



Amerivantage Dual Coordination (HMO SNP)

2016 Formulary (List of Covered Drugs)

Please read: This document contains information about
some of the drugs we cover in this plan.

This formulary was updated on August 1, 2015. For more recent information or other questions, please contact **Amerivantage Dual Coordination (HMO SNP)** Customer Service at 1-866-805-4589, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit www.myamerigroup.com/medicare.

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 Amerigroup. When it refers to “plan” or “our plan,” it means Amerivantage Dual Coordination (HMO SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of August 1, 2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017 and from time to time during the year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

What is the Amerivantage Dual Coordination (HMO SNP) formulary?

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

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other

type of approved formulary change (nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 8. 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 Medications." If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 59. 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?

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

Are there any restrictions on my coverage?

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

Prior Authorization: Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *irbesartan 75mg tablets*. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, our 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, 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 8. 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Amerivantage Dual Coordination (HMO SNP)'s formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

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

How do I request an exception to the Amerivantage Dual Coordination (HMO SNP)'s formulary?

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability

to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

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

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

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

Our plan's formulary

The formulary 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

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

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

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

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

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

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

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-866-805-4589, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

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

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

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$2.95. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$7.40 - The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 4: Nonpreferred Brand	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$7.40 - The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$7.40 - The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00

Please refer to our Evidence of Coverage for more information for cost sharing.

* A long-term supply is not available for drugs in the Tier 5: Specialty Tier

** Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drugs available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., CRESTOR).

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

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

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

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

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service 1-866-805-4589, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

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

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

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/ Limits
Anti - Infectives		
<i>abacavir</i>	4	MO; QLL (60 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	MO; QLL (60 per 30 days)
ABELCET	5	B/D PAR; MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	4	B/D PAR
<i>acyclovir sodium intravenous solution</i>	4	B/D PAR; MO
<i>adefovir</i>	5	MO
ALBENZA	4	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO; QLL (180 per 3 days)
ALINIA ORAL TABLET	4	MO
<i>amantadine hcl oral capsule</i>	3	MO
<i>amantadine hcl oral tablet</i>	3	MO
AMBISOME	5	B/D PAR; MO

Drug Name	Drug Tier	Requirements/ Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	MO
<i>amoxicillin oral capsule</i>	1	MO; CG
<i>amoxicillin oral suspension for reconstitution</i>	1	MO; CG
<i>amoxicillin oral tablet</i>	1	MO; CG
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	3	MO
<i>amphotericin b</i>	4	B/D PAR; MO
<i>ampicillin oral capsule</i>	1	MO; CG
<i>ampicillin oral suspension for reconstitution</i>	2	MO
<i>ampicillin sodium injection</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	MO
APTIVUS ORAL CAPSULE	5	MO; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil</i>	4	MO
ATRIPLA	5	MO; QLL (30 per 30 days)
<i>azithromycin intravenous recon soln 500 mg</i>	4	MO
<i>azithromycin intravenous recon soln 500 mg (2 mg/ml)</i>	4	
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	4	MO
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	2	MO
<i>azithromycin oral tablet</i>	2	MO
<i>aztreonam</i>	4	MO
BARACLUDE ORAL SOLUTION	5	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R	4	MO
BICILLIN L-A	4	MO
CANCIDAS	5	B/D PAR; MO
CAPASTAT	4	
CAYSTON	5	PAR; MO; LA
<i>cefaclor oral capsule</i>	3	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	MO
<i>cefaclor oral tablet extended release 12 hr</i>	3	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
<i>cefadroxil oral tablet</i>	4	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	4	MO
<i>cefepime</i>	4	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	4	B/D PAR
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	4	B/D PAR; MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	4	
<i>cefotetan</i>	4	
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefoxitin intravenous recon soln 1 gram</i>	4	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefepodoxime oral tablet 100 mg</i>	3	MO
<i>cefepodoxime oral tablet 200 mg</i>	4	MO
<i>cefprozil oral suspension for reconstitution</i>	3	MO
<i>cefprozil oral tablet 250 mg</i>	2	MO
<i>cefprozil oral tablet 500 mg</i>	3	MO
CEFTAZIDIME IN D5W	4	B/D PAR
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous recon soln</i>	4	MO
<i>cefuroxime axetil oral tablet 250 mg</i>	1	MO; CG
<i>cefuroxime axetil oral tablet 500 mg</i>	2	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous vial</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO; CG
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>cephalexin oral tablet</i>	1	MO; CG
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate oral tablet 250 mg</i>	4	MO
<i>chloroquine phosphate oral tablet 500 mg</i>	3	MO
<i>cidofovir</i>	5	B/D PAR; MO
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	3	MO; QLL (14 per 2 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	2	MO; QLL (3 per 2 days)
<i>ciprofloxacin hcl oral tablet</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	B/D PAR; MO
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml</i>	4	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	4	
<i>ciprofloxacin oral suspension</i>	4	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO; QLL (28 per 2 days)
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	4	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO
<i>clotrimazole mucous membrane</i>	3	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	MO
COMPLERA	5	MO; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QLL (180 per 30 days)
CUBICIN	5	B/D PAR; MO
DAPSONE	3	MO
DARAPRIM	3	MO
<i>demeclocycline oral</i>	4	MO
<i>dicloxacillin</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	3	MO; QLL (90 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg</i>	3	MO; QLL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 400 mg</i>	4	MO; QLL (30 per 30 days)
DIFICID	5	PAR; MO
DORIBAX	4	
DOXY-100	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	4	MO
<i>doxycycline hyclate oral tablet 100 mg</i>	4	MO
<i>doxycycline hyclate oral tablet 20 mg</i>	3	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	4	MO
<i>e.e.s. 400 oral tablet</i>	3	MO
EDURANT	5	MO; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QLL (850 per 30 days)
<i>entecavir</i>	5	PAR; MO
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR ORAL SOLUTION	4	MO; QLL (900 per 30 days)
EPZICOM	5	MO; QLL (30 per 30 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	4	MO
<i>ethambutol</i>	4	MO
EVOTAZ	5	MO; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	4	MO; QLL (21 per 7 days)
<i>fluconazole in dextrose(iso-o)</i>	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	3	MO
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	4	MO
<i>fluconazole oral tablet 100 mg</i>	3	MO
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	MO
<i>fluconazole oral tablet 200 mg</i>	4	MO
<i>flucytosine</i>	5	MO
<i>foscarnet</i>	3	B/D PAR; MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	4	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	4		ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	MO; QLL (180 per 30 days)
<i>gentamicin injection</i>	4	MO	ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	MO; QLL (720 per 30 days)
<i>gentamicin sulfate (ped) (pf)</i>	4	MO	<i>isoniazid injection</i>	4	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	4	MO	<i>isoniazid oral solution</i>	4	MO
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	4		<i>isoniazid oral tablet 100 mg</i>	1	MO; CG
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	4		<i>isoniazid oral tablet 300 mg</i>	2	MO
GRIS-PEG (ULTRAMICROSIZED) ORAL TABLET 250 MG	4	MO	<i>itraconazole</i>	4	PAR; MO
<i>griseofulvin microsize oral suspension</i>	4	MO	<i>ivermectin oral</i>	3	MO
<i>griseofulvin ultramicrosize</i>	4	MO	KALETRA ORAL SOLUTION	4	MO; QLL (480 per 30 days)
HARVONI	5	PAR; MO; QLL (28 per 28 days)	KALETRA ORAL TABLET 100-25 MG	5	MO; QLL (300 per 30 days)
<i>hydroxychloroquine oral</i>	2	MO	KALETRA ORAL TABLET 200-50 MG	5	MO; QLL (120 per 30 days)
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	MO	KETEK	3	MO; QLL (20 per 2 days)
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	4	MO	<i>ketoconazole oral</i>	3	MO
INTELENCE ORAL TABLET 100 MG	5	MO; QLL (120 per 30 days)	LAMISIL ORAL TABLET	4	MO; QLL (30 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QLL (60 per 30 days)	<i>lamivudine oral solution</i>	4	MO; QLL (900 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QLL (480 per 30 days)	<i>lamivudine oral tablet 100 mg</i>	4	MO
INVANZ 1 GM ADD-VANTAGE VIAL	4		<i>lamivudine oral tablet 150 mg</i>	4	MO; QLL (60 per 30 days)
INVIRASE ORAL CAPSULE	5	MO; QLL (300 per 30 days)	<i>lamivudine oral tablet 300 mg</i>	4	MO; QLL (30 per 30 days)
INVIRASE ORAL TABLET	5	MO; QLL (120 per 30 days)	<i>lamivudine-zidovudine</i>	5	MO; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4		<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
ISENTRESS ORAL TABLET	5	MO; QLL (120 per 30 days)	<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO
			<i>levofloxacin oral tablet</i>	2	MO; QLL (14 per 2 days)
			LEXIVA ORAL SUSPENSION	4	MO; QLL (1800 per 30 days)
			LEXIVA ORAL TABLET	5	MO; QLL (120 per 30 days)
			LINCOCIN	4	MO
			<i>linezolid intravenous</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral</i>	5	PAR; MO; QLL (28 per 2 days)
<i>linezolid-0.9% sodium chloride</i>	5	
MALARONE	4	MO
<i>mefloquine</i>	3	MO
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	2	MO
<i>metro i.v.</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	4	MO
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet</i>	2	MO
<i>minocycline oral capsule 100 mg, 50 mg</i>	2	MO
<i>minocycline oral capsule 75 mg</i>	3	MO
<i>minocycline oral tablet</i>	4	MO
<i>moxifloxacin</i>	3	MO; QLL (21 per 2 days)
MYCAMINE	5	MO
<i>nafcillin</i>	5	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
NEBUPENT	3	B/D PAR; MO
<i>neomycin</i>	2	MO
<i>nevirapine oral suspension</i>	4	MO; QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	3	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	4	PAR; MO
<i>nitrofurantoin monohyd/m-cryst</i>	4	PAR; MO
NORVIR ORAL CAPSULE	4	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	MO; QLL (480 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL TABLET	3	MO; QLL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	5	PAR; MO; QLL (630 per 30 days)
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>ofloxacin oral tablet 400 mg</i>	3	MO
OLYSIO	5	PAR; MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	MO
<i>oxacillin injection</i>	5	MO
<i>oxacillin intravenous</i>	5	
<i>paromomycin</i>	4	MO
PASER	4	MO
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g potassium</i>	5	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	4	
<i>penicillin g sodium</i>	4	MO
<i>penicillin v potassium oral recon soln</i>	1	MO; CG
<i>penicillin v potassium oral tablet 250 mg</i>	1	MO; CG
<i>penicillin v potassium oral tablet 500 mg</i>	2	MO
PENTAM	4	MO
<i>pfizerpen-g</i>	4	
<i>piperacillin-tazobactam</i>	4	MO
<i>polymyxin b sulfate</i>	4	
PREZCOBIX	5	MO; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 per 30 days)
PRIFTIN	4	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
RELENZA DISKHALER	3	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	MO; QLL (360 per 30 days)
RETROVIR INTRAVENOUS	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	MO; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	4	MO
<i>ribasphere oral tablet 200 mg</i>	4	MO
<i>ribavirin oral capsule</i>	4	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	4	MO
RIFATER	4	MO
<i>rimantadine</i>	4	MO
SELZENTRY	5	MO; QLL (120 per 30 days)
SIRTURO	5	PAR; MO; LA
SOVALDI	5	PAR; MO
<i>stavudine oral capsule 15 mg</i>	3	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 20 mg</i>	4	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg</i>	3	MO; QLL (60 per 30 days)
<i>stavudine oral capsule 40 mg</i>	4	MO; QLL (60 per 30 days)
<i>stavudine oral recon soln</i>	3	MO; QLL (2400 per 30 days)
STREPTOMYCIN INTRAMUSCULAR	4	MO
STRIBILD	5	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STROMEKTOL	3	MO
<i>sulfadiazine oral</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO; CG
SUSTIVA ORAL CAPSULE 200 MG	4	MO; QLL (120 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
SUSTIVA ORAL TABLET	5	MO; QLL (30 per 30 days)
SYNAGIS	5	PAR; MO; LA
SYNERCID	5	
TAMIFLU	3	MO
TEFLARO INTRAVENOUS RECON SOLN 400 MG	4	MO
TEFLARO INTRAVENOUS RECON SOLN 600 MG	5	MO
<i>terbinafine hcl oral</i>	2	MO; QLL (30 per 30 days)
<i>tetracycline</i>	4	MO
TIMENTIN INTRAVENOUS RECON SOLN 31 GRAM	4	
<i>tinidazole oral tablet 250 mg</i>	2	MO
<i>tinidazole oral tablet 500 mg</i>	4	MO
TIVICAY	5	MO; QLL (60 per 30 days)
<i>tobramycin in 0.225 % nacl</i>	5	B/D PAR; MO; QLL (280 per 28 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	4	B/D PAR; MO
<i>tobramycin sulfate injection recon soln</i>	4	
<i>tobramycin sulfate injection solution</i>	4	MO
TRECTOR	4	MO
<i>trimethoprim</i>	2	MO
TRIUMEQ	5	MO; QLL (30 per 30 days)
TRUVADA	5	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TYBOST	3	MO; QLL (30 per 30 days)
TYGACIL	5	MO
TYZEKA	5	PAR; MO
<i>valacyclovir</i>	3	MO; QLL (30 per 2 days)
<i>valganciclovir</i>	5	MO
VANCOMYCIN 750 MG/150 ML BAG	4	B/D PAR
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	B/D PAR; MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	B/D PAR
<i>vancomycin intravenous</i>	4	B/D PAR; MO
VANCOMYCIN INTRAVENOUS 750 MG	4	B/D PAR; MO
<i>vancomycin oral capsule 125 mg</i>	5	PAR; MO; QLL (40 per 2 days)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 2 days)
VIDEX 2 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIEKIRA PAK	5	PAR; MO
VIRACEPT ORAL TABLET 250 MG	5	MO; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QLL (120 per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO
VIRAZOLE	5	PAR; MO
VIREAD ORAL POWDER	5	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 250 MG, 300 MG	5	MO; QLL (30 per 30 days)
VIREAD ORAL TABLET 200 MG	4	MO; QLL (30 per 30 days)
VITEKTA	5	MO; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; MO; QLL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	5	PAR; MO; QLL (120 per 30 days)
ZIAGEN ORAL SOLUTION	4	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	4	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	3	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	3	MO; QLL (60 per 30 days)
ZITHROMAX ORAL PACKET	4	MO
ZITHROMAX ORAL TABLET 250 MG	4	MO
ZITHROMAX Z-PAK	4	MO
ZMAX	3	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	5	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	5	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; MO; QLL (1800 per 2 days)
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	5	B/D PAR; MO
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 5 MG	5	PAR; MO; QLL (60 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PAR; MO; QLL (90 per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PAR; MO; QLL (30 per 30 days)
AFINITOR ORAL TABLET 2.5 MG	5	PAR; MO; QLL (120 per 30 days)
AFINITOR ORAL TABLET 5 MG	5	PAR; MO; QLL (60 per 30 days)
AFINITOR ORAL TABLET 7.5 MG	5	PAR; MO; QLL (40 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALIMTA	5	PAR; MO
ALKERAN ORAL	4	B/D PAR; MO
<i>amifostine crystalline</i>	5	PAR; MO
<i>anastrozole</i>	3	MO; QLL (30 per 30 days)
ARRANON	4	B/D PAR
ARZERRA	5	PAR; MO
AVASTIN	5	PAR; MO
<i>azacitidine</i>	5	PAR; MO
<i>azathioprine</i>	2	B/D PAR; MO
BELEODAQ	5	PAR; MO
<i>bicalutamide</i>	3	MO
BICNU	4	B/D PAR; MO
<i>bleomycin</i>	4	B/D PAR; MO
BLINCYTO	5	PAR; MO
BOSULIF ORAL TABLET 100 MG	5	PAR; MO; QLL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	5	PAR; MO; QLL (30 per 30 days)
BUSULFEX	4	B/D PAR
CAPRELSA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	4	B/D PAR; MO
CELLCEPT INTRAVENOUS	4	B/D PAR; MO
<i>cisplatin</i>	4	B/D PAR; MO
<i>cladribine</i>	5	B/D PAR; MO
CLOLAR	5	B/D PAR; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG[1]-20 MG[1])	5	PAR; MO; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG[1]-20 MG[3])	5	PAR; MO; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG [3]/DAY)	5	PAR; MO; QLL (84 per 28 days)
COSMEGEN	5	B/D PAR; MO
<i>cyclophosphamide oral capsule</i>	4	B/D PAR; MO
<i>cyclosporine intravenous</i>	4	B/D PAR
<i>cyclosporine modified</i>	4	B/D PAR; MO
<i>cyclosporine oral capsule</i>	4	B/D PAR; MO
CYRAMZA	5	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PAR
<i>dacarbazine</i>	4	B/D PAR; MO
<i>daunorubicin intravenous solution</i>	4	B/D PAR
<i>decitabine</i>	5	B/D PAR; MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D PAR
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B/D PAR; MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR
<i>docetaxel intravenous solution 10 mg/ml, 140 mg/7 ml (20 mg/ml), 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PAR
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PAR; MO
<i>doxorubicin intravenous recon soln</i>	4	B/D PAR
<i>doxorubicin intravenous solution</i>	4	B/D PAR; MO
ELITEK	5	PAR
EMCYT	5	MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	B/D PAR
<i>epirubicin intravenous solution 50 mg/25 ml</i>	4	B/D PAR; MO
ERBITUX	5	PAR; MO
ERIVEDGE	5	PAR; MO; QLL (30 per 30 days)
ERWINAZE	5	PAR; MO
ETOPOPHOS	5	B/D PAR; MO
<i>etoposide intravenous</i>	3	B/D PAR; MO
<i>exemestane</i>	4	MO; QLL (60 per 30 days)
FARESTON	5	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
FARYDAK ORAL CAPSULE 10 MG	5	PAR; MO; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; MO; QLL (30 per 30 days)
FASLODEX	5	PAR; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PAR; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PAR; MO
<i>fludarabine intravenous recon soln</i>	4	B/D PAR; MO
<i>fludarabine intravenous solution</i>	4	B/D PAR
<i>fluorouracil intravenous</i>	4	B/D PAR; MO
<i>flutamide</i>	4	MO
FOLOTYN	5	B/D PAR; MO
FUSILEV	5	B/D PAR; MO
GAZYVA	5	PAR; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PAR
<i>gemcitabine intravenous solution</i>	5	B/D PAR
<i>gengraf</i>	4	B/D PAR; MO
GILOTRIF	5	PAR; MO; QLL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PAR; MO; QLL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PAR; MO; QLL (60 per 30 days)
GLEOSTINE	4	MO
HALAVEN	5	PAR; MO
HERCEPTIN	5	PAR; MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PAR; MO; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; MO; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; MO; QLL (30 per 30 days)
<i>idarubicin</i>	5	B/D PAR
IFEX	4	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide intravenous recon soln 1 gram</i>	4	B/D PAR; MO
<i>ifosfamide intravenous recon soln 3 gram</i>	4	B/D PAR
<i>ifosfamide intravenous solution</i>	4	B/D PAR
IMBRUVICA	5	PAR; MO; QLL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PAR; MO; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; MO; QLL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	B/D PAR; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	B/D PAR
ISTODAX	5	PAR; MO
IXEMPRA	5	B/D PAR; MO
JAKAFI ORAL TABLET 10 MG	5	PAR; MO; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; MO; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; MO; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PAR; MO; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; MO; QLL (300 per 30 days)
JEVTANA	5	B/D PAR; MO
KADCYLA	5	PAR; MO
KEYTRUDA	5	PAR; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG [1]/DAY)	5	PAR; MO; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 14 MG (10 MG[1] -4 MG[1])/DAY, 20 MG/DAY (10 MG [2]/DAY)	5	PAR; MO; QLL (60 per 30 days)
LENVIMA ORAL CAPSULE 24 MG (10 MG[2] -4 MG[1])/DAY	5	PAR; MO; QLL (90 per 30 days)
<i>letrozole</i>	3	MO; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	4	B/D PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium injection recon soln 200 mg, 50 mg</i>	4	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	4	B/D PAR
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	4	MO
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	2	MO
LEUKERAN	4	MO
<i>leuprolide</i>	4	PAR; MO
LOMUSTINE	4	MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PAR; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PAR; MO; QLL (1 per 28 days)
LYNPARZA	5	PAR; MO; QLL (480 per 30 days)
LYSODREN	3	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	4	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	4	PAR; MO
<i>megestrol oral tablet</i>	3	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	5	PAR; MO; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PAR; MO; QLL (30 per 30 days)
<i>melphalan hcl</i>	3	B/D PAR
<i>mercaptopurine</i>	3	MO
<i>mesna</i>	4	B/D PAR; MO
MESNEX ORAL	5	MO
<i>methotrexate sodium (pf) injection recon soln</i>	4	B/D PAR
<i>methotrexate sodium (pf) injection solution</i>	4	B/D PAR; MO
<i>methotrexate sodium injection</i>	4	B/D PAR; MO
<i>methotrexate sodium oral</i>	2	MO
<i>mitomycin</i>	5	B/D PAR; MO
<i>mitoxantrone</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN	4	B/D PAR; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PAR; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PAR; MO
NEXAVAR	5	PAR; MO; LA; QLL (120 per 30 days)
NILANDRON	5	MO; QLL (30 per 30 days)
NIPENT	5	B/D PAR; MO
NULOJIX	5	PAR; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PAR; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PAR; MO
ONCASPAR	5	PAR; MO
OPDIVO	5	PAR; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	5	B/D PAR
<i>oxaliplatin intravenous solution</i>	5	B/D PAR; MO
<i>paclitaxel</i>	4	B/D PAR; MO
PERJETA	5	PAR; MO
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
PROGRAF INTRAVENOUS	4	B/D PAR; MO
PURIXAN	5	PAR; MO
RAPAMUNE ORAL SOLUTION	5	B/D PAR; MO
REVLIMID ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	PAR; MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; MO; LA; QLL (150 per 30 days)
RITUXAN	5	PAR; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PAR; MO
SIGNIFOR	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO
<i>sirolimus</i>	4	B/D PAR; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PAR; MO
SPRYCEL	5	PAR; MO; QLL (30 per 30 days)
STIVARGA	5	PAR; MO; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; MO; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
SYNRIBO	5	PAR; MO
TABLOID	4	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	4	B/D PAR; MO
<i>tacrolimus oral capsule 5 mg</i>	5	B/D PAR; MO
TAFINLAR	5	PAR; MO; QLL (120 per 30 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; MO; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PAR; MO; QLL (90 per 30 days)
TARGRETIN ORAL	5	PAR; MO; QLL (300 per 30 days)
TARGRETIN TOPICAL	5	PAR; MO
TASIGNA	5	PAR; MO; QLL (120 per 30 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	5	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (60 per 30 days)
<i>toposar</i>	4	B/D PAR; MO
<i>topotecan</i>	5	B/D PAR; MO
TORISEL	5	B/D PAR; MO
TREANDA	5	B/D PAR; MO
TRELSTAR DEPOT	5	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	5	MO
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	MO; QLL (1 per 168 days)
TRELSTAR LA	5	
<i>tretinoin (chemotherapy) capsule</i>	5	MO
TRISENOX	5	B/D PAR; MO
TYKERB	5	PAR; MO; LA; QLL (180 per 30 days)
VECTIBIX	5	PAR; MO
VELCADE	5	PAR; MO
<i>vinblastine intravenous solution</i>	4	B/D PAR; MO
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	4	B/D PAR
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO
<i>vincristine</i>	4	B/D PAR; MO
<i>vinorelbine</i>	4	B/D PAR; MO
VOTRIENT	5	PAR; MO; QLL (120 per 30 days)
XALKORI	5	PAR; MO; QLL (60 per 30 days)
XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
XTANDI	5	PAR; MO; QLL (120 per 30 days)
YERVOY	5	PAR; MO
ZALTRAP	5	PAR; MO
ZANOSAR	4	B/D PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZELBORAF	5	PAR; MO; QLL (240 per 30 days)	<i>amoxapine oral tablet 150 mg, 25 mg</i>	2	MO
ZOLINZA	5	PAR; MO; QLL (120 per 30 days)	<i>amphetamine salt combo oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D PAR; MO	<i>amphetamine salt combo oral tablet 30 mg</i>	3	PAR; MO; QLL (60 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PAR; MO	AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
ZYDELIG	5	PAR; MO; QLL (60 per 30 days)	APOKYN	5	PAR; MO; LA
ZYKADIA	5	PAR; MO; QLL (150 per 30 days)	APTOM ORAL TABLET 200 MG, 400 MG, 600 MG	5	ST; MO
ZYTIGA	5	PAR; MO; QLL (120 per 30 days)	APTOM ORAL TABLET 800 MG	4	ST; MO
Autonomic / Cns Drugs, Neurology / Psych			<i>aripiprazole oral tablet 10 mg</i>	5	MO; QLL (90 per 30 days)
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	5	MO; QLL (90 per 30 days)	<i>aripiprazole oral tablet 15 mg</i>	5	MO; QLL (60 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; QLL (1 per 28 days)	<i>aripiprazole oral tablet 2 mg</i>	5	MO; QLL (450 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	QLL (1 per 28 days)	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	5	MO; QLL (30 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	3	QLL (4500 per 30 days)	<i>aripiprazole oral tablet 5 mg</i>	5	MO; QLL (180 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QLL (4500 per 30 days)	AZILECT	3	MO
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	3	MO; QLL (390 per 30 days)	<i>baclofen</i>	2	MO
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	3	MO; QLL (360 per 30 days)	BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QLL (180 per 30 days)	BANZEL ORAL TABLET 200 MG	4	PAR; MO; QLL (480 per 30 days)
ADASUVE	4		BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)
<i>alprazolam oral tablet</i>	3	MO; QLL (90 per 30 days)	<i>benztropine injection</i>	4	PAR; MO
<i>amitriptyline</i>	4	PAR; MO	<i>benztropine oral</i>	3	PAR; MO
<i>amoxapine oral tablet 100 mg, 50 mg</i>	3	MO	BRINTELLIX ORAL TABLET 10 MG	4	ST; MO; QLL (60 per 30 days)
			BRINTELLIX ORAL TABLET 20 MG	4	ST; MO; QLL (30 per 30 days)
			BRINTELLIX ORAL TABLET 5 MG	4	ST; MO; QLL (120 per 30 days)
			<i>bromocriptine</i>	4	MO
			<i>buprenorphine hcl injection syringe</i>	4	QLL (150 per 30 days)
			<i>buprenorphine hcl sublingual tablet 2 mg</i>	4	PAR; MO; QLL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sublingual tablet 8 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	4	PAR; MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	4	PAR; MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	4	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	3	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 100 mg</i>	3	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg, 200 mg</i>	3	MO; QLL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QLL (45 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	4	MO
<i>butorphanol tartrate injection solution 1 mg/ml</i>	4	MO; QLL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	4	MO; QLL (120 per 30 days)
<i>butorphanol tartrate nasal</i>	4	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet extended release 50-200 mg</i>	4	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>chlorpromazine</i>	4	PAR; MO
<i>citalopram oral solution</i>	4	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	2	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>clomipramine</i>	4	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	2	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	3	PAR; MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	4	PAR; MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	4	PAR; MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	4	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	4	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	PAR; MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 100 mg</i>	3	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	3	QLL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	MO; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	QLL (270 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	4	QLL (2160 per 30 days)	<i>diazepam oral tablet 10 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	QLL (180 per 30 days)	<i>diazepam oral tablet 2 mg</i>	3	PAR; MO; QLL (600 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	4	QLL (135 per 30 days)	<i>diazepam oral tablet 5 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	4	QLL (1080 per 30 days)	<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	4	MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)	<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	4	MO; QLL (2 per 2 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; MO; QLL (12 per 28 days)	<i>diclofenac potassium</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PAR; MO	<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>dantrolene</i>	4	MO	<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	MO
<i>desipramine oral</i>	4	MO	<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	2	MO
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)	<i>diflunisal</i>	3	MO
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)	<i>dihydroergotamine injection</i>	5	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)	DILANTIN 30 MG CAPSULE	3	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)	DILANTIN INFATABS	3	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	QLL (120 per 30 days)	<i>diskets</i>	3	QLL (30 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	QLL (240 per 30 days)	<i>divalproex oral capsule, sprinkle</i>	4	MO
<i>dextroamphetamine oral tablet 10 mg</i>	4	MO; QLL (180 per 30 days)	<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>dextroamphetamine oral tablet 5 mg</i>	4	MO; QLL (90 per 30 days)	<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg</i>	2	MO
<i>diazepam intensol</i>	4	PAR; MO; QLL (240 per 30 days)	<i>divalproex oral tablet, delayed release (dr/ec) 500 mg</i>	3	MO
<i>diazepam oral concentrate</i>	4	PAR; QLL (240 per 30 days)	<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>diazepam oral solution 5 mg/5 ml</i>	3	PAR; MO; QLL (1200 per 30 days)	<i>donepezil oral tablet, disintegrating</i>	1	MO; CG; QLL (30 per 30 days)
			<i>doxepin oral</i>	4	PAR; MO
			<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	4	MO; QLL (180 per 30 days)
			<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	4	MO; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	4	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	B/D PAR; MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	B/D PAR; QLL (180 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QLL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>endodan</i>	3	MO; QLL (360 per 30 days)
<i>entacapone</i>	4	MO
<i>epitol</i>	1	MO; CG
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 per 30 days)
<i>ergoloid</i>	4	PAR; MO
<i>escitalopram oxalate oral solution</i>	4	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>ethosuximide oral capsule</i>	4	MO
<i>ethosuximide oral solution</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	3	MO
EXELON ORAL CAPSULE 1.5 MG, 4.5 MG	4	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 1 MG	4	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG	5	ST; MO; QLL (72 per 30 days)
FANAPT ORAL TABLET 12 MG	4	ST; MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	ST; MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	ST; MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	4	ST; MO; QLL (90 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	ST; MO; QLL (16 per 365 days)
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet 400 mg</i>	4	MO
<i>felbamate oral tablet 600 mg</i>	5	MO
FELBATOL ORAL TABLET 400 MG	4	MO
<i>fenoprofen oral tablet</i>	4	MO
<i>fentanyl citrate</i>	5	PAR; MO; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	ST; MO; QLL (15 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	2	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	2	MO; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral capsule 40 mg</i>	2	MO; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	3	MO; QLL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	4	B/D PAR; MO
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	4	MO; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	3	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	4	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	4	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	4	MO; QLL (135 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
GABITRIL ORAL TABLET 16 MG	5	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	3	MO; QLL (180 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO
GILENYA	5	PAR; MO; QLL (30 per 30 days)
GLATOPA	5	PAR; MO; QLL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	4	MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PAR; MO; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml</i>	3	QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydrocodone-ibuprofen</i>	3	MO; QLL (480 per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml</i>	4	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO; QLL (120 per 30 days)
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	4	MO
<i>hydromorphone injection solution</i>	4	MO; QLL (180 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QLL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone injection syringe 4 mg/ml</i>	4	MO
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	4	MO; QLL (180 per 30 days)
<i>ibuprofen oral suspension</i>	1	MO; CG
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; CG
<i>ibuprofen-oxycodone</i>	4	MO; QLL (28 per 2 days)
<i>imipramine hcl</i>	4	PAR; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	5	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	5	MO; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QLL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	5	MO; QLL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO; QLL (2 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QLL (2 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	QLL (2.625 per 90 days)

Drug Name	Drug Tier	Requirements/Limits
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO
<i>lamotrigine oral tablet 25 mg</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	3	MO
LATUDA ORAL TABLET 120 MG	5	PAR; MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	4	PAR; MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	4	PAR; MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 60 MG	4	PAR; MO; QLL (75 per 30 days)
LATUDA ORAL TABLET 80 MG	5	PAR; MO; QLL (60 per 30 days)
<i>levetiracetam in nacl (iso-os)</i>	4	B/D PAR
<i>levetiracetam intravenous</i>	4	B/D PAR; MO
<i>levetiracetam oral solution 100 mg/ml</i>	4	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
<i>levetiracetam oral tablet 1,000 mg</i>	4	MO
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	3	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	4	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	4	MO; QLL (120 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO; CG
<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam oral tablet</i>	3	MO; QLL (90 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	3	MO
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	4	MO
LYRICA ORAL CAPSULE 100 MG	4	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	4	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	4	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	4	MO
MARPLAN	4	MO
<i>meclofenamate oral</i>	4	MO
<i>meloxicam oral suspension</i>	3	MO; QLL (300 per 30 days)
<i>meloxicam oral tablet</i>	1	MO; CG; QLL (30 per 30 days)
MESTINON ORAL SYRUP	4	MO
MESTINON TIMESPAN	4	MO
<i>methadone intensol</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	3	QLL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	MO; QLL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	4	MO; QLL (1800 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral tablet 10 mg</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>methadone oral tablet, soluble</i>	3	QLL (30 per 30 days)
<i>methadose oral concentrate</i>	3	MO; QLL (180 per 30 days)
<i>methadose oral tablet, soluble</i>	3	MO; QLL (30 per 30 days)
<i>methylphenidate oral tablet</i>	3	MO; QLL (90 per 30 days)
MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG	4	MO
<i>mirtazapine oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	4	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	3	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	3	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	B/D PAR
<i>morphine (pf) injection solution 1 mg/ml</i>	4	B/D PAR; MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	4	MO; QLL (120 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	4	B/D PAR; QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	3	MO; QLL (270 per 30 days)
<i>morphine intravenous cartridge</i>	4	QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
MORPHINE INTRAVENOUS CARTRIDGE	4	QLL (120 per 30 days)
<i>morphine intravenous pt controlled analgesia syringe</i>	4	B/D PAR; QLL (180 per 30 days)
<i>morphine intravenous solution 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml</i>	4	QLL (120 per 30 days)
<i>morphine intravenous solution 50 mg/ml</i>	4	MO; QLL (120 per 30 days)
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	QLL (120 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	3	MO; QLL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml</i>	3	MO; QLL (1350 per 30 days)
<i>morphine oral tablet 15 mg</i>	3	MO; QLL (360 per 30 days)
<i>morphine oral tablet 30 mg</i>	3	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i>	4	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	3	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>morphine rectal</i>	3	MO; QLL (180 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	4	MO; QLL (90 per 30 days)
<i>naloxone injection solution</i>	4	MO
<i>naloxone injection syringe 0.4 mg/ml</i>	4	
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone oral</i>	2	MO
NAMENDA ORAL SOLUTION	3	MO; QLL (300 per 30 days)
NAMENDA XR ORAL CAP, SPRINKLE,ER 24HR DOSE PACK	3	MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO; CG
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO; CG
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO; CG
<i>naratriptan</i>	4	MO; QLL (9 per 30 days)
<i>nefazodone oral tablet 100 mg</i>	3	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	4	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	3	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	3	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	4	MO; QLL (360 per 30 days)
NEUPRO	3	MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUDEXTA	3	MO; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	5	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	4	MO; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
ONFI ORAL SUSPENSION	4	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	4	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)
ORAP	4	MO
<i>oxaprozin</i>	4	MO
<i>oxazepam</i>	4	PAR; MO; QLL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	3	MO
<i>oxcarbazepine oral tablet 600 mg</i>	4	MO
<i>oxycodone oral capsule</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QLL (1800 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone oral tablet 15 mg</i>	4	MO; QLL (540 per 30 days)
<i>oxycodone oral tablet 20 mg, 30 mg</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone-aspirin</i>	4	MO; QLL (360 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	2	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	MO; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	4	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	4	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
PEGANONE	4	MO
<i>perphenazine</i>	4	MO
<i>phenelzine</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	4	PAR; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	4	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	4	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	4	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	4	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	4	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	4	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	4	PAR; MO; QLL (123 per 30 days)
<i>phenytoin oral suspension 100 mg/4 ml</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	MO
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium intravenous solution</i>	4	B/D PAR; MO
<i>phenytoin sodium intravenous syringe</i>	4	B/D PAR
<i>piroxicam</i>	3	MO
POTIGA ORAL TABLET 200 MG	4	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 300 MG, 400 MG	5	MO; QLL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
POTIGA ORAL TABLET 50 MG	4	MO; QLL (270 per 30 days)
<i>pramipexole oral tablet</i>	2	MO
<i>primidone</i>	3	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	MO; QLL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
<i>protriptyline</i>	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>quetiapine oral tablet 100 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	3	PAR; MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	3	PAR; MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	3	PAR; MO; QLL (480 per 30 days)
RAZADYNE ORAL TABLET 4 MG	4	MO
<i>regonol</i>	4	
REQUIP ORAL TABLET 1 MG, 4 MG, 5 MG	4	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML	5	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	4	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	4	MO; QLL (60 per 30 days)
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
ROXICET ORAL SOLUTION	3	MO; QLL (1800 per 30 days)
ROZEREM	3	MO; QLL (30 per 30 days)
SABRIL ORAL POWDER IN PACKET	4	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	PAR; MO; LA; QLL (180 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	QLL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	3	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PAR; MO; QLL (150 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	PAR; MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PAR; MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	PAR; MO; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	PAR; MO; QLL (480 per 30 days)
<i>sertraline oral concentrate</i>	4	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	2	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	2	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	2	MO; QLL (120 per 30 days)
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG	4	MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	PAR; MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	PAR; MO; QLL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	PAR; MO; QLL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	PAR; MO; QLL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	PAR; MO; QLL (90 per 30 days)
<i>sulindac oral tablet 150 mg</i>	1	MO; CG
<i>sulindac oral tablet 200 mg</i>	2	MO
<i>sumatriptan</i>	4	MO; QLL (12 per 30 days)
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QLL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QLL (4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QLL (4 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	QLL (4 per 30 days)
SURMONTIL	4	PAR; MO
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-50 MG	4	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	4	MO; QLL (90 per 30 days)
TECFIDERA	5	PAR; MO
<i>thioridazine</i>	4	PAR; MO
<i>thiothixene</i>	2	MO
<i>tiagabine</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
<i>tolcapone</i>	5	MO
<i>topiramate oral capsule, sprinkle</i>	4	PAR; MO
<i>topiramate oral tablet 100 mg</i>	2	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	2	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	2	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	3	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	4	MO; QLL (240 per 30 days)
<i>tranylcypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg</i>	2	MO
<i>trazodone oral tablet 300 mg</i>	4	MO
<i>trazodone oral tablet 50 mg</i>	1	MO; CG
<i>trifluoperazine oral tablet 1 mg, 2 mg</i>	3	MO
<i>trifluoperazine oral tablet 10 mg, 5 mg</i>	4	MO
TYSABRI	5	PAR; MO; LA
<i>valproate sodium</i>	4	B/D PAR; MO
<i>valproic acid</i>	3	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2		VIMPAT ORAL SOLUTION	4	MO; QLL (1200 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	3	MO; QLL (60 per 30 days)	VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)	VIMPAT ORAL TABLET 150 MG	4	MO; QLL (80 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	3	MO; QLL (90 per 30 days)	VIMPAT ORAL TABLET 200 MG	4	MO; QLL (60 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	4	MO; QLL (113 per 30 days)	VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	3	MO; QLL (450 per 30 days)	VOLTAREN GEL TOPICAL GEL 1 %	3	MO; QLL (1000 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	3	MO; QLL (300 per 30 days)	XENAZINE ORAL TABLET 12.5 MG	5	PAR; MO; LA; QLL (240 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	4	MO; QLL (225 per 30 days)	XENAZINE ORAL TABLET 25 MG	5	PAR; MO; LA; QLL (120 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	3	MO; QLL (150 per 30 days)	XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	4	MO; QLL (60 per 30 days)	<i>zaleplon oral capsule 10 mg</i>	3	PAR; MO; QLL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	MO; QLL (30 per 30 days)	<i>zaleplon oral capsule 5 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	4	MO; QLL (180 per 30 days)	ZARONTIN ORAL CAPSULE	4	MO
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	4	MO; QLL (90 per 30 days)	<i>zenzedi oral tablet 10 mg</i>	4	PAR; MO; QLL (180 per 30 days)
VERSACLOZ	5	LA; QLL (600 per 30 days)	<i>zenzedi oral tablet 5 mg</i>	4	PAR; MO; QLL (90 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)	<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)	<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	4	ST; MO; QLL (30 per 30 days)	<i>zolpidem</i>	4	PAR; MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	4	B/D PAR; QLL (1200 per 30 days)	<i>zonisamide oral capsule 100 mg, 50 mg</i>	3	MO
			<i>zonisamide oral capsule 25 mg</i>	2	MO
			ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 405 MG	5	PAR; LA; QLL (2 per 28 days)
			ZYPREXA RELPREVV INTRAMUSCULAR	5	PAR; MO; LA; QLL (2 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
SUSPENSION FOR RECONSTITUTION 300 MG		
Cardiovascular, Hypertension / Lipids		
ACCUPRIL	4	MO
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	4	MO
acebutolol oral	2	MO
ADALAT CC	4	MO
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	4	MO; QLL (60 per 30 days)
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG	4	MO; QLL (30 per 30 days)
afeditab cr	2	MO
AGGRENOX	4	ST; MO; QLL (60 per 30 days)
ALDACTAZIDE ORAL TABLET 25-25 MG	4	MO
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	MO
ALTOPREV	4	PAR; MO; QLL (30 per 30 days)
amiloride oral	3	MO
amiloride-hydrochlorothiazide	2	MO
amiodarone intravenous solution	4	B/D PAR; MO
amiodarone intravenous syringe	4	B/D PAR
amiodarone oral tablet 100 mg, 200 mg	2	MO
amiodarone oral tablet 400 mg	4	MO
amlodipine oral tablet 10 mg, 2.5 mg	1	MO; CG; QLL (30 per 30 days)
amlodipine oral tablet 5 mg	1	MO; CG; QLL (45 per 30 days)
amlodipine-atorvastatin	3	MO; QLL (30 per 30 days)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-20 mg, 5-40 mg	3	MO
amlodipine-benazepril oral capsule 5-10 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan	4	MO; QLL (30 per 30 days)
amlodipine-valsartan-hcthiaid	4	MO; QLL (30 per 30 days)
ATACAND HCT ORAL TABLET 16-12.5 MG	4	MO; QLL (60 per 30 days)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG	4	MO; QLL (30 per 30 days)
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	4	MO; QLL (60 per 30 days)
ATACAND ORAL TABLET 32 MG	4	MO; QLL (30 per 30 days)
atenolol	1	MO; CG
atenolol-chlorthalidone	1	MO; CG
atorvastatin	6	MO; CG; QLL (30 per 30 days)
AVALIDE ORAL TABLET 150-12.5 MG	4	MO; QLL (60 per 30 days)
AVALIDE ORAL TABLET 300-12.5 MG	4	MO; QLL (30 per 30 days)
AVAPRO	4	MO; QLL (30 per 30 days)
AZOR	3	MO; QLL (30 per 30 days)
benazepril	6	MO; CG
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 5-6.25 mg	2	MO
benazepril-hydrochlorothiazide oral tablet 20-25 mg	1	MO; CG
BENICAR HCT	3	MO; QLL (30 per 30 days)
BENICAR ORAL TABLET 20 MG, 40 MG	3	MO; QLL (30 per 30 days)
BENICAR ORAL TABLET 5 MG	3	MO; QLL (60 per 30 days)
betaxolol oral	2	MO
BIDIL	3	MO; QLL (180 per 30 days)
bisoprolol fumarate	2	MO
bisoprolol-hydrochlorothiazide	1	MO; CG
BRILINTA	3	MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	MO
<i>bumetanide oral tablet 2 mg</i>	3	MO
BYSTOLIC	3	MO
CALAN ORAL TABLET 120 MG	4	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	4	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	3	MO; QLL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	4	MO; QLL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	3	MO; QLL (60 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	3	MO; QLL (30 per 30 days)
<i>captopril oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg</i>	1	MO; CG
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg, 50-25 mg</i>	2	MO
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg</i>	1	MO; CG
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 420 MG	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO; CG
<i>chlorothiazide oral tablet 250 mg</i>	1	MO; CG
<i>chlorothiazide oral tablet 500 mg</i>	2	MO
<i>chlorothiazide sodium</i>	4	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>cilostazol</i>	2	MO
<i>clonidine hcl oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch</i>	4	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	4	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO; QLL (30 per 30 days)
<i>colestipol</i>	2	MO
COREG CR	4	ST; MO
CORZIDE ORAL TABLET 40-5 MG	4	MO
COUMADIN ORAL	4	MO
COZAAR ORAL TABLET 100 MG	4	MO; QLL (30 per 30 days)
COZAAR ORAL TABLET 25 MG, 50 MG	4	MO; QLL (60 per 30 days)
CRESTOR	3	MO; QLL (30 per 30 days)
DEMSEER	4	MO
DIGITEK ORAL TABLET 125 MCG	3	MO
<i>digox oral tablet 125 mcg</i>	3	MO; QLL (30 per 30 days)
<i>digoxin oral solution 50 mcg/ml</i>	3	MO
<i>digoxin oral tablet 125 mcg</i>	3	MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl intravenous recon soln</i>	4	B/D PAR
<i>diltiazem hcl intravenous solution</i>	4	
<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 360 mg</i>	4	MO
<i>diltiazem hcl oral capsule, extended release 420 mg</i>	3	MO
<i>diltiazem hcl oral capsule, extended release degradable</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	4	MO
<i>diltiazem hcl oral tablet</i>	1	MO; CG
DIOVAN HCT	4	MO; QLL (30 per 30 days)
<i>doxazosin</i>	2	MO
DYAZIDE	4	MO
EFFIENT	3	MO; QLL (30 per 30 days)
ELIQUIS	3	MO; QLL (60 per 30 days)
<i>enalapril maleate</i>	6	MO; CG
<i>enalapril-hydrochlorothiazide</i>	6	MO; CG
<i>enoxaparin subcutaneous solution</i>	5	MO; QLL (84 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	5	MO; QLL (28 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	5	MO; QLL (22.4 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QLL (8.4 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QLL (11.2 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QLL (16.8 per 30 days)
<i>eplerenone</i>	4	MO
<i>eprosartan</i>	3	MO; QLL (30 per 30 days)
EXFORGE	4	MO; QLL (30 per 30 days)
EXFORGE HCT	4	MO; QLL (30 per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg</i>	3	MO
<i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i>	2	MO
<i>fenofibrate micronized oral capsule 130 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	MO; QLL (30 per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	3	MO
<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	3	MO
<i>fenofibrate oral tablet 160 mg</i>	3	MO; QLL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	MO; QLL (30 per 30 days)
<i>fenofibric acid (choline) dr capsules</i>	3	MO
<i>flecainide oral tablet 100 mg, 50 mg</i>	3	MO
<i>flecainide oral tablet 150 mg</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	3	MO; QLL (60 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	4	MO; QLL (60 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QLL (18 per 30 days)
<i>fosinopril</i>	1	MO; CG
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	3	MO
<i>fosinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	2	MO
<i>furosemide injection</i>	4	MO
<i>furosemide oral solution 10 mg/ml</i>	2	MO
<i>furosemide oral solution 40 mg/5 ml</i>	1	MO; CG
<i>furosemide oral tablet</i>	1	MO; CG
<i>gemfibrozil oral</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/</i>	4	B/D PAR

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Drug Name	Drug Tier	Requirements/Limits
ml), 25,000 unit/250 ml(100 unit/ml)		
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)	4	B/D PAR; MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	4	B/D PAR
heparin (porcine) injection cartridge	4	B/D PAR; MO
heparin (porcine) injection solution	4	B/D PAR; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12, 500 UNIT/250 ML	4	B/D PAR
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	4	B/D PAR
heparin, porcine (pf) injection	4	B/D PAR; MO
hydralazine injection	4	MO
hydralazine oral	2	MO
hydrochlorothiazide	1	MO; CG
HYZAAR	4	MO; QLL (30 per 30 days)
indapamide	1	MO; CG
irbesartan oral tablet 150 mg, 75 mg	1	MO; CG; QLL (30 per 30 days)
irbesartan oral tablet 300 mg	2	MO; QLL (30 per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	2	MO; QLL (60 per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	3	MO; QLL (30 per 30 days)
isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg	4	MO
isosorbide dinitrate oral tablet 30 mg	3	MO
isosorbide dinitrate oral tablet extended release	4	MO

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate	2	MO
isradipine	3	MO
jantoven oral tablet 1 mg, 10 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO; CG
jantoven oral tablet 2 mg	2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	PAR; MO; LA
labetalol intravenous solution	4	MO
labetalol oral tablet 100 mg, 200 mg	2	MO
labetalol oral tablet 300 mg	3	MO
LANOXIN ORAL TABLET 125 MCG	3	MO; QLL (30 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	3	MO
LESCOL	4	MO; QLL (60 per 30 days)
LIPITOR ORAL TABLET 10 MG	4	MO
lisinopril	6	MO; CG
lisinopril-hydrochlorothiazide	6	MO; CG
LOFIBRA ORAL CAPSULE 200 MG	4	MO; QLL (30 per 30 days)
LOPID	4	MO
losartan oral tablet 100 mg	6	MO; CG; QLL (30 per 30 days)
losartan oral tablet 25 mg, 50 mg	6	MO; CG; QLL (60 per 30 days)
losartan-hydrochlorothiazide	6	MO; CG; QLL (30 per 30 days)
LOTENSIN ORAL TABLET 20 MG, 40 MG	4	MO
lovastatin oral tablet 10 mg, 20 mg	6	MO; CG; QLL (30 per 30 days)
lovastatin oral tablet 40 mg	6	MO; CG; QLL (60 per 30 days)
MAVIK	4	MO
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
methyclothiazide	3	MO
metolazone oral tablet 10 mg, 5 mg	3	MO
metolazone oral tablet 2.5 mg	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	MO	<i>niacin oral tablet extended release 24 hr 500 mg</i>	4	MO; QLL (30 per 30 days)
<i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i>	3	MO	NIACOR	3	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	3	MO	<i>nicardipine intravenous</i>	4	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i>	2	MO	<i>nicardipine oral</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	4	MO	<i>nifedical xl</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	4		<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO; CG	<i>nifedipine oral tablet extended release 24hr 90 mg</i>	3	MO
<i>mexiletine oral capsule 150 mg, 250 mg</i>	3	MO	<i>nifedipine oral tablet extended release 30 mg, 60 mg</i>	2	MO
<i>mexiletine oral capsule 200 mg</i>	4	MO	<i>nifedipine oral tablet extended release 90 mg</i>	3	MO
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG	4	MO; QLL (30 per 30 days)	<i>nimodipine</i>	4	MO
MICARDIS HCT ORAL TABLET 80-12.5 MG	4	MO; QLL (60 per 30 days)	<i>nitroglycerin intravenous</i>	4	B/D PAR
MICARDIS ORAL TABLET 20 MG, 40 MG	4	MO; QLL (30 per 30 days)	<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
MICARDIS ORAL TABLET 80 MG	4	MO; QLL (60 per 30 days)	NITROSTAT	3	MO
MICROZIDE	4	MO	NORPACE	4	PAR; MO
MINIPRESS ORAL CAPSULE 2 MG	4	MO	NORVASC ORAL TABLET 10 MG, 2.5 MG	4	MO; QLL (30 per 30 days)
<i>minoxidil oral</i>	2	MO	NORVASC ORAL TABLET 5 MG	4	MO; QLL (45 per 30 days)
<i>moexipril</i>	2	MO	<i>omega-3 acid ethyl esters</i>	3	PAR; MO
<i>moexipril-hydrochlorothiazide</i>	2	MO	<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
MULTAQ	3	MO; QLL (60 per 30 days)	<i>pacerone oral tablet 200 mg</i>	2	MO
<i>nadolol oral tablet 20 mg, 40 mg</i>	3	MO	<i>pentoxifylline</i>	2	MO
<i>nadolol oral tablet 80 mg</i>	4	MO	<i>perindopril erbumine</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	3	MO	<i>pindolol oral tablet 10 mg</i>	3	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	4	MO; QLL (60 per 30 days)	<i>pindolol oral tablet 5 mg</i>	2	MO
			PRADAXA	4	MO; QLL (60 per 30 days)
			PRAVACHOL ORAL TABLET 20 MG	4	MO
			<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	MO; CG; QLL (30 per 30 days)
			<i>pravastatin oral tablet 80 mg</i>	1	MO; CG; QLL (30 per 30 days)
			<i>prazosin oral capsule 1 mg, 2 mg</i>	2	MO
			<i>prazosin oral capsule 5 mg</i>	3	MO
			<i>prevalite</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	4	MO
<i>procainamide injection solution 100 mg/ml</i>	4	MO
<i>procainamide injection solution 500 mg/ml</i>	4	
PROCARDIA	4	PAR; MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	4	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (60 per 30 days)
<i>propafenone oral tablet 150 mg, 225 mg</i>	3	MO
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>propranolol intravenous</i>	4	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg</i>	3	MO
<i>propranolol oral capsule, extended release 24 hr 60 mg, 80 mg</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; CG
<i>propranolol oral tablet 60 mg</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril oral tablet 10 mg, 5 mg</i>	1	MO; CG
<i>quinapril oral tablet 20 mg, 40 mg</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet extended release</i>	3	MO
<i>ramipril</i>	1	MO; CG
RANEXA	4	PAR; MO
<i>reserpine oral tablet 0.1 mg</i>	1	PAR; MO; CG

Drug Name	Drug Tier	Requirements/Limits
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	4	MO; QLL (60 per 30 days)
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG	4	MO; QLL (30 per 30 days)
<i>simvastatin</i>	6	MO; CG; QLL (30 per 30 days)
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sorine oral tablet 80 mg</i>	1	MO; CG
<i>sotalol af oral tablet 120 mg, 160 mg</i>	2	MO
<i>sotalol af oral tablet 80 mg</i>	1	MO; CG
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO
<i>sotalol oral tablet 80 mg</i>	1	MO; CG
<i>spironolacton-hydrochlorothiaz</i>	3	MO
<i>spironolactone oral tablet 100 mg</i>	3	MO
<i>spironolactone oral tablet 25 mg, 50 mg</i>	2	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	4	MO
<i>taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 360 mg</i>	2	MO
<i>taztia xt oral capsule, extended release 300 mg</i>	3	MO
TEKTURNA	4	MO; QLL (30 per 30 days)
TEKTURNA HCT	4	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	4	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	4	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	4	MO; QLL (60 per 30 days)	<i>valsartan-hydrochlorothiazide oral tablet 320-25 mg</i>	3	MO; QLL (30 per 30 days)
TENORETIC 100	4	MO	VASERETIC	4	MO
TENORETIC 50	4	MO	VASOTEC ORAL TABLET 2.5 MG	4	MO
<i>terazosin</i>	2	MO	VECAMEYL	4	
TEVETEN ORAL TABLET 600 MG	4	MO; QLL (30 per 30 days)	<i>verapamil intravenous solution</i>	4	MO
TIAZAC	4	MO	<i>verapamil intravenous syringe</i>	4	
TIKOSYN	4	MO	<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	MO
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	2	MO	<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>timolol maleate oral tablet 20 mg</i>	3	MO	<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>torsemide oral tablet 10 mg, 5 mg</i>	2	MO	<i>verapamil oral tablet</i>	1	MO; CG
<i>torsemide oral tablet 100 mg, 20 mg</i>	3	MO	<i>verapamil oral tablet extended release 120 mg</i>	2	MO
<i>trandolapril</i>	2	MO	<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	MO; CG
<i>tranexamic acid intravenous</i>	3	MO	<i>warfarin</i>	1	MO; CG
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO; CG	WELCHOL	3	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO; CG	XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
TRIBENZOR	3	MO; QLL (30 per 30 days)	XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)
TRICOR ORAL TABLET 48 MG	4	MO	XARELTO ORAL TABLETS, DOSE PACK	3	MO; QLL (102 per 365 days)
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 45 MG	4	MO	ZESTORETIC	4	MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	MO; QLL (30 per 30 days)	ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	MO
<i>valsartan oral tablet 160 mg</i>	4	MO; QLL (60 per 30 days)	ZETIA	4	MO; QLL (30 per 30 days)
<i>valsartan oral tablet 320 mg</i>	4	MO; QLL (30 per 30 days)	ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG	4	MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	4	MO; QLL (90 per 30 days)	ZOCOR ORAL TABLET 10 MG, 5 MG	4	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 80-12.5 mg</i>	2	MO; QLL (30 per 30 days)	Dermatologicals/Topical Therapy		
			<i>acitretin</i>	5	MO
			<i>acyclovir topical</i>	4	MO; QLL (30 per 30 days)
			<i>adapalene topical gel 0.1 %</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	3	MO
<i>amcinonide</i>	4	MO
<i>ammonium lactate topical</i>	2	MO
<i>amnestem</i>	4	MO
<i>betamethasone dipropionate topical cream</i>	4	MO
<i>betamethasone dipropionate topical lotion</i>	3	MO
<i>betamethasone dipropionate topical ointment</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	3	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>calcipotriene topical cream</i>	4	MO; QLL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QLL (120 per 30 days)
<i>calcipotriene topical solution</i>	4	MO; QLL (60 per 30 days)
<i>ciclodan topical cream</i>	3	MO
<i>ciclodan topical solution</i>	3	PAR; MO
<i>ciclopirox topical cream</i>	3	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	4	MO
<i>ciclopirox topical solution</i>	2	PAR; MO
<i>ciclopirox topical suspension</i>	3	MO
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>claravis oral capsule 30 mg</i>	5	MO
<i>clindamycin phosphate topical gel</i>	3	MO
<i>clindamycin phosphate topical lotion</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical solution</i>	3	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide</i>	4	MO
<i>clobetasol topical cream</i>	2	MO
<i>clobetasol topical foam</i>	4	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	3	MO
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol topical solution</i>	2	MO
<i>clobetasol-emollient topical cream</i>	3	MO
<i>clobetasol-emollient topical foam</i>	4	MO
CLOBEX TOPICAL LOTION	4	MO
<i>clotrimazole topical cream</i>	3	MO
<i>clotrimazole topical solution</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	3	MO
<i>clotrimazole-betamethasone topical lotion</i>	4	MO
<i>cormax topical solution</i>	2	MO
DENAVIR	3	MO; QLL (5 per 2 days)
DERMATOP TOPICAL OINTMENT	4	MO
<i>desonide</i>	4	MO
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO
<i>desoximetasone topical ointment 0.25 %</i>	4	MO
<i>diflorasone</i>	4	MO
DIPROLENE AF	4	MO
<i>econazole topical</i>	2	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
ELOCON TOPICAL SOLUTION	4	MO
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO
<i>fluocinonide topical gel</i>	3	MO
<i>fluocinonide topical ointment</i>	3	MO
<i>fluocinonide topical solution</i>	4	MO
<i>fluocinonide-e</i>	3	MO
<i>fluocinonide-emollient</i>	3	MO
<i>fluorouracil topical cream 5 %</i>	4	MO
<i>fluorouracil topical solution</i>	4	MO
<i>fluticasone topical cream</i>	3	MO
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	3	MO
<i>gentamicin topical</i>	3	MO
<i>halobetasol propionate</i>	4	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	4	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone topical cream 1 %</i>	1	MO; CG
<i>hydrocortisone topical cream 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	3	MO
<i>hydrocortisone topical ointment 1 %</i>	1	MO; CG
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	4	MO
<i>hydrocortisone-min oil-wht pet</i>	2	MO
<i>imiquimod</i>	4	MO
<i>ketoconazole topical cream</i>	3	MO
<i>ketoconazole topical shampoo</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane gel</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine hcl urethral</i>	3	
<i>lidocaine topical adhesive patch,medicated</i>	4	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine</i>	4	MO
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>methoxsalen rapid</i>	5	PAR; MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	3	MO
<i>metronidazole topical lotion</i>	4	MO
<i>mometasone</i>	2	MO
<i>mupirocin calcium</i>	4	MO
<i>mupirocin ointment</i>	2	MO
<i>myorisan</i>	4	MO
<i>nyamyc</i>	3	MO
<i>nystatin topical cream</i>	2	MO
<i>nystatin topical ointment</i>	3	MO
<i>nystatin topical powder</i>	3	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	3	MO
<i>PANRETIN</i>	5	MO
<i>permethrin topical cream</i>	3	MO
<i>podofilox</i>	4	MO
<i>prednicarbate</i>	4	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>SANTYL</i>	4	MO; QLL (30 per 30 days)
<i>selenium sulfide topical suspension</i>	2	MO
<i>SILVADENE</i>	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
<i>TAZORAC</i>	4	PAR; MO

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Drug Name	Drug Tier	Requirements/Limits
TEMOVATE TOPICAL CREAM	4	MO
TEMOVATE TOPICAL OINTMENT	4	MO
<i>tretinoin topical</i>	3	MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	MO; CG
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	2	MO
<i>triamcinolone acetonide topical lotion 0.025 %</i>	3	MO
<i>triamcinolone acetonide topical lotion 0.1 %</i>	4	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	1	MO; CG
UVADEX	4	
VALCHLOR	5	MO
<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
ZENATANE ORAL CAPSULE 30 MG	3	
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>acetylcysteine intravenous</i>	2	B/D PAR; MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	3	MO; QLL (30 per 30 days)
<i>anagrelide</i>	3	MO
ARALAST NP	5	PAR; MO; LA
BUPHENYL ORAL TABLET	5	PAR; MO
<i>buproban</i>	2	MO; QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
CHANTIX	4	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	4	PAR; MO; QLL (106 per 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D PAR
<i>d10 % & 0.45 % sodium chloride</i>	4	B/D PAR
<i>d2.5 %-0.45 % sodium chloride</i>	4	B/D PAR
<i>d5 % and 0.9 % sodium chloride</i>	4	B/D PAR; MO
<i>d5 %-0.45 % sodium chloride</i>	4	B/D PAR; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	B/D PAR
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	4	B/D PAR; MO
<i>dextrose 25 % in water (d25w)</i>	4	B/D PAR
<i>dextrose 30 % in water (d30w)</i>	4	B/D PAR
<i>dextrose 40 % in water (d40w)</i>	4	B/D PAR
<i>dextrose 5 % in water (d5w)</i>	4	B/D PAR; MO
<i>dextrose 5 %-lactated ringers</i>	4	B/D PAR; MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	B/D PAR
<i>dextrose 5%-0.3 % sod.chloride</i>	4	B/D PAR
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	B/D PAR; MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	B/D PAR
<i>dextrose 70 % in water (d70w)</i>	4	B/D PAR; MO
<i>dextrose with sodium chloride</i>	4	B/D PAR
<i>disulfiram</i>	4	MO
<i>etidronate disodium oral tablet 200 mg</i>	3	MO
<i>etidronate disodium oral tablet 400 mg</i>	2	MO
EXJADE	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>kionex</i>	3	MO
<i>lactated ringers irrigation</i>	4	B/D PAR; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (with sugar)</i>	3	B/D PAR; MO
<i>levocarnitine intravenous</i>	4	B/D PAR
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine</i>	4	MO
<i>neomycin-polymyxin b gu</i>	4	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 2 MG	5	MO; LA
PHYSIOLYTE	4	B/D PAR
PHYSIOSOL IRRIGATION	4	
<i>pilocarpine hcl oral</i>	4	MO
RAVICTI	5	PAR; MO; QLL (525 per 30 days)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	5	MO; QLL (180 per 30 days)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	5	MO; QLL (90 per 30 days)
RENVELA ORAL TABLET	3	MO; QLL (270 per 30 days)
<i>riluzole</i>	4	MO
<i>ringers irrigation</i>	4	B/D PAR; MO
<i>risedronate oral tablet 150 mg oral tablet 30 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO
<i>sodium phenylbutyrate</i>	5	PAR; MO
<i>sodium polystyrene (sorb free)</i>	4	
<i>sodium polystyrene sulfonate oral powder</i>	4	MO
<i>sodium polystyrene sulfonate oral suspension</i>	4	
<i>sodium polystyrene sulfonate rectal</i>	4	
SODIUM POLYSTYRENE SULFONATE RECTAL	4	
<i>sps oral</i>	4	MO
<i>sps rectal</i>	4	
SYPRINE	5	MO
<i>water for irrigation, sterile</i>	4	B/D PAR; MO
Ear, Nose / Throat Medications		

Drug Name	Drug Tier	Requirements/Limits
<i>acetazol hc</i>	4	MO
<i>acetic acid otic</i>	3	MO
<i>acetic acid-aluminum acetate</i>	2	MO
<i>azelastine nasal</i>	4	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO; CG
CIPRODEX	3	MO
CORTISPORIN OTIC SOLUTION	4	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluocinolone acetonide oil otic</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic</i>	2	MO
<i>ofloxacin otic</i>	2	MO
<i>paroex oral rinse</i>	1	MO; CG
<i>periogard</i>	1	MO; CG
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	4	MO
TYZINE NASAL DROPS 0.05 %	4	MO
Endocrine/Diabetes		
<i>acarbose oral tablet 100 mg</i>	4	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	3	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	4	MO; QLL (180 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	4	MO; QLL (45 per 30 days)
<i>alcohol pads</i>	1	CG
ALDURAZYME	5	PAR; MO
AMARYL ORAL TABLET 1 MG	4	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AMARYL ORAL TABLET 4 MG	4	MO; QLL (60 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PAR; MO; QLL (150 per 30 days)
<i>androxy</i>	4	PAR; MO
BYDUREON	3	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon)</i>	3	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	B/D PAR; MO
<i>calcitriol oral capsule</i>	2	B/D PAR; MO
<i>calcitriol oral solution</i>	3	B/D PAR; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cortisone</i>	4	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
CYTOMEL	4	MO
<i>danazol oral</i>	3	MO
<i>desmopressin injection</i>	5	MO
<i>desmopressin nasal aerosol, spray</i>	4	MO
<i>desmopressin nasal solution</i>	3	MO
<i>desmopressin nasal spray, non-aerosol</i>	4	MO
<i>desmopressin oral</i>	4	MO
<i>dexamethasone oral elixir 0.5mg/ml</i>	4	MO
<i>dexamethasone oral solution 0.5mg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 1.5 mg</i>	1	MO; CG
<i>dexamethasone oral tablet 0.75 mg, 1 mg, 4 mg, 6 mg</i>	2	MO
<i>dexamethasone oral tablet 2 mg</i>	3	MO
<i>dexamethasone sodium phos (pf)</i>	4	MO
<i>dexamethasone sodium phosphate injection</i>	4	MO
<i>doxercalciferol intravenous</i>	4	B/D PAR
DUETACT ORAL TABLET 30-4 MG	4	MO; QLL (30 per 30 days)
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	3	MO
<i>fortical</i>	3	MO; QLL (4 per 30 days)
<i>gauze pads 2 x 2</i>	1	CG; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	3	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	4	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	4	MO; QLL (76 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOPHAGE ORAL TABLET 500 MG	4	MO; QLL (153 per 30 days)	HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
GLUCOPHAGE ORAL TABLET 850 MG	4	MO; QLL (90 per 30 days)	HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (PREFILLED SYRINGE)	3	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	4	MO; QLL (120 per 30 days)	HUMULIN 70/30	3	MO
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	4	MO; QLL (80 per 30 days)	HUMULIN 70/30 KWIKPEN	3	MO
GLUCOTROL ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)	HUMULIN N	3	MO
GLUCOTROL ORAL TABLET 5 MG	4	MO; QLL (240 per 30 days)	HUMULIN N KWIKPEN	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QLL (60 per 30 days)	HUMULIN R	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QLL (240 per 30 days)	HUMULIN R U-500 "CONCENTRATED"	5	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QLL (120 per 30 days)	<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	3	MO
GLUCOVANCE	4	PAR; MO; QLL (120 per 30 days)	<i>hydrocortisone oral tablet 20 mg</i>	2	MO
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	MO; QLL (60 per 30 days)	<i>insulin pen needle</i>	3	MO; QLL (200 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	MO; QLL (120 per 30 days)	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	3	QLL (200 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO	INSULIN SYRINGE (DISP) U-100 1 ML	3	MO; QLL (200 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3		JANUMET	3	MO; QLL (60 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (30 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	3	MO	JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
HUMALOG SUBCUTANEOUS CARTRIDGE	3	MO	JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
			JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
			JARDIANCE	4	PAR; MO; QLL (30 per 30 days)
			JENTADUETO	3	MO; QLL (60 per 30 days)
			KORLYM	5	PAR; MO
			KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO; LA
			LANTUS	3	MO
			LANTUS SOLOSTAR	3	MO
			LEVEMIR	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH	4	MO
levothyroxine oral	1	MO; CG
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	2	MO
liothyronine intravenous	5	MO
liothyronine oral tablet 25 mcg, 5 mcg	3	MO
liothyronine oral tablet 50 mcg	4	MO
metformin oral tablet 1,000 mg	6	MO; CG; QLL (76 per 30 days)
metformin oral tablet 500 mg	6	MO; CG; QLL (153 per 30 days)
metformin oral tablet 850 mg	6	MO; CG; QLL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	6	MO; CG; QLL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	6	MO; CG; QLL (80 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	4	MO; QLL (75 per 30 days)
metformin oral tablet extended release 24hr 500 mg	6	MO; CG; QLL (150 per 30 days)
methimazole oral tablet 10 mg	3	MO
methimazole oral tablet 5 mg	2	MO
methylprednisolone acetate	4	MO
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	4	MO
methylprednisolone oral tablet 32 mg	3	MO
methylprednisolone oral tablets,dose pack	3	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	4	MO
methylprednisolone sodium succ intravenous	4	MO

Drug Name	Drug Tier	Requirements/Limits
MIACALCIN INJECTION	4	B/D PAR; MO
MIACALCIN NASAL	4	MO; QLL (4 per 30 days)
MYOZYME	5	PAR; MO
NAGLAZYME	5	PAR; MO; LA
nateglinide oral tablet 120 mg	4	MO; QLL (90 per 30 days)
nateglinide oral tablet 60 mg	4	MO; QLL (180 per 30 days)
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
needles, insulin disp.,safety	3	QLL (200 per 30 days)
oxandrolone oral tablet 10 mg	5	PAR; MO; QLL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	3	PAR; MO; QLL (120 per 30 days)
pamidronate	4	B/D PAR; MO
paricalcitol oral capsule 1 mcg, 2 mcg	4	B/D PAR; MO
paricalcitol oral capsule 4 mcg	5	B/D PAR; MO
pioglitazone oral tablet 15 mg	2	MO; QLL (90 per 30 days)
pioglitazone oral tablet 30 mg	2	MO; QLL (45 per 30 days)
pioglitazone oral tablet 45 mg	2	MO; QLL (30 per 30 days)
pioglitazone-glimepiride	4	MO; QLL (30 per 30 days)
pioglitazone-metformin	4	MO; QLL (90 per 30 days)
PRANDIMET	4	MO; QLL (150 per 30 days)
PRECOSE ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
prednisolone oral solution 15 mg/5 ml	3	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	4	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	3	MO
<i>prednisone oral tablet 1 mg</i>	2	MO
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO; CG
<i>prednisone oral tablets,dose pack</i>	1	MO; CG
PROGLYCEM	5	MO
<i>propylthiouracil</i>	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	4	MO; QLL (240 per 30 days)
SAMSCA ORAL TABLET 15 MG	5	PAR; MO; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO
STIMATE	4	MO
SYMLINPEN 120	5	PAR; MO; QLL (11 per 30 days)
SYMLINPEN 60	4	PAR; MO; QLL (6 per 30 days)
SYNAREL	5	PAR; MO
SYNTHROID	4	MO
TANZEUM	4	MO; QLL (4 per 28 days)
TAPAZOLE	4	MO
<i>testosterone cypionate</i>	4	MO
<i>testosterone enanthate</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tolazamide oral tablet 250 mg</i>	2	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	3	MO; QLL (180 per 30 days)
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	4	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
TRULICITY	4	MO; QLL (2 per 28 days)
<i>unithroid</i>	1	MO; CG
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)
VPRIV	5	PAR; MO
ZAVESCA	5	PAR; MO; LA
<i>zoledronic acid intravenous recon soln 4 mg</i>	5	PAR
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	5	PAR; MO
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	5	PAR; MO
Gastroenterology		
<i>alosetron</i>	5	PAR; MO; QLL (60 per 30 days)
APRISO	4	MO
ASACOL HD	3	MO
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	4	
<i>balsalazide</i>	4	MO
<i>budesonide oral</i>	5	MO
CIMZIA	5	PAR; MO; QLL (6 per 28 days)
CIMZIA POWDER FOR RECONST	5	PAR; MO; QLL (6 per 28 days)
CIMZIA STARTER KIT	5	PAR; MO; QLL (6 per 28 days)
<i>compro</i>	4	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>constulose</i>	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT	5	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
DELZICOL	3	MO
DEXILANT	4	ST; MO; QLL (30 per 30 days)
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
DIPENTUM	5	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO; CG
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PAR; MO; QLL (120 per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 2 days)
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)
EMEND ORAL CAPSULE, DOSE PACK	3	B/D PAR; MO; QLL (15 per 30 days)
<i>enulose</i>	2	MO
<i>esomeprazole sodium intravenous</i>	4	
<i>famotidine (pf)</i>	4	MO
<i>famotidine (pf)-nacl (iso-os)</i>	4	
<i>famotidine intravenous</i>	4	MO
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
GATTEX 30-VIAL	5	MO
GATTEX ONE-VIAL	5	MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	3	MO
<i>glycopyrrolate injection</i>	4	MO
<i>glycopyrrolate oral tablet</i>	4	MO
<i>hydrocortisone rectal enema</i>	4	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	2	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	4	MO; QLL (30 per 30 days)
LIALDA	3	MO
LINZESS	3	MO
<i>loperamide oral capsule</i>	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine rectal</i>	3	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>methscopolamine oral</i>	4	MO
<i>metoclopramide hcl injection solution</i>	4	MO
<i>metoclopramide hcl injection syringe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
<i>misoprostol oral tablet 100 mcg</i>	3	MO
<i>misoprostol oral tablet 200 mcg</i>	4	MO
<i>nizatidine oral capsule 150 mg</i>	3	MO
<i>nizatidine oral capsule 300 mg</i>	4	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	2	MO; QLL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	3	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl (pf) injection solution</i>	4	MO
<i>ondansetron hcl (pf) injection syringe</i>	4	
<i>ondansetron hcl intravenous solution</i>	4	MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	3	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg</i>	4	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 8 mg</i>	3	B/D PAR; MO; QLL (90 per 30 days)
<i>opium tincture oral tincture</i>	2	MO
OSMOPREP	4	MO
<i>pantoprazole oral</i>	2	MO; QLL (30 per 30 days)
<i>paregoric</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram</i>	2	
<i>peg-3350 with flavor packs</i>	2	
<i>peg-electrolyte soln</i>	2	
PENTASA	3	MO
<i>polyethylene glycol 3350 oral</i>	2	MO
<i>prochlorperazine</i>	4	PAR; MO
<i>prochlorperazine edisylate</i>	4	PAR; MO
<i>prochlorperazine maleate oral</i>	2	PAR; MO
<i>procto-pak</i>	2	MO
<i>proctosol hc</i>	2	MO
<i>proctozone-hc</i>	1	MO; CG
<i>propantheline</i>	4	MO
<i>ranitidine hcl injection</i>	4	MO
<i>ranitidine hcl oral syrup</i>	4	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	4	PAR; MO
RELISTOR SUBCUTANEOUS SYRINGE	5	PAR; MO
REMICADE	5	PAR; MO
SUCRAID	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral tablet</i>	2	MO
<i>sulfasalazine</i>	2	MO
<i>sulfazine</i>	1	MO; CG
<i>sulfazine ec</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte with flavor packets</i>	2	MO
UCERIS ORAL	5	MO
<i>ursodiol</i>	4	MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML	5	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PAR; MO
ARCALYST	5	PAR; MO
AVONEX (WITH ALBUMIN)	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; MO; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	4	
BETASERON SUBCUTANEOUS KIT	5	PAR; MO
BEXSERO (PF)	3	
BIVIGAM	5	PAR; MO

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP	3	MO
BOTOX	4	PAR; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	5	PAR; MO
CERVARIX VACCINE (PF)	3	MO
COMVAX (PF)	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPORT	4	PAR; MO
ENGERIX-B (PF)	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR
EXTAVIA SUBCUTANEOUS KIT	5	PAR; MO
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PAR
<i>fomepizole</i>	5	MO
GAMASTAN S/D	3	PAR; MO
GAMMAGARD LIQUID	5	PAR; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PAR; MO
GAMUNEX-C	5	PAR; MO
GARDASIL (PF)	3	MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
ILARIS (PF)	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION	5	PAR; MO
IPOL	3	MO
IXIARO (PF)	3	MO
M-M-R II (PF)	3	MO

Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENOMUNE - A/C/Y/W-135	3	
MENOMUNE - A/C/Y/W-135 (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
NEUMEGA	5	PAR; MO; QLL (21 per 21 days)
NEUPOGEN	5	PAR; MO
NORDITROPIN FLEXPOR	5	PAR; MO
NORDITROPIN NORDIFLEX	5	PAR; MO
OCTAGAM	5	PAR; MO
OMNITROPE	5	PAR; MO
PEDVAX HIB (PF)	3	MO
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	5	PAR; MO
PLEGRIDY	5	PAR; MO; QLL (1 per 28 days)
PRIVIGEN	5	PAR; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR; MO; QLL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PAR; MO; QLL (12 per 28 days)
PROLEUKIN	5	B/D PAR; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVER (PF)	4	MO
REBIF (WITH ALBUMIN)	5	PAR; MO
REBIF REBIDOSE	5	PAR; MO
REBIF TITRATION PACK	5	PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
ROTARIX	3	
ROTATEQ VACCINE	3	
SYLATRON	5	PAR; MO
<i>tetanus toxoid,adsorbed (pf)</i>	4	MO
<i>tetanus,diphtheria tox ped(pf)</i>	3	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	3	MO
THYMOGLOBULIN	5	B/D PAR
TICE BCG	4	MO
TRUMENBA	3	
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR RECON SOLN	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	
XEOMIN	4	PAR; MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
Musculoskeletal / Rheumatology		
ACTEMRA INTRAVENOUS VIAL	5	PAR; MO
<i>alendronate oral solution</i>	3	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; CG; QLL (4 per 28 days)
<i>allopurinol</i>	1	MO; CG
<i>aloprim</i>	4	
BENLYSTA	5	PAR; MO
BONIVA INTRAVENOUS	4	B/D PAR; MO
<i>colchicine-probenecid</i>	3	MO
COLCRYS	3	MO
DEPEN TITRATABS	5	MO

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PAR; MO; QLL (8 per 28 days)
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)
FORTEO	5	PAR; MO; QLL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QLL (4 per 28 days)
HUMIRA CROHN'S DIS START PCK	5	PAR; MO; QLL (9.6 per 365 days)
HUMIRA PED CROHN'S STARTER PK	5	PAR; MO; QLL (4.8 per 365 days)
HUMIRA PEN	5	PAR; MO; QLL (3.2 per 28 days)
HUMIRA PSORIASIS STARTER PACK	5	PAR; MO; QLL (3.2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; MO; QLL (3.2 per 28 days)
<i>ibandronate intravenous solution</i>	4	B/D PAR; MO
<i>ibandronate intravenous syringe</i>	4	MO
<i>ibandronate oral</i>	4	MO; QLL (1 per 28 days)
KINERET	5	PAR; MO; QLL (28 per 28 days)
<i>leflunomide oral tablet 10 mg</i>	4	MO
<i>leflunomide oral tablet 20 mg</i>	3	MO
ORENCIA	5	PAR; MO; QLL (4 per 28 days)
ORENCIA (WITH MALTOSE) <i>probenecid</i>	5	PAR; MO
	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/ Limits
PROLIA	4	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	3	MO; QLL (30 per 30 days)
RIDAURA	4	MO
<i>risedronate oral tablet 150 mg oral tablet 35 mg</i>	4	ST; MO; QLL (4 per 28 days)
<i>risedronate oral tablet 150 mg oral tablet 35 mg (12 pack)</i>	4	ST; QLL (4 per 28 days)
<i>risedronate oral tablet 150 mg oral tablet 5 mg</i>	4	ST; MO; QLL (30 per 30 days)
SAVELLA ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	3	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK	3	MO; QLL (110 per 365 days)
SIMPONI	5	PAR; MO; QLL (1 per 28 days)
ULORIC	3	ST; MO
Obstetrics / Gynecology		
<i>altavera (28)</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO
<i>alyacen 7/7/7 (28)</i>	4	MO
<i>amethia 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO
<i>amethyst</i>	4	MO
<i>apri</i>	4	MO
<i>aranella (28)</i>	4	MO
<i>aviane</i>	4	MO
<i>azurette (28)</i>	4	MO
<i>balziva (28)</i>	4	MO
<i>briellyn</i>	4	MO
<i>camila</i>	4	MO
<i>caziant (28)</i>	4	MO
<i>clindamycin phosphate vaginal</i>	4	MO
<i>cryselle (28)</i>	4	MO
<i>cyclafem 1/35 (28)</i>	4	MO
<i>cyclafem 7/7/7 (28)</i>	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dasetta 1/35 (28)</i>	4	MO
<i>dasetta 7/7/7 (28)</i>	4	MO
<i>drospirenone-ethinyl estradiol</i>	4	MO
<i>elinest</i>	4	MO
ELLA	3	MO
<i>emoquette</i>	4	MO
<i>enpresse</i>	4	MO
<i>errin</i>	4	MO
<i>estarylla</i>	4	MO
<i>estradiol oral</i>	3	PAR; MO
<i>estradiol transdermal patch weekly</i>	4	PAR; MO; QLL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>falmina (28)</i>	4	MO
<i>gildagia</i>	4	MO
<i>gildess</i>	4	MO
<i>gildess fe</i>	4	MO
<i>heather</i>	4	MO
<i>introvale</i>	4	MO
<i>jolessa</i>	4	MO
<i>jolivette</i>	4	MO
<i>junel 1.5/30 (21)</i>	4	MO
<i>junel 1/20 (21)</i>	4	MO
<i>junel fe 1.5/30 (28)</i>	4	MO
<i>junel fe 1/20 (28)</i>	4	MO
<i>kariva (28)</i>	4	MO
<i>kelnor 1/35 (28)</i>	4	MO
LARIN 1/20 (21)	4	MO
LARIN FE	4	MO
<i>leena 28</i>	4	MO
<i>lessina</i>	4	MO
<i>levonest (28)</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	MO
<i>levora-28</i>	4	MO
<i>loryna (28)</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel (28)</i>	4	MO
<i>luta (28)</i>	4	MO
<i>lyza</i>	4	
<i>marlissa</i>	4	MO
<i>medroxyprogesterone intramuscular</i>	4	MO
<i>medroxyprogesterone oral</i>	1	MO; CG
MENEST	4	PAR; MO
<i>methylegonovine oral</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	4	MO; QLL (6 per 30 days)
MICROGESTIN 1.5/30 (21)	4	MO
MICROGESTIN 1/20 (21)	4	MO
MICROGESTIN FE 1.5/30 (28)	4	MO
MICROGESTIN FE 1/20 (28)	4	MO
<i>mono-lynyah</i>	4	MO
<i>mononessa (28)</i>	4	MO
<i>myzilra</i>	4	MO
<i>necon 0.5/35 (28)</i>	4	MO
<i>necon 1/35 (28)</i>	4	MO
<i>necon 1/50 (28)</i>	4	MO
<i>necon 10/11 (28)</i>	4	MO
<i>necon 7/7/7 (28)</i>	4	MO
NOR-QD	4	MO
<i>nora-be</i>	4	MO
<i>norethindrone (contraceptive)</i>	4	MO
<i>norethindrone acetate</i>	4	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO
<i>nortrel 0.5/35 (28)</i>	4	MO
<i>nortrel 1/35 (21)</i>	4	MO
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7 (28)</i>	4	MO
<i>ocella</i>	4	MO
<i>ogestrel (28)</i>	4	MO
<i>orsythia</i>	4	MO
ORTHO MICRONOR	4	MO
<i>philith</i>	4	MO
PIMTREA (28)	4	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	4	MO
<i>portia</i>	4	MO
PREMARIN ORAL	3	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAGINAL	3	MO
PREMPRO	4	PAR; MO
<i>previfem</i>	4	MO
<i>progesterone micronized</i>	3	ST; MO
<i>quasense</i>	4	MO
<i>reclipsen (28)</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>sronyx</i>	4	MO
<i>syeda</i>	4	MO
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	4	MO
<i>tilia fe</i>	4	MO
<i>tranexamic acid oral</i>	4	MO
<i>tri-estarylla</i>	4	MO
<i>tri-legest fe</i>	4	MO
<i>tri-lynyah</i>	4	MO
<i>tri-previfem (28)</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>trinessa (28)</i>	4	MO
<i>trivora (28)</i>	4	MO
<i>vandazole</i>	2	MO
<i>velivet triphasic regimen (28)</i>	4	MO
<i>vestura (28)</i>	4	MO
<i>viorele (28)</i>	4	MO
VYFEMLA (28)	4	MO
XULANE	4	MO
<i>zarah</i>	4	MO
<i>zenchent (28)</i>	4	MO
ZENCHENT FE	4	MO
<i>zovia 1/35e (28)</i>	4	MO
<i>zovia 1/50e (28)</i>	4	MO
Ophthalmology		
<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet 125 mg</i>	2	MO
<i>acetazolamide oral tablet 250 mg</i>	3	MO
<i>acetazolamide sodium</i>	4	MO
<i>ak-poly-bac</i>	3	MO
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	MO
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>apraclonidine</i>	3	MO
<i>atropine ophthalmic drops</i>	2	MO
<i>azelastine ophthalmic</i>	3	MO
AZOPT	4	MO
<i>bacitracin ophthalmic</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic</i>	3	MO
BESIVANCE	4	MO
BETAGAN OPHTHALMIC DROPS 0.5 %	4	MO
<i>betaxolol ophthalmic</i>	4	MO
<i>bimatoprost</i>	3	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine ophthalmic drops 0.15 %</i>	3	MO
<i>brimonidine ophthalmic drops 0.2 %</i>	2	MO
<i>carteolol</i>	2	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	MO
COMBIGAN	3	MO
COSOPT	4	MO
<i>cromolyn ophthalmic</i>	2	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	2	MO
<i>diclofenac sodium ophthalmic</i>	2	MO
<i>dorzolamide</i>	3	MO
<i>dorzolamide-timolol</i>	2	MO
DUREZOL	3	MO
<i>erythromycin ophthalmic</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen sodium</i>	1	MO; CG
<i>gentak ophthalmic ointment</i>	2	MO
<i>gentamicin ophthalmic</i>	2	MO
ILEVRO	3	MO
IOPIDINE OPHTHALMIC DROPS	4	MO
ISOPTO CARPINE	4	MO
<i>ketorolac ophthalmic</i>	2	MO
LACRISERT	3	MO
<i>latanoprost</i>	2	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	MO
<i>methazolamide oral</i>	4	MO
<i>metipranolol</i>	3	MO
MOXEZA	3	MO
<i>naphazoline</i>	1	MO; CG
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	3	MO
NEVANAC	3	MO
<i>ofloxacin ophthalmic</i>	2	MO
PATADAY	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %</i>	3	MO
<i>pilocarpine hcl ophthalmic drops 4 %</i>	4	MO
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	1	MO; CG
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic</i>	2	MO
RESTASIS	3	MO
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>sulfacetamide-prednisolone</i>	2	MO
<i>timolol maleate ophthalmic drops</i>	1	MO; CG
<i>timolol maleate ophthalmic gel forming solution</i>	3	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.25 %	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OPHTHALMIC DROPS 0.25 %	4	MO
TIMOPTIC-XE	4	MO
TOBRADEX OPHTHALMIC OINTMENT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin</i>	2	MO
<i>tobramycin-dexamethasone</i>	3	MO
TRAVATAN Z	3	MO
<i>trifluridine</i>	4	MO
VIGAMOX	3	MO
XALATAN	4	MO
ZIRGAN	4	MO
Respiratory And Allergy		
<i>acetylcysteine solution 100 mg/ml (10 %)</i>	2	B/D PAR; MO
<i>acetylcysteine solution 200 mg/ml (20 %)</i>	3	B/D PAR; MO
ADEMPAS	5	PAR; MO; LA
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
AEROSPAN	4	MO; QLL (18 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	3	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	2	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	3	MO
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	4	MO
<i>aminophylline intravenous</i>	4	
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA	3	MO; QLL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES)	3	MO; QLL (0.14 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	3	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QLL (0.24 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)
BREO ELLIPTA	3	MO; QLL (60 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO; QLL (300 per 30 days)
CINRYZE	5	PAR; MO
<i>clemastine oral tablet 2.68 mg</i>	4	PAR; MO
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PAR; MO; QLL (240 per 30 days)
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
<i>desloratadine oral tablet</i>	3	MO; QLL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating</i>	2	MO; QLL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	PAR; MO
<i>diphenhydramine hcl injection syringe</i>	4	PAR; MO
DULERA	3	MO; QLL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
<i>epinephrine injection auto-injector</i>	4	MO; QLL (2 per 2 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection solution 1 mg/ml (1:1,000)</i>	4	MO
<i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i>	4	MO
EPIPEN 2-PAK	4	MO; QLL (2 per 2 days)
EPIPEN JR 2-PAK	4	MO; QLL (2 per 2 days)
ESBRIET	5	PAR; MO; QLL (270 per 30 days)
FIRAZYR	5	PAR; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QLL (75 per 30 days)
<i>fluticasone nasal</i>	1	MO; CG; QLL (16 per 30 days)
FORADIL AEROLIZER	3	MO; QLL (60 per 30 days)
<i>ipratropium bromide inhalation</i>	3	B/D PAR; MO
<i>ipratropium-albuterol</i>	2	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO ORAL TABLET	5	PAR; MO; QLL (60 per 30 days)
LETAIRIS	5	PAR; MO; LA; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	4	B/D PAR; MO; QLL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>		
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	4	B/D PAR; MO; QLL (540 per 30 days)
<i>levocetirizine oral tablet</i>	3	MO; QLL (30 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO; QLL (30 per 30 days)
<i>montelukast oral tablet</i>	3	MO; QLL (30 per 30 days)
<i>montelukast oral tablet, chewable</i>	4	MO; QLL (30 per 30 days)
NASONEX	3	MO; QLL (17 per 30 days)
OFEV ORAL CAPSULE 150 MG	5	PAR; MO; QLL (60 per 30 days)
PERFOROMIST	4	B/D PAR; MO; QLL (120 per 30 days)
PROAIR HFA	3	MO; QLL (18 per 30 days)
<i>promethazine injection solution</i>	4	PAR; MO
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	4	PAR; MO
PULMOZYME	5	B/D PAR; MO
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	3	MO; QLL (9 per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	3	MO; QLL (18 per 30 days)
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>sildenafil oral</i>	5	PAR; MO; QLL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 per 30 days)
<i>terbutaline oral</i>	3	MO
<i>theophylline oral solution</i>	2	
<i>theophylline oral tablet extended release</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
TRACLEER	5	PAR; MO; LA; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS	5	PAR; MO
XOLAIR	5	PAR; MO; LA; QLL (6 per 28 days)
XYZAL ORAL TABLET	4	MO; QLL (30 per 30 days)
<i>zafirlukast</i>	4	MO; QLL (60 per 30 days)
Urologicals		
<i>alfuzosin</i>	2	MO
AMMONIUM CHLORIDE	4	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	3	MO
<i>bethanechol chloride oral tablet 50 mg</i>	4	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PAR; MO; QLL (30 per 30 days)
CYSTAGON	3	MO; LA
<i>cytra k crystals</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>flavoxate</i>	4	MO
MYRBETRIQ	4	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	3	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	3	MO; QLL (30 per 30 days)
<i>potassium citrate oral tablet extended release 10 meq (1, 080 mg)</i>	4	MO
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	3	MO
<i>sodium citrate-citric acid</i>	2	MO
<i>tamsulosin</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	4	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	4	MO; QLL (60 per 30 days)
TOVIAZ	4	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>trospium oral tablet</i>	4	MO; QLL (60 per 30 days)
VESICARE	4	MO; QLL (30 per 30 days)
Vitamins, Hematinics / Electrolytes		
AMINOSYN 10 %	4	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	4	B/D PAR
AMINOSYN 8.5 %	4	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN II 10 %	4	B/D PAR
AMINOSYN II 15 %	4	B/D PAR
AMINOSYN II 7 %	4	B/D PAR
AMINOSYN II 8.5 %	4	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN M 3.5 %	4	B/D PAR
AMINOSYN-HBC 7%	4	B/D PAR
AMINOSYN-PF 10 %	4	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR
AMINOSYN-RF 5.2 %	4	B/D PAR
<i>calcium acetate oral capsule</i>	2	MO
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	4	B/D PAR
CLINIMIX 2.75%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX 4.25%-D20W SULF-FREE	4	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	4	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D25W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	4	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PAR

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PAR
<i>dextrose-kcl-nacl</i>	4	B/D PAR
<i>fluoritab oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	2	MO
<i>freamine iii 10 %</i>	4	B/D PAR
HEPATAMINE 8%	4	B/D PAR
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PAR; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR
IONOSOL-B IN D5W	4	B/D PAR
IONOSOL-MB IN D5W	4	B/D PAR
ISOLYTE S PH 7.4	4	B/D PAR
ISOLYTE-P IN 5 % DEXTROSE	4	B/D PAR
ISOLYTE-S	4	B/D PAR
<i>k-effervescent</i>	1	MO; CG
<i>k-sol</i>	1	CG
<i>k-tab oral tablet extended release 8 meq</i>	2	
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con/ef</i>	1	MO; CG
<i>lactated ringers intravenous</i>	4	B/D PAR; MO
<i>liposyn iii intravenous emulsion 10 %</i>	4	B/D PAR
<i>liposyn iii intravenous emulsion 20 %</i>	4	B/D PAR; MO
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
NEPHRAMINE 5.4 %	4	B/D PAR
NORMOSOL-M IN 5 % DEXTROSE	4	B/D PAR
NORMOSOL-R	4	B/D PAR
NORMOSOL-R IN 5 % DEXTROSE	4	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R PH 7.4	4	B/D PAR
<i>phospha 250 neutral</i>	2	MO
PLASMA-LYTE 148	4	B/D PAR
PLASMA-LYTE A	4	B/D PAR
PLASMA-LYTE-56 IN 5 % DEXTROSE	4	B/D PAR
<i>potassium bicarb and chloride</i>	2	MO
<i>potassium bicarb-citric acid</i>	1	MO; CG
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	B/D PAR; MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	4	B/D PAR; MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	B/D PAR
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	B/D PAR
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	B/D PAR; MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	4	B/D PAR
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml</i>	4	B/D PAR; MO
<i>potassium chloride intravenous piggyback 10 meq/50 ml</i>	4	B/D PAR; MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	1	MO; CG
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride-0.45 % nacl</i>	4	B/D PAR
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	B/D PAR; MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	B/D PAR
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	B/D PAR
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	4	B/D PAR; MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	B/D PAR
<i>premasol 10 %</i>	4	B/D PAR; MO
<i>PREMASOL 6 %</i>	4	B/D PAR
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<i>PROCALAMINE 3%</i>	4	B/D PAR
<i>PROSOL 20 %</i>	4	B/D PAR; MO
<i>ringers intravenous</i>	4	B/D PAR
<i>sodium bicarbonate intravenous solution</i>	4	MO
<i>sodium bicarbonate intravenous syringe</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	4	
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	
<i>sodium chloride intravenous</i>	4	B/D PAR; MO
<i>sodium fluoride oral tablet, chewable 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i>	2	MO
<i>sodium lactate intravenous solution</i>	4	

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

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

Index of Drugs:

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., CRESTOR).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. 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.

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<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	9	<i>cephalexin oral capsule 250 mg, 500 mg</i>	10
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<i>cefadroxil oral capsule</i>	9	<i>cephalexin oral tablet</i>	10
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<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	9	<i>chloroquine phosphate oral tablet 500 mg</i>	10
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	9	<i>chlorothiazide oral tablet 250 mg</i>	33
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	9	<i>chlorothiazide oral tablet 500 mg</i>	33
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<i>cefprozil oral tablet 250 mg</i>	10	<i>ciclopirox topical gel</i>	39
<i>cefprozil oral tablet 500 mg</i>	10	<i>ciclopirox topical shampoo</i>	39
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<i>ceftazidime injection recon soln 6 gram</i>	10	<i>cidofovir</i>	10
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<i>citalopram oral tablet 20 mg</i>	21	<i>clobetasol topical ointment</i>	39
<i>citalopram oral tablet 40 mg</i>	21	<i>clobetasol topical shampoo</i>	39
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<i>clemastine oral tablet 2.68 mg</i>	54	<i>clonazepam oral tablet 1 mg</i>	21
<i>clindamycin hcl oral capsule</i>	10	<i>clonazepam oral tablet 2 mg</i>	21
<i>clindamycin in 5 % dextrose</i>	10	<i>clonazepam oral tablet,disintegrating 0.125</i> <i>mg</i>	21
<i>clindamycin phosphate injection</i>	10	<i>clonazepam oral tablet,disintegrating 0.25</i> <i>mg</i>	21
<i>clindamycin phosphate intravenous solution 300</i> <i>mg/2 ml, 900 mg/6 ml</i>	10	<i>clonazepam oral tablet,disintegrating 0.5 mg</i>	21
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<i>clindamycin phosphate topical lotion</i>	39	<i>clonidine hcl oral tablet</i>	33
<i>clindamycin phosphate topical solution</i>	39	<i>clonidine transdermal patch</i>	33
<i>clindamycin phosphate topical swab</i>	39	<i>clopidogrel oral tablet 300 mg</i>	33
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CLINIMIX 5%/D15W SULFITE FREE.....	56	<i>clozapine oral tablet 200 mg</i>	21
CLINIMIX 5%/D25W SULFITE-FREE.....	56	<i>clozapine oral tablet 25 mg</i>	21
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<i>doxycycline hyclate oral tablet 20 mg</i>	11	(0.51).....	50
<i>doxycycline hyclate oral tablet 50 mg</i>	11	ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML	
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<i>doxycycline monohydrate oral tablet 150 mg, 50</i>		ENBREL SURECLICK.....	50
<i>mg, 75 mg</i>	11	<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	23

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<i>mg/ml</i>	34	<i>erythromycin oral capsule, delayed release (dr/</i>	
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<i>80 mg/0.8 ml</i>	34	<i>erythromycin oral tablet</i>	11
<i>enoxaparin subcutaneous syringe 30 mg/0.3</i>		<i>erythromycin with ethanol</i>	39
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<i>enoxaparin subcutaneous syringe 60 mg/0.6</i>		<i>escitalopram oxalate oral tablet 10 mg</i>	23
<i>ml</i>	34	<i>escitalopram oxalate oral tablet 20 mg</i>	23
<i>enpresse</i>	51	<i>escitalopram oxalate oral tablet 5 mg</i>	23
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<i>epinephrine injection solution 1 mg/ml (1:1,</i>		<i>estradiol valerate intramuscular oil 20 mg/ml, 40</i>	
<i>000)</i>	55	<i>mg/ml</i>	51
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<i>fluticasone topical cream</i>	40	<i>gabapentin oral tablet 800 mg</i>	24
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<i>stavudine oral recon soln</i>	14	MG.....	19
STIMATE.....	46	<i>syeda</i>	52
STIVARGA.....	19	SYLATRON.....	50
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25		SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG,	
MG, 40 MG.....	30	6-50 MG.....	30
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80		SYMBYAX ORAL CAPSULE 3-25 MG.....	30
MG.....	30	SYMLINPEN 120.....	46

SYMLINPEN 60.....	46	<i>terconazole vaginal cream</i>	52
SYNAGIS.....	14	<i>terconazole vaginal suppository</i>	52
SYNAREL.....	46	<i>testosterone cypionate</i>	46
SYNERCID.....	14	<i>testosterone enanthate</i>	46
SYNRIBO.....	19	<i>tetanus toxoid,adsorbed (pf)</i>	50
SYNTHROID.....	46	<i>tetanus,diphtheria tox ped(pf)</i>	50
SYPRINE.....	42	TETANUS-DIPHTHERIA TOXOIDS-TD.....	50
TABLOID.....	19	<i>tetracycline</i>	14
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	19	TEVETEN ORAL TABLET 600 MG.....	38
<i>tacrolimus oral capsule 5 mg</i>	19	THALOMID ORAL CAPSULE 100 MG, 50 MG.....	19
TAFINLAR.....	19	THALOMID ORAL CAPSULE 150 MG, 200 MG.....	19
TAMIFLU.....	14	<i>theophylline oral solution</i>	55
<i>tamoxifen</i>	19	<i>theophylline oral tablet extended release</i>	55
<i>tamsulosin</i>	56	<i>theophylline oral tablet extended release 12</i> <i>hr</i>	55
TANZEUM.....	46	<i>thioridazine</i>	30
TAPAZOLE.....	46	<i>thiothixene</i>	30
TARCEVA ORAL TABLET 100 MG, 150 MG.....	19	THYMOGLOBULIN.....	50
TARCEVA ORAL TABLET 25 MG.....	19	<i>tiagabine</i>	30
TARGRETIN ORAL.....	19	TIAZAC.....	38
TARGRETIN TOPICAL.....	19	TICE BCG.....	50
TASIGNA.....	19	TIKOSYN.....	38
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML).....	19	<i>tilia fe</i>	52
TAZORAC.....	40	TIMENTIN INTRAVENOUS RECON SOLN 31 GRAM.....	14
<i>taztia xt oral capsule, extended release 120 mg,</i> <i>180 mg, 240 mg, 360 mg</i>	37	<i>timolol maleate ophthalmic drops</i>	53
<i>taztia xt oral capsule, extended release 300</i> <i>mg</i>	37	<i>timolol maleate ophthalmic gel forming</i> <i>solution</i>	53
TECFIDERA.....	30	<i>timolol maleate oral tablet 10 mg, 5 mg</i>	38
TEFLARO INTRAVENOUS RECON SOLN 400 MG.....	14	<i>timolol maleate oral tablet 20 mg</i>	38
TEFLARO INTRAVENOUS RECON SOLN 600 MG.....	14	TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.25 %.....	53
TEKTRUNA.....	37	TIMOPTIC OPHTHALMIC DROPS 0.25 %.....	54
TEKTRUNA HCT.....	37	TIMOPTIC-XE.....	54
<i>telmisartan oral tablet 20 mg, 40 mg</i>	37	<i>tinidazole oral tablet 250 mg</i>	14
<i>telmisartan oral tablet 80 mg</i>	37	<i>tinidazole oral tablet 500 mg</i>	14
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5</i> <i>mg, 80-25 mg</i>	37	TIVICAY.....	14
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5</i> <i>mg</i>	38	<i>tizanidine oral tablet</i>	30
TEMOVATE TOPICAL CREAM.....	41	TOBRADEX OPHTHALMIC OINTMENT.....	54
TEMOVATE TOPICAL OINTMENT.....	41	TOBRADEX ST.....	54
TENORETIC 100.....	38	<i>tobramycin</i>	54
TENORETIC 50.....	38	<i>tobramycin in 0.225 % nacl</i>	14
<i>terazosin</i>	38	<i>tobramycin in 0.9 % nacl intravenous piggyback</i> <i>80 mg/100 ml</i>	14
<i>terbinafine hcl oral</i>	14	<i>tobramycin sulfate injection recon soln</i>	14
<i>terbutaline oral</i>	55	<i>tobramycin sulfate injection solution</i>	14
		<i>tobramycin-dexamethasone</i>	54
		<i>tolazamide oral tablet 250 mg</i>	46

<i>tolazamide oral tablet 500 mg</i>	46	<i>triamcinolone acetonide dental</i>	42
<i>tolbutamide</i>	46	<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	46
<i>tolcapone</i>	30	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	46
<i>tolterodine oral capsule,extended release 24hr</i>	56	<i>triamcinolone acetonide topical cream 0.025 %</i>	41
<i>tolterodine oral tablet</i>	56	<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	41
<i>topiramate oral capsule, sprinkle</i>	30	<i>triamcinolone acetonide topical lotion 0.025 %</i>	41
<i>topiramate oral tablet 100 mg</i>	30	<i>triamcinolone acetonide topical lotion 0.1 %</i>	41
<i>topiramate oral tablet 200 mg</i>	30	<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	41
<i>topiramate oral tablet 25 mg</i>	30	<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	38
<i>topiramate oral tablet 50 mg</i>	30	<i>triamterene-hydrochlorothiazid oral tablet</i>	38
<i>toposar</i>	19	<i>trianex</i>	41
<i>topotecan</i>	19	<i>TRIBENZOR</i>	38
<i>TORISEL</i>	19	<i>TRICOR ORAL TABLET 48 MG</i>	38
<i>toremide oral tablet 10 mg, 5 mg</i>	38	<i>triderm topical cream</i>	41
<i>toremide oral tablet 100 mg, 20 mg</i>	38	<i>trifluoperazine oral tablet 1 mg, 2 mg</i>	30
<i>TOUJEO SOLOSTAR</i>	46	<i>trifluoperazine oral tablet 10 mg, 5 mg</i>	30
<i>TOVIAZ</i>	56	<i>trifluridine</i>	54
<i>TRACLEER</i>	55	<i>TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG</i>	38
<i>TRADJENTA</i>	46	<i>trilyte with flavor packets</i>	48
<i>tramadol oral tablet</i>	30	<i>trimethoprim</i>	14
<i>tramadol-acetaminophen</i>	30	<i>trinessa (28)</i>	52
<i>trandolapril</i>	38	<i>TRISENOX</i>	19
<i>tranexamic acid intravenous</i>	38	<i>TRIUMEQ</i>	14
<i>tranexamic acid oral</i>	52	<i>trivora (28)</i>	52
<i>tranylcypromine</i>	30	<i>TROPHAMINE 10 %</i>	58
<i>travasol 10 %</i>	58	<i>TROPHAMINE 6%</i>	58
<i>TRAVATAN Z</i>	54	<i>tropium oral tablet</i>	56
<i>trazodone oral tablet 100 mg, 150 mg</i>	30	<i>TRULICITY</i>	46
<i>trazodone oral tablet 300 mg</i>	30	<i>TRUMENBA</i>	50
<i>trazodone oral tablet 50 mg</i>	30	<i>TRUVADA</i>	14
<i>TREANDA</i>	19	<i>TWINRIX (PF)</i>	50
<i>TRECATOR</i>	14	<i>TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG</i>	38
<i>TRELSTAR DEPOT</i>	19	<i>TYBOST</i>	15
<i>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</i>	19	<i>TYGACIL</i>	15
<i>TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML</i>	19	<i>TYKERB</i>	19
<i>TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML</i>	19	<i>TYPHIM VI INTRAMUSCULAR SOLUTION</i>	50
<i>TRELSTAR LA</i>	19	<i>TYPHIM VI INTRAMUSCULAR SYRINGE</i>	50
<i>tretinoin (chemotherapy) capsule</i>	19	<i>TYSABRI</i>	30
<i>tretinoin topical</i>	41	<i>TYZEKA</i>	15
<i>tri-estarylla</i>	52		
<i>tri-legest fe</i>	52		
<i>tri-linyah</i>	52		
<i>tri-previfem (28)</i>	52		
<i>tri-sprintec (28)</i>	52		

TYZINE NASAL DROPS 0.05 %.....	42	<i>venlafaxine oral capsule,extended release 24hr</i>	
UCERIS ORAL.....	48	75 mg.....	31
ULORIC.....	51	<i>venlafaxine oral tablet 100 mg</i>	31
<i>unithroid</i>	46	<i>venlafaxine oral tablet 25 mg</i>	31
<i>ursodiol</i>	48	<i>venlafaxine oral tablet 37.5 mg</i>	31
UVADEX.....	41	<i>venlafaxine oral tablet 50 mg</i>	31
<i>valacyclovir</i>	15	<i>venlafaxine oral tablet 75 mg</i>	31
VALCHLOR.....	41	<i>venlafaxine oral tablet extended release 24hr 150</i>	
<i>valganciclovir</i>	15	mg.....	31
<i>valproate sodium</i>	30	VENLAFAXINE ORAL TABLET EXTENDED RELEASE	
<i>valproic acid</i>	30	24HR 225 MG.....	31
<i>valproic acid (as sodium salt) oral solution 250</i>		<i>venlafaxine oral tablet extended release 24hr 37.5</i>	
mg/5 ml.....	30	mg.....	31
<i>valproic acid (as sodium salt) oral solution 250</i>		<i>venlafaxine oral tablet extended release 24hr 75</i>	
mg/5 ml (5 ml), 500 mg/10 ml (10 ml).....	31	mg.....	31
<i>valsartan oral tablet 160 mg</i>	38	VENTAVIS.....	56
<i>valsartan oral tablet 320 mg</i>	38	<i>verapamil intravenous solution</i>	38
<i>valsartan oral tablet 40 mg, 80 mg</i>	38	<i>verapamil intravenous syringe</i>	38
<i>valsartan-hydrochlorothiazide oral tablet 160-</i>		<i>verapamil oral capsule, 24 hr er pellet ct</i>	38
12.5 mg, 160-25 mg, 320-12.5 mg, 80-12.5		<i>verapamil oral capsule,ext rel. pellets 24 hr 120</i>	
mg.....	38	mg, 180 mg, 240 mg.....	38
<i>valsartan-hydrochlorothiazide oral tablet 320-25</i>		<i>verapamil oral capsule,ext rel. pellets 24 hr 360</i>	
mg.....	38	mg.....	38
VANCOMYCIN 750 MG/150 ML BAG.....	15	<i>verapamil oral tablet</i>	38
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK		<i>verapamil oral tablet extended release 120</i>	
1 GRAM/200 ML.....	15	mg.....	38
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK		<i>verapamil oral tablet extended release 180 mg,</i>	
500 MG/100 ML.....	15	240 mg.....	38
<i>vancomycin intravenous</i>	15	VERSACLOZ.....	31
VANCOMYCIN INTRAVENOUS 750 MG.....	15	VESICARE.....	56
<i>vancomycin oral capsule 125 mg</i>	15	<i>vestura (28)</i>	52
<i>vancomycin oral capsule 250 mg</i>	15	VICTOZA 2-PAK.....	46
<i>vandazole</i>	52	VICTOZA 3-PAK.....	46
VAQTA (PF) INTRAMUSCULAR SUSPENSION.....	50	VIDEX 2 GRAM PEDIATRIC.....	15
VAQTA (PF) INTRAMUSCULAR SYRINGE.....	50	VIDEX 4 GRAM PEDIATRIC.....	15
VARIVAX (PF).....	50	VIEKIRA PAK.....	15
VARIZIG INTRAMUSCULAR RECON SOLN.....	50	VIGAMOX.....	54
VARIZIG INTRAMUSCULAR SOLUTION.....	50	VIIBRYD ORAL TABLET 10 MG.....	31
VASERETIC.....	38	VIIBRYD ORAL TABLET 20 MG.....	31
VASOTEC ORAL TABLET 2.5 MG.....	38	VIIBRYD ORAL TABLET 40 MG.....	31
VECAMYL.....	38	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20	
VECTIBIX.....	19	MG (7)-40 MG (16).....	31
VELCADE.....	19	VIMPAT INTRAVENOUS.....	31
<i>velivet triphasic regimen (28)</i>	52	VIMPAT ORAL SOLUTION.....	31
<i>venlafaxine oral capsule,extended release 24hr</i>		VIMPAT ORAL TABLET 100 MG.....	31
150 mg.....	31	VIMPAT ORAL TABLET 150 MG.....	31
<i>venlafaxine oral capsule,extended release 24hr</i>		VIMPAT ORAL TABLET 200 MG.....	31
37.5 mg.....	31	VIMPAT ORAL TABLET 50 MG.....	31

<i>vinblastine intravenous solution</i>	19	ZALTRAP.....	19
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ ML.....	19	ZANOSAR.....	19
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	19	<i>zarah</i>	52
<i>vincristine</i>	19	ZARONTIN ORAL CAPSULE.....	31
<i>vinorelbine</i>	19	ZAVESCA.....	46
<i>viorele (28)</i>	52	ZELBORAF.....	20
VIRACEPT ORAL TABLET 250 MG.....	15	<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	41
VIRACEPT ORAL TABLET 625 MG.....	15	ZENATANE ORAL CAPSULE 30 MG.....	41
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG.....	15	<i>zenchent (28)</i>	52
VIRAZOLE.....	15	ZENCHENT FE.....	52
VIREAD ORAL POWDER.....	15	<i>zenzedi oral tablet 10 mg</i>	31
VIREAD ORAL TABLET 150 MG, 250 MG, 300 MG.....	15	<i>zenzedi oral tablet 5 mg</i>	31
VIREAD ORAL TABLET 200 MG.....	15	ZESTORETIC.....	38
VITEKTA.....	15	ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG.....	38
VOLTAREN GEL TOPICAL GEL 1 %.....	31	ZETIA.....	38
<i>voriconazole intravenous</i>	15	ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG.....	38
<i>voriconazole oral suspension for reconstitution</i>	15	ZIAGEN ORAL SOLUTION.....	15
<i>voriconazole oral tablet 200 mg</i>	15	<i>zidovudine oral capsule</i>	15
<i>voriconazole oral tablet 50 mg</i>	15	<i>zidovudine oral syrup</i>	15
VOTRIENT.....	19	<i>zidovudine oral tablet</i>	15
VPRIV.....	46	<i>ziprasidone hcl oral capsule 20 mg</i>	31
VYFEMLA (28).....	52	<i>ziprasidone hcl oral capsule 40 mg</i>	31
<i>warfarin</i>	38	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	31
<i>water for irrigation, sterile</i>	42	ZIRGAN.....	54
WELCHOL.....	38	ZITHROMAX ORAL PACKET.....	15
XALATAN.....	54	ZITHROMAX ORAL TABLET 250 MG.....	15
XALKORI.....	19	ZITHROMAX Z-PAK.....	15
XARELTO ORAL TABLET 10 MG, 20 MG.....	38	ZMAX.....	15
XARELTO ORAL TABLET 15 MG.....	38	ZOCOR ORAL TABLET 10 MG, 5 MG.....	38
XARELTO ORAL TABLETS,DOSE PACK.....	38	<i>zoledronic acid intravenous recon soln 4 mg</i>	46
XENAZINE ORAL TABLET 12.5 MG.....	31	<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	46
XENAZINE ORAL TABLET 25 MG.....	31	ZOLINZA.....	20
XEOMIN.....	50	<i>zolpidem</i>	31
XGEVA.....	19	ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML.....	46
XOLAIR.....	56	<i>zonisamide oral capsule 100 mg, 50 mg</i>	31
XTANDI.....	19	<i>zonisamide oral capsule 25 mg</i>	31
XULANE.....	52	ZORTRESS ORAL TABLET 0.25 MG.....	20
XYREM.....	31	ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG.....	20
XYZAL ORAL TABLET.....	56	ZOSTAVAX (PF).....	50
YERVOY.....	19	<i>zovia 1/35e (28)</i>	52
YF-VAX (PF).....	50	<i>zovia 1/50e (28)</i>	52
<i>zafirlukast</i>	56	ZYDELIG.....	20
<i>zaleplon oral capsule 10 mg</i>	31	ZYKADIA.....	20
<i>zaleplon oral capsule 5 mg</i>	31		

ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 405 MG.....	31
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG.....	31–32
ZYTIGA.....	20

ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML.....	15
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML.....	15
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION.....	15



Amerivantage is a D-SNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerivantage depends on contract renewal.

This information is available for free in other languages. Please contact our customer service number at **1-866-805-4589** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30

Spanish (US):

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This formulary was updated on August 1, 2015. For more recent information or other questions, please contact Amerivantage Dual Coordination (HMO SNP) Customer Service at **1-866-805-4589** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit **www.myamerigroup.com/medicare**.