical cream</i>	4	
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone butyr-emollient topical cream</i>	4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	1	GC
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	GC
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	2	
<i>hydrocortisone-min oil-wht pet topical ointment</i>	1	GC
<i>mometasone topical cream</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical ointment</i>	2	
<i>mometasone topical solution</i>	2	
PANDEL TOPICAL CREAM	3	
<i>prednicarbate topical cream</i>	2	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm topical cream 0.1 %</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	
<i>lindane topical shampoo</i>	4	
<i>malathion topical lotion</i>	4	
<i>permethrin topical cream</i>	2	
SKLICE TOPICAL LOTION	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>ringer's irrigation solution</i>	2	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	4	
ADAGEN INTRAMUSCULAR SOLUTION	5	30D
<i>alendronate oral tablet 40 mg</i>	1	GC; QL (30 EA per 30 days)
<i>anagrelide oral capsule</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN	5	PA; LA; 30D
AURYXIA ORAL TABLET	4	PA
CARBAGLU ORAL TABLET, DISPERSIBLE	5	LA; 30D
<i>cevimeline oral capsule</i>	2	
CHEMET ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX N9G20E 2.75%-D10W(SF) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	
<i>dextrose with sodium chloride intravenous parenteral solution</i>	2	
<i>disulfiram oral tablet</i>	2	
<i>etidronate disodium oral tablet 400 mg</i>	2	
EXJADE ORAL TABLET, DISPERSIBLE	5	LA; 30D
FERRIPROX ORAL SOLUTION	5	30D
FERRIPROX ORAL TABLET	5	30D
GLASSIA INTRAVENOUS SOLUTION	5	PA; LA; 30D
INCRELEX SUBCUTANEOUS SOLUTION	5	LA; 30D
JADENU ORAL TABLET	5	30D
<i>kionex (with sorbitol) oral suspension</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (with sugar) oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>midodrine oral tablet</i>	2	
NITYR ORAL TABLET	5	LA; 30D
NORTHERA ORAL CAPSULE	5	PA; 30D
ORFADIN ORAL CAPSULE	5	LA; 30D
ORFADIN ORAL SUSPENSION	5	LA; 30D
<i>pilocarpine hcl oral tablet</i>	2	
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; 30D
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; 30D
RAVICTI ORAL LIQUID	5	30D
REVCovi INTRAMUSCULAR SOLUTION	5	30D
<i>riluzole oral tablet</i>	4	
<i>risedronate oral tablet 30 mg</i>	2	QL (30 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	30D
<i>sevelamer carbonate oral tablet</i>	4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride irrigation solution</i>	2	
<i>sodium phenylbutyrate oral powder</i>	5	30D
<i>sodium phenylbutyrate oral tablet</i>	5	30D
<i>sodium polystyrene (sorb free) oral suspension</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	2	
<i>sps (with sorbitol) oral suspension</i>	2	
<i>sps (with sorbitol) rectal enema</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
THIOLA ORAL TABLET	5	30D
TIGLUTIK ORAL SUSPENSION	5	30D
<i>trientine oral capsule</i>	5	PA; 30D
<i>water for irrigation, sterile irrigation solution</i>	2	
ZEMAIRA INTRAVENOUS RECON SOLN	5	PA; LA; 30D
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	GC
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	
NICOTROL INHALATION CARTRIDGE	4	
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray</i>	2	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol</i>	2	QL (60 ML per 30 days)
BACTROBAN NASAL OINTMENT	3	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	GC
<i>ipratropium bromide nasal spray, non-aerosol</i>	2	QL (30 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol</i>	2	QL (30.5 GM per 30 days)
<i>paroex oral rinse mucous membrane mouthwash</i>	1	GC
<i>periogard mucous membrane mouthwash</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	GC
<i>flac otic oil otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-acetic acid otic (ear) drops</i>	4	
<i>ofloxacin otic (ear) drops</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
OTOVEL OTIC (EAR) SOLUTION	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P. INJECTION GEL	5	PA; 30D
<i>cortisone oral tablet</i>	2	
<i>dexamethasone intensol oral drops</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	1	GC
<i>dexamethasone sodium phos (pf) injection solution</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	2	
<i>dexamethasone sodium phosphate injection syringe</i>	2	
<i>fludrocortisone oral tablet</i>	1	GC
<i>hydrocortisone oral tablet</i>	1	GC
<i>methylprednisolone acetate injection suspension</i>	2	
<i>methylprednisolone oral tablet</i>	1	GC
<i>methylprednisolone oral tablets,dose pack</i>	1	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln</i>	2	
<i>millipred oral tablet</i>	4	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	GC
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	1	GC
<i>prednisone oral tablet</i>	1	GC
<i>prednisone oral tablets,dose pack</i>	1	GC
SOLU-CORTEF (PF) INJECTION RECON SOLN	3	
SOLU-CORTEF INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN	3	
<i>veripred 20 oral solution</i>	2	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet</i>	2	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	GC; QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	GC; QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	GC; QL (180 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	2	PA
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	PA; GC; QL (4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; GC; QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; GC; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; GC; QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET	4	QL (180 EA per 30 days)
FARXIGA ORAL TABLET 10 MG	3	GC; QL (30 EA per 30 days)
FARXIGA ORAL TABLET 5 MG	3	GC; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
GAUZE PADS 2 X 2	3	PA
<i>glimepiride oral tablet 1 mg</i>	1	GC; QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	GC; QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	GC; QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	GC; QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	GC; QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	GC; QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	GC; QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	GC; QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	GC; QL (120 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3	
GLYXAMBI ORAL TABLET	3	GC; QL (30 EA per 30 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
INSULIN PEN NEEDLE	3	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	PA
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	GC; QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	GC; QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	GC; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	GC; QL (120 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	GC; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVOKANA ORAL TABLET 300 MG	3	GC; QL (30 EA per 30 days)
JANUMET ORAL TABLET	3	GC; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	GC; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	GC; QL (60 EA per 30 days)
JANUVIA ORAL TABLET	3	GC; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	3	GC; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	3	GC; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	GC; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	GC; QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN	3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
<i>metformin oral tablet 1,000 mg</i>	1	GC; QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	GC; QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	GC; QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	GC; QL (120 EA per 30 days) Generic for Glucophage XR
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	GC; QL (75 EA per 30 days) Generic for Glucophage XR
<i>nateglinide oral tablet 120 mg</i>	1	GC; QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	GC; QL (180 EA per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	PA
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	
<i>pioglitazone oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	4	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet</i>	1	GC; QL (90 EA per 30 days)
PROGLYCEM ORAL SUSPENSION	3	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	GC; QL (240 EA per 30 days)
RIOMET ORAL SOLUTION	3	GC; QL (765 ML per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	GC
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	GC; QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	GC; QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	GC; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	GC; QL (30 EA per 30 days)
<i>tolazamide oral tablet 250 mg</i>	2	QL (120 EA per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tolbutamide oral tablet</i>	2	QL (180 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN	3	
TRADJENTA ORAL TABLET	3	GC; QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	PA; GC; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	GC; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	GC; QL (60 EA per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	30D
ANADROL-50 ORAL TABLET	5	PA; 30D
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL (30 EA per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; QL (37.5 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 GM per 30 days)
<i>cabergoline oral tablet</i>	2	QL (16 EA per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
CERDELGA ORAL CAPSULE	5	30D

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Drug Name	Drug Tier	Requirements/Limits
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	30D
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA
<i>cinacalcet oral tablet 30 mg</i>	2	
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	30D
<i>danazol oral capsule</i>	4	
<i>desmopressin injection solution</i>	2	
<i>desmopressin nasal spray with pump</i>	2	
<i>desmopressin nasal spray,non-aerosol</i>	2	
<i>desmopressin oral tablet</i>	2	
<i>doxercalciferol intravenous solution</i>	2	
<i>doxercalciferol oral capsule</i>	2	
ELAPRASE INTRAVENOUS SOLUTION	5	30D
FABRAZYME INTRAVENOUS RECON SOLN	5	30D
GALAFOLD ORAL CAPSULE	5	PA; LA; 30D
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; LA; 30D
KORLYM ORAL TABLET	5	PA; 30D
KUVAN ORAL POWDER IN PACKET	5	30D
KUVAN ORAL TABLET,SOLUBLE	5	30D
LUMIZYME INTRAVENOUS RECON SOLN	5	30D
MIACALCIN INJECTION SOLUTION	4	
<i>miglustat oral capsule</i>	5	LA; 30D
NAGLAZYME INTRAVENOUS SOLUTION	5	LA; 30D
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA; 30D
ORILISSA ORAL TABLET	5	PA; 30D
<i>oxandrolone oral tablet 10 mg</i>	5	PA; 30D
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA
PALYNZIQ SUBCUTANEOUS SYRINGE	5	PA; LA; 30D
<i>pamidronate intravenous recon soln</i>	2	
<i>pamidronate intravenous solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	4	
<i>paricalcitol intravenous solution</i>	4	
<i>paricalcitol oral capsule</i>	4	
SAMSCA ORAL TABLET 15 MG	5	PA; 30D; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; 30D; QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	30D
SOMAVERT SUBCUTANEOUS RECON SOLN	5	30D
STIMATE NASAL SPRAY, NON-AEROSOL	3	
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LA; 30D
SYNAREL NASAL SPRAY, NON-AEROSOL	5	30D
<i>testosterone cypionate intramuscular oil</i>	2	
<i>testosterone enanthate intramuscular oil</i>	2	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; QL (150 GM per 30 days)
<i>zoledronic acid intravenous solution</i>	4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	PA
THYROID HORMONES		
<i>levothyroxine oral tablet</i>	1	GC
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
<i>liothyronine intravenous solution</i>	1	GC
<i>liothyronine oral tablet</i>	1	GC
<i>unithroid oral tablet</i>	1	GC

GASTROENTEROLOGY

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine oral capsule</i>	2	PA; HRM
<i>dicyclomine oral solution</i>	2	PA; HRM
<i>dicyclomine oral tablet</i>	2	PA; HRM
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
<i>glycopyrrolate injection solution</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule</i>	2	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)	4	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	5	30D
AMITIZA ORAL CAPSULE	3	
<i>aprepitant oral capsule</i>	2	B/D PA
<i>aprepitant oral capsule, dose pack</i>	2	B/D PA
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>balsalazide oral capsule</i>	2	
<i>budesonide oral capsule, delayed, extend. release</i>	5	30D
<i>budesonide oral tablet, delayed and ext. release</i>	5	30D
CHENODAL ORAL TABLET	5	PA; LA; 30D
CHOLBAM ORAL CAPSULE	5	PA; 30D
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	5	PA; 30D
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE	5	PA; 30D
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; 30D
CLENPIQ ORAL SOLUTION	4	
<i>compro rectal suppository</i>	2	
<i>constulose oral solution</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
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	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT	5	30D
<i>cromolyn oral concentrate</i>	2	
CYSTADANE ORAL POWDER	5	30D
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; 30D
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA
<i>enulose oral solution</i>	1	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; 30D
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; 30D
<i>gavilyte-c oral recon soln</i>	2	
<i>gavilyte-g oral recon soln</i>	2	
<i>gavilyte-n oral recon soln</i>	2	
<i>generlac oral solution</i>	1	GC
<i>granisetron (pf) intravenous solution</i>	2	
<i>granisetron hcl intravenous solution</i>	2	
<i>granisetron hcl oral tablet</i>	2	B/D PA
<i>hydrocortisone rectal enema</i>	2	
<i>hydrocortisone topical cream with perineal applicator</i>	1	GC
INFLECTRA INTRAVENOUS RECON SOLN	5	PA; 30D
<i>lactulose oral solution</i>	1	GC
LINZESS ORAL CAPSULE	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	4	PA; HRM
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine with cleansing wipe rectal enema kit</i>	4	
<i>metoclopramide hcl injection solution</i>	1	GC
<i>metoclopramide hcl oral solution</i>	1	GC
<i>metoclopramide hcl oral tablet</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
MOVANTIK ORAL TABLET	3	QL (30 EA per 30 days)
MOVIPREP ORAL POWDER IN PACKET	4	
<i>ondansetron hcl (pf) injection solution</i>	2	
<i>ondansetron hcl intravenous solution</i>	2	
<i>ondansetron hcl oral solution</i>	2	B/D PA
<i>ondansetron hcl oral tablet</i>	2	B/D PA
<i>ondansetron oral tablet,disintegrating</i>	2	B/D PA
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	4	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
PALONOSETRON INTRAVENOUS SYRINGE	4	
<i>peg 3350-electrolytes oral recon soln</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	30D
<i>polyethylene glycol 3350 oral powder</i>	2	
<i>polyethylene glycol 3350 oral powder in packet</i>	2	
<i>prochlorperazine edisylate injection solution</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	2	
<i>procto-med hc topical cream with perineal applicator</i>	2	
<i>procto-pak topical cream with perineal applicator</i>	2	
<i>proctosol hc topical cream with perineal applicator</i>	2	
<i>proctozone-hc topical cream with perineal applicator</i>	2	
RECTIV RECTAL OINTMENT	3	
RELISTOR SUBCUTANEOUS SOLUTION	5	30D
RELISTOR SUBCUTANEOUS SYRINGE	5	30D
REMICADE INTRAVENOUS RECON SOLN	5	PA; 30D
RENFLEXIS INTRAVENOUS RECON SOLN	5	PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
SANCUSO TRANSDERMAL PATCH WEEKLY	5	30D
<i>scopolamine base transdermal patch 3 day</i>	4	PA; HRM
SUCRAID ORAL SOLUTION	5	30D
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	
SYMPROIC ORAL TABLET	3	QL (30 EA per 30 days)
<i>trilyte with flavor packets oral recon soln</i>	2	
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	2	
VIBERZI ORAL TABLET	5	30D
VIOKACE ORAL TABLET	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 5,000-17,000- 24,000 UNIT	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-126,000- 168,000 UNIT	5	30D
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	4	QL (112 EA per 30 days)
CARAFATE ORAL SUSPENSION	4	
<i>cimetidine hcl oral solution</i>	2	
<i>cimetidine oral tablet</i>	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	2	QL (30 EA per 30 days)
<i>esomeprazole sodium intravenous recon soln</i>	2	
<i>famotidine (pf) intravenous solution</i>	4	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	4	
<i>famotidine intravenous solution</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine oral suspension</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (60 EA per 30 days)
<i>misoprostol oral tablet</i>	2	
<i>nizatidine oral capsule</i>	1	GC
<i>nizatidine oral solution</i>	1	GC
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	GC; QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	GC; QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	GC; QL (60 EA per 30 days)
PYLERA ORAL CAPSULE	3	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	4	QL (90 EA per 30 days)
<i>ranitidine hcl injection solution</i>	1	GC
<i>ranitidine hcl oral capsule</i>	1	GC
<i>ranitidine hcl oral syrup</i>	1	GC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	GC
<i>sucralfate oral tablet</i>	1	GC

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	30D
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; 30D
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; 30D
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	5	PA; 30D; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; 30D; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; 30D; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; 30D; QL (15 EA per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; 30D
EXTAVIA SUBCUTANEOUS KIT	5	PA; 30D; QL (15 EA per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; 30D; QL (15 EA per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 ML per 30 days)
HUMATROPE INJECTION CARTRIDGE	5	PA; 30D
HUMATROPE INJECTION RECON SOLN	5	PA; 30D
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; LA; 30D
INTRON A INJECTION RECON SOLN	5	30D
INTRON A INJECTION SOLUTION	5	30D
LEUKINE INJECTION RECON SOLN	5	30D
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
NEULASTA SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 ML per 30 days)
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	5	PA; 30D; QL (2 ML per 30 days)
NEUPOGEN INJECTION SOLUTION	5	PA; 30D
NEUPOGEN INJECTION SYRINGE	5	PA; 30D
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; 30D
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR	5	PA; 30D
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	30D; QL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	30D; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	30D; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	30D; QL (4 EA per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; 30D; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; 30D; QL (1 ML per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; 30D; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; 30D; QL (1 ML per 180 days)
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
PROCRT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; 30D
PROLEUKIN INTRAVENOUS RECON SOLN	5	30D
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; 30D; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; 30D; QL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (4.2 ML per 180 days)
RETACRIT INJECTION SOLUTION	3	PA
SYLATRON SUBCUTANEOUS KIT	5	30D
UDENYCA SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 ML per 30 days)
ZARXIO INJECTION SYRINGE	5	PA; 30D
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	

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Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	
BIVIGAM INTRAVENOUS SOLUTION	5	PA; 30D
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	
BOTOX INJECTION RECON SOLN	3	PA
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	5	PA; 30D
CUVITRU SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	5	PA; 30D
<i>fomepizole intravenous solution</i>	2	
GAMASTAN INTRAMUSCULAR SOLUTION	3	PA
GAMASTAN S/D INTRAMUSCULAR SOLUTION	3	PA
GAMMAGARD LIQUID INJECTION SOLUTION	5	PA; 30D
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	5	PA; 30D
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; 30D
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	5	PA; 30D
GAMMAPLEX INTRAVENOUS SOLUTION	5	PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; 30D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA; 30D
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOLE INJECTION SUSPENSION	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	
OCTAGAM INTRAVENOUS SOLUTION	5	PA; 30D
PANZYGA INTRAVENOUS SOLUTION	5	PA; 30D
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; 30D
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RAGWITEK SUBLINGUAL TABLET	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	3	
THYMOGLOBULIN INTRAVENOUS RECON SOLN	5	B/D PA; 30D
TRUMENBA INTRAMUSCULAR SYRINGE	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
VARIZIG INTRAMUSCULAR SOLUTION	5	30D

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet</i>	1	GC
<i>aloprim intravenous recon soln</i>	2	
COLCRYS ORAL TABLET	4	ST
MITIGARE ORAL CAPSULE	3	
<i>probenecid oral tablet</i>	2	
<i>probenecid-colchicine oral tablet</i>	2	
ULORIC ORAL TABLET	3	ST
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	GC; QL (1286 ML per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	GC; QL (4 EA per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (2.4 ML per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA
<i>ibandronate oral tablet</i>	1	GC; QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA
<i>raloxifene oral tablet</i>	2	
<i>risedronate oral tablet 150 mg</i>	2	QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (1.56 ML per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; 30D
ACTEMRA INTRAVENOUS SOLUTION	5	PA; 30D
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; 30D

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

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA INTRAVENOUS RECON SOLN	5	PA; 30D
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; 30D
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; 30D
CUPRIMINE ORAL CAPSULE	5	30D
DEPEN TITRATABS ORAL TABLET	5	30D
D-PENAMINE ORAL TABLET	5	30D
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; 30D; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; 30D; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; 30D; QL (3 EA per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; 30D; QL (6 EA per 180 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (4 EA per 180 days)
HUMIRA SUBCUTANEOUS PEN INJECTOR KIT	5	PA; 30D; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; 30D; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; 30D; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; 30D; QL (3 EA per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; 30D; QL (2 EA per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (3 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (3 EA per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; 30D; QL (4 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; 30D; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; 30D; QL (4 EA per 28 days)
<i>leflunomide oral tablet</i>	2	QL (30 EA per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	5	PA; 30D
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; 30D
ORENCIA SUBCUTANEOUS SYRINGE	5	PA; 30D
OTEZLA ORAL TABLET	5	PA; 30D
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; 30D
RIDAURA ORAL CAPSULE	5	30D
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	QL (55 EA per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA; 30D
SIMPONI SUBCUTANEOUS PEN INJECTOR	5	PA; 30D
SIMPONI SUBCUTANEOUS SYRINGE	5	PA; 30D
XELJANZ ORAL TABLET	5	PA; 30D
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; 30D
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila oral tablet</i>	2	
CRINONE VAGINAL GEL 4 %	4	
CRINONE VAGINAL GEL 8 %	4	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>errin oral tablet</i>	2	
<i>estradiol oral tablet</i>	4	PA; HRM
<i>estradiol transdermal patch semiweekly</i>	4	PA; HRM; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	4	PA; HRM; QL (4 EA per 28 days)
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>estradiol-norethindrone acet oral tablet</i>	4	PA; HRM
ESTRING VAGINAL RING	4	
<i>hydroxyprogesterone caproate intramuscular oil</i>	5	PA; 30D
<i>jolivette oral tablet</i>	2	
<i>lyza oral tablet</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	2	
<i>medroxyprogesterone intramuscular syringe</i>	2	
<i>medroxyprogesterone oral tablet</i>	2	
MENEST ORAL TABLET	3	PA; HRM
<i>norethindrone (contraceptive) oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	
PREMARIN ORAL TABLET	4	PA; HRM
PREMARIN VAGINAL CREAM	4	
<i>progesterone micronized oral capsule</i>	2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>metronidazole vaginal gel</i>	4	
<i>miconazole-3 vaginal suppository</i>	2	
NUVARING VAGINAL RING	4	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
<i>tranexamic acid oral tablet</i>	2	
<i>vandazole vaginal gel</i>	4	
<i>xulane transdermal patch weekly</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>amethia oral tablets,dose pack,3 month</i>	2	
<i>amethyst (28) oral tablet</i>	2	
<i>apri oral tablet</i>	2	
<i>aranelle (28) oral tablet</i>	2	
<i>aviane oral tablet</i>	2	
<i>balziva (28) oral tablet</i>	2	
<i>bekyree (28) oral tablet</i>	2	
<i>blisovi 24 fe oral tablet</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	
<i>blisovi fe 1/20 (28) oral tablet</i>	2	
<i>briellyn oral tablet</i>	2	
<i>cryselle (28) oral tablet</i>	2	
<i>cyclafem 1/35 (28) oral tablet</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet</i>	4	
<i>emoquette oral tablet</i>	2	
<i>enpresse oral tablet</i>	2	
<i>introvale oral tablets,dose pack,3 month</i>	2	
<i>juleber oral tablet</i>	2	
<i>junel 1.5/30 (21) oral tablet</i>	2	
<i>junel 1/20 (21) oral tablet</i>	2	
<i>junel fe 1.5/30 (28) oral tablet</i>	2	
<i>junel fe 1/20 (28) oral tablet</i>	2	
<i>junel fe 24 oral tablet</i>	2	
<i>kaitlib fe oral tablet,chewable</i>	2	
<i>kariva (28) oral tablet</i>	2	
<i>kelnor 1/35 (28) oral tablet</i>	2	
<i>kelnor 1-50 oral tablet</i>	2	
<i>layolis fe oral tablet,chewable</i>	2	
<i>lessina oral tablet</i>	2	
<i>levonest (28) oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	
<i>levonorg-eth estrad triphasic oral tablet</i>	2	
<i>levora-28 oral tablet</i>	2	
<i>loryna (28) oral tablet</i>	2	
<i>luteru (28) oral tablet</i>	2	
<i>marlissa (28) oral tablet</i>	2	
<i>microgestin 1.5/30 (21) oral tablet</i>	2	
<i>microgestin 1/20 (21) oral tablet</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	
<i>microgestin fe 1/20 (28) oral tablet</i>	2	
<i>mononessa (28) oral tablet</i>	2	
<i>necon 0.5/35 (28) oral tablet</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg- 35 mcg (28)</i>	2	
<i>nortrel 0.5/35 (28) oral tablet</i>	2	
<i>nortrel 1/35 (21) oral tablet</i>	2	
<i>nortrel 1/35 (28) oral tablet</i>	2	
<i>nortrel 7/7/7 (28) oral tablet</i>	2	
<i>ogestrel (28) oral tablet</i>	4	
<i>orsythia oral tablet</i>	2	
<i>pimtrea (28) oral tablet</i>	2	
<i>pirmella oral tablet</i>	2	
<i>portia 28 oral tablet</i>	2	
<i>previfem oral tablet</i>	2	
<i>quasense oral tablets,dose pack,3 month</i>	4	
<i>reclipsen (28) oral tablet</i>	2	
<i>setlakin oral tablets,dose pack,3 month</i>	2	
<i>sprintec (28) oral tablet</i>	2	
<i>sronyx oral tablet</i>	2	
<i>tri-legest fe oral tablet</i>	2	
<i>tri-lo-estarylla oral tablet</i>	2	
<i>tri-lo-marzia oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-sprintec oral tablet</i>	2	
<i>trinessa (28) oral tablet</i>	2	
<i>tri-previfem (28) oral tablet</i>	2	
<i>tri-sprintec (28) oral tablet</i>	2	
<i>trivora (28) oral tablet</i>	2	
<i>velivet triphasic regimen (28) oral tablet</i>	2	
<i>vienva oral tablet</i>	2	
<i>vyfemla (28) oral tablet</i>	2	
<i>zenchent (28) oral tablet</i>	2	
<i>zovia 1/35e (28) oral tablet</i>	2	
OXYTOCICS		
<i>methylergonovine oral tablet</i>	4	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	1	GC
<i>bacitracin ophthalmic (eye) ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	GC
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	GC
<i>erythromycin ophthalmic (eye) ointment</i>	1	GC
<i>gatifloxacin ophthalmic (eye) drops</i>	2	
<i>gentak ophthalmic (eye) ointment</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	GC
<i>levofloxacin ophthalmic (eye) drops</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	
<i>ofloxacin ophthalmic (eye) drops</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	GC
<i>tobramycin ophthalmic (eye) drops</i>	1	GC
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	
<i>carteolol ophthalmic (eye) drops</i>	1	GC
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) drops</i>	1	GC Generic for Timoptic
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	2	
<i>azelastine ophthalmic (eye) drops</i>	2	
<i>cromolyn ophthalmic (eye) drops</i>	1	GC
CYSTARAN OPHTHALMIC (EYE) DROPS	5	30D
<i>epinastine ophthalmic (eye) drops</i>	2	
LACRISERT OPHTHALMIC (EYE) INSERT	3	
<i>olopatadine ophthalmic (eye) drops</i>	2	
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; 30D
PAZEO OPHTHALMIC (EYE) DROPS	3	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	4	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	4	QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	QL (60 EA per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	GC
<i>ketorolac ophthalmic (eye) drops</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	
<i>acetazolamide oral tablet</i>	2	
<i>acetazolamide sodium injection recon soln</i>	2	
<i>methazolamide oral tablet</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	
<i>latanoprost ophthalmic (eye) drops</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops</i>	2	
<i>brimonidine ophthalmic (eye) drops</i>	2	
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>desloratadine oral tablet</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet,disintegrating</i>	2	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA; HRM
<i>epinephrine injection auto-injector</i>	2	QL (4 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	QL (4 EA per 30 days)
EPIPEN INJECTION AUTO-INJECTOR	3	QL (4 EA per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	QL (4 EA per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	QL (4 EA per 30 days)
<i>hydroxyzine hcl oral tablet</i>	4	PA; HRM
<i>levocetirizine oral solution</i>	2	
<i>levocetirizine oral tablet</i>	2	QL (30 EA per 30 days)
<i>promethazine injection solution</i>	4	PA; HRM
<i>promethazine oral syrup</i>	4	PA; HRM
<i>promethazine oral tablet</i>	4	PA; HRM
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	2	B/D PA
ADCIRCA ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET	5	PA; LA; 30D
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ADVAIR HFA AEROSOL INHALER	3	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	
<i>alyq oral tablet</i>	5	PA; 30D; QL (60 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	QL (30 EA per 30 days)
ASMANEX HFA AEROSOL INHALER	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	QL (1 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	QL (2 EA per 30 days)
ATROVENT HFA AEROSOL INHALER	3	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
<i>budesonide inhalation suspension for nebulization</i>	2	B/D PA
COMBIVENT RESPIMAT INHALATION MIST	3	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA
DALIRESP ORAL TABLET	3	PA
DULERA INHALATION HFA AEROSOL INHALER	3	QL (13 GM per 30 days)
ESBRIET ORAL CAPSULE	5	PA; 30D; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; 30D; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; 30D; QL (90 EA per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE	5	PA; 30D
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	GC; QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	1	GC; QL (16 GM per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; LA; 30D
<i>ipratropium bromide inhalation solution</i>	2	B/D PA
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA
KALYDECO ORAL GRANULES IN PACKET	5	PA; 30D; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
LETAIRIS ORAL TABLET	5	PA; LA; 30D
<i>levalbuterol hcl inhalation solution for nebulization</i>	2	B/D PA
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3	

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Drug Name	Drug Tier	Requirements/Limits
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	3	
<i>metaproterenol oral syrup</i>	2	
<i>metaproterenol oral tablet</i>	2	
<i>mometasone nasal spray,non-aerosol</i>	2	QL (34 GM per 30 days)
<i>montelukast oral granules in packet</i>	2	
<i>montelukast oral tablet</i>	2	
<i>montelukast oral tablet,chewable</i>	2	
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; LA; 30D; QL (3 EA per 28 days)
OFEV ORAL CAPSULE	5	PA; 30D; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET	5	PA; LA; 30D
ORKAMBI ORAL GRANULES IN PACKET	5	PA; 30D; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; 30D; QL (112 EA per 28 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA
PROAIR HFA AEROSOL INHALER	3	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (1 EA per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; 30D
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 GM per 30 days)
REVATIO INTRAVENOUS SOLUTION	5	PA; 30D
RUCONEST INTRAVENOUS RECON SOLN	5	PA; 30D
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; 30D
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL (90 EA per 90 days)
STIOLTO RESPIMAT INHALATION MIST	3	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER	3	QL (10.2 GM per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; 30D; QL (56 EA per 28 days)
<i>tadalafil (antihypertensive) oral tablet</i>	5	PA; 30D; QL (60 EA per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LA; 30D
<i>terbutaline oral tablet</i>	2	
<i>terbutaline subcutaneous solution</i>	4	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	4	
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	
<i>theophylline oral tablet extended release 12 hr</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
TRACLEER ORAL TABLET	5	PA; LA; 30D
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA; 30D
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (1 EA per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; 30D; QL (6 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; 30D; QL (6 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; 30D; QL (10 ML per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D
<i>zafirlukast oral tablet</i>	2	
<i>zileuton oral tablet, er multiphase 12 hr</i>	5	30D
ZYFLO ORAL TABLET	5	30D
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr</i>	2	
<i>flavoxate oral tablet</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	
<i>tolterodine oral capsule,extended release 24hr</i>	2	
<i>tolterodine oral tablet</i>	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>trospium oral capsule,extended release 24hr</i>	2	
<i>trospium oral tablet</i>	2	
VESICARE ORAL TABLET	3	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	GC
<i>dutasteride oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	GC
RAPAFLO ORAL CAPSULE	3	ST
<i>silodosin oral capsule</i>	2	
<i>tamsulosin oral capsule</i>	1	GC
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet</i>	2	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
CYSTAGON ORAL CAPSULE	3	LA
ELMIRON ORAL CAPSULE	3	
<i>potassium citrate oral tablet extended release</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>klor-con 10 oral tablet extended release</i>	2	
<i>klor-con 8 oral tablet extended release</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	
<i>lactated ringers intravenous parenteral solution</i>	2	
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in 1r-d5 intravenous parenteral solution</i>	2	
<i>potassium chloride in water intravenous piggyback</i>	2	
<i>potassium chloride intravenous solution</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	2	
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	2	
<i>ringer's intravenous parenteral solution</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution</i>	2	
<i>sodium chloride intravenous parenteral solution</i>	2	
<i>sodium lactate intravenous solution</i>	2	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX N14G30E 4.25%-D15W SF INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX N9G15E 2.75%-D7.5W SF INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
<i>plenamine intravenous parenteral solution</i>	2	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	2	B/D PA
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>prenatal vitamin oral tablet</i>	1	GC

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Multi Language Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-5762 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-332-5762 (TTY:711).

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-5762 (TTY:711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-5762 (TTY: 711) 번으로 전화해 주십시오.

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-5762 (TTY: 711).

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિશ્ચિત ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-332-5762 (TTY: 711)

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-332-5762 (TTY:711).

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