CareSource®

CareSource Dual Advantage™ (HMO SNP)

Formulary

for 2020

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

This formulary was updated on 12/2020

For more recent information or other questions, please contact CareSource Dual Advantage Member Services at **1-833-230-2020** or TTY **711**, 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – March 31, the same hours seven days a week, or visit **CareSource.com/Medicare**.

Formulary ID: 00020191, Version #: 18

CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

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

When this drug list (formulary) refers to "we," "us", or "our," it means CareSource. When it refers to "plan" or "our plan," it means CareSource Dual Advantage.

This document includes list of the drugs (formulary) for our plan which is current as of 12/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the CareSource Dual Advantage Formulary?

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

Can the Formulary(drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CareSource Dual Advantage Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 12/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, CareSource provides 30 tablets per prescription for Simvastatin 80 MG tablet. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareSource Dual Advantage.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the *CareSource Dual Advantage* Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

In the event that an unplanned transition occurs in which a prescribed drug may not be on our plan formulary or may be restricted by quantity, we may cover a one-time temporary supply of your drugs up to a 34-day supply. This usually involves level of care changes in which a member is changing from one treatment setting to another. If this occurs you may need to follow the normal coverage determination processes for continued coverage. Examples of level-of-care changes include:

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

For more information

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

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

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

CareSource Dual Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

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

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

List of Abbreviations

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

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

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

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

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

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

**Certain medications called specialty medications are limited to no more than a 30 day supply perfill.*

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	B/D PA; MO
AMBISOME	1	B/D PA; MO
amphotericin b	1	B/D PA; MO
caspofungin	1	B/D PA
clotrimazole mucous membrane	1	MO
CRESEMBA INTRAVENOUS	1	PA
CRESEMBA ORAL	1	MO
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole	1	MO
ketoconazole oral	1	MO
micafungin	1	
MYCAMINE	1	MO
NOXAFIL ORAL	1	MO
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
posaconazole oral tablet,delayed release (dr/ec)	1	MO
terbinafine hcl oral	1	MO
voriconazole intravenous	1	PA; MO
voriconazole oral	1	MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
abacavir-lamivudine-zidovudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	B/D PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	1	MO
APTIVUS (WITH VITAMIN E)	1	
atazanavir	1	MO
ATRIPLA	1	MO
BARACLUDE ORAL SOLUTION	1	MO
BIKTARVY	1	MO
cidofovir	1	B/D PA; MO
CIMDUO	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
COMPLERA	1	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	MO
DELSTRIGO	1	MO
DESCOVY	1	MO
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	MO
DOVATO	1	MO
EDURANT	1	MO
efavirenz	1	MO
efavirenz-emtricitabin-tenofov	1	MO
efavirenz-lamivu-tenofov disop	1	MO
emtricitabine	1	MO
emtricitabine-tenofovir (tdf)	1	MO
EMTRIVA	1	MO
entecavir	1	MO
EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	1	MO
EVOTAZ	1	MO
famciclovir	1	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	1	MO

Drug Name	Drug Tier	Requirements /Limits
ganciclovir sodium	1	B/D PA; MO
GENVOYA	1	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days)
INTELENCE	1	MO
INVIRASE ORAL TABLET	1	MO
ISENTRESS	1	MO
ISENTRESS HD	1	MO
JULUCA	1	MO
KALETRA ORAL TABLET	1	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEXIVA ORAL SUSPENSION	1	MO
lopinavir-ritonavir	1	MO
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL POWDER IN PACKET	1	MO
NORVIR ORAL SOLUTION	1	MO
ODEFSEY	1	MO
oseltamivir	1	MO
PIFELTRO	1	MO
PREVYMIS INTRAVENOUS	1	
PREVYMIS ORAL	1	MO; QL (30 per 30 days)
PREZCOBIX	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1	MO
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO
RUKOBIA	1	MO
SELZENTRY	1	MO
stavudine oral capsule	1	MO
STRIBILD	1	MO
SYMFI	1	MO
SYMFI LO	1	MO
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
TEMIXYS	1	MO
tenofovir disoproxil fumarate	1	MO
TIVICAY	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TROGARZO	1	MO; LA
TRUVADA	1	MO
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir	1	MO
VEMLIDY	1	MO
VIRACEPT ORAL TABLET	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
XOFLUZA	1	MO
zidovudine	1	MO
CEPHALOSPORINS		
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g	1	
cefazolin intravenous	1	
cefdinir	1	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml	1	
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml	1	MO
cefepime injection	1	MO
cefixime	1	MO
cefotetan	1	
cefoxitin in dextrose, iso-osm	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
ceftriaxone in dextrose,iso-os	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone intravenous	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	

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

Drug Name	Drug Tier	Requirements /Limits
cephalexin	1	MO
SUPRAX ORAL CAPSULE	1	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	1	
SUPRAX ORAL TABLET,CHEWABLE	1	MO
tazicef injection recon soln 1 gram	1	
tazicef injection recon soln 2 gram, 6 gram	1	MO
tazicef intravenous	1	
TEFLARO	1	MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin	1	MO
clarithromycin	1	MO
e.e.s. 400 oral tablet	1	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	1	MO
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral	1	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole	1	MO
ALINIA	1	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	MO
ARIKAYCE	1	PA; MO; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
aztreonam	1	MO
bacitracin intramuscular	1	MO
BENZNIDAZOLE	1	MO
BETHKIS	1	B/D PA; MO; QL (224 per 28 days)
CAPASTAT	1	
CAYSTON	1	PA; MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	1	
chloroquine phosphate	1	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	MO
clindamycin phosphate intravenous solution 600 mg/4 ml	1	MO
COARTEM	1	MO
colistin (colistimethate na)	1	MO
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
daptomycin intravenous recon soln 500 mg	1	MO
DARAPRIM	1	PA; MO
EMVERM	1	MO
ertapenem	1	MO
ethambutol	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	
gentamicin injection solution 40 mg/ml	1	MO
gentamicin sulfate (ped) (pf)	1	MO
hydroxychloroquine	1	MO
imipenem-cilastatin	1	MO
IMPAVIDO	1	PA; MO
isoniazid injection	1	
isoniazid oral	1	MO
ivermectin oral	1	MO
lincomycin	1	
linezolid	1	MO
linezolid in dextrose 5%	1	
linezolid-0.9% sodium chloride	1	
mefloquine	1	MO
meropenem	1	MO
metro i.v.	1	MO
metronidazole in nacl (iso-os)	1	MO
metronidazole oral	1	MO
NEBUPENT	1	B/D PA; MO; QL (1 per 28 days)
neomycin	1	MO
paromomycin	1	MO
PASER	1	MO
PENTAM	1	MO
pentamidine inhalation	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection	1	MO
polymyxin b sulfate	1	MO
praziquantel	1	MO
PRIFTIN	1	MO
PRIMAQUINE	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
pyrazinamide	1	MO
pyrimethamine	1	PA; MO
quinine sulfate	1	MO
rifabutin	1	MO
rifampin	1	MO
SIRTURO ORAL TABLET 100 MG	1	MO; LA
SIRTURO ORAL TABLET 20 MG	1	LA
STREPTOMYCIN	1	MO
SYNERCID	1	PA
tigecycline	1	
tinidazole	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	1	MO; QL (224 per 28 days)
tobramycin in 0.225 % nacl	1	B/D PA; MO; QL (280 per 28 days)
tobramycin inhalation	1	B/D PA; MO; QL (224 per 28 days)
tobramycin sulfate injection recon soln	1	
tobramycin sulfate injection solution	1	MO
TRECATOR	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	1	
VANCOMYCIN INJECTION	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	1	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	1	
vancomycin oral capsule	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	
XIFAXAN ORAL TABLET 200 MG	1	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 per 30 days)
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection	1	MO
ampicillin sodium intravenous	1	

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

Drug Name	Drug Tier	Requirements /Limits
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	
ampicillin-sulbactam intravenous recon soln 3 gram	1	MO
BICILLIN C-R	1	MO
BICILLIN L-A	1	MO
dicloxacillin	1	MO
nafcillin	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	1	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	MO
oxacillin injection recon soln 1 gram, 10 gram	1	
oxacillin injection recon soln 2 gram	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	1	MO
penicillin g potassium	1	MO
penicillin g procaine	1	MO
penicillin g sodium	1	MO
penicillin v potassium	1	MO
pfizerpen-g	1	
piperacillin-tazobactam	1	MO
QUINOLONES		
ciprofloxacin	1	
ciprofloxacin hcl oral	1	MO
ciprofloxacin in 5 % dextrose	1	MO
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
levofloxacin intravenous	1	MO
levofloxacin oral	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	
ofloxacin oral tablet 300 mg	1	
ofloxacin oral tablet 400 mg	1	MO
SULFA'S / RELATED AGENTS		
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim	1	MO
sulfatrim	1	MO
TETRACYCLINES		
demeclocycline	1	MO
doxy-100	1	MO
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet	1	MO
doxycycline monohydrate oral capsule	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
mondoxyne nl oral capsule 100 mg, 75 mg	1	MO
morgidox	1	MO
tetracycline	1	MO
VIBRAMYCIN ORAL SYRUP	1	MO
URINARY TRACT AGENTS		
methenamine hippurate	1	MO
methenamine mandelate	1	MO
nitrofurantoin	1	MO
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl intravenous recon soln 250 mg	1	B/D PA
dexrazoxane hcl intravenous recon soln 500 mg	1	B/D PA; MO
ELITEK	1	MO
KEPIVANCE	1	MO
KHAPZORY	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	1	B/D PA; MO
leucovorin calcium injection recon soln 500 mg	1	B/D PA
leucovorin calcium oral	1	MO
levoleucovorin calcium intravenous recon soln 50 mg	1	B/D PA
levoleucovorin calcium intravenous solution	1	B/D PA
mesna	1	B/D PA; MO
MESNEX ORAL	1	MO
VISTOGARD	1	PA; MO
XGEVA	1	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone	1	PA; MO; QL (120 per 30 days)
ABRAXANE	1	B/D PA; MO
ADCETRIS	1	B/D PA; MO
adriamycin intravenous recon soln 10 mg	1	B/D PA; MO
adriamycin intravenous solution	1	B/D PA
adrucil intravenous solution 2.5 gram/50 ml	1	B/D PA
AFINITOR	1	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	1	PA; MO
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALIMTA	1	B/D PA; MO
ALIQOPA	1	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; MO; QL (30 per 30 days)
anastrozole	1	MO
ARRANON	1	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	1	B/D PA
arsenic trioxide intravenous solution 2 mg/ml	1	B/D PA; MO
ARZERRA	1	B/D PA; MO
AVASTIN	1	B/D PA; MO
AYVAKIT	1	PA; MO; LA
azacitidine	1	B/D PA; MO
azathioprine	1	B/D PA; MO
azathioprine sodium	1	B/D PA
BALVERSA	1	PA; MO; LA
BAVENCIO	1	B/D PA; MO; LA
BELEODAQ	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
BENDEKA	1	B/D PA; MO
BESPONSA	1	B/D PA; MO; LA
bexarotene	1	PA; MO
bicalutamide	1	MO
BICNU	1	B/D PA; MO
BLENREP	1	PA; MO
bleomycin	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA; MO
BORTEZOMIB	1	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	1	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	1	PA; MO; LA
busulfan	1	B/D PA
BYNFEZIA	1	MO
CABOMETYX	1	PA; MO; LA
CALQUENCE	1	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
carboplatin intravenous solution	1	B/D PA; MO
carmustine	1	B/D PA; MO
cisplatin intravenous solution	1	B/D PA; MO
cladribine	1	B/D PA; MO
clofarabine	1	B/D PA
COMETRIQ	1	PA; MO
COPIKTRA	1	PA; MO; LA; QL (60 per 30 days)
COSMEGEN	1	B/D PA; MO
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide intravenous recon soln	1	B/D PA; MO
cyclophosphamide oral capsule	1	B/D PA; MO
cyclosporine intravenous	1	B/D PA
cyclosporine modified	1	B/D PA; MO
cyclosporine oral capsule	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO
cytarabine	1	B/D PA; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	1	B/D PA
dacarbazine	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
dactinomycin	1	B/D PA
DARZALEX	1	B/D PA; MO; LA
daunorubicin intravenous solution	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
decitabine	1	B/D PA; MO
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)	1	B/D PA
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	1	B/D PA; MO
doxorubicin intravenous recon soln 50 mg	1	B/D PA; MO
doxorubicin intravenous solution	1	B/D PA; MO
doxorubicin, peg-liposomal	1	B/D PA; MO
DROXIA	1	MO
ELZONRIS	1	PA; MO; LA
EMCYT	1	MO
EMPLICITI	1	B/D PA; MO
ENVARSUS XR	1	B/D PA; MO
epirubicin intravenous solution	1	B/D PA; MO
ERBITUX	1	B/D PA; MO
ERIVEDGE	1	PA; MO; QL (30 per 30 days)
ERLEADA	1	PA; MO
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
ERWINAZE	1	B/D PA; MO
ETOPOPHOS	1	B/D PA; MO
etoposide intravenous	1	B/D PA; MO
everolimus (antineoplastic)	1	PA; MO; QL (30 per 30 days)
everolimus (immunosuppressive)	1	B/D PA; MO
exemestane	1	MO
FARYDAK	1	PA; MO; QL (6 per 21 days)
FASLODEX	1	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE	1	B/D PA; MO
floxuridine	1	B/D PA
fludarabine intravenous recon soln	1	B/D PA; MO
fludarabine intravenous solution	1	B/D PA
fluorouracil intravenous	1	B/D PA; MO
flutamide	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
FOLOTYN	1	B/D PA; MO
fulvestrant	1	B/D PA; MO
GAVRETO	1	PA; MO; LA
GAZYVA	1	B/D PA; MO
gemcitabine intravenous recon soln 1 gram, 200 mg	1	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	1	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	1	B/D PA
gengraf oral capsule 100 mg, 25 mg	1	B/D PA; MO
gengraf oral solution	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	MO
HALAVEN	1	B/D PA; MO
HERCEPTIN HYLECTA	1	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	1	B/D PA; MO
hydroxyurea	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	1	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA; QL (30 per 30 days)
idarubicin	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
ifosfamide intravenous recon soln	1	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	1	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	1	B/D PA
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	1	PA; MO; QL (30 per 30 days)
IMFINZI	1	B/D PA; MO; LA
INFUGEM	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
INQOVI	1	PA; MO
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
IRESSA	1	PA; MO; QL (30 per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	1	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	1	B/D PA
ISTODAX	1	B/D PA; MO
IXEMPRA	1	B/D PA; MO
JAKAFI	1	PA; MO; QL (60 per 30 days)
JEVTANA	1	B/D PA; MO
KADCYLA	1	PA; MO
KANJINTI	1	B/D PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	1	PA; MO
KISQALI	1	PA; MO
KISQALI FEMARA CO-PACK	1	PA; MO
KYPROLIS	1	B/D PA; MO
lapatinib	1	PA; MO; QL (180 per 30 days)
LENVIMA	1	PA; MO
letrozole	1	MO
LEUKERAN	1	MO
leuprolide subcutaneous kit	1	PA; MO
LIBTAYO	1	PA; MO; LA
LONSURF	1	PA; MO
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LUMOXITI	1	PA; MO; LA
LUPRON DEPOT	1	PA; MO
LUPRON DEPOT (3 MONTH)	1	PA; MO
LUPRON DEPOT (4 MONTH)	1	PA; MO
LUPRON DEPOT (6 MONTH)	1	PA; MO
LUPRON DEPOT-PED	1	PA; MO
LUPRON DEPOT-PED (3 MONTH)	1	PA; MO
LYNPARZA ORAL TABLET	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	MO
MARQIBO	1	B/D PA; MO
MATULANE	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
melphalan	1	B/D PA; MO
melphalan hcl	1	B/D PA
mercaptopurine	1	MO
methotrexate sodium	1	B/D PA; MO
methotrexate sodium (pf) injection recon soln	1	B/D PA
methotrexate sodium (pf) injection solution	1	B/D PA; MO
mitomycin intravenous	1	B/D PA; MO
mitoxantrone	1	B/D PA; MO
MONJUVI	1	PA; MO; LA
MVASI	1	B/D PA; MO
mycophenolate mofetil	1	B/D PA; MO
mycophenolate mofetil (hcl)	1	B/D PA
mycophenolate sodium	1	B/D PA; MO
MYLOTARG	1	B/D PA; MO; LA
NERLYNX	1	PA; MO; LA
NEXAVAR	1	PA; MO; LA; QL (120 per 30 days)
nilutamide	1	MO
NINLARO	1	PA; MO; QL (3 per 28 days)
NUBEQA	1	PA; MO; LA
NULOJIX	1	B/D PA; MO
octreotide acetate	1	MO
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
OGIVRI	1	B/D PA; MO
ONCASPAR	1	B/D PA; MO
ONIVYDE	1	B/D PA; MO
ONUREG	1	PA; MO
OPDIVO	1	PA; MO
oxaliplatin intravenous recon soln 100 mg	1	B/D PA; MO
oxaliplatin intravenous recon soln 50 mg	1	B/D PA
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	B/D PA; MO
oxaliplatin intravenous solution 200 mg/40 ml	1	B/D PA
paclitaxel	1	B/D PA; MO
PADCEV	1	PA; MO
paraplatin	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
PEMAZYRE	1	PA; MO; LA
PERJETA	1	B/D PA; MO
PIQRAY	1	PA; MO
POLIVY	1	PA; MO
POMALYST	1	PA; MO; LA
PORTRAZZA	1	B/D PA; MO
POTELIGEO	1	PA; MO
PROGRAF INTRAVENOUS	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
PURIXAN	1	
QINLOCK	1	PA; MO; LA
RETEVMO	1	PA; MO; LA
REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
RITUXAN	1	PA; MO
RITUXAN HYCELA	1	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	1	PA; MO
RYDAPT	1	PA; MO
SANDIMMUNE ORAL SOLUTION	1	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	MO
SARCLISA	1	PA; MO; LA
SIGNIFOR	1	MO
SIKLOS	1	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	1	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	1	B/D PA; MO
sirolimus	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT	1	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
SUTENT	1	PA; MO; QL (30 per 30 days)
SYLVANT	1	B/D PA; MO
SYNRIBO	1	B/D PA; MO
TABLOID	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
TABRECTA	1	PA; MO
tacrolimus oral	1	B/D PA; MO
TAFINLAR	1	PA; MO; QL (120 per 30 days)
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TARGRETIN TOPICAL	1	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
TAZVERIK	1	PA; MO; LA
TECENTRIQ	1	B/D PA; MO; LA
TEMODAR INTRAVENOUS	1	B/D PA; MO
temsirolimus	1	B/D PA; MO
THALOMID	1	PA; MO
thiotepa injection recon soln 100 mg	1	B/D PA
thiotepa injection recon soln 15 mg	1	B/D PA; MO
TIBSOVO	1	PA; MO
toposar	1	B/D PA; MO
topotecan intravenous recon soln	1	B/D PA
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	1	B/D PA; MO
toremifene	1	MO
TORISEL	1	B/D PA; MO
TRAZIMERA	1	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	1	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	B/D PA; MO
tretinoin (antineoplastic)	1	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	1	B/D PA; MO
TRODELVY	1	PA; MO; LA
TRUXIMA	1	PA; MO
TUKYSA	1	PA; MO; LA
TYKERB	1	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	1	B/D PA; MO
valrubicin	1	B/D PA; MO
VALSTAR	1	B/D PA; MO
VANTAS	1	PA; MO
VECTIBIX	1	B/D PA; MO
VELCADE	1	B/D PA; MO
VENCLEXTA	1	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK	1	PA; MO; LA; QL (42 per 30 days)
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
vinblastine intravenous solution	1	B/D PA; MO
vincasar pfs intravenous solution 1 mg/ml	1	B/D PA; MO
vincristine	1	B/D PA; MO
vinorelbine	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	1	PA; MO; QL (30 per 30 days)
VOTRIENT	1	PA; MO; QL (120 per 30 days)
VYXEOS	1	B/D PA; MO
XALKORI	1	PA; MO; QL (60 per 30 days)
XATMEP	1	B/D PA; MO
XERMELO	1	PA; MO; LA; QL (90 per 30 days)
XOSPATA	1	PA; MO; LA
XPOVIO	1	PA; MO; LA
XTANDI	1	PA; MO; QL (120 per 30 days)
YERVOY	1	B/D PA; MO
YONDELIS	1	B/D PA; MO
YONSA	1	PA; MO; QL (120 per 30 days)
ZALTRAP	1	B/D PA; MO
ZANOSAR	1	B/D PA; MO
ZEJULA	1	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA; MO
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	MO
ZORTRESS	1	B/D PA; MO
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	1	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	1	MO
BANZEL	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT INTRAVENOUS	1	
BRIVIACT ORAL	1	MO
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable	1	MO
CELONTIN ORAL CAPSULE 300 MG	1	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIASTAT	1	MO
DIASTAT ACUDIAL	1	MO

Drug Name	Drug Tier	Requirements /Limits
diazepam rectal	1	MO
DILANTIN 30 MG	1	MO
divalproex	1	MO
EPIDIOLEX	1	PA; MO; LA
epitol	1	MO
ethosuximide	1	MO
felbamate	1	MO
FINTEPLA	1	PA; MO; LA
fosphenytoin	1	MO
FYCOMPA ORAL SUSPENSION	1	MO
FYCOMPA ORAL TABLET	1	MO
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	1	PA; MO; QL (90 per 30 days)
lamotrigine	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml	1	
levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	MO
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	1	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	1	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	1	MO; QL (900 per 30 days)
NAYZILAM	1	PA; MO; QL (10 per 30 days)
oxcarbazepine	1	MO
PEGANONE	1	MO
phenobarbital	1	PA; MO
phenobarbital sodium injection solution 130 mg/ml	1	MO
phenobarbital sodium injection solution 65 mg/ml	1	
phenytoin oral suspension 100 mg/4 ml	1	
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended	1	MO
phenytoin sodium intravenous solution	1	MO
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
primidone	1	MO
roweepra	1	MO
roweepra xr	1	
SPRITAM	1	MO
subvenite	1	MO
subvenite starter (blue) kit	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
subvenite starter (green) kit	1	MO
subvenite starter (orange) kit	1	MO
SYMPAZAN	1	PA; MO; QL (60 per 30 days)
tiagabine	1	MO
topiramate oral capsule, sprinkle	1	PA; MO
topiramate oral tablet	1	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	MO
VALTOCO	1	PA; MO; QL (10 per 30 days)
vigabatrin	1	MO; LA
vigadrone	1	MO; LA
VIMPAT INTRAVENOUS	1	MO
VIMPAT ORAL SOLUTION	1	MO
VIMPAT ORAL TABLET	1	MO
XCOPRI	1	MO
XCOPRI MAINTENANCE PACK	1	MO
XCOPRI TITRATION PACK	1	MO
zonisamide	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	1	MO; LA
benztropine injection	1	MO
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
entacapone	1	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
NEUPRO	1	MO
pramipexole	1	MO
rasagiline	1	MO
ropinirole	1	MO
selegiline hcl	1	MO
tolcapone	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
dihydroergotamine injection	1	MO
dihydroergotamine nasal	1	MO; QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; MO; QL (3 per 30 days)
ergotamine-caffeine	1	MO
migergot	1	MO
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; MO; QL (16 per 30 days)
rizatriptan	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan-naproxen	1	MO; QL (18 per 28 days)
UBRELVY	1	PA; MO; QL (20 per 30 days)
zolmitriptan	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	1	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; MO; QL (12 per 28 days)
dalfampridine	1	PA; MO
dimethyl fumarate	1	PA; MO
donepezil	1	MO
FIRDAPSE	1	PA; MO; LA
galantamine	1	MO
GILENYA ORAL CAPSULE 0.5 MG	1	PA; MO
glatiramer subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
LEMTRADA	1	PA; MO
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
NAMZARIC	1	PA; MO
NUEDEXTA	1	PA; MO
OCREVUS	1	PA; MO; LA
RADICAVA	1	PA; MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
TECFIDERA	1	PA; MO; LA
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
TYSABRI	1	PA; MO; LA
VUMERITY	1	PA; MO
ZEPOSIA	1	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT	1	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	1	PA; MO; QL (7 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg	1	MO
cyclobenzaprine oral tablet	1	PA; MO
dantrolene intravenous	1	
dantrolene oral	1	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	1	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	B/D PA
neostigmine methylsulfate intravenous solution 0.5 mg/ml	1	MO
neostigmine methylsulfate intravenous solution 1 mg/ml	1	
pyridostigmine bromide oral syrup	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	MO
regonol	1	
revonto	1	
tizanidine	1	MO
NARCOTIC ANALGESICS		

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

Drug Name	Drug Tier	Requirements /Limits
acetaminophen-caff-dihydrocod oral capsule	1	MO; QL (300 per 30 days)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
BELBUCA	1	PA; MO; QL (60 per 30 days)
buprenorphine hcl injection solution	1	MO
buprenorphine hcl injection syringe	1	
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO; QL (4000 per 30 days)
duramorph (pf) injection solution 1 mg/ml	1	QL (2000 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
fentanyl	1	PA; MO; QL (10 per 30 days)
fentanyl citrate (pf) injection solution	1	MO; QL (400 per 30 days)
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	QL (400 per 30 days)
fentanyl citrate buccal lozenge on a handle	1	PA; MO; QL (120 per 30 days)
hydrocodone bitartrate	1	PA; MO; QL (90 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	QL (5550 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
hydromorphone (pf) injection solution 2 mg/ml	1	QL (1200 per 30 days)
hydromorphone injection solution 1 mg/ml	1	QL (2400 per 30 days)
hydromorphone injection solution 2 mg/ml	1	MO; QL (1200 per 30 days)
hydromorphone injection syringe 1 mg/ml	1	MO; QL (2400 per 30 days)
hydromorphone injection syringe 2 mg/ml	1	QL (1200 per 30 days)
hydromorphone injection syringe 4 mg/ml	1	MO; QL (600 per 30 days)
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
ibuprofen-oxycodone	1	MO; QL (28 per 30 days)
levorphanol tartrate oral tablet 2 mg	1	MO; QL (120 per 30 days)
lorcet hd	1	MO; QL (360 per 30 days)
methadone injection solution	1	QL (150 per 30 days)
methadone intensol	1	PA; MO; QL (90 per 30 days)
methadone oral concentrate	1	PA; MO; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
methadose oral concentrate	1	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	1	QL (4000 per 30 days)
morphine (pf) injection solution 1 mg/ml	1	MO; QL (2000 per 30 days)
morphine concentrate oral solution	1	MO; QL (900 per 30 days)
morphine injection solution 8 mg/ml	1	QL (250 per 30 days)
morphine injection syringe 10 mg/ml	1	MO; QL (200 per 30 days)
morphine injection syringe 2 mg/ml	1	MO; QL (1000 per 30 days)
morphine injection syringe 4 mg/ml	1	MO; QL (500 per 30 days)
morphine injection syringe 5 mg/ml	1	QL (400 per 30 days)
morphine injection syringe 8 mg/ml	1	QL (250 per 30 days)
morphine intravenous solution 10 mg/ml	1	MO; QL (200 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
morphine intravenous solution 4 mg/ml	1	MO; QL (500 per 30 days)
morphine intravenous syringe 10 mg/ml	1	QL (200 per 30 days)
morphine intravenous syringe 2 mg/ml	1	QL (1000 per 30 days)
morphine intravenous syringe 4 mg/ml	1	QL (500 per 30 days)
morphine oral capsule, er multiphase 24 hr	1	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets	1	PA; MO; QL (90 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
oxycodone-aspirin	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
butorphanol injection solution 1 mg/ml	1	MO; QL (857 per 30 days)
butorphanol injection solution 2 mg/ml	1	MO; QL (428 per 30 days)
butorphanol nasal	1	MO; QL (10 per 28 days)
celecoxib	1	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
diclofenac potassium	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
ec-naproxen	1	MO
etodolac	1	MO
fenoprofen oral tablet	1	MO
FLECTOR	1	PA; MO; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	MO
ibu	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ketoprofen oral capsule 25 mg, 75 mg	1	MO
ketoprofen oral capsule 50 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
meclofenamate	1	MO
mefenamic acid	1	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine injection solution 10 mg/ml	1	MO; QL (200 per 30 days)
nalbuphine injection solution 20 mg/ml	1	MO; QL (100 per 30 days)
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naltrexone	1	MO
naproxen	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr	1	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	1	MO
oxaprozin	1	MO
piroxicam	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
salsalate	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	1	MO; QL (90 per 30 days)
sulindac	1	MO
tolmetin	1	MO
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
VIVITROL	1	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	1	MO
ADASUVE	1	LA
amitriptyline	1	MO
amoxapine	1	MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA	1	MO
ARISTADA INITIO	1	MO
armodafinil	1	PA; MO
atomoxetine	1	MO
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA	1	MO
chlorpromazine	1	MO
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine oral tablet	1	MO
clozapine oral tablet,disintegrating	1	
desipramine	1	MO
desvenlafaxine succinate	1	MO; QL (30 per 30 days)
dextroamphetamine oral solution	1	MO
dextroamphetamine-amphetamine	1	MO
diazepam injection solution	1	PA
diazepam injection syringe	1	PA; MO
diazepam oral concentrate	1	PA; MO; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral capsule	1	MO
doxepin oral concentrate	1	MO
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
EMSAM	1	MO
ergoloid	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	1	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	1	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	1	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	MO; QL (30 per 30 days)
flumazenil	1	MO
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral tablet 20 mg, 60 mg	1	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
FORFIVO XL	1	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	1	MO
guanidine	1	MO
haloperidol	1	MO
haloperidol decanoate	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate intramuscular	1	
haloperidol lactate oral	1	MO
HETLIOZ	1	PA; MO; QL (30 per 30 days)
imipramine hcl	1	MO
imipramine pamoate	1	MO
INVEGA SUSTENNA	1	MO
INVEGA TRINZA	1	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	MO; QL (60 per 30 days)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	1	MO
lorazepam injection solution	1	PA; MO
lorazepam injection syringe 2 mg/ml	1	PA; MO
lorazepam injection syringe 4 mg/ml	1	PA
lorazepam intensol	1	PA; MO; QL (150 per 30 days)
lorazepam oral concentrate	1	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
loxapine succinate	1	MO
maprotiline	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
MARPLAN	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil	1	PA; MO
molindone	1	MO
nefazodone	1	MO
nortriptyline	1	MO
NUPLAZID ORAL CAPSULE	1	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; QL (30 per 30 days)
olanzapine-fluoxetine	1	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
paroxetine mesylate(menop.sym)	1	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	1	MO
perphenazine	1	MO
PERSERIS	1	MO
phenelzine	1	MO
pimozide	1	MO
procentra	1	MO
protriptyline	1	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
ramelteon	1	MO; QL (30 per 30 days)
REXULTI	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA	1	MO
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
ROZEREM	1	MO; QL (30 per 30 days)
SAPHRIS	1	MO; QL (60 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
thioridazine	1	MO
thiothixene	1	MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	1	MO; QL (30 per 30 days)
VERSACLOZ	1	
VIIBRYD ORAL TABLET	1	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	1	MO; QL (7 per 30 days)
XYREM	1	PA; MO; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	1	MO
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	

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

Drug Name	Drug Tier	Requirements /Limits
zolpidem oral tablet	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV	1	MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine	1	
amiodarone intravenous solution	1	B/D PA; MO
amiodarone intravenous syringe	1	B/D PA
amiodarone oral	1	MO
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	MO
lidocaine (pf) in d7.5w	1	MO
lidocaine (pf) intravenous solution	1	MO
lidocaine (pf) intravenous syringe	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine	1	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection solution 100 mg/ml	1	MO
procainamide injection solution 500 mg/ml	1	
propafenone	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af	1	MO
sotalol oral	1	MO
SOTYLIZE	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
aliskiren	1	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
benazepril	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
benazepril-hydrochlorothiazide	1	MO
betaxolol oral	1	MO
BIDIL	1	MO
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	1	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	1	MO
chlorothiazide oral tablet 500 mg	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	
clonidine hcl oral tablet	1	MO
DEMSER	1	PA; MO
diltiazem hcl intravenous recon soln	1	
diltiazem hcl intravenous solution	1	MO
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr	1	MO
diltiazem hcl oral capsule,extended release 24hr	1	MO
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr	1	MO
dilt-xr	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
EDARBI	1	MO
EDARBYCLOR	1	MO
enalapril maleate	1	MO
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
epoprostenol (glycine)	1	B/D PA; MO
eprosartan	1	MO
esmolol intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
ethacrynate sodium	1	MO
ethacrynic acid	1	MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
labetalol intravenous solution	1	MO
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral	1	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	1	

Drug Name	Drug Tier	Requirements /Limits
mannitol 25 % intravenous solution	1	MO
matzim la	1	MO
methyldopa	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous solution	1	MO
metoprolol tartrate oral	1	MO
metyrosine	1	PA; MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nadolol-bendroflumethiazide oral tablet 80-5 mg	1	MO
nicardipine intravenous solution	1	MO
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 15 %	1	

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Drug Name	Drug Tier	Requirements /Limits
osmitrol 20 %	1	
perindopril erbumine	1	MO
phenoxybenzamine	1	PA; MO
phentolamine injection recon soln	1	
pindolol	1	MO
prazosin	1	MO
propranolol intravenous	1	
propranolol oral	1	MO
propranolol-hydrochlorothiazid	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
REMODULIN	1	PA; MO; LA
spironolactone	1	MO
spironolacton-hydrochlorothiaz	1	MO
taztia xt	1	MO
TEKTURNA HCT	1	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	1	MO
timolol maleate oral	1	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
treprostinil sodium	1	PA; MO; LA
triamterene	1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
UPTRAVI	1	PA; MO; LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
veletri	1	B/D PA; MO
verapamil intravenous solution	1	MO
verapamil intravenous syringe	1	
verapamil oral	1	MO
COAGULATION THERAPY		
AMICAR	1	MO
aminocaproic acid	1	MO
aspirin-dipyridamole	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; MO; LA
CEPROTIN (BLUE BAR)	1	MO
CEPROTIN (GREEN BAR)	1	MO
cilostazol	1	MO

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Drug Name	Drug Tier	Requirements /Limits
clopidogrel oral tablet 300 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dipyridamole intravenous	1	PA
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	1	PA; MO; LA
DOPTELET (15 TAB PACK)	1	PA; MO; LA
DOPTELET (30 TAB PACK)	1	PA; MO; LA
ELIQUIS	1	MO
ELIQUIS DVT-PE TREAT 30D START	1	MO
enoxaparin	1	MO
fondaparinux	1	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf)	1	
heparin (porcine) injection cartridge	1	MO
heparin (porcine) injection solution	1	MO
heparin (porcine) injection syringe 5,000 unit/ml	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution	1	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	
jantoven	1	MO
MULPLETA	1	PA; MO
NPLATE	1	MO
pentoxifylline	1	MO
PRADAXA	1	MO
prasugrel	1	MO
PROMACTA	1	PA; MO; LA
protamine	1	
warfarin	1	MO
XARELTO	1	MO

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Drug Name	Drug Tier	Requirements /Limits
XARELTO DVT-PE TREAT 30D START	1	MO
ZONTIVITY	1	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	1	MO
cholestyramine light	1	MO
colesevelam	1	MO
colestipol	1	MO
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized	1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO
fenofibrate oral tablet	1	MO
fenofibric acid	1	MO
fenofibric acid (choline)	1	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	MO; QL (30 per 30 days)
gemfibrozil	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA
LIVALO	1	MO; QL (30 per 30 days)
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
NEXLETOL	1	PA; MO
NEXLIZET	1	PA; MO
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
PRALUENT PEN	1	PA; MO; QL (2 per 28 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite	1	MO
REPATHA	1	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	1	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	1	PA; MO; QL (3 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin oral tablet	1	MO; QL (30 per 30 days)
VASCEPA	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
cardioplegic soln	1	

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Drug Name	Drug Tier	Requirements /Limits
CORLANOR ORAL SOLUTION	1	PA
CORLANOR ORAL TABLET	1	PA; MO
digitek	1	MO
digox	1	MO
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	MO
digoxin oral tablet	1	MO
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)	1	B/D PA; MO
dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)	1	B/D PA
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	B/D PA; MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	B/D PA; MO
ENTRESTO	1	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	1	MO
milrinone	1	B/D PA; MO
milrinone in 5 % dextrose	1	B/D PA; MO
norepinephrine bitartrate	1	
ranolazine	1	MO
sodium nitroprusside	1	B/D PA
VECAMYL	1	
VYNDAMAX	1	PA; MO
VYNDAQEL	1	PA; MO
NITRATES		
isosorbide dinitrate oral tablet	1	MO
isosorbide mononitrate	1	MO
nitro-bid	1	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)	1	B/D PA; MO
nitroglycerin intravenous	1	B/D PA
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual spray,non-aerosol	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene scalp	1	MO; QL (120 per 30 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
calcipotriene-betamethasone	1	MO; QL (400 per 30 days)
calcitriol topical	1	MO
COSENTYX	1	PA; MO
COSENTYX (2 SYRINGES)	1	PA; MO
COSENTYX PEN	1	PA; MO
COSENTYX PEN (2 PENS)	1	PA; MO
selenium sulfide topical lotion	1	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
STELARA	1	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	1	MO
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	1	
chloroprocaine (pf)	1	
CONDYLOX TOPICAL GEL	1	MO
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
doxepin topical	1	MO; QL (45 per 30 days)
DUPIXENT PEN	1	PA; MO
DUPIXENT SYRINGE	1	PA; MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
glydo	1	MO; QL (60 per 30 days)
imiquimod topical cream in packet	1	MO
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	1	MO
lidocaine (pf) injection solution 15 mg/ml (1.5 %)	1	

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Drug Name	Drug Tier	Requirements /Limits
lidocaine hcl injection solution	1	MO
lidocaine hcl laryngotracheal	1	MO
lidocaine hcl mucous membrane jelly	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	MO
lidocaine-epinephrine (pf)	1	
lidocaine-epinephrine injection solution 0.5 %-1:200,000	1	
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000	1	MO
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
methoxsalen	1	MO
PANRETIN	1	MO
PICATO	1	MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
podofilox	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf	1	
prudoxin	1	MO; QL (45 per 30 days)
REGRANEX	1	MO
SANTYL	1	MO
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
TOLAK	1	MO
UVADEX	1	B/D PA
VALCHLOR	1	MO
THERAPY FOR ACNE		
amnesteem	1	MO
avita topical cream	1	PA; MO
azelaic acid	1	MO
claravis	1	MO
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
dapsone topical gel	1	MO
ery pads	1	MO
erythromycin with ethanol topical solution	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
isotretinoin	1	MO
metronidazole topical	1	MO
myorisan	1	MO
rosadan topical cream	1	MO
rosadan topical gel	1	MO
tazarotene	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	1	PA; MO
TAZORAC TOPICAL GEL	1	PA; MO
tretinoin topical	1	PA; MO
zenatane	1	MO
TOPICAL ANTIBACTERIALS		
gentamicin topical	1	MO
mafenide acetate	1	MO
mupirocin	1	MO; QL (44 per 30 days)
mupirocin calcium	1	MO; QL (30 per 30 days)
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	1	MO
TOPICAL ANTIFUNGALS		
ciclodan topical solution	1	MO
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (45 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
econazole	1	MO; QL (85 per 28 days)
KERYDIN	1	MO
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical foam	1	MO; QL (100 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
ketodan	1	MO; QL (100 per 28 days)
naftifine	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	1	MO; QL (60 per 28 days)
nyamyc	1	MO
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO
oxiconazole	1	MO
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
DENAVIR	1	MO
XERESE	1	MO
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
CAPEX	1	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	1	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	1	MO; QL (100 per 28 days)
clodan	1	MO; QL (236 per 28 days)
desonide	1	MO
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide	1	MO; QL (120 per 30 days)
fluocinonide-e	1	MO; QL (120 per 30 days)
halobetasol propionate topical cream	1	MO
halobetasol propionate topical ointment	1	MO
hydrocortisone butyrate topical lotion	1	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
mometasone topical	1	MO
nolix topical cream	1	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
prednicarbate	1	MO
tovet emollient	1	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	1	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment	1	MO
trianex	1	MO
triderm topical cream	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	1	MO
lindane topical shampoo	1	MO
malathion	1	MO
permethrin topical cream	1	MO
SKLICE	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous	1	MO
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	MO
neomycin-polymyxin b gu	1	MO
ringer's irrigation	1	MO
MISCELLANEOUS AGENTS		
acamprosate	1	MO
acetic acid irrigation	1	MO
anagrelide	1	MO
ARALAST NP	1	MO; LA
caffeine citrate intravenous	1	
caffeine citrate oral	1	MO
CARBAGLU	1	PA; MO; LA
cevimeline	1	MO
CHEMET	1	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
clovique	1	PA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox	1	PA; MO
deferiprone	1	PA; MO
deferoxamine	1	B/D PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	MO
dextrose 25 % in water (d25w)	1	

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

Drug Name	Drug Tier	Requirements /Limits
dextrose 30 % in water (d30w)	1	
dextrose 40 % in water (d40w)	1	
dextrose 5 % in water (d5w)	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose 50 % in water (d50w)	1	MO
dextrose 70 % in water (d70w)	1	MO
disulfiram	1	MO
FERRIPROX	1	PA; MO
FERRIPROX (2 TIMES A DAY)	1	PA
INCRELEX	1	MO; LA
kionex (with sorbitol)	1	MO
lanthanum	1	MO
levocarnitine (with sugar)	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet	1	MO
LOKELMA	1	MO
midodrine	1	MO
nitisinone	1	PA; MO
NORTHERA	1	PA; MO
ORFADIN	1	PA; MO; LA
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	1	LA
PROLASTIN-C INTRAVENOUS SOLUTION	1	MO; LA
RAVICTI	1	PA; MO
REVCOVI	1	PA; MO; LA
riluzole	1	MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
sevelamer carbonate	1	MO
sevelamer hcl	1	MO
sodium benzoate-sod phenylacet	1	
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	1	PA; MO
sodium polystyrene (sorb free)	1	MO
sodium polystyrene sulfonate oral powder	1	MO
SOLIRIS	1	PA; MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
THIOLA	1	MO
THIOLA EC	1	MO
trientine	1	PA; MO
VELTASSA	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
water for irrigation, sterile	1	MO
XIAFLEX	1	PA; MO
XURIDEN	1	MO
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
CHANTIX	1	MO
CHANTIX CONTINUING MONTH BOX	1	MO
CHANTIX STARTING MONTH BOX	1	MO
NICOTROL	1	MO
NICOTROL NS	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
olopatadine nasal	1	MO; QL (30.5 per 30 days)
oralone	1	MO
paroex oral rinse	1	MO
periogard	1	MO
PREVIDENT 5000 BOOSTER PLUS	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	1	MO
ciprofloxacin-dexamethasone	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-hc otic (ear)	1	MO
OTOVEL	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
betamethasone acet,sod phos	1	MO
cortisone	1	MO
decadron oral tablet	1	
dexamethasone	1	MO
dexamethasone intensol	1	MO
dexamethasone sodium phos (pf) injection solution	1	MO
dexamethasone sodium phosphate injection	1	MO
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous recon soln 1,000 mg	1	MO
methylprednisolone sodium succ intravenous recon soln 500 mg	1	
millipred oral tablet	1	B/D PA; MO
prednisolone oral solution 15 mg/5 ml	1	MO
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	B/D PA; MO
prednisone intensol	1	B/D PA; MO
prednisone oral solution	1	MO
prednisone oral tablet	1	B/D PA; MO
prednisone oral tablets,dose pack	1	MO
triamcinolone acetonide injection	1	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		

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

Drug Name	Drug Tier	Requirements /Limits
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ALCOHOL PADS	1	MO
APIDRA SOLOSTAR U-100 INSULIN	1	ST; MO
APIDRA U-100 INSULIN	1	ST; MO
BAQSIMI	1	MO
BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)
CYCLOSET	1	MO; QL (180 per 30 days)
diazoxide	1	MO
DROPLET INSULIN SYR HALF UNIT	1	
DROPLET INSULIN SYRINGE	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	1	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	1	MO
GLUCAGON EMERGENCY KIT (HUMAN)	1	MO
GVOKE HYPOPEN 1-PACK	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE	1	MO
GVOKE PFS 2-PACK SYRINGE	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 INSULN U-100	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INSULIN PEN NEEDLE	1	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	MO
INVOKAMET	1	MO; QL (60 per 30 days)
INVOKAMET XR	1	MO; QL (60 per 30 days)
INVOKANA	1	MO; QL (30 per 30 days)
JANUMET	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
JENTADUETO	1	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	ST; MO; QL (30 per 30 days)
KAZANO	1	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	1	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV U-100 INSULIN	1	MO
metformin oral solution	1	MO; QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
miglitol oral tablet 100 mg	1	MO; QL (90 per 30 days)
miglitol oral tablet 25 mg	1	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; QL (180 per 30 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	1	MO
NESINA	1	ST; MO; QL (30 per 30 days)
NOVOFINE 32	1	MO
NOVOFINE PLUS	1	MO
NOVOLOG FLEXPEN U-100 INSULIN	1	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	1	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG MIX 70-30FLEXPEN U-100	1	ST; MO
NOVOLOG PENFILL U-100 INSULIN	1	ST; MO
NOVOLOG U-100 INSULIN ASPART	1	ST; MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	1	MO
OMNIPOD DASH 5 PACK POD	1	MO
OMNIPOD INSULIN MANAGEMENT	1	MO
OMNIPOD INSULIN REFILL	1	MO
ONGLYZA	1	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	1	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	1	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PROGLYCEM	1	MO
QTERN	1	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
repaglinide-metformin	1	MO; QL (150 per 30 days)
RIOMET	1	MO; QL (765 per 30 days)
RYBELSUS	1	PA; MO
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	1	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	1	MO; QL (120 per 30 days)
SOLIQUA 100/33	1	MO
STEGLATRO	1	MO; QL (30 per 30 days)
SYMLINPEN 120	1	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	1	PA; MO; QL (6 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	1	
TECHLITE INSULIN SYRINGE	1	

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

Drug Name	Drug Tier	Requirements /Limits
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	1	MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	1	
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	ST; MO; QL (30 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	MO
TRUEPLUS PEN NEEDLE	1	MO
TRULICITY	1	PA; MO; QL (2 per 28 days)
V-GO 20	1	MO
V-GO 30	1	MO
V-GO 40	1	MO
VICTOZA 2-PAK	1	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	1	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	1	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
ANDRODERM	1	PA; MO; QL (30 per 30 days)
cabergoline	1	MO
calcitonin (salmon)	1	MO
calcitriol intravenous solution 1 mcg/ml	1	MO
calcitriol oral	1	MO
CERDELGA	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; MO
cinacalcet	1	MO
clomiphene citrate	1	PA; MO
CRYSVITA	1	PA; MO; LA
danazol	1	MO
DDAVP NASAL SOLUTION	1	MO
desmopressin injection	1	MO
desmopressin nasal spray with pump	1	MO
desmopressin nasal spray,non-aerosol	1	MO
desmopressin oral	1	MO
doxercalciferol intravenous	1	
doxercalciferol oral	1	MO
ELAPRASE	1	PA; MO
FABRAZYME	1	PA; MO
KANUMA	1	PA; MO
KORLYM	1	PA; MO
KUVAN	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO
methyltestosterone oral capsule	1	MO
MIACALCIN INJECTION	1	MO
miglustat	1	MO; LA
MYALEPT	1	PA; MO; LA
NAGLAZYME	1	PA; MO; LA
NATPARA	1	PA; MO; LA
oxandrolone	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; LA; QL (60 per 30 days)
pamidronate	1	MO
paricalcitol intravenous solution 2 mcg/ml	1	
paricalcitol intravenous solution 5 mcg/ml	1	MO
paricalcitol oral	1	MO
SAMSCA	1	PA; MO
sapropterin	1	PA; MO
SOMAVERT	1	MO
STIMATE	1	MO
STRENSIQ	1	PA; MO; LA
SYNAREL	1	MO
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA

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

Drug Name	Drug Tier	Requirements /Limits
testosterone enanthate	1	PA; MO
testosterone transdermal gel	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; MO; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
tolvaptan oral tablet 30 mg	1	PA; MO
VIMIZIM	1	PA; MO; LA
zoledronic acid intravenous solution	1	B/D PA; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1	B/D PA; MO
THYROID HORMONES		
euthyrox	1	MO
levo-t	1	
levothyroxine intravenous recon soln	1	MO
levothyroxine oral	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine	1	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection solution 0.4 mg/ml	1	MO
atropine injection syringe 0.05 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	MO
dicyclomine intramuscular	1	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
diphenoxylate-atropine	1	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
glycopyrrolate injection	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
glycopyrrolate oral tablet 1.5 mg	1	
loperamide oral capsule	1	MO
opium tincture	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	1	MO
aprepitant	1	B/D PA; MO
APRISO	1	MO
balsalazide	1	MO
budesonide oral	1	MO
CHENODAL	1	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	1	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
CIMZIA	1	PA; MO
CIMZIA POWDER FOR RECONST	1	PA; MO
CIMZIA STARTER KIT	1	PA; MO
CINVANTI	1	MO
compro	1	MO
constulose	1	MO
CORTIFOAM	1	MO
CREON	1	MO
cromolyn oral	1	MO
CYSTADANE	1	MO
dimenhydrinate injection solution	1	MO
DIPENTUM	1	MO
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol	1	B/D PA; MO
droperidol injection solution	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA; MO
ENTYVIO	1	PA; MO
enulose	1	MO
fosaprepitant	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE-VIAL	1	PA; MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl intravenous	1	MO
granisetron hcl oral	1	B/D PA; MO
hydrocortisone rectal	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
hydrocortisone topical cream with perineal applicator	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO
lactulose oral solution	1	MO
LINZESS	1	MO
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl injection syringe	1	
metoclopramide hcl oral	1	MO
MOVANTIK	1	MO
MOVIPREP	1	MO
OCALIVA	1	PA; MO; LA; QL (30 per 30 days)
ondansetron	1	B/D PA; MO
ondansetron hcl (pf)	1	MO
ondansetron hcl intravenous	1	MO
ondansetron hcl oral solution	1	B/D PA; MO
ondansetron hcl oral tablet 24 mg	1	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
palonosetron intravenous solution 0.25 mg/5 ml	1	MO
palonosetron intravenous syringe	1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
peg3350-sod sul-nacl-kcl-asb-c	1	MO
peg-electrolyte	1	
PENTASA	1	MO
polyethylene glycol 3350 oral powder	1	MO
prochlorperazine	1	MO
prochlorperazine edisylate	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
procto-pak	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
RECTIV	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	1	MO
RELISTOR SUBCUTANEOUS SYRINGE	1	MO
REMICADE	1	PA; MO
SANCUSO	1	MO
scopolamine base	1	MO
SUCRAID	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
sulfasalazine	1	MO
SUPREP BOWEL PREP KIT	1	MO
SYMPROIC	1	MO
trilyte with flavor packets	1	MO
TRULANCE	1	MO
ursodiol	1	MO
VARUBI ORAL	1	B/D PA; MO
VIBERZI	1	MO
VIOKACE	1	MO
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	1	MO
ULCER THERAPY		
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 30 days)
cimetidine	1	MO
cimetidine hcl oral	1	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	1	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	1	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	MO
esomeprazole sodium	1	
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	MO
famotidine intravenous solution	1	MO
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	1	MO
nizatidine	1	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
pantoprazole intravenous	1	MO
pantoprazole oral granules dr for susp in packet	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
sucralfate	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	1	PA; MO
ARCALYST	1	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
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	1	PA; MO
EXTAVIA SUBCUTANEOUS KIT	1	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	1	PA; QL (15 per 28 days)
FULPHILA	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
GRANIX	1	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	1	PA; MO; LA
INTRON A INJECTION	1	B/D PA; MO
LEUKINE INJECTION RECON SOLN	1	PA; MO
MOZOBIL	1	B/D PA; MO
NEULASTA	1	PA; MO
NEULASTA ONPRO	1	PA; MO
NEUPOGEN	1	PA; MO
NORDITROPIN FLEXPRO	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	1	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PROCRIT	1	PA; MO
PROLEUKIN	1	B/D PA; MO
REBIF (WITH ALBUMIN)	1	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	1	PA; MO; QL (4.2 per 180 days)
RETACRIT	1	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	MO
ZARXIO	1	PA; MO
ZIEXTENZO	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	1	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	MO
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
ENGERIX-B (PF)	1	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; MO
fomepizole	1	
GAMASTAN	1	MO
GAMASTAN S/D	1	
GARDASIL 9 (PF)	1	MO
GRASTEK	1	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
HIBERIX (PF)	1	MO
HIZENTRA	1	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	1	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	1	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	1	
HYPERHEP B S-D NEONATAL	1	
HYQVIA	1	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	1	MO
INFANRIX (DTAP) (PF)	1	MO
IPOL	1	MO
IXIARO (PF)	1	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
MENVEO A-C-Y-W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
ODACTRA	1	PA; MO
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PRIVIGEN	1	PA; MO
PROQUAD (PF)	1	MO
QUADRACEL (PF)	1	MO
RABAVERT (PF)	1	MO
RAGWITEK	1	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	1	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D PA
ROTARIX	1	
ROTATEQ VACCINE	1	MO
SHINGRIX (PF)	1	MO
STAMARIL (PF)	1	
TDVAX	1	MO
TENIVAC (PF)	1	MO
TETANUS,DIPHTHERIA TOX PED(PF)	1	MO
TICE BCG	1	B/D PA; MO
TRUMENBA	1	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF)	1	MO
VARIVAX (PF)	1	MO
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
YF-VAX (PF)	1	MO
ZOSTAVAX (PF)	1	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
allopurinol sodium	1	
aloprim	1	
colchicine oral tablet	1	MO
COLCRYS	1	MO
febuxostat	1	MO
KRYSTEXXA	1	MO
MITIGARE	1	MO
probenecid	1	MO
probenecid-colchicine	1	MO
ULORIC	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	1	MO; QL (1286 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
FORTEO	1	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	1	ST; MO; QL (4 per 28 days)
ibandronate intravenous	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	1	PA; MO
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
TERIPARATIDE	1	PA; MO; QL (2.48 per 28 days)
TYMLOS	1	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	1	PA; MO
ACTEMRA ACTPEN	1	PA; MO; QL (4 per 28 days)
BENLYSTA	1	PA; MO
DEPEN TITRATABS	1	MO
ENBREL MINI	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	1	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
HUMIRA PEN	1	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	1	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	1	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
leflunomide	1	MO; QL (30 per 30 days)
ORENCIA	1	PA; MO
ORENCIA (WITH MALTOSE)	1	PA; MO
ORENCIA CLICKJECT	1	PA; MO
OTEZLA	1	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO
penicillamine	1	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	1	MO
RIDAURA	1	MO
RINVOQ	1	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	1	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	MO; QL (55 per 30 days)
SIMPONI	1	PA; MO
SIMPONI ARIA	1	PA; MO
XELJANZ	1	PA; MO; QL (60 per 30 days)
XELJANZ XR	1	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	1	MO
CRINONE VAGINAL GEL 4 %	1	MO
CRINONE VAGINAL GEL 8 %	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
deblitane	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	MO
DEPO-SUBQ PROVERA 104	1	MO
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	1	MO
errin	1	MO
estradiol oral	1	PA; MO
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	PA; MO; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet	1	PA; MO
ESTRING	1	MO
heather	1	MO
hydroxyprogesterone caproate	1	MO
incassia	1	MO
jencycla	1	MO
lyza	1	MO
medroxyprogesterone	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	PA; MO
nora-be	1	MO
norethindrone (contraceptive)	1	MO
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
norlyda	1	MO
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO
PREMPRO	1	MO
progesterone	1	MO
progesterone micronized	1	MO
sharobel	1	MO
tulana	1	MO
yuvafem	1	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	1	MO
clindamycin phosphate vaginal	1	MO
eluryng	1	MO
etonogestrel-ethinyl estradiol	1	MO
metronidazole vaginal	1	MO
miconazole-3 vaginal suppository	1	MO
mifepristone	1	LA

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Drug Name	Drug Tier	Requirements /Limits
MIRENA	1	MO; LA
NEXPLANON	1	MO
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
xulane	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethyst (28)	1	MO
apri	1	MO
aranelle (28)	1	MO
aubra	1	MO
aubra eq	1	MO
aviane	1	MO
azurette (28)	1	MO
bekyree (28)	1	MO
camrese	1	MO
caziant (28)	1	MO
cryselle (28)	1	MO
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
cyred	1	MO
cyred eq	1	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e.estradiol	1	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol	1	MO
elinest	1	MO
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
fayosim	1	MO
femynor	1	MO
gianvi (28)	1	MO
introvale	1	MO
isibloom	1	MO
jasmiel (28)	1	MO
jolessa	1	MO
juleber	1	MO
kalliga	1	
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50	1	MO
kurvelo (28)	1	MO
l norgest/e.estradiol-e.estrad	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
larin fe 1/20 (28)	1	MO
larissia	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad	1	MO
levonorg-eth estrad triphasic	1	MO
levora-28	1	MO
lillow (28)	1	MO
loryna (28)	1	MO
low-ogestrel (28)	1	MO
lo-zumandimine (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
mono-linyah	1	MO
nikki (28)	1	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
norgestimate-ethinyl estradiol	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
orsythia	1	MO
philith	1	MO
pimtrea (28)	1	MO
pirmella	1	MO
portia 28	1	MO
previfem	1	MO
reclipsen (28)	1	MO
setlakin	1	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	1	MO
tarina fe 1/20 (28)	1	MO
tarina fe 1-20 eq (28)	1	MO
tilia fe	1	MO
tri femynor	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-linyah	1	MO
tri-lo-estarylla	1	MO
tri-lo-marzia	1	MO
tri-lo-sprintec	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
tri-previfem (28)	1	MO
tri-sprintec (28)	1	MO
trivora (28)	1	MO
velivet triphasic regimen (28)	1	MO
vienva	1	MO
viorele (28)	1	MO
wera (28)	1	MO
zarah	1	MO
zovia 1/35e (28)	1	MO
zumandimine (28)	1	MO
OXYTOCICS		
methergine	1	PA
methylergonovine injection	1	PA
methylergonovine oral	1	PA; MO
oxytocin injection solution	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac	1	MO
AZASITE	1	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b ophthalmic (eye)	1	MO
BESIVANCE	1	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO
gatifloxacin	1	MO
gentak ophthalmic (eye) ointment	1	MO
gentamicin ophthalmic (eye) drops	1	MO
levofloxacin ophthalmic (eye)	1	MO
moxifloxacin ophthalmic (eye)	1	MO
NATACYN	1	MO
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
neo-polycin	1	MO
ofloxacin ophthalmic (eye)	1	MO
polycin	1	MO
polymyxin b sulf-trimethoprim	1	MO
tobramycin ophthalmic (eye)	1	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
carteolol	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye)	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops	1	MO
azelastine ophthalmic (eye)	1	MO
balanced salt	1	
BEPREVE	1	MO
BLEPHAMIDE	1	MO
BLEPHAMIDE S.O.P.	1	MO
bss	1	MO
cromolyn ophthalmic (eye)	1	MO
CYSTARAN	1	PA; MO
epinastine	1	MO
EYLEA	1	PA; MO
LASTACAFT	1	MO
LUCENTIS	1	PA; MO
olopatadine ophthalmic (eye)	1	MO
OXERVATE	1	PA; MO
PAZEO	1	MO
PHOSPHOLINE IODIDE	1	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
RESTASIS	1	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	1	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye)	1	MO
sulfacetamide-prednisolone	1	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	1	MO
BROMSITE	1	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	1	MO
ketorolac ophthalmic (eye)	1	MO
PROLENSA	1	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide sodium	1	MO
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye)	1	MO
COMBIGAN	1	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
miostat	1	
RHOPRESSA	1	MO
ROCKLATAN	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
SIMBRINZA	1	MO
TRAVATAN Z	1	MO
travoprost	1	MO
ZIOPTAN (PF)	1	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
neo-polycin hc	1	MO
tobramycin-dexamethasone	1	MO
ZYLET	1	MO
STEROIDS		
ALREX	1	MO
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
fluorometholone	1	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	1	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	1	MO
LOTEMAX SM	1	MO
loteprednol etabonate	1	MO
OZURDEX	1	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
apraclonidine	1	MO
brimonidine	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection	1	MO
cetirizine oral solution 1 mg/ml	1	MO
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe	1	MO
diphenhydramine hcl oral elixir	1	PA
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (2 per 30 days)
EPIPEN	1	MO; QL (2 per 30 days)
EPIPEN 2-PAK	1	MO; QL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
EPIPEN JR	1	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	1	MO; QL (2 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
promethazine injection solution	1	MO
promethazine oral	1	PA; MO
SYMJEPI	1	MO; QL (2 per 30 days)
PULMONARY AGENTS		
acetylcysteine	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA
ADVAIR DISKUS	1	MO; QL (60 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	MO; QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization	1	B/D PA; MO
albuterol sulfate oral	1	MO
alyq	1	PA; MO; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA
ANORO ELLIPTA	1	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	1	MO; QL (30 per 30 days)
ASMANEX HFA	1	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
bosentan	1	PA; MO; LA
BREO ELLIPTA	1	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	MO; QL (8 per 30 days)
cromolyn inhalation	1	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	1	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	1	PA; MO
DULERA	1	MO; QL (13 per 30 days)
DYMISTA	1	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	1	MO
ESBRIET ORAL CAPSULE	1	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; MO; QL (90 per 30 days)
FASENRA	1	PA; MO
FASENRA PEN	1	PA; MO
FIRAZYR	1	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	1	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	1	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	1	MO; QL (10.6 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)
fluticasone propionate nasal	1	MO; QL (16 per 30 days)
HAEGARDA	1	PA; MO; LA
icatibant	1	PA; MO
INCRUSE ELLIPTA	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ipratropium bromide inhalation	1	B/D PA; MO
ipratropium-albuterol	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	1	PA; MO; QL (60 per 30 days)
levalbuterol hcl	1	B/D PA; MO
metaproterenol oral syrup	1	MO
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast	1	MO
OFEV	1	PA; MO; QL (60 per 30 days)
OPSUMIT	1	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
PERFOROMIST	1	B/D PA; MO
PROAIR HFA	1	MO; QL (17 per 30 days)
PROAIR RESPICLICK	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME	1	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	1	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	1	MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	PA

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

Drug Name	Drug Tier	Requirements /Limits
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	1	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMBICORT	1	MO; QL (10.2 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (60 per 30 days)
terbutaline	1	MO
THEO-24	1	MO
theophylline oral elixir	1	
theophylline oral solution	1	MO
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr	1	MO
TRIKAFTA	1	PA; MO
TYVASO	1	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	1	B/D PA
TYVASO REFILL KIT	1	B/D PA; MO
TYVASO STARTER KIT	1	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
zafirlukast	1	MO
ZYFLO	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
flavoxate	1	MO
MYRBETRIQ	1	MO
oxybutynin chloride	1	MO
solifenacin	1	MO
tolterodine	1	MO
TOVIAZ	1	MO
trospium	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
silodosin	1	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
alprostadil	1	MO
bethanechol chloride	1	MO
CYSTAGON	1	PA; MO; LA
ELMIRON	1	MO
glycine urologic	1	
glycine urologic solution	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
potassium citrate	1	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	1	MO
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 %	1	
albuminar 25 %	1	MO
alburx (human) 25 %	1	MO
alburx (human) 5 %	1	
albutein 25 %	1	
albutein 5 %	1	
plasbumin 25 %	1	MO
plasbumin 5 %	1	
ELECTROLYTES		
calcium acetate(phosphat bind)	1	MO
calcium chloride	1	
calcium gluconate intravenous	1	MO
effer-k oral tablet, effervescent 25 meq	1	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
klor-con/ef	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
k-tab oral tablet extended release 8 meq	1	MO
lactated ringers intravenous	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
magnesium chloride injection	1	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
magnesium sulfate in water intravenous parenteral solution	1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	1	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	1	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
NORMOSOL-R	1	MO
potassium acetate intravenous solution 2 meq/ml	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride	1	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	MO
potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml	1	MO
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l	1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
ringer's intravenous	1	
sodium acetate	1	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)	1	MO
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)	1	MO
sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 %	1	MO
sodium chloride 5 %	1	MO
sodium chloride intravenous	1	MO
sodium phosphate	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	1	B/D PA
AMINOSYN II 15 %	1	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	1	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
electrolyte-48 in d5w	1	
freamine iii 10 %	1	B/D PA
HEPATAMINE 8%	1	B/D PA
intralipid intravenous emulsion 20 %	1	B/D PA
IONOSOL-MB IN D5W	1	
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
NEPHRAMINE 5.4 %	1	B/D PA
NORMOSOL-R PH 7.4	1	
PLASMA-LYTE 148	1	
PLASMA-LYTE A	1	
plasmanate	1	
plenamine	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
premasol 10 %	1	B/D PA; MO
travasol 10 %	1	B/D PA; MO
TROPHAMINE 10 %	1	B/D PA; MO
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	MO
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	MO
prenatal vitamin oral tablet	1	MO

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If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-833-230-2020 TTY:711.

ARABIC
إذا كان لديك، أو لدى أي شخص تساعده، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-833-230-2020 TTY:711.

AMHARIC
እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-833-230-2020 TTY:711 ይደውሉ።

BURMESE
CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-833-230-2020 TTY:711 ကျေတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE
如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。 如果您需要与一位翻译交谈，请致电 1-833-230-2020 TTY:711。

CUSHITE – OROMO
Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-833-230-2020 TTY:711 tiin bilbilaa.

DUTCH
Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-833-230-2020 TTY:711.

FRENCH (CANADA)
Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-833-230-2020 TTY:711.

GERMAN
Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-833-230-2020 TTY:711 an.

GUJARATI જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ ાંથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મ હહતી મેળિ નો અવિક ર છ. ત ખર્ચ વિન તમ રી ભ ષ મ ાં પ્ર પ્ત કરી શક ર છ. ટ ભ વષ્ર ા ત કરિ મ ટે,આ 1-833-230-2020 TTY:711 પર કોલ કરો.

HINDI
यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-833-230-2020 TTY:711.

ITALIAN
Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-833-230-2020 TTY:711.

JAPANESE
ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます（無償）。通訳をご利用の場合は、1-833-230-2020 TTY:711 にご連絡ください。

KOREAN
귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-833-230-2020 TTY:711.

PENNSYLVANIA DUTCH
Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-833-230-2020 TTY:711 uffrufe.

RUSSIAN
Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-833-230-2020 TTY:711.

SPANISH
Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-833-230-2020 TTY:711.

UKRAINIAN
Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-833-230-2020 TTY:711.

VIETNAMESE
Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-833-230-2020 TTY:711.

Notice of Non-Discrimination

CareSource

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-833-230-2020 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

CareSource

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For more recent information or other questions, please contact CareSource Dual Advantage Member Services at **1-833-230-2020** or TTY **711,** 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – March 31, the same hours seven days a week, or visit **CareSource.com/Medicare**.

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