

CURRENT AS OF 9/1/2019

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - TREATMENT OF PAIN		
ANALGESICS, OTHER		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	MO
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1	PA
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA; MO
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	PA; MO
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA; MO
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA; MO
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	1	PA
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA; MO
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; MO
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
IBU ORAL TABLET 600 MG, 800 MG	1	MO
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
COMFORT PAC-IBUPROFEN KIT 800 MG	1	MO
COMFORT PAC-MELOXICAM KIT 15 MG	1	MO
COMFORT PAC-NAPROXEN KIT 500 MG	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	MO
DICLOZOR TOPICAL KIT 1 %	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	MO
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; MO
<i>indomethacin oral capsule, extended release 75 mg</i>	1	PA; MO
<i>ketorolac oral tablet 10 mg</i>	1	PA; MO; QL (20 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5 ml</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	1	MO; QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	PA
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	QL (10 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (1200 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (2400 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA
<i>methadone oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	PA
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	1	QL (5 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	1	B/D
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (120 EA per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml, 10 (mg/ml) (5 ml), 10 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (120 EA per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY	2	PA; QL (600 EA per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY, 400 MCG/SPRAY	2	PA; QL (150 EA per 30 days)
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA; QL (900 ML per 30 days)
<i>meperidine oral tablet 100 mg, 50 mg</i>	1	PA; QL (180 EA per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (120 EA per 30 days)
<i>nalbuphine injection solution 10 mg/ml</i>	1	B/D
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (5400 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days)

ANESTHETICS - LOCAL TREATMENT OF PAIN

LOCAL ANESTHETICS

ANODYNE LPT TOPICAL KIT 2.5-2.5 %	1	MO
DERMACINRX EMPRICAINE TOPICAL KIT 2.5-2.5 %	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO
LEVA SET TOPICAL KIT 2.5-2.5 %	1	MO
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	MO
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; MO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical ointment 5 %</i>	1	MO
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	MO
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	MO
LIDOPAC TOPICAL KIT 5 %	1	MO
LIDOPRIL TOPICAL KIT 2.5-2.5 %	1	MO
LIDOPRIL XR TOPICAL KIT 2.5-2.5 %	1	MO
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 %	1	MO
LIPROZONEPAK TOPICAL KIT 2.5-2.5 %	1	MO
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	1	MO
MEDOLOR PAK TOPICAL KIT 2.5-2.5 %	1	MO
PRILOLID TOPICAL KIT 2.5-2.5 %	1	MO
PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 %	1	MO
PRILOVIX LITE TOPICAL KIT 2.5-2.5 %	1	MO
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA; MO
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS - TREATMENT OF SUBSTANCE ABUSE DISORDERS		
ALCOHOL DETERRENTS/ ANTI-CRAVING		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	MO
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	MO
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	MO
LUCEMYRA ORAL TABLET 0.18 MG	2	PA; MO; QL (224 EA per 14 days)
<i>naltrexone oral tablet 50 mg</i>	1	MO
OPIOID REVERSAL AGENTS		
<i>naloxone injection solution 0.4 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	MO
SMOKING CESSATION AGENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	MO; QL (336 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	MO; QL (336 EA per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	2	MO; QL (106 EA per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG	2	MO
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	MO
ANTIBACTERIALS - TREATMENT OF BACTERIAL INFECTIONS		
AMINOGLYCOSIDES		
<i>amikacin injection solution 500 mg/2 ml</i>	1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	MO
<i>gentamicin topical cream 0.1 %</i>	1	MO
<i>gentamicin topical ointment 0.1 %</i>	1	MO
<i>neomycin oral tablet 500 mg</i>	1	MO
<i>paromomycin oral capsule 250 mg</i>	1	MO
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	MO
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	MO
ANTIBACTERIALS, OTHER		
<i>acetic acid otic (ear) solution 2 %</i>	1	MO
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	1	MO
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	MO
BACTROBAN NASAL NASAL OINTMENT 2 %	2	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	MO
<i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	MO
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	MO
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1	MO
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	MO
<i>clindamycin phosphate topical lotion 1 %</i>	1	MO
<i>clindamycin phosphate topical solution 1 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical swab 1 %</i>	1	MO
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	1	PA
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	B/D
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	MO
<i>linezolid oral tablet 600 mg</i>	1	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	B/D
<i>methenamine hippurate oral tablet 1 gram</i>	1	MO
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>metronidazole topical cream 0.75 %</i>	1	MO
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	MO
<i>metronidazole topical gel with pump 1 %</i>	1	MO
<i>metronidazole topical lotion 0.75 %</i>	1	MO
<i>metronidazole vaginal gel 0.75 %</i>	1	MO
<i>mupirocin topical ointment 2 %</i>	1	MO
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	MO
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO; QL (360 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	MO; QL (180 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg (75/25)</i>	1	MO; QL (360 EA per 365 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	MO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
<i>vancomycin injection recon soln 100 gram</i>	1	MO
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin intravenous recon soln 1.25 gram, 1.5 gram, 250 mg</i>	1	MO
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	MO
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet 1 gram</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefдинир oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	MO
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	MO
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	MO
<i>ceftazidime in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>ceftriaxone injection recon soln 100 gram</i>	1	MO
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	MO
SUPRAX ORAL CAPSULE 400 MG	2	MO
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	1	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	PA
BETA-LACTAM, OTHER		
<i>aztreonam injection recon soln 1 gram</i>	1	
<i>doripenem intravenous recon soln 500 mg</i>	1	PA
<i>ertapenem injection recon soln 1 gram</i>	1	PA
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	B/D
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i>	1	MO
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	2	PA; MO
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	MO
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>nafcillin injection recon soln 1 gram</i>	1	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	MO
<i>azithromycin oral packet 1 gram</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	MO
DIFICID ORAL TABLET 200 MG	2	PA; MO
ERY PADS TOPICAL SWAB 2 %	1	MO
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	MO
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	MO
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>erythromycin with ethanol topical gel 2 %</i>	1	MO
<i>erythromycin with ethanol topical solution 2 %</i>	1	MO
QUINOLONES		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>moxifloxacin oral tablet 400 mg</i>	1	MO
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	1	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO
SULFONAMIDES		
<i>silver sulfadiazine topical cream 1 %</i>	1	MO
SSD TOPICAL CREAM 1 %	1	MO
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	MO
<i>sulfadiazine oral tablet 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
TETRACYCLINES		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
MORGIDOX 1X 50 KIT 50 MG	1	MO
MORGIDOX ORAL CAPSULE 50 MG	1	MO
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	MO
ANTICONVULSANTS - TREATMENT OF SEIZURES		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	2	ST; MO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	ST; MO
DIACOMIT ORAL CAPSULE 500 MG	2	PA
DIACOMIT ORAL POWDER IN PACKET 500 MG	2	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	MO
JYNARQUE ORAL TABLET 15 MG	2	PA; MO
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	MO
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	1	MO
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	1	MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	2	ST; MO; QL (60 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	2	ST; MO; QL (120 EA per 30 days)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	MO
LYRICA ORAL SOLUTION 20 MG/ML	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	MO
<i>pregabalin oral solution 20 mg/ml</i>	1	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA; MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA; MO; QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	2	MO
DIASTAT RECTAL KIT 2.5 MG	2	MO
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	PA; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
VIGADRONE ORAL POWDER IN PACKET 500 MG	1	PA
GLUTAMATE REDUCING AGENTS		
<i>felbamate oral suspension 600 mg/5 ml</i>	1	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST; MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; MO; QL (30 EA per 30 days)
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	MO
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	MO
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	1	MO
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	1	MO
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	1	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
SODIUM CHANNEL AGENTS		

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

Drug Name	Drug Tier	Requirements/Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	2	ST; MO; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	2	ST; MO; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	2	PA; MO; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA; MO; QL (240 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
DILANTIN ORAL CAPSULE 30 MG	2	MO
EPITOL ORAL TABLET 200 MG	1	MO
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
PEGANONE ORAL TABLET 250 MG	2	MO
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	MO
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
VIMPAT ORAL SOLUTION 10 MG/ML	2	ST; MO; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST; MO; QL (60 EA per 30 days)

ANTIDEMENTIA AGENTS - MANAGEMENT OF DEMENTIA

ANTIDEMENTIA AGENTS, OTHER

<i>ergoloid oral tablet 1 mg</i>	1	PA; MO
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CHOLINESTERASE INHIBITORS

<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	MO
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<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	MO
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<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	MO
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<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO
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You can find information on what the symbols and abbreviations in this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	MO
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	MO; QL (30 EA per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	MO
<i>memantine oral tablets, dose pack 5-10 mg</i>	1	MO
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	2	MO
ANTIDEPRESSANTS - TREATMENT OF DEPRESSION		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg, 450 mg</i>	1	MO
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	MO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	2	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	MO
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	PA; MO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
MONOAMINE OXIDASE INHIBITORS		

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

Drug Name	Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	MO
MARPLAN ORAL TABLET 10 MG	2	MO
<i>phenelzine oral tablet 15 mg</i>	1	MO
<i>tranylcypromine oral tablet 10 mg</i>	1	MO
SSRIS/ SNRIS		
<i>citalopram oral solution 10 mg/5 ml</i>	1	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	MO
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; MO
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	MO
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	MO
PAXIL ORAL SUSPENSION 10 MG/5 ML	2	MO
<i>sertraline oral concentrate 20 mg/ml</i>	1	MO
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	MO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; MO
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	2	ST; MO
TRICYCLICS		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA; MO
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; MO
<i>doxepin oral concentrate 10 mg/ml</i>	1	PA; MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA; MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	PA; MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA; MO
ANTIEMETICS - TREATMENT OF VOMITING OR NAUSEA		
ANTIEMETICS, OTHER		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	MO
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA; MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	PA; MO
<i>promethazine rectal suppository 50 mg</i>	1	MO
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	1	PA; MO
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	MO
<i>trimethobenzamide oral capsule 300 mg</i>	1	PA; MO
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B/D; MO
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D; MO
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	B/D; MO
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D; MO
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D; MO
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D; MO
SYNDROS ORAL SOLUTION 5 MG/ML	2	PA; MO
ANTIFUNGALS - TREATMENT OF FUNGAL OR YEAST INFECTIONS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	B/D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	B/D
<i>amphotericin b injection recon soln 50 mg</i>	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	PA
<i>ciclopirox topical cream 0.77 %</i>	1	MO
<i>ciclopirox topical solution 8 %</i>	1	MO
<i>ciclopirox topical suspension 0.77 %</i>	1	MO
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	MO
<i>clotrimazole mucous membrane troche 10 mg</i>	1	MO
<i>clotrimazole topical cream 1 %</i>	1	MO
<i>clotrimazole topical solution 1 %</i>	1	MO
<i>econazole topical cream 1 %</i>	1	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	PA
<i>fluconazole in dextrose(iso-o) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO
<i>flucytosine oral capsule 250 mg</i>	1	
<i>flucytosine oral capsule 500 mg</i>	1	MO
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	MO
<i>itraconazole oral capsule 100 mg</i>	1	MO
<i>itraconazole oral solution 10 mg/ml</i>	1	MO
<i>ketoconazole oral tablet 200 mg</i>	1	MO
<i>ketoconazole topical cream 2 %</i>	1	MO
<i>ketoconazole topical shampoo 2 %</i>	1	MO
MENTAX TOPICAL CREAM 1 %	2	MO
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	PA; MO
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	2	PA; MO
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	1	MO
<i>nystatin oral suspension 100,000 unit/ml</i>	1	MO
<i>nystatin oral tablet 500,000 unit</i>	1	MO
<i>nystatin topical cream 100,000 unit/gram</i>	1	MO
<i>nystatin topical ointment 100,000 unit/gram</i>	1	MO
<i>nystatin topical powder 100,000 unit/gram</i>	1	MO
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	1	MO
<i>terbinafine hcl oral tablet 250 mg</i>	1	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
<i>voriconazole intravenous recon soln 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	MO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	MO
ANTIGOUT AGENTS - TREATMENT OR PREVENTION OF GOUTY ARTHRITIS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral capsule 0.6 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST; MO
<i>probenecid oral tablet 500 mg</i>	1	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	MO
ULORIC ORAL TABLET 40 MG, 80 MG	2	ST; MO
ANTI-INFLAMMATORY AGENTS - TREATMENT OF INFLAMMATION		
GLUCOCORTICOIDS		
ALA-CORT TOPICAL CREAM 1 %, 2.5 %	1	MO
<i>alclometasone topical cream 0.05 %</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone topical ointment 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	MO
<i>betamethasone valerate topical cream 0.1 %</i>	1	MO
<i>betamethasone valerate topical lotion 0.1 %</i>	1	MO
<i>betamethasone valerate topical ointment 0.1 %</i>	1	MO
<i>betamethasone, augmented topical cream 0.05 %</i>	1	MO
<i>betamethasone, augmented topical gel 0.05 %</i>	1	MO
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	MO
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	MO
<i>clobetasol scalp solution 0.05 %</i>	1	MO
<i>clobetasol topical cream 0.05 %</i>	1	MO
<i>clobetasol topical gel 0.05 %</i>	1	MO
<i>clobetasol topical ointment 0.05 %</i>	1	MO
<i>clobetasol-emollient topical cream 0.05 %</i>	1	MO
<i>desonide topical cream 0.05 %</i>	1	MO
<i>desonide topical lotion 0.05 %</i>	1	MO
<i>desonide topical ointment 0.05 %</i>	1	MO
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	MO
<i>desoximetasone topical gel 0.05 %</i>	1	MO
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	MO
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1	MO
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	MO
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	MO
<i>fluocinolone topical ointment 0.025 %</i>	1	MO
<i>fluocinolone topical solution 0.01 %</i>	1	MO
<i>fluocinonide topical gel 0.05 %</i>	1	MO
<i>fluocinonide topical ointment 0.05 %</i>	1	MO
<i>fluocinonide topical solution 0.05 %</i>	1	MO
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1	MO
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	MO
<i>fluticasone propionate topical cream 0.05 %</i>	1	MO
<i>fluticasone propionate topical lotion 0.05 %</i>	1	MO
<i>fluticasone propionate topical ointment 0.005 %</i>	1	MO
<i>halobetasol propionate topical cream 0.05 %</i>	1	MO
<i>halobetasol propionate topical ointment 0.05 %</i>	1	MO
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	MO
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	MO
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	MO
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	MO
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	MO
METHYLPRED DP ORAL TABLETS,DOSE PACK 4 MG	1	MO
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	MO
<i>mometasone topical cream 0.1 %</i>	1	MO
<i>mometasone topical ointment 0.1 %</i>	1	MO
<i>mometasone topical solution 0.1 %</i>	1	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisone oral solution 5 mg/5 ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	MO
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
TRIDERM TOPICAL CREAM 0.1 %	1	MO
ANTIMIGRAINE AGENTS - TREATMENT OF MIGRAINE HEADACHES		
ERGOT ALKALOIDS		
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	PA; MO
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	MO; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	MO
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA
<i>aimovig autoinjector subcutaneous auto-injector 140 mg/ml</i>	2	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	MO; QL (12 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	MO; QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	MO; QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	MO; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml, 6 mg/0.5 ml (auto-injector)</i>	1	MO; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	MO; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO; QL (4 ML per 30 days)
ANTIMYASTHENIC AGENTS - TREATMENT OF MYASTHENIA		
PARASYMPATHOMIMETICS		
<i>guanidine oral tablet 125 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	MO
ANTIMYCOBACTERIALS - TREATMENT FOR INFECTIONS BY TUBERCULOSIS-TYPE ORGANISMS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	MO
ANTITUBERCULARS		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	MO
PRIFTIN ORAL TABLET 150 MG	2	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	MO
RIFATER ORAL TABLET 50-120-300 MG	2	MO
SIRTURO ORAL TABLET 100 MG	2	PA; MO
TRECTOR ORAL TABLET 250 MG	2	MO
ANTINEOPLASTICS - TREATMENT OF CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D; MO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA
HEXALEN ORAL CAPSULE 50 MG	2	PA
LEUKERAN ORAL TABLET 2 MG	2	
MATULANE ORAL CAPSULE 50 MG	2	
VALCHLOR TOPICAL GEL 0.016 %	2	MO
ANTIANDROGENS		
<i>abiraterone oral tablet 250 mg</i>	1	PA
<i>bicalutamide oral tablet 50 mg</i>	1	MO
ERLEADA ORAL TABLET 60 MG	2	PA
<i>flutamide oral capsule 125 mg</i>	1	MO
<i>nilutamide oral tablet 150 mg</i>	1	
XTANDI ORAL CAPSULE 40 MG	2	PA
YONSA ORAL TABLET 125 MG	2	PA
ZYTIGA ORAL TABLET 500 MG	2	PA
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIESTROGENS/MODIFIERS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	PA; MO
EMCYT ORAL CAPSULE 140 MG	2	
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	MO
<i>toremifene oral tablet 60 mg</i>	1	PA
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	MO
<i>fluorouracil topical cream 0.5 %, 5 %</i>	1	MO
<i>fluorouracil topical solution 2 %, 5 %</i>	1	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
PURIXAN ORAL SUSPENSION 20 MG/ML	2	MO
TABLOID ORAL TABLET 40 MG	2	PA
ANTINEOPLASTICS, OTHER		
<i>diclofenac sodium topical gel 3 %</i>	1	MO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA
LYNPARZA ORAL CAPSULE 50 MG	2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA
MESNEX ORAL TABLET 400 MG	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA
ODOMZO ORAL CAPSULE 200 MG	2	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	2	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4)	2	PA
ZOLINZA ORAL CAPSULE 100 MG	2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	MO
ENZYME INHIBITORS		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA
MOLECULAR TARGET INHIBITORS		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	2	PA
ALECENSA ORAL CAPSULE 150 MG	2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA
BRAFTOVI ORAL CAPSULE 75 MG	2	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA
CALQUENCE ORAL CAPSULE 100 MG	2	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA
COTELLIC ORAL TABLET 20 MG	2	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	2	PA
ERIVEDGE ORAL CAPSULE 150 MG	2	PA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	2	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA
IRESSA ORAL TABLET 250 MG	2	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	2	PA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	2	PA; MO
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA
MEKTOVI ORAL TABLET 15 MG	2	PA; MO
NERLYNX ORAL TABLET 40 MG	2	PA
NEXAVAR ORAL TABLET 200 MG	2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA
RYDAPT ORAL CAPSULE 25 MG	2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA
STIVARGA ORAL TABLET 40 MG	2	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA
TIBSOVO ORAL TABLET 250 MG	2	PA; MO
TYKERB ORAL TABLET 250 MG	2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT ORAL TABLET 200 MG	2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA
XOSPATA ORAL TABLET 40 MG	2	PA
ZEJULA ORAL CAPSULE 100 MG	2	PA
ZELBORAF ORAL TABLET 240 MG	2	PA
ZYKADIA ORAL CAPSULE 150 MG	2	PA
ZYKADIA ORAL TABLET 150 MG	2	PA
RETINOIDS		
<i>bexarotene oral capsule 75 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	2	PA; MO
TARGRETIN TOPICAL GEL 1 %	2	PA
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1	
TREATMENT ADJUNCTS		
LYSODREN ORAL TABLET 500 MG	2	
ANTIPARASITICS - TREATMENT OF INFECTIONS FROM PARASITES		
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	MO
<i>praziquantel oral tablet 600 mg</i>	1	MO
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	MO
ALINIA ORAL TABLET 500 MG	2	MO
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	MO
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	MO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	PA; MO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	2	MO
DARAPRIM ORAL TABLET 25 MG	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>mefloquine oral tablet 250 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT INHALATION RECON SOLN 300 MG	2	B/D
PENTAM INJECTION RECON SOLN 300 MG	2	PA
<i>pentamidine injection recon soln 300 mg</i>	1	PA
<i>primaquine oral tablet 26.3 mg</i>	1	MO
<i>quinine sulfate oral capsule 324 mg</i>	1	MO
PEDICULICIDES/ SCABICIDES		
<i>lindane topical shampoo 1 %</i>	1	MO
<i>malathion topical lotion 0.5 %</i>	1	MO
<i>permethrin topical cream 5 %</i>	1	MO
ANTIPARKINSON AGENTS - TREATMENT OF PARKINSON'S DISEASE		
ANTICHOLINERGICS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA; MO
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA; MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA; MO
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	2	PA; MO
<i>tolcapone oral tablet 100 mg</i>	1	MO
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	PA
<i>bromocriptine oral capsule 5 mg</i>	1	MO
<i>bromocriptine oral tablet 2.5 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	2	MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	MO
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	MO
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
ANTIPSYCHOTICS - TREATMENT OF BEHAVIORAL AND EMOTIONAL DISORDERS		
1ST GENERATION/ TYPICAL		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	MO
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	MO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	PA; MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
2ND GENERATION/ ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	MO; QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA; QL (3.2 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; MO; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	PA; MO
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	2	B/D; QL (6 EA per 3 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	2	PA; QL (0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	2	PA; QL (1.315 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	2	PA; QL (2.625 ML per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; MO; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	2	PA; MO; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE 34 MG	2	PA; MO; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	2	PA; MO; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	2	PA; MO; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	PA; MO; QL (60 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	2	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; MO; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	PA; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	2	MO; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	2	MO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	PA; MO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	PA; MO; QL (28 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA; QL (1 EA per 28 days)
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg</i>	1	MO; QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	MO; QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg</i>	1	MO; QL (270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	1	MO
<i>clozapine oral tablet,disintegrating 150 mg</i>	1	MO; QL (180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	1	MO; QL (120 EA per 30 days)
<i>versacloz oral suspension 50 mg/ml</i>	2	MO; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS - TREATMENT OF MUSCLE SPASMS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
COMFORT PAC-TIZANIDINE KIT 4 MG	1	MO
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	MO
ANTIVIRALS - TREATMENT OF INFECTIONS BY VIRUSES		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	B/D; MO

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

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	PA
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	ST; MO
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir oral tablet 10 mg</i>	1	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	MO
<i>lamivudine oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO
VEMLIDY ORAL TABLET 25 MG	2	MO
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS		
MAVYRET ORAL TABLET 100-40 MG	2	PA
VOSEVI ORAL TABLET 400-100-100 MG	2	PA
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		

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

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
<i>acyclovir topical cream 5 %</i>	1	MO
<i>acyclovir topical ointment 5 %</i>	1	MO
DENAVIR TOPICAL CREAM 1 %	2	MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	MO
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	MO
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	MO
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
DOVATO ORAL TABLET 50-300 MG	2	MO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	2	MO; QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	MO; QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	MO
ISENTRESS ORAL TABLET 400 MG	2	MO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	MO; QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	MO; QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	2	MO; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	2	MO; QL (300 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	2	MO; QL (120 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	2	MO; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	2	MO; QL (30 EA per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA ORAL TABLET 600-200-300 MG	2	MO; QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	2	MO; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	2	MO; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	2	MO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	MO; QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	2	MO; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	2	MO; QL (60 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	MO
<i>nevirapine oral tablet 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO; QL (30 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	2	MO; QL (30 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	2	MO; QL (30 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	2	MO; QL (180 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	2	MO; QL (30 EA per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir oral solution 20 mg/ml</i>	1	MO
<i>abacavir oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	MO; QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	2	MO; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DESCOVY ORAL TABLET 200-25 MG	2	MO; QL (30 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	1	MO; QL (90 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO; QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	2	MO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	MO; QL (30 EA per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	2	MO
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	2	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	2	MO; QL (90 EA per 30 days)
ZERIT ORAL RECON SOLN 1 MG/ML	2	MO
<i>zidovudine oral capsule 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	1	MO
<i>zidovudine oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
ANTI-HIV AGENTS, OTHER		
BIKTARVY ORAL TABLET 50-200-25 MG	2	MO; QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	MO
SELZENTRY ORAL TABLET 150 MG, 75 MG	2	MO; QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	2	MO; QL (120 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	2	MO; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	2	MO; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS ORAL CAPSULE 250 MG	2	MO; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	2	MO
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>atazanavir oral capsule 200 mg</i>	1	MO; QL (60 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	2	MO; QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	2	MO; QL (180 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	2	MO; QL (30 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	1	MO; QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	2	MO; QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	2	MO; QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	2	MO; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	2	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	2	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	2	MO
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	MO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	MO
PREZISTA ORAL TABLET 150 MG	2	MO; QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	2	MO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	2	MO; QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	2	MO; QL (30 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	2	MO
<i>ritonavir oral tablet 100 mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	2	MO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	2	MO; QL (120 EA per 30 days)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir oral capsule 30 mg</i>	1	MO; QL (84 EA per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	MO; QL (42 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	MO; QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	MO; QL (60 EA per 180 days)
<i>rimantadine oral tablet 100 mg</i>	1	MO
ANXIOLYTICS - TREATMENT OF ANXIETY OR NERVOUSNESS		
ANXIOLYTICS, OTHER		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA; MO
BENZODIAZEPINES		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	PA; MO; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	PA; MO; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	PA; MO; QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	PA; MO; QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	PA; MO; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; MO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	PA; MO; QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	MO; QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	MO; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	MO; QL (150 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BIPOLAR AGENTS - TREATMENT FOR BIPOLAR ILLNESSES		
MOOD STABILIZERS		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	2	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
BLOOD GLUCOSE REGULATORS - CONTROL OF DIABETES		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	ST; MO; QL (90 EA per 30 days)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	1	ST; MO; QL (30 EA per 30 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	1	ST; MO; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	1	ST; MO; QL (30 EA per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	2	ST; MO; QL (60 EA per 30 days)
DM2 COMBO PACK, TABLET AND STRIP 500 MG	1	MO; QL (60 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (90 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	PA; MO
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; MO; QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PA; MO; QL (120 EA per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	ST; MO; QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	ST; MO; QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; MO; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	ST; MO; QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; MO; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; MO; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; MO; QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; MO; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; MO; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	ST; MO; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST; MO; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	ST; MO; QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	2	PA; MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	ST; MO; QL (90 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	ST; MO; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	ST; MO; QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	ST; MO; QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	ST; MO; QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	ST; MO
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; MO; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	ST; MO; QL (120 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; MO; QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; MO; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; MO
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; MO; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	ST; MO; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	ST; MO; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	ST; MO; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	ST; MO; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; MO; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; MO; QL (9 ML per 30 days)
BLOOD GLUCOSE REGULATORS		
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	MO
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	MO
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	1	MO
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	1	MO
GLYCEMIC AGENTS		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	MO; QL (4 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	MO; QL (4 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	MO; QL (4 EA per 30 days)
<i>glucagon hcl injection recon soln 1 mg</i>	1	MO; QL (2 EA per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	MO
INSULINS		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	MO
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	1	MO
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	1	MO
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MO
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MO
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	MO
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MO
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	MO

BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS - PREVENTION OF CLOTTING AND INCREASING BLOOD CELL PRODUCTION

ANTICOAGULANTS

COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	MO
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	1	
<i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i>	1	B/D
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	MO
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	MO
BLOOD FORMATION MODIFIERS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	2	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	2	PA; MO
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA; MO
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	2	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (15 PACK)	2	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	2	PA
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
PROCRIIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG	2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
HEMOSTASIS AGENTS		
<i>tranexamic acid oral tablet 650 mg</i>	1	MO
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	2	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA; MO
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	MO
CARDIOVASCULAR AGENTS - TREATMENT OF CONDITIONS AFFECTING THE HEART AND BLOOD VESSELS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	PA; MO
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	1	PA; MO
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA; MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
ANTIARRHYTHMICS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	PA; MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ ORAL TABLET 400 MG	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	PA; MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	MO
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MO
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	MO
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	1	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	PA; MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nimodipine oral capsule 30 mg</i>	1	MO
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	MO
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
<i>verapamil oral tablet extended release 120 mg, 120 mg (24 hours), 180 mg, 240 mg</i>	1	MO
CARDIOVASCULAR AGENTS, OTHER		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO
<i>amlodipine-valsartan-hcthiaizid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	MO
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA; MO
DEMSEER ORAL CAPSULE 250 MG	2	PA
DIGITEK ORAL TABLET 125 MCG	1	MO; QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	1	PA; MO
DIGOX ORAL TABLET 125 MCG	1	MO; QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	1	PA; MO
<i>digoxin oral solution 50 mcg/ml</i>	1	PA; MO
<i>digoxin oral tablet 125 mcg</i>	1	MO; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 250 mcg</i>	1	PA; MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	PA; MO
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	MO
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	ST; MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
KEVEYIS ORAL TABLET 50 MG	2	PA; MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
DIURETICS, LOOP		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml</i>	1	MO
<i>furosemide injection syringe 10 mg/ml</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
DIURETICS, POTASSIUM-SPARING		
<i>amiloride oral tablet 5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
DIURETICS, THIAZIDE		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>methyclothiazide oral tablet 5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 160 mg, 48 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	MO
<i>fenofibric acid oral tablet 35 mg</i>	1	MO
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	1	MO
<i>colesevelam oral powder in packet 3.75 gram</i>	1	MO
<i>colesevelam oral tablet 625 mg</i>	1	MO
<i>colestipol oral granules 5 gram</i>	1	MO
<i>colestipol oral packet 5 gram</i>	1	MO
<i>colestipol oral tablet 1 gram</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	2	PA
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	MO
PREVALITE ORAL POWDER 4 GRAM	1	MO
PREVALITE ORAL POWDER IN PACKET 4 GRAM	1	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
TRIKLO ORAL CAPSULE 1 GRAM	1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	MO

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	MO
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO
<i>nitroglycerin translingual aerosol,spray 400 mcg/spray</i>	1	MO
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	1	MO

CENTRAL NERVOUS SYSTEM AGENTS - TREATMENT OF DISORDERS OF THE BRAIN AND SPINAL COLUMN

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>dextroamphetamine oral capsule, extended release 10 mg</i>	1	PA; MO; QL (150 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	1	PA; MO; QL (120 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	1	PA; MO; QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg</i>	1	PA; MO; QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	1	PA; MO; QL (90 EA per 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	MO; QL (120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	PA; MO
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA; MO
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA; MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg</i>	1	PA; MO
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA; MO
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	PA; MO
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg</i>	1	PA; MO; QL (120 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 27 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	PA; MO
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	2	PA
FIRDAPSE ORAL TABLET 10 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	2	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA
NUDEXTA ORAL CAPSULE 20-10 MG	2	PA; MO
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA
FIBROMYALGIA AGENTS		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	MO
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	MO
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	2	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	2	PA
GILENYA ORAL CAPSULE 0.5 MG	2	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	1	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	2	PA

DENTAL AND ORAL AGENTS - TREATMENT OF MOUTH AND GUM DISORDERS

DENTAL AND ORAL AGENTS

<i>cevimeline oral capsule 30 mg</i>	1	MO
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	MO
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	MO

DERMATOLOGICAL AGENTS - TREATMENT OF SKIN CONDITIONS

DERMATOLOGICAL AGENTS

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>adapalene topical gel 0.1 %</i>	1	MO
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	MO
<i>ammonium lactate topical cream 12 %</i>	1	MO
<i>ammonium lactate topical lotion 12 %</i>	1	MO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	MO
<i>calcipotriene scalp solution 0.005 %</i>	1	MO
<i>calcipotriene topical cream 0.005 %</i>	1	MO
<i>calcipotriene topical ointment 0.005 %</i>	1	MO
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	MO
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	MO
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA
<i>doxepin topical cream 5 %</i>	1	MO
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	MO
EUCRISA TOPICAL OINTMENT 2 %	2	PA; MO
<i>hydrocortisone-min oil-wht pet topical ointment 1 %</i>	1	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	MO
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	MO
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	MO
<i>pimecrolimus topical cream 1 %</i>	1	ST; MO
<i>podofilox topical solution 0.5 %</i>	1	MO
<i>prednicarbate topical cream 0.1 %</i>	1	MO
<i>prednicarbate topical ointment 0.1 %</i>	1	MO
REGRANEX TOPICAL GEL 0.01 %	2	PA; MO; QL (15 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	MO
<i>selenium sulfide topical lotion 2.5 %</i>	1	MO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA; MO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; MO
<i>tazarotene topical cream 0.1 %</i>	1	MO
TAZORAC TOPICAL CREAM 0.05 %	2	MO
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	MO
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA
<i>tretinoin (emollient) topical cream 0.05 %</i>	1	MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	MO
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	MO
ELECTROLYTES/MINERALS/ METALS/ VITAMINS - PRODUCTS THAT SUPPLEMENT OR REPLACE ELECTROLYTES, MINERALS, METALS OR VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	B/D
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D; MO
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
DEXTROSE WITH SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 5-0.2 %	1	
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	PA
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	MO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	2	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	1	MO
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ, 8 MEQ	1	MO
K-SOL ORAL LIQUID 20 MEQ/15 ML	1	MO
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D; MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in water intravenous piggyback 40 meq/100 ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	MO
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	MO
<i>sodium chloride 0.9 % injection solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; MO
FERRIPROX ORAL TABLET 500 MG	2	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	2	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	2	PA
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	1	MO
KIONEX ORAL POWDER	1	MO
SAMSCA ORAL TABLET 15 MG, 30 MG	2	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	1	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	1	MO
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	1	MO
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1	MO
<i>trientine oral capsule 250 mg</i>	1	PA
PHOSPHATE BINDERS		
<i>calcium acetate oral capsule 667 mg</i>	1	MO
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	2	MO
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	1	MO
VITAMINS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	MO
<i>calcitriol topical ointment 3 mcg/gram</i>	1	MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	MO
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	2	MO
GASTROINTESTINAL AGENTS - TREATMENT OF STOMACH AND INTESTINAL CONDITIONS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine oral capsule 10 mg</i>	1	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
GASTROINTESTINAL AGENTS, OTHER		
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	2	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	2	PA
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	1	MO
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	1	MO
<i>loperamide oral capsule 2 mg</i>	1	MO
OALIVA ORAL TABLET 10 MG, 5 MG	2	PA
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	MO
RELISTOR ORAL TABLET 150 MG	2	PA; MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
XERMELO ORAL TABLET 250 MG	2	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	MO
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	MO; QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	MO; QL (30 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; MO
LAXATIVES		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	1	MO
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	1	MO
GAVILYTE-N ORAL RECON SOLN 420 GRAM	1	MO
KRISTALOSE ORAL PACKET 20 GRAM	2	ST; MO
<i>lactulose oral packet 10 gram</i>	1	ST; MO
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	MO
PEG-3350 WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	1	MO
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	MO
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	MO
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	MO
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	1	MO
PROTECTANTS		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>sucralfate oral tablet 1 gram</i>	1	MO
PROTON PUMP INHIBITORS		

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

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	ST; MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT - PRODUCTS THAT REPLACE, MODIFY, OR TREAT GENETIC OR ENZYME DISORDERS

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	PA
CERDELGA ORAL CAPSULE 84 MG	2	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA
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, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	MO
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; MO
GALAFOLD ORAL CAPSULE 123 MG	2	PA; MO
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	PA
KUVAN ORAL TABLET, SOLUBLE 100 MG	2	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	2	PA; MO
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; MO
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	PA
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO
GENITOURINARY AGENTS - TREATMENT OF URINARY TRACT AND PROSTATE CONDITIONS		
ANTISPASMODICS, URINARY		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST; MO
<i>flavoxate oral tablet 100 mg</i>	1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	ST; MO; QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	MO
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	MO
<i>dutasteride oral capsule 0.5 mg</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin oral capsule 0.4 mg</i>	1	MO
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
ELMIRON ORAL CAPSULE 100 MG	2	MO
THIOLA ORAL TABLET 100 MG	2	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) - TREATMENT OF CONDITIONS REQUIRING STEROIDS		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	2	PA
ACTHAR INJECTION GEL 80 UNIT/ML	2	PA
<i>cortisone oral tablet 25 mg</i>	1	MO
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	B/D
<i>fludrocortisone oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	MO
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1	MO
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	MO
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) - FOR THE REPLACEMENT OR MODIFICATION OF SEX HORMONES		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET 50 MG	2	PA; MO
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	MO
ANDROGENS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	MO
<i>methyltestosterone oral capsule 10 mg</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; MO
ESTROGENS		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	MO
<i>estropipate oral tablet 0.75 mg</i>	1	PA; MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	MO
YUVAFEM VAGINAL TABLET 10 MCG	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	1	MO
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	1	MO
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	1	MO
APRI ORAL TABLET 0.15-0.03 MG	1	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	MO
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	MO
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	MO
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
AYUNA ORAL TABLET 0.15-0.03 MG	1	MO
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	1	MO
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	MO
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	1	MO
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1	MO
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	1	MO
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	MO
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	1	MO
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	MO
CYRED EQ ORAL TABLET 0.15-0.03 MG	1	MO
CYRED ORAL TABLET 0.15-0.03 MG	1	MO
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	MO
DIACOMIT ORAL CAPSULE 250 MG	2	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG	2	PA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	MO
EMOQUETTE ORAL TABLET 0.15-0.03 MG	1	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	MO
ENSKYCE ORAL TABLET 0.15-0.03 MG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	MO
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	MO
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	MO
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1	MO
JINTELI ORAL TABLET 1-5 MG-MCG	1	MO
JULEBER ORAL TABLET 0.15-0.03 MG	1	MO
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	MO
JYNARQUE ORAL TABLET 30 MG	2	PA; MO
KALLIGA ORAL TABLET 0.15-0.03 MG	1	MO
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	MO
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	1	MO
KIMIDESS (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	MO
KURVELO (28) ORAL TABLET 0.15-0.03 MG	1	MO
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	MO
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG	1	MO
LILLOW (28) ORAL TABLET 0.15-0.03 MG	1	MO
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	MO
<i>lopreeza oral tablet 1-0.5 mg</i>	1	MO
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	1	MO
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	1	MO
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	1	MO
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	MO
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
MIMVEY LO ORAL TABLET 0.5-0.1 MG	1	MO
MIMVEY ORAL TABLET 1-0.5 MG	1	MO
MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	MO
NORLYDA ORAL TABLET 0.35 MG	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	MO
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	2	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	MO
PIRMELLA ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA 28 ORAL TABLET 0.15-0.03 MG	1	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	MO
QUASENSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	1	MO
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	MO
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	MO
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	MO
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	MO
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	MO
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	MO
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	MO
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	MO
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	MO
ZARAH ORAL TABLET 3-0.03 MG	1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	MO
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	MO
ERRIN ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
JOLIVETTE ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	MO
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA; MO
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA; MO
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
NORLYROC ORAL TABLET 0.35 MG	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
SHAROBEL ORAL TABLET 0.35 MG	1	MO
TULANA ORAL TABLET 0.35 MG	1	MO
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE ORAL TABLET 0.45-20 MG	2	MO
<i>raloxifene oral tablet 60 mg</i>	1	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY) - TREATMENT OF PITUITARY GLAND CONDITIONS		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	MO
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG	2	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	2	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	2	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	2	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	2	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID) - TREATMENT OF THYROID CONDITIONS

HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)

LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - TREATMENT OF OR MODIFICATION OF PITUITARY HORMONE SECRETION

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

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

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	PA
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	2	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	1	MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	2	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	2	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	2	PA
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	2	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID) - TREATMENT FOR OVERACTIVE THYROID

ANTITHYROID AGENTS

<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO

IMMUNOLOGICAL AGENTS - MEDICATIONS THAT ALTER THE IMMUNE SYSTEM INCLUDING VACCINATIONS

ANGIOEDEMA AGENTS

CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	2	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	2	PA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA

IMMUNE SUPPRESSANTS

ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	2	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D; MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D; MO
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	2	B/D; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	B/D; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	2	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B/D; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D; MO
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	B/D
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	2	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	B/D
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	B/D; MO
REMICADE INTRAVENOUS RECON SOLN 100 MG	2	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	B/D; MO

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	2	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	ST
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA; MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	B/D
IMMUNIZING AGENTS, PASSIVE		
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	B/D
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	2	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	2	B/D
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	B/D
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	B/D
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	B/D
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	2	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	B/D
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	B/D
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	B/D
IMMUNOMODULATORS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
OTEZLA ORAL TABLET 30 MG	2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	2	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA
VACCINES		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	MO
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	B/D; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	MO
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	2	B/D; MO
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	B/D; MO
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	MO
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	MO
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	MO
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	MO
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	MO
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	B/D; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B/D; MO
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	MO
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	MO; QL (2 EA per 999 days)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	2	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	MO
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	MO
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	1	MO
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	1	MO
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	MO
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	MO
VARIZIG INTRAMUSCULAR RECON SOLN 125 UNIT	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	MO
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	2	MO
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	MO; QL (1 EA per 999 days)

INFLAMMATORY BOWEL DISEASE AGENTS - TREATMENT OF ULCERATIVE COLITIS OR CROHN'S DISEASE

AMINOSALICYLATES

<i>balsalazide oral capsule 750 mg</i>	1	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	2	MO
DIPENTUM ORAL CAPSULE 250 MG	2	MO
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	MO
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	MO
<i>mesalamine rectal suppository 1,000 mg</i>	1	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	MO

GLUCOCORTICOIDS

<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	MO
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
SULFONAMIDES		
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
METABOLIC BONE DISEASE AGENTS - TREATMENT OF BONE DISEASES INCLUDING OSTEOPOROSIS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	1	MO
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	MO
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	1	MO; QL (120 EA per 30 days)
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	MO
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	2	PA
<i>ibandronate oral tablet 150 mg</i>	1	MO
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA; MO
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	PA
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	1	MO
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA

OPHTHALMIC AGENTS - TREATMENT OF EYE CONDITIONS

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

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	MO
OPHTHALMIC AGENTS, OTHER		
<i>bevacizumab intravitreal syringe 1 mg/0.04 ml, 1.25 mg/0.05 ml, 2.5 mg/0.1 ml</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	2	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML	2	PA
LUCENTIS INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	2	PA; MO
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	2	PA
MACUGEN INTRAVITREAL SYRINGE 0.3 MG/90MICROLITER	2	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	MO
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	PA
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	MO; QL (11 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	MO; QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	MO
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	MO; QL (60 EA per 30 days)
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	MO
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	MO
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	ST; MO
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	MO
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2- 0.5 %	2	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3- 6.8 mg/ml</i>	1	MO
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	MO
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	MO
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	MO
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	MO

OTIC AGENTS - TREATMENT OF EAR CONDITIONS

OTIC AGENTS

<i>acetic acid-aluminum acetate otic (ear) drops 2 %</i>	1	MO
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	MO

RESPIRATORY TRACT/ PULMONARY AGENTS - TREATMENT OF BREATHING CONDITIONS

ANTI-HISTAMINES

<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	MO
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>clemastine oral tablet 2.68 mg</i>	1	PA; MO
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA; MO
<i>cyproheptadine oral tablet 4 mg</i>	1	PA; MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	B/D; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA; MO
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA; MO
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	B/D; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	MO
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	MO
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	MO
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	MO
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	MO
ANTILEUKOTRIENES		
<i>montelukast oral granules in packet 4 mg</i>	1	MO
<i>montelukast oral tablet 10 mg</i>	1	MO
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	MO
XYREM ORAL SOLUTION 500 MG/ML	2	PA; LA
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	ST; MO

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

Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS, ANTICHOLINERGIC		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D; MO
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	MO
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	MO
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	2	MO
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	MO
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D; MO
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	MO; QL (2 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	1	B/D; MO
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	MO
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	MO
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	MO
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	MO
CYSTIC FIBROSIS AGENTS		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	2	PA
KALYDECO ORAL TABLET 150 MG	2	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA; MO
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	2	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	B/D
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	B/D
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	1	B/D
MAST CELL STABILIZERS		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D; MO
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	MO
<i>theophylline oral elixir 80 mg/15 ml</i>	1	MO
<i>theophylline oral solution 80 mg/15 ml</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	MO
PULMONARY ANTIHYPERTENSIVES		

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

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>sildenafil (antihypertensive) oral suspension for reconstitution 10 mg/ml</i>	1	PA
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	1	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	2	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	2	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	MO
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	MO
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	MO
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	ST; MO
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	MO
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	2	MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	MO
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1	MO
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D; MO
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	1	PA; MO
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	PA; MO
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	MO
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	MO
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO

SKELETAL MUSCLE RELAXANTS - TREATMENT OF MUSCLE TIGHTNESS

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA; MO
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; MO
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	2	PA; MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
CYCLOTENS REFILL COMBO PACK 10 MG	1	PA; MO
CYCLOTENS STARTER COMBO PACK 10 MG	1	PA; MO
METAXALL ORAL TABLET 800 MG	1	MO
<i>metaxalone oral tablet 800 mg</i>	1	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA; MO
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
SLEEP DISORDER AGENTS - TREATMENT OF INSOMNIA		
GABA RECEPTOR MODULATORS		
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	MO; QL (90 EA per 365 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	MO; QL (90 EA per 365 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	MO; QL (90 EA per 365 days)
SLEEP DISORDERS, OTHER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO
HETLIOZ ORAL CAPSULE 20 MG	2	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; MO
<i>ramelteon oral tablet 8 mg</i>	1	MO; QL (30 EA per 30 days)
ROZEREM ORAL TABLET 8 MG	2	MO; QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	2	MO

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