



Health Net Seniority Plus Employer (HMO)

2020 Classic Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 20448, Version Number 23

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Health Net Seniority Plus Employer (HMO) at 1-800-275-4737 or, for TTY users, 711, from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays, or visit healthnet.com.

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 Health Net of California, Inc. and Health Net Community Solutions, Inc. When it refers to “plan” or “our plan,” it means Health Net Seniority Plus Employer (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2020. 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 Health Net Seniority Plus Employer (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. 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:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, 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 Health Net Seniority Plus Employer (HMO) Formulary?”
- **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 generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - 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 Health Net Seniority Plus Employer (HMO) 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 12/01/2020. 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.

If we make any other negative changes to a drug you are taking, we will notify you via mail. We will also post the changes on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR AGENTS-MISC. - Drugs to Treat Heart and Circulation Conditions”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage

information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us 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, our plan provides one tablet per day per prescription for *simvastatin 40 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 Health Net Seniority Plus Employer (HMO) 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 us.
- 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 Health Net Seniority Plus Employer (HMO) Formulary?

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. 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.

Level of care changes

If you experience a change in your level of care, we will cover a transition supply of your drugs. A level of care change occurs when you are discharged from a hospital or moved to or from a long-term care facility.

- If you move home from a long-term care facility or hospital and need a transition supply, we will cover one 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 30-day supply.
- If you move from home or a hospital to a long-term care facility and need a transition supply, we will cover one 31-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 31-day supply.

For more information

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

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

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

Health Net Seniority Plus Employer (HMO) Formulary

The formulary that begins on page 1 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 Index 1.

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

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

Abbreviations

The abbreviations below may appear in the Requirements/Limits column on the formulary.

Abbreviation	Definition	Description
AL	Age Limit	This drug may require prior authorization if your age does not meet manufacturer, FDA, or clinical recommendations.
B/D	Medicare Part B vs. Part D	This drug may be covered under Medicare Part B or Part 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 Access	This prescription may be available only at certain pharmacies. For more information consult your <i>Provider and Pharmacy Directory</i> or call Member Services from October 1 – March 31, 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. Our contact information appears on the front and back covers. TTY users should call 711.
MO	Mail Order	This drug is available at our mail order pharmacy in addition to other network pharmacies.
NDS	Non-Extended Day Supply	This prescription drug may not be available for an extended day supply. Call Member Services to ask if the drug is available as an extended supply.
NT	Non-TrOOP	Only for some Health Net Seniority Plus Employer (HMO) plans: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits may apply.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit	This drug has a limit on the amount that we will cover. For example, we cover one tablet per day per prescription for <i>simvastatin 40 mg</i> . This may be in addition to a standard one-month or three-month supply limit.

Abbreviation	Definition	Description
RX/OTC	Prescription and Over-the-Counter (OTC)	This drug is available both in a prescription form and in an OTC form. Other than some insulins and insulin supplies, only prescription drugs are covered by our Medicare Part D plans.
SL	Safety Limit	This drug has a maximum daily dose limit for safety supported by the FDA. This means that we will not cover more than the maximum daily dose. For example, the FDA maximum daily dose of <i>ibuprofen</i> is 3200 mg. Therefore, we will only cover four tablets per day for <i>ibuprofen 800 mg</i> .
ST	Step Therapy	<p>This drug requires step therapy. This means that you must first try certain drugs to treat your medical condition before we cover another drug for that condition.</p> <p>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.</p>
*	Additional Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.
+	Additional Gap Coverage	Only for some Health Net Seniority Plus Employer (HMO) plans: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.

Formulary tier descriptions

Prescription drugs are grouped into one of five tiers. To find out which tier your drug is in, look in the Drug Tier column of the formulary that begins on page 1. For more detailed information about your out-of-pocket costs for prescriptions, including any deductible that may apply, please refer to your *Evidence of Coverage* and other plan materials.

The table below shows the standard retail 30-day supply copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage stage) unless otherwise noted:

Tier	Copayment/ Coinsurance	Description
Tier 1 (Preferred Generic Drugs)	Tier 1 copayment	Includes preferred generic drugs.
Tier 2 (Preferred Brand Drugs)	Tier 2 copayment	Includes preferred brand drugs.
Tier 3 (Non-Preferred Drugs)	Tier 3 copayment	Includes non-preferred brand drugs and may include some generic drugs.
Tier 4 (Injectable Drugs)	Tier 4 copayment	Includes injectable drugs that do not meet the CMS cost threshold required to be placed on Tier 5.
Tier 5 (Specialty Tier)	Tier 5 copayment or coinsurance	Includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

Section 1557 Non-Discrimination Language Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number in the chart below and telling them you need help filing a grievance; Health Net's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for 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, DC 20201, 1-800-368-1019 (TTY: 1-800-537-7697).

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

Member Services Telephone Numbers by State Chart

State	Telephone Number and Plan Type
California	1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (all other HMO); (TTY: 711)
Oregon	1-888-445-8913 (HMO and PPO); (TTY: 711)

English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

简体中文(Chinese): 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要, 请拨打上述电话号码。

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

Tagalog (Tagalog): Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

한국어(Korean): 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ

فارسي (Persian): خدمات ترجمه، خدمات های ؛ خدمات کمکی و سایر انواع دیگر به صورت رایگان در اختیار شما قرار می گیرند. برای به دست یابی به این خدمات، لطفاً با شماره تلفن بالا تماس بگیرید.

Русский язык (Russian): Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

日本語 (Japanese): 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

(Arabic) : خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة لك مجاناً. للحصول عليها، العربية يرجى الاتصال بالرقم أعلاه

ਪੰਜਾਬੀ (Panjabi): ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਅਤੇ ਦੂਜੇ ਬਦਲਵੇਂ ਫਾਰਮੇਟ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇਹਨਾਂ ਦੇ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰ ਦਿੱਤੇ ਕੰਢਰਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Mon-Khmer, Cambodian): សេវាកម្មដែលយកាតាសា ជំនួយជំនួយ 10 ភាសាសេវាកម្មនានា និងទម្រង់ ផែលមានជស្ថិតិ៍ សេវាកម្មនានា ផែលសេវាកម្មនានាបានសោយតែតិចឡើង សេវាកម្មនានាបានសេវាកម្មនានា និងទម្រង់ ផែលសេវាកម្មនានា ផែលសេវាកម្មនានាបានសោយតែតិចឡើង

Ntawv Hmoob (Hmong): Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

हिन्दी (Hindi): भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अयि वैकल्पिक प्ला आपके लिए निः शुल्क उल्पबद्ध हैं। इहीं प्राप्त करने के लिए, कृपया उपरोक्त नंबर पर कॉल करें।

ไทย (Thai): การช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ ให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติด

Українська мова (Ukrainian): Вам можуть бути безкоштовно надані послуги з перекладу, допоміжні засоби та послуги, а також матеріали в інших, альтернативних, форматах. Щоб одержати їх, зателефонуйте, будь ласка, за номером телефону, який зазначений вище.

Română (Romanian): Servicii de asistență lingvistică, ajutorare și servicii auxiliare, precum și alte formate alternative vă stau la dispoziție în mod gratuit. Pentru a le obține, apelați numărul de mai sus.

Cushite (Cushite): Tajaajila qarqaarsa afaanii, qarqaarsa deeggarsaa fi tajaajilaa, fi qarqaarsi akkaataa biroo bilisaan siif laatama. Tajaajila kanniin argachuuf maaloo lakkoofsa asii olii bilbili.

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

Français (French) : Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine-dextroamphetamine cp24</i>	1	MO; *
<i>amphetamine-dextroamphetamine tabs</i>	1	MO; *
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg</i>	1	MO; *
<i>dextroamphetamine sulfate tabs 2.5 mg, 7.5 mg, 10 mg, 5 mg</i>	1	MO; *
VYVANSE CAPS 10 MG	3	SL(7 ea daily); MO; +
VYVANSE CAPS 20 MG	3	SL(3.5 ea daily); MO; +
VYVANSE CAPS 30 MG	3	SL(2.33 ea daily); MO; +
VYVANSE CAPS 40 MG	3	SL(1.75 ea daily); MO; +
VYVANSE CAPS 50 MG	3	SL(1.4 ea daily); MO; +
VYVANSE CAPS 60 MG	3	SL(1.16 ea daily); MO; +
VYVANSE CAPS 70 MG	3	SL(1 ea daily); MO; +
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg</i>	1	SL(10 ea daily); MO; *
<i>atomoxetine hcl caps 100 mg</i>	1	SL(1 ea daily); MO; *
<i>atomoxetine hcl caps 18 mg</i>	1	SL(5.55 ea daily); MO; *
<i>atomoxetine hcl caps 25 mg</i>	1	SL(4 ea daily); MO; *
<i>atomoxetine hcl caps 40 mg</i>	1	SL(2.5 ea daily); MO; *
<i>atomoxetine hcl caps 60 mg</i>	1	SL(1.66 ea daily); MO; *
<i>atomoxetine hcl caps 80 mg</i>	1	SL(1.25 ea daily); MO; *
<i>guanfacine hcl (adhd) tb24</i>	1	AL(Up to 64 yrs old); MO; *
Dopamine and Norepinephrine Reuptake		

Drug Name	Drug Tier	Requirements/Limits
SUNOSI TABS 150 MG	3	PA; SL(1 ea daily); MO; +
SUNOSI TABS 75 MG	3	PA; SL(2 ea daily); MO; +
Histamine H3-Receptor Antagonist/Inverse		
WAKIX TABS	5	PA; NDS; +
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; MO; *
DAYTRANA PTCH	3	MO; +
<i>dexamethylphenidate hcl cp24 10 mg</i>	1	SL(4 ea daily); MO; *
<i>dexamethylphenidate hcl cp24 15 mg</i>	1	SL(2.66 ea daily); MO; *
<i>dexamethylphenidate hcl cp24 20 mg</i>	1	SL(2 ea daily); MO; *
<i>dexamethylphenidate hcl cp24 25 mg</i>	1	SL(1.6 ea daily); MO; *
<i>dexamethylphenidate hcl cp24 30 mg</i>	1	SL(1.33 ea daily); MO; *
<i>dexamethylphenidate hcl cp24 35 mg</i>	1	SL(1.14 ea daily); MO; *
<i>dexamethylphenidate hcl cp24 40 mg</i>	1	SL(1 ea daily); MO; *
<i>dexamethylphenidate hcl cp24 5 mg</i>	1	SL(8 ea daily); MO; *
<i>dexamethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	MO; *
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO; *
<i>methylphenidate hcl cpcr 20 mg</i>	1	QL(2 ea daily); MO; *
<i>methylphenidate hcl cpcr 30 mg</i>	1	MO; *
<i>methylphenidate hcl cpcr 40 mg, 10 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); MO; *
<i>methylphenidate hcl tabs 20 mg, 10 mg, 5 mg</i>	1	QL(3 ea daily); MO; *
<i>methylphenidate hcl tb24 18 mg, 27 mg, 36 mg, 54 mg</i>	1	Non-Osmotic Release; *

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

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg, 54 mg	1	MO; *
methylphenidate hcl tbcr 20 mg	1	QL(3 ea daily); MO; *
modafinil tabs 100 mg	1	PA; MO; *
modafinil tabs 200 mg	1	PA; QL(1 ea daily); MO; *
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	3	PA; MO; +
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate soln	4	MO; +
ARIKAYCE SUSP	5	PA; NDS; MO; +
BETHKIS NEBU (tobramycin)	5	B/D; NDS; +
gentamicin in saline soln 0.9 %-1 mg/ml	4	+
gentamicin sulfate soln	4	MO; +
neomycin sulfate tabs	1	MO; *
paromomycin sulfate caps	1	MO; *
TOBI PODHALER CAPS	5	NDS; +
tobramycin nebu 300 mg/4ml	5	B/D; NDS; +
tobramycin nebu 300 mg/5ml	1	B/D; *
tobramycin sulfate soln 1.2 gm/30ml, 80 mg/2ml	4	MO; +
tobramycin sulfate solr 1.2 gm	4	+
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; NDS; +
HUMIRA PEN PNKT	5	PA; NDS; +
HUMIRA PEN-CD/UC/HS STARTER PNKT	5	PA; NDS; +
HUMIRA PEN-PS/UV STARTER PNKT	5	PA; NDS; +
HUMIRA PSKT	5	PA; NDS; +
SIMPONI ARIA SOLN	5	PA; NDS; +
SIMPONI SOAJ	5	PA; NDS; +
SIMPONI SOSY	5	PA; NDS; +
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS	5	PA; NDS; +
RINVOQ TB24	5	PA; NDS; +
XELJANZ TABS	5	PA; NDS; +
XELJANZ XR TB24	5	PA; NDS; +
Antirheumatic Antimetabolites		
OTREXUP SOAJ	4	PA; +
RASUVO SOAJ	4	PA; +
Gold Compounds		
RIDAURA CAPS	5	NDS; MO; +
Interleukin-1 Blockers		
ARCALYST SOLR	5	NDS; LA; +
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	5	PA; NDS; MO; +
Interleukin-1beta Blockers		
ILARIS SOLN	5	PA; NDS; LA; +
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOSY	5	PA; NDS; +	<i>ketorolac tromethamine tabs or 10 mg</i>	1	AL(Up to 64 yrs old); MO; *
KEVZARA SOAJ	5	PA; NDS; +	<i>meclofenamate sodium caps 100 mg</i>	1	MO; *
KEVZARA SOSY	5	PA; NDS; +	<i>mefenamic acid caps</i>	1	MO; *
Nonsteroidal Anti-inflammatory Agents (NSAIDs)					
<i>celecoxib caps</i>	1	MO; *	<i>meloxicam tabs</i>	1	MO; *
<i>diclofenac potassium tabs</i>	1	MO; *	<i>nabumetone tabs</i>	1	MO; *
<i>diclofenac sodium tb24</i>	1	MO; *	NAPRELAN TB24 750 MG	3	MO; +
<i>diclofenac sodium tbec</i>	1	MO; *	<i>naproxen sodium tabs</i>	1	MO; *
<i>diclofenac w/ misoprostol tbec</i>	1	MO; *	<i>naproxen sodium tb24</i>	1	MO; *
DUEXIS TABS	5	PA; NDS; MO; +	<i>naproxen tabs 375 mg, 500 mg, 250 mg</i>	1	MO; *
<i>etodolac caps</i>	1	MO; *	<i>naproxen tbec 375 mg, 500 mg</i>	1	MO; *
<i>etodolac tabs</i>	1	MO; *	<i>naproxen-esomeprazole magnesium tbec</i>	5	PA; NDS; MO; +
<i>etodolac tb24</i>	1	MO; *	<i>oxaprozin tabs</i>	1	MO; *
<i>flurbiprofen tabs 100 mg</i>	1	MO; *	<i>piroxicam caps</i>	1	MO; *
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC; MO; *	<i>sulindac tabs</i>	1	MO; *
<i>ibuprofen tabs 400 mg</i>	1	SL(8 ea daily); MO; *	<i>tolmetin sodium caps 400 mg</i>	1	MO; *
<i>ibuprofen tabs 600 mg</i>	1	SL(5.33 ea daily); MO; *	VIMOVO TBEC (<i>naproxen-esomeprazole magnesium</i>)	5	PA; NDS; MO; +
<i>ibuprofen tabs 800 mg</i>	1	SL(4 ea daily); MO; *	ZIPSOR CAPS	3	MO; +
INDOCIN SUSP OR 25 MG/5ML	3	AL(Up to 64 yrs old); MO; +	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>indomethacin caps 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *	OTEZLA TABS	5	PA; NDS; +
<i>indomethacin cpccr 75 mg</i>	1	AL(Up to 64 yrs old); MO; *	OTEZLA TBPK	5	PA; NDS; +
<i>ketoprofen cp24 200 mg</i>	1	MO; *	Pyrimidine Synthesis Inhibitors		
<i>ketorolac tromethamine soln jj 15 mg/ml, 30 mg/ml</i>	4	AL(Up to 64 yrs old); MO; +	<i>leflunomide tabs</i>	1	MO; *
<i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i>	4	AL(Up to 64 yrs old); MO; +	Selective Costimulation Modulators		
			ORENCIA CLICKJECT SOAJ	5	PA; NDS; +
			ORENCIA SOLR	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORENCIA SOSY	5	PA; NDS; +	fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	Limit 10 patches per month; QL(0.34 ea daily); MO; *
Soluble Tumor Necrosis Factor Receptor Agents					
ENBREL MINI SOCT	5	PA; NDS; +	FENTORA TABS 100 MCG (fentanyl citrate)	5	PA; NDS; QL(16 ea daily); MO; +
ENBREL SOLN	5	PA; NDS; +	FENTORA TABS 200 MCG (fentanyl citrate)	5	PA; NDS; QL(8 ea daily); MO; +
ENBREL SOLR	5	PA; NDS; +	FENTORA TABS 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	5	PA; NDS; QL(4 ea daily); MO; +
ENBREL SOSY	5	PA; NDS; +	hydrocodone bitartrate cp12 10 mg, 15 mg	1	PA; QL(3 ea daily); MO; *
ENBREL SURECLICK SOAJ	5	PA; NDS; +	hydrocodone bitartrate cp12 20 mg, 30 mg, 40 mg, 50 mg	1	PA; QL(2 ea daily); MO; *
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Salicylates					
diflunisal tabs	1	MO; *	hydromorphone hcl liqd or 1 mg/ml	1	QL(50 ml daily); MO; *
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
ABSTRAL SUBL 100 MCG	3	PA; QL(16 ea daily); +	hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml	4	+
ABSTRAL SUBL 200 MCG	5	PA; NDS; QL(8 ea daily); +	hydromorphone hcl soln ij 2 mg/ml	4	Preservative Free; +
codeine sulfate tabs 30 mg	1	SL(12 ea daily); MO; *	hydromorphone hcl soln ij 4 mg/ml, 1 mg/ml, 2 mg/ml	4	MO; +
codeine sulfate tabs 60 mg	1	SL(6 ea daily); MO; *	hydromorphone hcl tabs or 2 mg, 4 mg	1	QL(9 ea daily); MO; *
fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; NDS; QL(4 ea daily); MO; +	hydromorphone hcl tabs or 8 mg	1	QL(6.25 ea daily); MO; *
fentanyl citrate lpop bu 200 mcg	5	PA; NDS; QL(8 ea daily); MO; +	hydromorphone hcl tb24 or 12 mg	1	QL(4.17 ea daily); *
fentanyl citrate tabs bu 100 mcg	5	PA; NDS; QL(16 ea daily); MO; +	hydromorphone hcl tb24 or 16 mg	1	QL(3.14 ea daily); *
fentanyl citrate tabs bu 200 mcg	5	PA; NDS; QL(8 ea daily); MO; +	hydromorphone hcl tb24 or 32 mg	1	QL(1.57 ea daily); *
fentanyl citrate tabs bu 400 mcg, 600 mcg, 800 mcg	5	PA; NDS; QL(4 ea daily); MO; +	hydromorphone hcl tb24 or 8 mg	1	QL(6.27 ea daily); *
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (hydromorphone hcl)					
HYSINGLA ER T24A 100 MG, 120 MG, 80 MG					
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG					

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KADIAN CP24 200 MG	3	PA; QL(2 ea daily); MO; +	<i>morphine sulfate soln ij 0.5 mg/ml</i>	4	+
LAZANDA SOLN 100 MCG/ACT	5	PA; NDS;QL(1 ea daily); MO; +	<i>morphine sulfate soln ij 1 mg/ml</i>	4	MO; +
LAZANDA SOLN 300 MCG/ACT	5	PA; NDS; Limit 15 boxes per month ;QL(0.5 ea daily); MO; +	<i>morphine sulfate soln or 10 mg/5ml</i>	1	QL(100 ml daily); MO; *
LAZANDA SOLN 400 MCG/ACT	5	PA; NDS; Limit 8 bottles per month;QL(0.27 ea daily); MO; +	<i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i>	1	QL(10 ml daily); MO; *
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(6.67 ml daily); MO; *	<i>morphine sulfate soln or 20 mg/5ml</i>	1	QL(50 ml daily); MO; *
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(33.34 ml daily); MO; *	<i>morphine sulfate tabs or 15 mg</i>	1	QL(13.34 ea daily); MO; *
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(15 ml daily); MO; *	<i>morphine sulfate tabs or 30 mg</i>	1	QL(6.67 ea daily); MO; *
<i>methadone hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily); MO; *	<i>morphine sulfate tbcr or 100 mg, 200 mg</i>	1	QL(2 ea daily); MO; *
<i>morphine sulfate beads cp24 120 mg</i>	1	QL(1.67 ea daily); MO; *	<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg</i>	1	QL(3 ea daily); MO; *
<i>morphine sulfate beads cp24 30 mg</i>	1	QL(6.67 ea daily); MO; *	NUCYNTA ER TB12 100 MG	2	QL(6.67 ea daily); MO; +
<i>morphine sulfate beads cp24 45 mg</i>	1	QL(4.44 ea daily); MO; *	NUCYNTA ER TB12 150 MG	2	QL(4.44 ea daily); MO; +
<i>morphine sulfate beads cp24 60 mg</i>	1	QL(3.34 ea daily); MO; *	NUCYNTA ER TB12 200 MG	2	QL(3.34 ea daily); MO; +
<i>morphine sulfate beads cp24 75 mg</i>	1	QL(2.67 ea daily); MO; *	NUCYNTA ER TB12 250 MG	2	QL(2 ea daily); MO; +
<i>morphine sulfate beads cp24 90 mg</i>	1	QL(2.24 ea daily); MO; *	NUCYNTA ER TB12 50 MG	2	QL(13.34 ea daily); MO; +
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg</i>	1	QL(3 ea daily); MO; *	NUCYNTA TABS 100 MG	3	QL(6.67 ea daily); MO; +
<i>morphine sulfate cp24 or 100 mg</i>	5	NDS;QL(2 ea daily); MO; +	NUCYNTA TABS 50 MG	3	QL(13.34 ea daily); MO; +
<i>morphine sulfate cp24 or 40 mg</i>	1	PA; QL(3 ea daily); MO; *	NUCYNTA TABS 75 MG	3	QL(8.88 ea daily); MO; +
<i>morphine sulfate cp24 or 60 mg</i>	1	QL(3.34 ea daily); MO; *	<i>oxycodone hcl caps 5 mg</i>	1	QL(6 ea daily); MO; *
<i>morphine sulfate cp24 or 80 mg</i>	1	QL(2.5 ea daily); MO; *	<i>oxycodone hcl conc 100 mg/5ml</i>	1	QL(6 ml daily); MO; *
			<i>oxycodone hcl tabs 10 mg, 20 mg, 15 mg, 5 mg</i>	1	QL(6 ea daily); MO; *
			<i>oxycodone hcl tabs 30 mg</i>	1	QL(4.44 ea daily); MO; *
			<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	QL(6 ea daily); MO; *
			<i>oxymorphone hcl tb12 10 mg</i>	1	QL(3 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl tb12 15 mg	1	QL(4.44 ea daily); MO; *
oxymorphone hcl tb12 20 mg	1	QL(3.34 ea daily); MO; *
oxymorphone hcl tb12 30 mg	1	QL(2.22 ea daily); MO; *
oxymorphone hcl tb12 40 mg	1	QL(2 ea daily); MO; *
oxymorphone hcl tb12 5 mg	1	QL(13.34 ea daily); MO; *
oxymorphone hcl tb12 7.5 mg	1	QL(8.89 ea daily); MO; *
SUBSYS LIQD 100 MCG	5	PA; NDS; QL(16 ea daily); MO; +
SUBSYS LIQD 1200 MCG	5	PA; NDS; QL(2 ea daily); +
SUBSYS LIQD 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL(4 ea daily); MO; +
SUBSYS LIQD 200 MCG	5	PA; NDS; QL(8 ea daily); MO; +
tramadol hcl tabs 50 mg	1	SL(8 ea daily); MO; *
tramadol hcl tb24 100 mg	1	SL(3 ea daily); MO; *
tramadol hcl tb24 200 mg	1	SL(1.5 ea daily); MO; *
tramadol hcl tb24 300 mg	1	SL(1 ea daily); MO; *
Opioid Combinations		
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml	1	Limit 4500mls per month; SL(150 ml daily); MO; *
acetaminophen w/ codeine tabs 15 mg-300 mg	1	SL(13.3 ea daily); MO; *
acetaminophen w/ codeine tabs 30 mg-300 mg	1	SL(12 ea daily); MO; *
acetaminophen w/ codeine tabs 300 mg-60 mg	1	SL(6 ea daily); MO; *
butilbital-acetaminophen-caffeine w/ codeine caps	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
butalbital-aspirin-caffeine w/cod caps	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *
hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml	1	Limit 5535mls per month; SL(184.5 ml daily); MO; *
hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg	1	SL(13.3 ea daily); MO; *
hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg	1	SL(12.3 ea daily); MO; *
hydrocodone-ibuprofen tabs 200 mg-7.5 mg, 10 mg-200 mg, 200 mg-5 mg	1	QL(5 ea daily); MO; *
oxycodone w/ acetaminophen tabs	1	SL(12.3 ea daily); MO; *
oxycodone-aspirin tabs	1	SL(12.3 ea daily); MO; *
tramadol-acetaminophen tabs	1	SL(8 ea daily); MO; *
Opioid Partial Agonists		
BUNAVAIL FILM 0.3 MG-2.1 MG	3	QL(4 ea daily); +
BUNAVAIL FILM 0.7 MG-4.2 MG	3	QL(2 ea daily); +
BUNAVAIL FILM 1 MG-6.3 MG	3	QL(2 ea daily); MO; +
buprenorphine hcl subl sl 2 mg, 8 mg	1	QL(3 ea daily); MO; *
buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg	1	QL(3 ea daily); MO; *
buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg	1	QL(2 ea daily); MO; *
buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg	1	QL(3 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
buprenorphine ptwk 10 mcg/hr	1	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; *
buprenorphine ptwk 15 mcg/hr	1	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; *
buprenorphine ptwk 20 mcg/hr	1	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; *
buprenorphine ptwk 5 mcg/hr	1	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; *
buprenorphine ptwk 7.5 mcg/hr	1	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; *
BUTORPHANOL TARTRATE SOLN IJ 2 MG/ML	4	MO; +
butorphanol tartrate soln ij 2 mg/ml	4	MO; +
butorphanol tartrate soln na 10 mg/ml	1	Limit 210mls per month;QL(7 ml daily); MO; *
BUTRANS PTWK 7.5 MCG/HR (buprenorphine)	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	3	QL(3 ea daily); MO; +
ZUBSOLV SUBL 11.4 MG-2.9 MG	3	QL(1 ea daily); MO; +
ZUBSOLV SUBL 2.1 MG-8.6 MG	3	QL(2 ea daily); MO; +
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	5	NDS;MO; +
oxandrolone tabs 10 mg	5	NDS;MO; +

Drug Name	Drug Tier	Requirements/Limits
oxandrolone tabs 2.5 mg	1	MO; *
Androgens		
AVEED SOLN	3	LA; +
danazol caps	1	MO; *
methyltestosterone caps	1	MO; *
testosterone cypionate soln im 100 mg/ml, 200 mg/ml	4	MO; +
testosterone enanthate soln im	4	MO; +
testosterone gel td 1.62 %, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 1 %, 1 %, 50 mg/5gm	1	MO; *
testosterone soln td 30 mg/act	1	MO; *
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTIFOAM FOAM	3	MO; +
hydrocortisone (intrarectal) enem	1	MO; *
UCERIS FOAM RE 2 MG/ACT	3	MO; +
Rectal Steroids		
hydrocortisone (rectal) crea	1	MO; *
Vasodilating Agents		
RECTIV OINT	3	MO; +
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole tabs	1	MO; *
ivermectin tabs	1	MO; *
praziquantel tabs	1	MO; *
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents - Misc.					
IMPAVIDO CAPS	5	NDS;MO; +	<i>imipenem-cilastatin solr</i> 250 mg-250 mg, 500 mg-500 mg	1	MO; *
<i>metronidazole caps or 375 mg</i>	1	SL(10.6 ea daily); MO; *	<i>meropenem solr</i> 1 gm	4	MO; +
<i>metronidazole in nacl soln 0.79 %-5 mg/ml, 0.79 %-500 mg/100ml</i>	4	+	<i>meropenem solr</i> 500 mg	1	*
<i>metronidazole tabs or 250 mg</i>	1	SL(16 ea daily); MO; *	VABOMERE SOLR	4	+
<i>metronidazole tabs or 500 mg</i>	1	SL(8 ea daily); MO; *	Chloramphenicols		
<i>pentamidine isethionate solr ij</i>	4	MO; +	<i>chloramphenicol sodium succinate solr</i>	4	+
<i>pentamidine isethionate solr in</i>	1	B/D; MO; *	Cyclic Lipopeptides		
<i>tinidazole tabs</i>	1	MO; *	<i>daptomycin solr</i> 500 mg	5	NDS;MO; +
<i>trimethoprim tabs</i>	1	MO; *	Glycopeptides		
<i>vancomycin hcl solr iv 1000 mg</i>	4	+	DALVANCE SOLR	5	NDS; +
XIFAXAN TABS 200 MG	5	NDS;MO; +	FIRVANQ SOLR 25 MG/ML	3	+
XIFAXAN TABS 550 MG	5	NDS;QL(3 ea daily); MO; +	FIRVANQ SOLR 50 MG/ML	3	MO; +
Anti-infective Misc. - Combinations					
<i>sulfamethoxazole-trimethoprim soln iv 400 mg/5ml-80 mg/5ml</i>	4	MO; +	ORBACTIV SOLR	5	NDS;MO; +
<i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml</i>	1	MO; *	<i>vancomycin hcl caps or 125 mg</i>	3	PA; MO; +
<i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 400 mg-80 mg</i>	1	MO; *	<i>vancomycin hcl caps or 250 mg</i>	5	PA; NDS;MO; +
Antiprotozoal Agents			<i>vancomycin hcl solr iv 5 gm, 10 gm, 750 mg, 1 gm, 1000 mg</i>	4	+
ALINIA TABS 500 MG	3	MO; +	<i>vancomycin hcl solr iv 500 mg</i>	4	MO; +
<i>atovaquone susp</i>	5	NDS;MO; +	VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	3	MO; +
Carbapenems			VANCOMYCIN HYDROCHLORIDE/DEXT ROSE SOLN 1 GM/200ML-5 %, 5 %-500 MG/100ML, 5 %-750 MG/150ML	4	+
<i>ertapenem sodium solr</i>	4	MO; +	Leprostatics		
<i>dapsone tabs or 100 mg, 25 mg</i>			<i>dapsone tabs or 100 mg, 25 mg</i>	1	MO; *
Lincosamides					

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl caps</i>	1	MO; *
<i>clindamycin palmitate hydrochloride soln</i>	1	MO; *
<i>clindamycin phosphate in d5w soln</i>	4	+
<i>clindamycin phosphate soln ij 300 mg/2ml, 9 gm/60ml, 9000 mg/60ml</i>	4	+
<i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i>	4	MO; +
<i>clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	+
<i>lincomycin hcl soln</i>	4	MO; +
Monobactams		
<i>aztreonam soln</i>	4	MO; +
<i>CAYSTON SOLR</i>	5	PA; NDS;LA; +
Oxazolidinones		
<i>linezolid in sodium chloride soln</i>	5	NDS; +
<i>linezolid soln iv 600 mg/300ml</i>	5	NDS; +
<i>linezolid susr or 100 mg/5ml</i>	5	NDS;MO; +
<i>linezolid tabs or 600 mg</i>	1	MO; *
<i>SIVEXTRO SOLR IV</i>	5	NDS; +
<i>SIVEXTRO TABS OR</i>	5	NDS;MO; +
<i>ZYVOX SOLN IV 200 MG/100ML</i>	5	NDS; +
Pleuromutilins		
<i>XENLETA TABS OR 600 MG</i>	5	PA; NDS;MO; +
Polymyxins		
<i>colistimethate sodium soln</i>	4	MO; +
<i>polymyxin b sulfate soln</i>	4	+
Streptogramins		

Drug Name	Drug Tier	Requirements/Limits
<i>SYNERCID SOLR</i>	4	+
Urinary Anti-infectives		
<i>methenamine hippurate tabs</i>	1	MO; *
<i>nitrofurantoin macrocrystal caps</i>	1	MO; *
<i>nitrofurantoin monohyd macro caps</i>	1	MO; *
<i>nitrofurantoin susp</i>	1	MO; *
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine tb12</i>	1	MO; *
Nitrates		
<i>DILATRATE SR CPCR</i>	3	MO; +
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1	MO; *
<i>isosorbide dinitrate tabs 40 mg</i>	5	NDS;MO; +
<i>isosorbide mononitrate tabs</i>	1	MO; *
<i>isosorbide mononitrate tb24</i>	1	MO; *
<i>NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR</i>	3	MO; +
<i>nitroglycerin oint td 2 %</i>	1	MO; *
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; *
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	MO; *
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO; *
<i>NITROSTAT SUBL (nitroglycerin)</i>	2	MO; +
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
hydroxyzine hcl soln im 50 mg/ml	4	AL(Up to 64 yrs old); MO; +	mexiletine hcl caps	1	MO; *	
hydroxyzine hcl syrup or 10 mg/5ml	1	AL(Up to 64 yrs old); MO; *	Antiarrhythmics Type I-C			
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	1	AL(Up to 64 yrs old); MO; *	flecainide acetate tabs 100 mg	1	SL(4 ea daily); MO; *	
hydroxyzine pamoate caps 25 mg, 50 mg	1	AL(Up to 64 yrs old); MO; *	flecainide acetate tabs 150 mg	1	SL(2.66 ea daily); MO; *	
meprobamate tabs	1	AL(Up to 64 yrs old); MO; *	flecainide acetate tabs 50 mg	1	SL(8 ea daily); MO; *	
Benzodiazepines			propafenone hcl cp12	1	MO; *	
alprazolam tabs	1	MO; *	propafenone hcl tabs	1	MO; *	
alprazolam tb24	1	MO; *	Antiarrhythmics Type III			
alprazolam tbdp	1	MO; *	amiodarone hcl tabs or 100 mg, 200 mg, 400 mg	1	MO; *	
clorazepate dipotassium tabs	1	MO; *	dofetilide caps	1	*	
diazepam conc or 5 mg/ml	1	MO; *	MULTAQ TABS	2	MO; +	
diazepam soln ij 5 mg/ml, 50 mg/10ml	1	MO; *	ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			
diazepam soln or 5 mg/5ml	1	MO; *	Anti-Inflammatory Agents			
diazepam tabs or 10 mg, 2 mg, 5 mg	1	MO; *	cromolyn sodium nebu	1	B/D; MO; *	
lorazepam conc	1	MO; *	Antiasthmatic - Monoclonal Antibodies			
lorazepam soln	1	MO; *	CINQAIR SOLN	5	PA; NDS;LA; +	
lorazepam tabs	1	MO; *	FASENRA SOSY	5	PA; NDS; +	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			NUCALA SOLR 100 MG	5	PA; NDS;LA; +	
Antiarrhythmics Type I-A			XOLAIR SOLR	5	PA; NDS;LA; +	
disopyramide phosphate caps	1	AL(Up to 64 yrs old); MO; *	XOLAIR SOSY	5	PA; NDS;LA; +	
NORPACE CR CP12	3	AL(Up to 64 yrs old); MO; +	Bronchodilators - Anticholinergics			
quinidine gluconate tbcr or 324 mg	1	MO; *	ATROVENT HFA AERS	3	Limit 2 inhalers per month;QL(0.86 gm daily); MO; +	
quinidine sulfate tabs	1	MO; *	INCRUSE ELLIPTA AEPB	2	QL(1 ea daily); MO; +	
Antiarrhythmics Type I-B			ipratropium bromide soln	1	B/D; MO; *	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily); MO; +	ASMANEX HFA AERO 50 MCG/ACT	2	Limit 4 inhalers per month; SL(1.74 gm daily); MO; +
SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; +	ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month; SL(0.04 ea daily); MO; +
TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month (60 actuations); QL(0.04 ea daily); MO; +	ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 8 inhalers per month; SL(0.29 ea daily); MO; +
TUDORZA PRESSAIR AEPB	2	Limit 2 inhalers per month (30 actuations); QL(0.07 ea daily); MO; +	ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	2	Limit 8 inhalers per month; SL(0.27 ea daily); MO; +
Leukotriene Modulators			ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH		
montelukast sodium chew 4 mg, 5 mg	1	QL(1 ea daily); MO; *	ASMANEX TWISTHALER 60 METERED DOSES AEPB		
montelukast sodium tabs 10 mg	1	QL(1 ea daily); MO; *	ASMANEX TWISTHALER 7 METERED DOSES AEPB		
zafirlukast tabs	1	MO; *	budesonide (inhalation) susp 0.25 mg/2ml		
zileuton tb12	5	NDS; SL(4 ea daily); MO; +	budesonide (inhalation) susp 0.5 mg/2ml		
Selective Phosphodiesterase 4 (PDE4) Inhibitors			budesonide (inhalation) susp 1 mg/2ml		
DALIRESP TABS	3	QL(1 ea daily); MO; +	FLOVENT DISKUS AEPB 100 MCG/BLIST		
Steroid Inhalants			FLOVENT DISKUS AEPB 250 MCG/BLIST		
ALVESCO AERS 160 MCG/ACT	3	SL(0.41 gm daily); MO; +	FLOVENT DISKUS AEPB 50 MCG/BLIST		
ALVESCO AERS 80 MCG/ACT	3	SL(0.82 gm daily); MO; +			
ARNURITY ELLIPTA AEPB	2	SL(1 ea daily); MO; +			
ASMANEX HFA AERO 100 MCG/ACT	2	Limit 2 inhalers per month; SL(0.87 gm daily); MO; +			
ASMANEX HFA AERO 200 MCG/ACT	2	Limit 1 inhaler per month; SL(0.44 gm daily); MO; +			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month;QL(0.8 gm daily); MO; +	COMBIVENT RESPIMAT AERS	3	Limit 3 inhalers per 2 months;SL(0.2 gm daily); MO; +
FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily); MO; +	DULERA AERO 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(4 gm daily); MO; +
PULMICORT FLEXHALER AEPB 180 MCG/ACT	3	Limit 2 inhalers per month;QL(0.07 ea daily); MO; +	DULERA AERO 5 MCG/ACT-50 MCG/ACT	2	Limit 1 inhaler per month;SL(0.44 gm daily); MO; +
PULMICORT FLEXHALER AEPB 90 MCG/ACT	3	Limit 8 inhalers per month;QL(0.27 ea daily); MO; +	<i>fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	1	QL(2 ea daily); MO; *
Sympathomimetics			<i>ipratropium-albuterol soln</i>	1	B/D; MO; *
ADVAIR HFA AERO	2	QL(4 gm daily); MO; +	<i>levalbuterol hcl nebu</i>	1	B/D; MO; *
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml, 0.5 %, 2.5 mg/0.5ml</i>	1	B/D; MO; *	<i>levalbuterol tartrate aero</i>	3	MO; +
<i>albuterol sulfate syrup or 2 mg/5ml</i>	1	MO; *	PERFOROMIST NEBU	3	B/D; QL(4 ml daily); MO; +
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	MO; *	PROAIR HFA AERS (<i>albuterol sulfate</i>)	2	MO; +
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	MO; *	PROAIR RESPICLICK AEPB	2	MO; +
ANORO ELLIPTA AEPB	2	QL(2 ea daily); MO; +	PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	2	MO; +
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily); MO; +	SEREVENT DISKUS AEPB	2	QL(2 ea daily); MO; +
BREO ELLIPTA AEPB 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	2	Limit 1 inhaler per month;SL(2 ea daily); MO; +	STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;SL(0.14 gm daily); MO; +
BREO ELLIPTA AEPB 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	2	Limit 2 inhalers per month (Institutional Pack);SL(2 ea daily); MO; +	STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO; +
BROVANA NEBU	3	B/D; MO; +			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AERO 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 2 inhalers per month (Institutional Pack);QL(0.4 gm daily); MO; +	ELIQUIS STARTER PACK TBPK	3	+
SYMBICORT AERO 160 MCG/ACT-4.5 MCG/ACT, 4.5 MCG/ACT-80 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 1 inhaler per month;QL(0.34 gm daily); MO; +	ELIQUIS TABS	3	MO; +
SYMBICORT AERO 4.5 MCG/ACT-80 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 2 inhalers per month (Institutional Pack);QL(0.46 gm daily); MO; +	SAVAYSA TABS	3	MO; +
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	1	MO; *	XARELTO STARTER PACK TBPK	2	MO; +
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH	2	MO; +	XARELTO TABS	2	MO; +
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	3	MO; +	Heparins And Heparinoid-Like Agents		
Xanthines			<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	MO; +
<i>aminophylline soln</i>	4	+	<i>enoxaparin sodium soln sc 100 mg/ml, 120 mg/0.8ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	MO; *
<i>theophylline tb12 300 mg, 450 mg</i>	1	MO; *	<i>enoxaparin sodium soln sc 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml</i>	4	MO; +
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; *	<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	MO; +
ANTICOAGULANTS - Blood Thinners			<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	1	MO; *
Coumarin Anticoagulants			<i>fondaparinux sodium soln 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NDS;MO; +
COUMADIN TABS 1 MG, 4 MG, 5 MG (<i>warfarin sodium</i>)	3	MO; +	<i>FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML</i>	3	MO; +
<i>warfarin sodium tabs 1 mg, 10 mg, 2.5 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 2 mg, 3 mg</i>	1	MO; *	<i>FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML</i>	4	MO; +
Direct Factor Xa Inhibitors			<i>FRAGMIN SOLN 95000 UNIT/3.8ML</i>	5	NDS;MO; +
BEVYXXA CAPS 40 MG	3	QL(1 ea daily); +	<i>heparin sodium (porcine) soln</i>	4	MO; +
BEVYXXA CAPS 80 MG	3	QL(1 ea daily); MO; +	<i>HEPARIN SODIUM SOLN IJ 5000 UNIT/ML</i>	4	+
Thrombin Inhibitors			ANTICONVULSANTS - Drugs to Treat Seizures		
argatroban soln 250 mg/2.5ml			<i>argatroban soln 250 mg/2.5ml</i>	4	+
PRADAXA CAPS			<i>PRADAXA CAPS</i>	2	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	MO; +
FYCOMPA TABS	3	MO; +
Anticonvulsants - Benzodiazepines		
clobazam susp 2.5 mg/ml	1	MO; *
clobazam tabs 10 mg	1	MO; *
clobazam tabs 20 mg	5	NDS;MO; +
clonazepam tabs 0.5 mg	1	SL(40 ea daily); MO; *
clonazepam tabs 1 mg	1	SL(20 ea daily); MO; *
clonazepam tabs 2 mg	1	SL(10 ea daily); MO; *
clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	MO; *
DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	3	MO; +
DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	3	MO; +
diazepam (anticonvulsant) gel	1	MO; *
NAYZILAM SOLN	5	PA; NDS;SL(0.34 ea daily); MO; +
SYMPAZAN FILM 10 MG, 20 MG	5	PA; NDS;MO; +
SYMPAZAN FILM 5 MG	3	PA; MO; +
VALTOCO LIQD	5	PA; NDS;SL(0.34 ea daily); MO; +
VALTOCO LQPK	5	PA; NDS;SL(0.34 ea daily); MO; +
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/Limits
APTIOM TABS 200 MG	3	MO; +
APTIOM TABS 400 MG, 600 MG, 800 MG	5	NDS;MO; +
BANZEL SUSP 40 MG/ML (<i>rufinamide</i>)	3	MO; +
BANZEL TABS 200 MG	3	MO; +
BANZEL TABS 400 MG	5	NDS;MO; +
BRIVIACT SOLN IV 50 MG/5ML	5	NDS;SL(20 ml daily); +
BRIVIACT SOLN OR 10 MG/ML	5	PA; NDS;SL(20 ml daily); MO; +
BRIVIACT TABS OR 10 MG	5	PA; NDS;SL(20 ea daily); MO; +
BRIVIACT TABS OR 100 MG	5	PA; NDS;SL(2 ea daily); MO; +
BRIVIACT TABS OR 25 MG	5	PA; NDS;SL(8 ea daily); MO; +
BRIVIACT TABS OR 50 MG	5	PA; NDS;SL(4 ea daily); MO; +
BRIVIACT TABS OR 75 MG	5	PA; NDS;SL(2.67 ea daily); MO; +
carbamazepine chew	1	MO; *
carbamazepine cp12	1	MO; *
carbamazepine susp	1	MO; *
carbamazepine tabs	1	MO; *
carbamazepine tb12	1	MO; *
CARBATROL CP12 (<i>carbamazepine</i>)	3	MO; +
EPIDIOLEX SOLN	5	PA; NDS; +
FINTEPLA SOLN	5	PA; NDS;SL(11.82 ml daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>gabapentin caps</i>	1	MO; *	SPRITAM TB3D 1000 MG	3	PA; SL(3 ea daily); MO; +	
<i>gabapentin soln</i>	1	MO; *	SPRITAM TB3D 250 MG	3	PA; SL(12 ea daily); MO; +	
<i>gabapentin tabs</i>	1	MO; *	SPRITAM TB3D 500 MG	3	PA; SL(6 ea daily); MO; +	
LAMICTAL XR KIT	3	MO; +	SPRITAM TB3D 750 MG	3	PA; SL(4 ea daily); MO; +	
<i>lamotrigine chew 25 mg, 5 mg</i>	1	MO; *	TEGRETOL SUSP (<i>carbamazepine</i>)	3	MO; +	
<i>lamotrigine kit 25 mg</i>	1	MO; *	TEGRETOL TABS (<i>carbamazepine</i>)	3	MO; +	
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO; *	TEGRETOL-XR TB12 (<i>carbamazepine</i>)	3	MO; +	
<i>lamotrigine tb24 100 mg, 200 mg, 250 mg, 300 mg, 25 mg, 50 mg</i>	1	MO; *	<i>topiramate cpsp 15 mg, 25 mg</i>	1	MO; *	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; *	<i>topiramate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; *	
<i>levetiracetam in sodium chloride soln</i>	4	+	VIMPAT SOLN IV 200 MG/20ML	4	+	
<i>levetiracetam soln iv 500 mg/5ml</i>	4	+	VIMPAT SOLN OR 10 MG/ML	3	MO; +	
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	MO; *	VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	MO; +	
<i>levetiracetam tabs or 250 mg, 1000 mg, 500 mg, 750 mg</i>	1	MO; *	<i>zonisamide caps</i>	1	MO; *	
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	MO; *	Carbamates			
<i>oxcarbazepine susp</i>	1	MO; *	<i>felbamate susp</i>	1	MO; *	
<i>oxcarbazepine tabs</i>	1	MO; *	<i>felbamate tabs</i>	1	MO; *	
<i>pregabalin caps 100 mg, 25 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily); MO; *	XCOPRI TABS 100 MG	5	PA; NDS;SL(4 ea daily); MO; +	
<i>pregabalin caps 150 mg, 200 mg, 225 mg</i>	1	QL(2 ea daily); MO; *	XCOPRI TABS 150 MG	5	PA; NDS;SL(2.67 ea daily); MO; +	
<i>pregabalin caps 300 mg</i>	1	SL(2 ea daily); MO; *	XCOPRI TABS 200 MG	5	PA; NDS;SL(2 ea daily); MO; +	
<i>pregabalin soln 20 mg/ml</i>	1	SL(30 ml daily); MO; *	XCOPRI TABS 50 MG	5	PA; NDS;SL(8 ea daily); MO; +	
<i>primidone tabs</i>	1	MO; *	XCOPRI TBPK	5	PA; NDS, 150-200 MG ;MO; +	
<i>rufinamide susp</i>	1	MO; *				

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TBPK	3	PA; 12.5-25 MG;MO; +
XCOPRI TBPK	5	PA; NDS; 350 MG Daily Dose; +
XCOPRI TBPK	5	PA; NDS; 250 MG Daily Dose; +
XCOPRI TBPK	5	PA; NDS, 50-100 MG;MO; +
GABA Modulators		
<i>tiagabine hcl tabs</i>	1	MO; *
<i>vigabatrin pack</i>	5	NDS;LA; MO; +
<i>vigabatrin tabs</i>	5	NDS;LA; +
Hydantoins		
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	MO; +
DILANTIN-125 SUSP (<i>phenytoin</i>)	3	MO; +
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	4	+
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	4	MO; +
PEGANONE TABS	3	MO; +
<i>phenytoin chew</i>	1	MO; *
<i>phenytoin sodium extended caps</i>	1	MO; *
<i>phenytoin sodium soln</i>	4	+
<i>phenytoin susp</i>	1	MO; *
Succinimides		
CELONTIN CAPS	3	MO; +
<i>ethosuximide caps</i>	1	MO; *
<i>ethosuximide soln</i>	1	MO; *
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3	MO; +
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	MO; +
<i>divalproex sodium csdr</i>	1	MO; *
<i>divalproex sodium tb24</i>	1	MO; *
<i>divalproex sodium tbec</i>	1	MO; *
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	4	+
<i>valproate sodium soln or 250 mg/5ml</i>	1	MO; *
<i>valproic acid caps</i>	1	MO; *
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	MO; *
<i>mirtazapine tbdp</i>	1	MO; *
Antidepressants - Misc.		
APLENZIN TB24 174 MG	3	ST; SL(3 ea daily); MO; +
APLENZIN TB24 348 MG	3	ST; SL(1.5 ea daily); MO; +
APLENZIN TB24 522 MG	3	ST; SL(1 ea daily); MO; +
<i>bupropion hcl tabs 100 mg</i>	1	SL(4.5 ea daily); MO; *
<i>bupropion hcl tabs 75 mg</i>	1	SL(6 ea daily); MO; *
<i>bupropion hcl tb12 100 mg</i>	1	SL(4 ea daily); MO; *
<i>bupropion hcl tb12 150 mg</i>	1	SL(2.66 ea daily); MO; *
<i>bupropion hcl tb12 200 mg</i>	1	SL(2 ea daily); MO; *
<i>bupropion hcl tb24 150 mg</i>	1	SL(3 ea daily); MO; *
<i>bupropion hcl tb24 300 mg</i>	1	SL(1.5 ea daily); MO; *
<i>bupropion hcl tb24 450 mg</i>	1	ST; MO; *

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

Drug Name	Drug Tier	Requirements/Limits
FORFIVO XL TB24 (bupropion hcl)	3	ST; MO; +
maprotiline hcl tabs	1	MO; *
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO SOLN	5	PA; NDS; +
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	5	NDS; MO; +
MARPLAN TABS	3	MO; +
phenelzine sulfate tabs	1	MO; *
tranylcypromine sulfate tabs	1	MO; *
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	5	PA; NDS; MO; +
SPRAVATO 84MG DOSE SOPK	5	PA; NDS; MO; +
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide soln 10 mg/5ml	1	SL(20 ml daily); MO; *
citalopram hydrobromide tabs 10 mg	1	SL(4 ea daily); MO; *
citalopram hydrobromide tabs 20 mg	1	SL(2 ea daily); MO; *
citalopram hydrobromide tabs 40 mg	1	SL(1 ea daily); MO; *
escitalopram oxalate soln	1	MO; *
escitalopram oxalate tabs	1	MO; *
fluoxetine hcl caps	1	MO; *
fluoxetine hcl cpdr	1	MO; *
fluoxetine hcl soln	1	MO; *
fluoxetine hcl tabs	1	MO; *
fluvoxamine maleate cp24	1	MO; *
fluvoxamine maleate tabs	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl tabs	1	MO; *
paroxetine hcl tb24	1	MO; *
PAXIL SUSP 10 MG/5ML	3	MO; +
PEXEVA TABS	3	ST; MO; +
sertraline hcl conc	1	MO; *
sertraline hcl tabs	1	MO; *
Serotonin Modulators		
nefazodone hcl tabs	1	MO; *
trazodone hcl tabs	1	MO; *
TRINTELLIX TABS 10 MG	3	ST; QL(2 ea daily); MO; +
TRINTELLIX TABS 20 MG	3	ST; QL(1 ea daily); MO; +
TRINTELLIX TABS 5 MG	3	ST; QL(4 ea daily); MO; +
VIIIBRYD STARTER PACK KIT	3	ST; MO; +
VIIIBRYD TABS	3	ST; MO; +
Serotonin-Norepinephrine Reuptake Inhibitors		
DESVENLAFAKINE ER TB24	3	ST; MO; +
desvenlafaxine succinate tb24	1	MO; *
DRIZALMA SPRINKLE CSDR 20 MG	3	ST; SL(6 ea daily); MO; +
DRIZALMA SPRINKLE CSDR 30 MG	3	ST; SL(4 ea daily); MO; +
DRIZALMA SPRINKLE CSDR 40 MG	3	ST; SL(3 ea daily); MO; +
DRIZALMA SPRINKLE CSDR 60 MG	3	ST; SL(2 ea daily); MO; +
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	1	MO; *
FETZIMA CP24 120 MG, 40 MG, 80 MG	3	ST; QL(1 ea daily); MO; +
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK C4PK	3	ST; MO; +
venlafaxine hcl cp24 150 mg	1	SL(1.5 ea daily); MO; *
venlafaxine hcl cp24 37.5 mg	1	SL(6 ea daily); MO; *
venlafaxine hcl cp24 75 mg	1	SL(3 ea daily); MO; *
venlafaxine hcl tabs 100 mg	1	SL(3.75 ea daily); MO; *
venlafaxine hcl tabs 25 mg	1	SL(15 ea daily); MO; *
venlafaxine hcl tabs 37.5 mg	1	SL(10 ea daily); MO; *
venlafaxine hcl tabs 50 mg	1	SL(7.5 ea daily); MO; *
venlafaxine hcl tabs 75 mg	1	SL(5 ea daily); MO; *
venlafaxine hcl tb24 150 mg	1	SL(1.5 ea daily); MO; *
venlafaxine hcl tb24 225 mg	1	ST; SL(1 ea daily); MO; *
venlafaxine hcl tb24 37.5 mg	1	SL(6 ea daily); MO; *
venlafaxine hcl tb24 75 mg	1	SL(3 ea daily); MO; *
Tricyclic Agents		
amitriptyline hcl tabs	1	AL(Up to 64 yrs old); MO; *
amoxapine tabs	1	MO; *
clomipramine hcl caps	1	AL(Up to 64 yrs old); MO; *
desipramine hcl tabs	1	MO; *
doxepin hcl caps	1	AL(Up to 64 yrs old); MO; *
doxepin hcl conc	1	AL(Up to 64 yrs old); MO; *
imipramine hcl tabs	1	AL(Up to 64 yrs old); MO; *
imipramine pamoate caps	1	AL(Up to 64 yrs old); MO; *
nortriptyline hcl caps	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl soln	1	MO; *
protriptyline hcl tabs	1	MO; *
trimipramine maleate caps	1	AL(Up to 64 yrs old); MO; *
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs	1	QL(3 ea daily); MO; *
miglitol tabs	1	QL(3 ea daily); MO; *
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; +
SYMLINPEN 60 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; +
Antidiabetic Combinations		
ACTOPLUS MET XR TB24 1000 MG-15 MG	2	SL(2 ea daily); +
ACTOPLUS MET XR TB24 1000 MG-30 MG	2	SL(1.5 ea daily); +
alogliptin-metformin hcl tabs	3	PA; SL(2 ea daily); MO; +
alogliptin-pioglitazone tabs 12.5 mg-15 mg	3	PA; SL(2 ea daily); MO; +
alogliptin-pioglitazone tabs 12.5 mg-30 mg	3	PA; SL(1.5 ea daily); MO; +
alogliptin-pioglitazone tabs 12.5 mg-45 mg, 15 mg-25 mg, 25 mg-30 mg, 25 mg-45 mg	3	PA; SL(1 ea daily); MO; +
glipizide-metformin hcl tabs 2.5 mg-250 mg	1	SL(8 ea daily); MO; *
glipizide-metformin hcl tabs 2.5 mg-500 mg, 5 mg-500 mg	1	SL(4 ea daily); MO; *
glyburide-metformin tabs 1.25 mg-250 mg	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *	SYNJARDY TABS 1000 MG-12.5 MG, 1000 MG-5 MG	2	SL(2 ea daily); MO; +
INVOKAMET TABS 1000 MG-150 MG, 1000 MG-50 MG, 150 MG-500 MG	2	SL(2 ea daily); MO; +	SYNJARDY TABS 12.5 MG-500 MG, 5 MG-500 MG	2	SL(4 ea daily); MO; +
INVOKAMET TABS 50 MG-500 MG	2	SL(4 ea daily); MO; +	SYNJARDY XR TB24 10 MG-1000 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	SL(2 ea daily); MO; +
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 150 MG-500 MG	2	SL(2 ea daily); MO; +	SYNJARDY XR TB24 1000 MG-25 MG	2	SL(1 ea daily); MO; +
INVOKAMET XR TB24 50 MG-500 MG	2	SL(4 ea daily); MO; +	XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG	3	SL(1 ea daily); MO; +
JANUMET TABS	2	SL(2 ea daily); MO; +	XIGDUO XR TB24 1000 MG-2.5 MG, 1000 MG-5 MG, 5 MG-500 MG	3	SL(2 ea daily); MO; +
JANUMET XR TB24 100 MG-1000 MG	2	SL(1 ea daily); MO; +	Biguanides		
JANUMET XR TB24 1000 MG-50 MG, 50 MG-500 MG	2	SL(2 ea daily); MO; +	metformin hcl soln 500 mg/5ml	1	SL(25.5 ml daily); MO; *
JENTADUETO TABS	2	SL(2 ea daily); MO; +	metformin hcl tabs 1000 mg	1	SL(2.55 ea daily); MO; *
JENTADUETO XR TB24 1000 MG-2.5 MG	2	SL(2 ea daily); MO; +	metformin hcl tabs 500 mg	1	SL(5.1 ea daily); MO; *
JENTADUETO XR TB24 1000 MG-5 MG	2	SL(1 ea daily); MO; +	metformin hcl tabs 850 mg	1	SL(3 ea daily); MO; *
KAZANO TABS (<i>alogliptin-metformin hcl</i>)	3	PA; SL(2 ea daily); MO; +	metformin hcl tb24 500 mg	1	(GLUCOPHAG E XR);SL(4 ea daily); MO; *
KOMBIGLYZE XR TB24 1000 MG-2.5 MG	3	PA; SL(2 ea daily); MO; +	metformin hcl tb24 750 mg	1	(GLUCOPHAG E XR);SL(2.66 ea daily); MO; *
KOMBIGLYZE XR TB24 1000 MG-5 MG, 5 MG-500 MG	3	PA; SL(1 ea daily); MO; +	Diabetic Other		
OSENI TABS 12.5 MG-15 MG (<i>alogliptin-pioglitazone</i>)	3	PA; SL(2 ea daily); MO; +	BAQSIMI ONE PACK POWD	3	MO; +
OSENI TABS 12.5 MG-30 MG (<i>alogliptin-pioglitazone</i>)	3	PA; SL(1.5 ea daily); MO; +	BAQSIMI TWO PACK POWD	3	MO; +
OSENI TABS 12.5 MG-45 MG, 15 MG-25 MG, 25 MG-30 MG, 25 MG-45 MG (<i>alogliptin-pioglitazone</i>)	3	PA; SL(1 ea daily); MO; +	diazoxide susp	1	MO; *
<i>pioglitazone hcl-glimepiride tabs</i>	1	SL(1.5 ea daily); MO; *	GLUCAGEN HYPOKIT SOLR	2	MO; +
<i>pioglitazone hcl-metformin hcl tabs</i>	1	SL(3 ea daily); MO; *	GLUCAGON EMERGENCY KIT KIT	2	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS SOSY	3	MO; +
KORLYM TABS	3	PA; SL(4 ea daily); LA; MO; +
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs 12.5 mg	3	PA; QL(2 ea daily); MO; +
alogliptin benzoate tabs 25 mg	3	PA; QL(1 ea daily); MO; +
alogliptin benzoate tabs 6.25 mg	3	PA; QL(4 ea daily); MO; +
JANUVIA TABS 100 MG	2	QL(1 ea daily); MO; +
JANUVIA TABS 25 MG	2	QL(4 ea daily); MO; +
JANUVIA TABS 50 MG	2	QL(2 ea daily); MO; +
NESINA TABS 12.5 MG (alogliptin benzoate)	3	PA; QL(2 ea daily); MO; +
NESINA TABS 25 MG (alogliptin benzoate)	3	PA; QL(1 ea daily); MO; +
NESINA TABS 6.25 MG (alogliptin benzoate)	3	PA; QL(4 ea daily); MO; +
ONGLYZA TABS 2.5 MG	3	PA; QL(2 ea daily); MO; +
ONGLYZA TABS 5 MG	3	PA; QL(1 ea daily); MO; +
TRADJENTA TABS	2	QL(1 ea daily); MO; +
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily); MO; +
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON BCISE AUIJ	2	MO; +
BYDUREON PEN PEN	2	MO; +
BYDUREON SRER	2	+
BYETTA SOPN	2	MO; +
OZEMPIC SOPN	2	MO; +
TRULICITY SOPN 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SOPN 3 MG/0.5ML, 4.5 MG/0.5ML	3	+
VICTOZA SOPN	2	Limit 9mls per month; QL(0.3 ml daily); MO; +
Insulin Sensitizing Agents		
AVANDIA TABS 2 MG	2	SL(4 ea daily); MO; +
AVANDIA TABS 4 MG	2	SL(2 ea daily); MO; +
pioglitazone hcl tabs 15 mg	1	SL(3 ea daily); MO; *
pioglitazone hcl tabs 30 mg	1	SL(1.5 ea daily); MO; *
pioglitazone hcl tabs 45 mg	1	SL(1 ea daily); MO; *
Insulin		
AFREZZA POWD 12 UNIT	5	NDS; QL(18 ea daily); MO; +
AFREZZA POWD 4 UNIT, 8 UNIT	3	QL(18 ea daily); MO; +
APIDRA SOLN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
FIASP FLEXTOUCH SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
FIASP PENFILL SOCT	3	QL(1.5 ml daily); MO; +
FIASP SOLN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	INSULIN ASPART FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	INSULIN ASPART PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	INSULIN ASPART SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN 70/30 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	LANTUS SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN N SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R U-500 (CONCENTRATED) SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R U-500 KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	NOVOLIN 70/30 FLEXPEN RELION SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
			NOVOLIN 70/30 FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
			NOVOLIN 70/30 RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
			NOVOLIN 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
			NOVOLIN N FLEXPEN RELION SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN N RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN N SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN R RELION SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN R SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
TOUJEO MAX SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; +
TOUJEO SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month;QL(0.9 ml daily); MO; +
TRESIBA SOLN	2	QL(1.5 ml daily); MO; +
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily); MO; *
<i>repaglinide tabs 0.5 mg</i>	1	SL(32 ea daily); MO; *
<i>repaglinide tabs 1 mg</i>	1	SL(16 ea daily); MO; *
<i>repaglinide tabs 2 mg</i>	1	SL(8 ea daily); MO; *
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	MO; +
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
Sulfonylureas		
<i>glimepiride tabs 1 mg</i>	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glimepiride tabs 2 mg</i>	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
<i>glimepiride tabs 4 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
<i>glipizide tabs 10 mg</i>	1	SL(4 ea daily); MO; *
<i>glipizide tabs 5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 10 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tb24 2.5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 5 mg</i>	1	SL(4 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
glyburide micronized tabs 1.5 mg	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *	FERRIPROX TABS 1000 MG	5	PA; NDS;LA; MO; +	
glyburide micronized tabs 3 mg	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *	FERRIPROX TWICE-A-DAY TABS	5	PA; NDS;MO; +	
glyburide micronized tabs 6 mg	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *	Antidotes and Specific Antagonists			
glyburide tabs 1.25 mg	1	AL(Up to 64 yrs old); SL(16 ea daily); MO; *	VISTOGARD PACK	5	NDS;MO; +	
glyburide tabs 2.5 mg	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *	Opioid Antagonists			
glyburide tabs 5 mg	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *	EVZIO SOAJ	3	PA; MO; +	
tolbutamide tabs	1	SL(6 ea daily); MO; *	naloxone hcl soaj 2 mg/0.4ml	1	PA; MO; *	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea						
Antidiarrheal - Chloride Channel Antagonists						
MYTESI TBEC	3	PA; QL(2 ea daily); MO; +	ANTIEMETICS - Drugs to Treat Nausea and Vomiting			
Antiperistaltic Agents						
diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg	1	MO; *	5-HT3 Receptor Antagonists			
loperamide hcl caps	1	RX/OTC; MO; *	granisetron hcl tabs or 1 mg	1	B/D; MO; *	
MOTOFEN TABS	3	MO; +	ondansetron hcl soln jj 40 mg/20ml, 4 mg/2ml	4	MO; +	
opium tincture tinc	5	NDS;MO; +	ondansetron hcl soln or 4 mg/5ml	1	MO; *	
ANTIDOTES AND SPECIFIC ANTAGONISTS			ondansetron hcl tabs or 24 mg	1	*	
Antidotes - Chelating Agents			ondansetron hcl tabs or 4 mg, 8 mg	1	MO; *	
CHEMET CAPS	3	MO; +	ondansetron tbdp	1	MO; *	
deferasirox pack	5	NDS; +	SANCUSO PTCH	5	NDS;MO; +	
deferasirox tabs	5	NDS; +	Antiemetics - Anticholinergic			
deferasirox tbso	5	NDS; +	meclizine hcl tabs 12.5 mg, 25 mg	1	RX/OTC; MO; *	
deferiprone tabs	5	PA; NDS;LA; MO; +	scopolamine pt72	1	MO; *	

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

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM SCOP PT72 (<i>scopolamine</i>)	3	MO; +
TRANSDERM-SCOP PT72 (<i>scopolamine</i>)	3	MO; +
<i>trimethobenzamide hcl caps</i>	1	MO; *
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	B/D; +
<i>dronabinol caps</i>	1	B/D; MO; *
SYNDROS SOLN	5	B/D; NDS;MO; +
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 125 mg, 80 mg</i>	1	B/D; MO; *
<i>aprepitant caps 40 mg</i>	1	PA; MO; *
VARUBI TBPK	3	B/D; +
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
ERAXIS SOLR	4	+
<i>micafungin sodium solr 100 mg</i>	5	NDS; +
<i>micafungin sodium solr 50 mg</i>	5	NDS;MO; +
Antifungals		
ABELCET SUSP	4	PA; +
AMBISOME SUSR	4	PA; +
<i>amphotericin b solr</i>	4	PA; MO; +
<i>flucytosine caps</i>	1	MO; *
<i>griseofulvin microsize susp</i>	1	MO; *
<i>griseofulvin microsize tabs</i>	1	MO; *
<i>griseofulvin ultramicrosize tabs</i>	1	MO; *
<i>nystatin tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl tabs</i>	1	MO; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	NDS;MO; +
CRESEMBA SOLR IV 372 MG	5	NDS; +
<i>fluconazole in nacl soln</i>	4	+
<i>fluconazole susr</i>	1	MO; *
<i>fluconazole tabs</i>	1	MO; *
<i>itraconazole caps 100 mg</i>	1	MO; *
<i>itraconazole soln 10 mg/ml</i>	5	NDS;MO; +
<i>ketoconazole tabs</i>	1	MO; *
NOXAFL SOLN IV 300 MG/16.7ML	5	NDS; +
NOXAFL SUSP OR 40 MG/ML	5	NDS;MO; +
<i>posaconazole tbec</i>	5	NDS;MO; +
TOLSURA CAPS	5	PA; NDS;MO; +
<i>voriconazole solr iv 200 mg</i>	1	*
<i>voriconazole susr or 40 mg/ml</i>	1	MO; *
<i>voriconazole tabs or 200 mg, 50 mg</i>	5	NDS;MO; +
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>carbinoxamine maleate tabs 4 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>clemastine fumarate tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	4	MO; +
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	RX/OTC; MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tabs 5 mg</i>	1	MO; *	<i>cholestyramine light pack</i>	1	MO; *
<i>desloratadine tbdp 5 mg</i>	1	MO; *	<i>cholestyramine light powd</i>	1	MO; *
<i>levocetirizine dihydrochloride soln</i>	1	RX/OTC; MO; *	<i>cholestyramine pack</i>	1	MO; *
<i>levocetirizine dihydrochloride tabs</i>	1	RX/OTC; MO; *	<i>cholestyramine powd</i>	1	MO; *
Antihistamines - Phenothiazines					
<i>promethazine hcl soln ij 50 mg/ml, 25 mg/ml</i>	4	AL(Up to 64 yrs old); MO; +	<i>colesevelam hcl pack</i>	1	MO; *
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *	<i>colesevelam hcl tabs</i>	1	MO; *
<i>promethazine hcl supp re 12.5 mg, 25 mg</i>	1	AL(Up to 64 yrs old); MO; *	<i>colestipol hcl gran</i>	1	MO; *
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *	<i>colestipol hcl pack</i>	1	MO; *
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *	<i>colestipol hcl tabs</i>	1	MO; *
Antihistamines - Piperidines					
<i>ciproheptadine hcl syrup</i>	1	AL(Up to 64 yrs old); MO; *	Fibric Acid Derivatives		
<i>ciproheptadine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *	<i>ANTARA CAPS 30 MG</i>	3	SL(4.33 ea daily); MO; +
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>ANTARA CAPS 90 MG</i>	3	SL(1.44 ea daily); MO; +
Antihyperlipidemics - Combinations			<i>choline fenofibrate cpdr</i>	1	MO; *
<i>ezetimibe-simvastatin tabs 10 mg-10 mg</i>	1	QL(8 ea daily); MO; *	<i>fenofibrate caps 150 mg, 50 mg</i>	1	MO; *
<i>ezetimibe-simvastatin tabs 10 mg-20 mg</i>	1	QL(4 ea daily); MO; *	<i>fenofibrate micronized caps 130 mg</i>	1	SL(1 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 10 mg-40 mg</i>	1	QL(2 ea daily); MO; *	<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1	MO; *
<i>ezetimibe-simvastatin tabs 10 mg-80 mg</i>	1	QL(1 ea daily); MO; *	<i>fenofibrate micronized caps 43 mg</i>	1	SL(3.02 ea daily); MO; *
Antihyperlipidemics - Misc.			<i>fenofibrate tabs 120 mg, 40 mg, 145 mg, 48 mg, 54 mg, 160 mg</i>	1	MO; *
<i>icosapent ethyl caps</i>	1	ST; MO; *	<i>fenofibric acid tabs 105 mg, 35 mg</i>	1	*
<i>omega-3-acid ethyl esters caps</i>	1	MO; *	<i>FIBRICOR TABS 105 MG, 35 MG (fenofibric acid)</i>	3	+
<i>VASCEPA CAPS 0.5 GM</i>	3	ST; MO; +	<i>gemfibrozil tabs</i>	1	MO; *
<i>VASCEPA CAPS 1 GM (icosapent ethyl)</i>	3	ST; MO; +	<i>LIPOFEN CAPS (fenofibrate)</i>	3	MO; +
Bile Acid Sequestrants			HMG CoA Reductase Inhibitors		
			<i>ALTOPREV TB24</i>	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium tabs	1	MO; *	niacin (antihyperlipidemic) tbcr 1000 mg, 500 mg, 750 mg	1	MO; *
fluvastatin sodium caps 20 mg	1	QL(3 ea daily); MO; *	Proprotein Convertase Subtilisin/Kexin Type 9		
fluvastatin sodium caps 40 mg	1	QL(2 ea daily); MO; *	PRALUENT SOAJ 150 MG/ML	4	PA; Limit 2mls per 28 days;SL(0.08 ml daily); MO; +
fluvastatin sodium tb24 80 mg	1	MO; *	PRALUENT SOAJ 75 MG/ML	4	PA; Limit 4mls per 28 days;SL(0.15 ml daily); MO; +
LIVALO TABS	3	MO; +	REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; MO; +
lovastatin tabs 10 mg, 20 mg	1	QL(1 ea daily); MO; *	REPATHA SOSY	4	PA; MO; +
lovastatin tabs 40 mg	1	QL(2 ea daily); MO; *	REPATHA SURECLICK SOAJ	4	PA; MO; +
pravastatin sodium tabs	1	QL(1 ea daily); MO; *	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
rosuvastatin calcium tabs	1	QL(1 ea daily); MO; *	ACE Inhibitors		
simvastatin tabs 10 mg, 20 mg, 40 mg, 5 mg	1	QL(1 ea daily); MO; *	benazepril hcl tabs	1	MO; *
simvastatin tabs 80 mg	1	SL(1 ea daily); MO; *	captopril tabs	1	MO; *
Intestinal Cholesterol Absorption Inhibitors			enalapril maleate tabs 10 mg	1	SL(4 ea daily); MO; *
ezetimibe tabs	1	QL(1 ea daily); MO; *	enalapril maleate tabs 2.5 mg	1	SL(16 ea daily); MO; *
Microsomal Triglyceride Transfer Protein (MTP)			enalapril maleate tabs 20 mg	1	SL(2 ea daily); MO; *
JUXTAPID CAPS 10 MG	5	PA; NDS;SL(6 ea daily); LA; MO; +	enalapril maleate tabs 5 mg	1	SL(8 ea daily); MO; *
JUXTAPID CAPS 20 MG	5	PA; NDS,SL(3 ea daily); LA; MO; +	fosinopril sodium tabs	1	MO; *
JUXTAPID CAPS 30 MG	5	PA; NDS;SL(2 ea daily); LA; MO; +	lisinopril tabs	1	MO; *
JUXTAPID CAPS 40 MG	5	PA; NDS;SL(1.5 ea daily); LA; MO; +	moexipril hcl tabs	1	MO; *
JUXTAPID CAPS 5 MG	5	PA; NDS;SL(12 ea daily); LA; MO; +	perindopril erbumine tabs 2 mg	1	SL(8 ea daily); MO; *
JUXTAPID CAPS 60 MG	5	PA; NDS;SL(1 ea daily); LA; MO; +	perindopril erbumine tabs 4 mg	1	SL(4 ea daily); MO; *
Nicotinic Acid Derivatives			perindopril erbumine tabs 8 mg	1	SL(2 ea daily); MO; *
			quinapril hcl tabs	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ramipril caps</i>	1	MO; *	<i>amlodipine besylate-valsartan tabs 10 mg-160 mg, 10 mg-320 mg, 320 mg-5 mg</i>	1	SL(1 ea daily); MO; *
<i>trandolapril tabs</i>	1	MO; *	<i>amlodipine besylate-valsartan tabs 160 mg-5 mg</i>	1	SL(2 ea daily); MO; *
Agents for Pheochromocytoma					
<i>DEM SER CAPS (metyrosine)</i>	5	NDS;MO; +	<i>amlodipine-valsartan-hydrochlorothiazide tabs 10 mg-12.5 mg-160 mg, 10 mg-160 mg-25 mg, 10 mg-25 mg-320 mg, 160 mg-25 mg-5 mg</i>	1	SL(1 ea daily); MO; *
<i>metyrosine caps</i>	5	NDS;MO; +	<i>amlodipine-valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg-5 mg</i>	1	SL(2 ea daily); MO; *
<i>phenoxybenzamine hcl caps</i>	1	MO; *	<i>atenolol & chlorthalidone tabs</i>	1	MO; *
Angiotensin II Receptor Antagonists					
<i>candesartan cilexetil tabs</i>	1	MO; *	<i>benazepril & hydrochlorothiazide tabs</i>	1	MO; *
<i>EDARBI TABS</i>	3	QL(1 ea daily); MO; +	<i>bisoprolol & hydrochlorothiazide tabs</i>	1	MO; *
<i>irbesartan tabs</i>	1	MO; *	<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	MO; *
<i>losartan potassium tabs</i>	1	MO; *	<i>captopril & hydrochlorothiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil tabs</i>	1	MO; *	<i>EDARBYCLOR TABS</i>	3	QL(1 ea daily); MO; +
<i>telmisartan tabs</i>	1	MO; *	<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	MO; *
<i>valsartan tabs</i>	1	MO; *	<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	MO; *
Antiadrenergic Antihypertensives					
<i>clonidine hcl tabs</i>	1	MO; *	<i>irbesartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>clonidine ptwk</i>	1	MO; *	<i>lisinopril & hydrochlorothiazide tabs</i>	1	MO; *
<i>doxazosin mesylate tabs</i>	1	MO; *	<i>losartan potassium & hydrochlorothiazide tabs</i>	1	MO; *
<i>guanfacine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *	<i>metoprolol & hydrochlorothiazide tabs</i>	1	MO; *
<i>methyldopa tabs</i>	1	AL(Up to 64 yrs old); MO; *	<i>nadolol & bendroflumethiazide tabs</i>	1	*
<i>prazosin hcl caps</i>	1	MO; *	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	MO; *
<i>terazosin hcl caps</i>	1	MO; *	<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; *
Antihypertensive Combinations					
<i>amlodipine besylate-benazepril hcl caps</i>	1	MO; *			
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	MO; *			

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol & hydrochlorothiazide tabs</i>	1	MO; *
<i>quinapril-hydrochlorothiazide tabs</i>	1	MO; *
TEKTURN A HCT TABS	2	MO; +
<i>telmisartan-amlodipine tabs</i>	1	MO; *
<i>telmisartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>trandolapril-verapamil hcl tbcr 2 mg-240 mg, 240 mg-4 mg</i>	1	MO; *
<i>valsartan-hydrochlorothiazide tabs 12.5 mg-80 mg, 12.5 mg-160 mg</i>	1	SL(2 ea daily); MO; *
<i>valsartan-hydrochlorothiazide tabs 160 mg-25 mg, 25 mg-320 mg, 12.5 mg-320 mg</i>	1	SL(1 ea daily); MO; *
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	MO; *
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	MO; *
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 100 mg, 50 mg, 25 mg</i>	1	MO; *
<i>minoxidil tabs</i>	1	MO; *
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	MO; *
COARTEM TABS	3	MO; +
Antimalarials		
<i>chloroquine phosphate tabs 250 mg, 500 mg</i>	1	MO; *
<i>hydroxychloroquine sulfate tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
KRINTAFEL TABS	3	QL(0.067 ea daily); +
<i>mefloquine hcl tabs</i>	1	MO; *
<i>primaquine phosphate tabs</i>	1	MO; *
PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	3	MO; +
<i>pyrimethamine tabs</i>	1	MO; *
<i>quinine sulfate caps</i>	1	PA; MO; *
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	5	PA; NDS; SL(8 ea daily); LA; MO; +
GUANIDINE HCL TABS	2	+
<i>pyridostigmine bromide tabs 60 mg</i>	1	MO; *
<i>pyridostigmine bromide tbcr 180 mg</i>	1	MO; *
RUZURGI TABS	5	PA; NDS; SL(10 ea daily); MO; +
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>aminosalicylic acid pack</i>	1	MO; *
CAPASTAT SULFATE SOLR	4	+
<i>ethambutol hcl tabs</i>	1	MO; *
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	MO; *
PRETOMANID TABS	3	PA; +
PRIFTIN TABS	3	MO; +
<i>pyrazinamide tabs</i>	1	MO; *
<i>rifabutin caps</i>	5	NDS; MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO; *
<i>rifampin solr iv 600 mg</i>	4	+
SIRTURO TABS	5	NDS;LA; +
TRECATOR TABS	3	MO; +
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BENDEKA SOLN	5	NDS; +
<i>busulfan soln</i>	4	+
<i>carboplatin soln 1000 mg/100ml</i>	4	+
<i>carboplatin soln 450 mg/45ml, 50 mg/5ml, 600 mg/60ml, 150 mg/15ml, 50 mg/5ml</i>	1	*
<i>carmustine solr</i>	4	+
<i>cisplatin soln 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	4	+
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	B/D; MO; *
CYCLOPHOSPHAMIDE SOLN IV 1 GM/5ML, 500 MG/2.5ML	5	NDS; +
EVOMELA SOLR	5	NDS; +
GLEOSTINE CAPS	3	MO; +
IFEX SOLR 3 GM	4	+
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	+
<i>ifosfamide solr 1 gm</i>	4	+
IFOSFAMIDE SOLR 3 GM	4	+
LEUKERAN TABS	3	MO; +
<i>melphalan hcl solr</i>	4	+

Drug Name	Drug Tier	Requirements/Limits
<i>melphalan tabs</i>	1	B/D; MO; *
<i>oxaliplatin soln 100 mg/20ml</i>	1	*
<i>oxaliplatin soln 200 mg/40ml</i>	4	+
<i>oxaliplatin soln 50 mg/10ml</i>	5	NDS; +
<i>oxaliplatin solr 100 mg, 50 mg</i>	5	NDS; +
TEMODAR SOLR	5	NDS; +
<i>thiotepa solr 15 mg</i>	5	NDS; +
TREANDA SOLR	5	NDS; +
YONDELIS SOLR	5	NDS;LA; +
ZANOSAR SOLR	4	MO; +
ZEPZELCA SOLR	5	NDS; +
Antimetabolites		
ALIMTA SOLR	5	NDS; +
ARRANON SOLN	5	NDS; +
<i>azacitidine susr</i>	5	NDS; +
<i>cladribine soln</i>	4	PA; +
<i>clofarabine soln</i>	4	+
<i>cytarabine soln</i>	4	PA; +
<i>decitabine solr</i>	1	*
<i>fludarabine phosphate solr 50 mg</i>	1	*
<i>fluorouracil soln</i>	4	PA; +
FOLOTYN SOLN	5	NDS; +
<i>gemcitabine hcl soln 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i>	1	*

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

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl soln 200 mg/5.26ml, 1 gm/26.3ml, 2 gm/52.6ml	5	NDS; +
gemcitabine hcl solr 2 gm, 1 gm	1	*
gemcitabine hcl solr 200 mg	5	NDS; +
GEMCITABINE SOLN (gemcitabine hcl)	5	NDS; +
INFUGEM SOLN	5	NDS; +
mercaptopurine tabs	1	MO; *
methotrexate sodium soln ij 1 gm/40ml	4	+
methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 250 mg/10ml, 50 mg/2ml	4	MO; +
methotrexate sodium solr ij 1 gm	4	+
methotrexate sodium tabs or 10 mg, 15 mg, 5 mg, 7.5 mg, 2.5 mg	1	MO; *
ONUREG TABS	5	PA; NDS; +
PURIXAN SUSP	5	PA; NDS; +
TABLOID TABS	2	MO; +
XATMEP SOLN	3	PA; MO; +
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	5	PA; NDS; +
CYRAMZA SOLN	5	NDS;LA; +
MVASI SOLN	5	NDS; +
ZALTRAP SOLN	5	PA; NDS; +
ZIRABEV SOLN	5	NDS; +
Antineoplastic - Antibodies		
ARZERRA CONC	5	NDS; +
BAVENCIO SOLN	5	NDS;LA; +

Drug Name	Drug Tier	Requirements/Limits
BESPONSA SOLR	5	NDS; +
BLENREP SOLR	5	NDS;MO; +
BLINCYTO SOLR	5	NDS; +
CAMPATH SOLN	5	NDS; +
DARZALEX SOLN	5	NDS;LA; +
EMPLICITI SOLR	5	NDS; +
ENHERTU SOLR	5	NDS; +
ERBITUX SOLN	5	NDS; +
GAZYVA SOLN	5	NDS;LA; +
HERCEPTIN SOLR	5	PA; NDS; +
IMFINZI SOLN	5	NDS;LA; +
KADCYLA SOLR	5	PA; NDS; +
KANJINTI SOLR	5	NDS; +
KEYTRUDA SOLN	5	PA; NDS; +
LARTRUVO SOLN	5	NDS;LA; MO; +
LIBTAYO SOLN	5	NDS;LA; MO; +
LUMOXITI SOLR	5	NDS;LA; +
MONJUVI SOLR	5	NDS;MO; +
MYLOTARG SOLR	5	NDS; +
OGIVRI SOLR	5	NDS; +
OPDIVO SOLN	5	NDS; +
PADCEV SOLR 20 MG	5	NDS;SL(7 ea daily); +
PADCEV SOLR 30 MG	5	NDS;SL(5 ea daily); +
PERJETA SOLN	5	NDS; +
POLIVY SOLR	5	NDS; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PORTRAZZA SOLN	5	NDS; +	ERLEADA TABS	5	PA; NDS; +
POTELIGEO SOLN	5	NDS; +	<i>exemestane tabs</i>	1	MO; *
RITUXAN SOLN	5	PA; NDS; +	FASLODEX SOLN (<i>fulvestrant</i>)	5	NDS;MO; +
RUXIENCE SOLN	5	NDS; +	FIRMAGON SOLR 120 MG/VIAL	5	NDS; +
SARCLISA SOLN	5	NDS; +	FIRMAGON SOLR 80 MG	4	+
TECENTRIQ SOLN	5	PA; NDS; +	<i>flutamide caps</i>	1	MO; *
TRAZIMERA SOLR	5	NDS; +	<i>fulvestrant soln</i>	5	NDS;MO; +
TRODELVY SOLR	5	NDS;MO; +	<i>hydroxyprogesterone caproate (antineoplastic) soln</i>	5	NDS; +
TRUXIMA SOLN	5	NDS; +	<i>letrozole tabs</i>	1	MO; *
VECTIBIX SOLN	5	NDS; +	<i>leuprolide acetate kit</i>	4	+
YEROVY SOLN	5	PA; NDS; +	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	4	+
Antineoplastic - BCL-2 Inhibitors			LUPRON DEPOT (1-MONTH) KIT 7.5 MG	5	NDS; +
VENCLEXTA STARTING PACK TBPK	3	PA; LA; MO; +	LUPRON DEPOT (3-MONTH) KIT	5	NDS; +
VENCLEXTA TABS	3	PA; LA; MO; +	LUPRON DEPOT (4-MONTH) KIT	5	NDS; +
Antineoplastic - Hedgehog Pathway Inhibitors			LUPRON DEPOT (6-MONTH) KIT	5	NDS; +
DAURISMO TABS	5	PA; NDS; +	LYSODREN TABS	2	+
ERIVEDGE CAPS	5	NDS;LA; +	<i>megestrol acetate susp</i>	1	AL(Up to 64 yrs old); MO; *
ODOMZO CAPS	5	PA; NDS;LA; +	<i>megestrol acetate tabs</i>	1	AL(Up to 64 yrs old); MO; *
Antineoplastic - Hormonal and Related Agents			<i>nilutamide tabs</i>	1	MO; *
<i>abiraterone acetate tabs</i>	5	PA; NDS; +	NUBEQA TABS	5	PA; NDS; +
<i>anastrozole tabs</i>	1	MO; *	SOLTAMOX SOLN	3	MO; +
<i>bicalutamide tabs</i>	1	MO; *	<i>tamoxifen citrate tabs</i>	1	MO; *
DEPO-PROVERA SUSP	4	MO; +	<i>toremifene citrate tabs</i>	5	NDS;MO; +
ELIGARD KIT	4	+			
EMCYT CAPS	3	MO; +			

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

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT SUSR 11.25 MG, 3.75 MG	4	+
TRELSTAR MIXJECT SUSR 22.5 MG	5	NDS; +
VANTAS KIT	5	NDS; +
XTANDI CAPS	5	PA; NDS;LA; +
YONSA TABS	5	PA; NDS; +
ZOLADEX IMPL	3	+
ZYTIGA TABS 500 MG	5	PA; NDS; +
Antineoplastic - Immunomodulators		
POMALYST CAPS	5	NDS;LA; +
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +
XPOVIO 40 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +
XPOVIO 40 MG TWICE WEEKLY TBPK	5	PA; NDS;MO; +
XPOVIO 60 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +
XPOVIO 60 MG TWICE WEEKLY TBPK	5	PA; NDS;MO; +
XPOVIO 80 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +
XPOVIO 80 MG TWICE WEEKLY TBPK	5	PA; NDS;MO; +
Antineoplastic Antibiotics		
bleomycin sulfate solr	4	PA; +
dactinomycin solr	4	+
daunorubicin hcl soln	4	+
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (daunorubicin hcl)	4	+
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	5	NDS; +

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl liposomal inj</i>	1	*
<i>doxorubicin hcl soln</i>	4	+
<i>doxorubicin hcl solr</i>	4	+
<i>epirubicin hcl soln</i>	4	+
<i>idarubicin hcl soln</i>	4	+
<i>mitomycin solr</i>	4	+
<i>mitoxantrone hcl conc</i>	1	*
<i>valrubicin soln</i>	5	NDS; +
VALSTAR SOLN (valrubicin)	5	NDS; +
Antineoplastic Combinations		
DARZALEX FASPRO SOLN	5	NDS;LA; +
HERCEPTIN HYLECTA SOLN	5	NDS; +
INQOVI TABS	5	PA; NDS; +
KISQALI FEMARA 200 DOSE TBPK	5	PA; NDS; +
KISQALI FEMARA 400 DOSE TBPK	5	PA; NDS; +
KISQALI FEMARA 600 DOSE TBPK	5	PA; NDS; +
LONSURF TABS	5	PA; NDS; +
PHESGO SOLN	5	NDS; +
RITUXAN HYCELA SOLN	5	NDS; +
VYXEOS SUSR	5	NDS;MO; +
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	5	PA; NDS; +
AFINITOR TABS 10 MG	5	PA; NDS; +
ALECENSA CAPS	5	PA; NDS;LA; +
ALIQOPA SOLR	5	NDS;MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS	5	PA; NDS;LA; +	IDHIFA TABS	5	PA; NDS; +
ALUNBRIG TBPK	5	PA; NDS;LA; +	<i>imatinib mesylate tabs</i>	1	PA; *
AYVAKIT TABS	5	PA; NDS;MO; +	IMBRUICA CAPS	5	PA; NDS;LA; MO; +
BALVERSA TABS	5	PA; NDS;LA; MO; +	IMBRUICA TABS	5	PA; NDS;LA; MO; +
BELEODAQ SOLR	5	PA; NDS; +	INLYTA TABS	5	PA; NDS;LA; +
BORTEZOMIB SOLR	5	NDS; +	INREBIC CAPS	5	PA; NDS;LA; +
BOSULIF TABS	5	PA; NDS; +	IRESSA TABS	5	NDS;LA; +
BRAFTOVI CAPS 75 MG	5	PA; NDS;MO; +	ISTODAX (OVERFILL) SOLR	5	NDS; +
BRUKINSA CAPS	5	PA; NDS;MO; +	JAKAFI TABS	5	PA; NDS;LA; +
CABOMETYX TABS	5	PA; NDS; +	KISQALI TBPK	5	PA; NDS; +
CALQUENCE CAPS	5	PA; NDS;LA; MO; +	KOSELUGO CAPS	5	PA; NDS;MO; +
CAPRELSA TABS 100 MG	5	PA; NDS;MO; +	KYPROLIS SOLR	5	NDS; +
CAPRELSA TABS 300 MG	5	PA; NDS;LA; MO; +	<i>lapatinib ditosylate tabs</i>	5	NDS; +
COMETRIQ KIT	5	PA; NDS;LA; +	LENVIMA 10 MG DAILY DOSE CPPK	5	PA; NDS; +
COPIKTRA CAPS	5	PA; NDS;MO; +	LENVIMA 12MG DAILY DOSE CPPK	5	PA; NDS; +
COTELLIC TABS	5	PA; NDS;LA; +	LENVIMA 14 MG DAILY DOSE CPPK	5	PA; NDS; +
<i>erlotinib hcl tabs</i>	1	PA; *	LENVIMA 18 MG DAILY DOSE CPPK	5	PA; NDS; +
<i>everolimus tabs</i>	5	PA; NDS; +	LENVIMA 20 MG DAILY DOSE CPPK	5	PA; NDS; +
FARYDAK CAPS	5	PA; NDS;LA; +	LENVIMA 24 MG DAILY DOSE CPPK	5	PA; NDS; +
GAVRETO CAPS	5	PA; NDS;MO; +	LENVIMA 4 MG DAILY DOSE CPPK	5	PA; NDS; +
GILOTrif TABS	5	PA; NDS;LA; MO; +	LENVIMA 8 MG DAILY DOSE CPPK	5	PA; NDS; +
IBRANCE CAPS	5	NDS;LA; +	LORBRENA TABS	5	PA; NDS; +
IBRANCE TABS	5	NDS;LA; +	LYNPARZA TABS	5	PA; NDS;LA; +
ICLUSIG TABS 15 MG, 45 MG	5	PA; NDS;LA; MO; +	MEKINIST TABS	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEKTOVI TABS	5	PA; NDS; +	<i>temsirolimus soln</i>	5	NDS; +
NERLYNX TABS	5	PA; NDS;LA; +	TIBSOVO TABS	5	PA; NDS;LA; +
NEXAVAR TABS	5	NDS;LA; +	TUKYSA TABS	5	PA; NDS;MO; +
NINLARO CAPS	5	PA; NDS; +	TURALIO CAPS	5	PA; NDS;LA; MO; +
PEMAZYRE TABS	5	PA; NDS;MO; +	TYKERB TABS (<i>lapatinib ditosylate</i>)	5	NDS; +
PIQRAY 200MG DAILY DOSE TBPK	5	PA; NDS; +	VELCADE SOLR	5	NDS; +
PIQRAY 250MG DAILY DOSE TBPK	5	PA; NDS; +	VERZENIO TABS	5	PA; NDS; +
PIQRAY 300MG DAILY DOSE TBPK	5	PA; NDS; +	VITRAKVI CAPS	5	PA; NDS; +
QINLOCK TABS	5	PA; NDS;LA; MO; +	VITRAKVI SOLN	5	PA; NDS; +
RETEVMO CAPS	5	PA; NDS; +	VIZIMPRO TABS	5	PA; NDS; +
ROMIDEPSIN SOLN 27.5 MG/5.5ML	5	NDS; +	VOTRIENT TABS	5	PA; NDS; +
ROMIDEPSIN SOLR 10 MG	5	NDS; +	XALKORI CAPS	5	PA; NDS; +
ROZLYTREK CAPS	5	PA; NDS; +	XOSPATA TABS	5	PA; NDS;LA; MO; +
RUBRACA TABS	5	PA; NDS;LA; +	ZEJULA CAPS	5	PA; NDS;LA; MO; +
RYDAPT CAPS	5	PA; NDS; +	ZELBORAF TABS	5	PA; NDS;LA; +
SPRYCEL TABS	5	PA; NDS; +	ZOLINZA CAPS	5	NDS; +
STIVARGA TABS	5	PA; NDS;LA; +	ZYDELIG TABS	5	PA; NDS;LA; +
SUTENT CAPS	5	NDS; +	ZYKADIA TABS	5	PA; NDS;LA; +
TABRECTA TABS	5	PA; NDS; +	Antineoplastic Enzymes		
TAFINLAR CAPS	5	NDS; +	ERWINAZE SOLR	5	NDS; +
TAGRISSO TABS	5	PA; NDS;LA; +	Antineoplastics Misc.		
TALZENNA CAPS	5	PA; NDS; +	ACTIMMUNE SOLN	5	NDS;LA; +
TASIGNA CAPS	5	PA; NDS; +	<i>arsenic trioxide soln</i>	5	NDS; +
TAZVERIK TABS	5	PA; NDS;MO; +	<i>bexarotene caps</i>	5	NDS; +
			<i>dacarbazine solr</i>	4	+

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
hydroxyurea caps	1	MO; *	ABRAXANE SUSR	5	NDS;MO; +
INTRON A SOLN 10 MU/ML	5	NDS; +	<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	NDS; +
INTRON A SOLN 6000000 UNIT/ML	4	+	<i>docetaxel soln 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	5	NDS; +
INTRON A SOLR 10 MU, 18 MU, 50 MU	5	NDS; +	ETOPOPHOS SOLR	4	+
MATULANE CAPS	5	NDS;LA; +	<i>etoposide soln</i>	4	+
NIPENT SOLR	4	+	HALAVEN SOLN	5	NDS; +
PROLEUKIN SOLR	5	NDS; +	IXEMPRA KIT SOLR	5	NDS; +
SYLATRON KIT	5	NDS; +	JEVTANA SOLN	5	NDS; +
SYNRIBO SOLR	5	NDS;MO; +	MARQIBO SUSP	5	NDS;MO; +
TICE BCG SUSR	5	NDS; +	<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i>	4	+
<i>tretinoin (chemotherapy) caps</i>	5	NDS;MO; +	<i>vinblastine sulfate soln</i>	4	PA; MO; +
Chemotherapy Adjuncts			<i>vincristine sulfate soln</i>	4	PA; MO; +
ELITEK SOLR	5	NDS; +	<i>vinorelbine tartrate soln 10 mg/ml</i>	4	+
KEPIVANCE SOLR	5	NDS; +	<i>vinorelbine tartrate soln 50 mg/5ml</i>	4	MO; +
Chemotherapy Rescue/Antidote Agents			Oncolytic Viral Agents		
dexrazoxane hcl solr	4	+	IMLYGIC SUSP	4	1000000 Unit/ML;MO; +
KHAPZORY SOLR	5	NDS; +	IMLYGIC SUSP	5	NDS; 100000000 Unit/ML;MO; +
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	4	+	Topoisomerase I Inhibitors		
<i>leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg</i>	1	MO; *	<i>irinotecan hcl soln 300 mg/15ml</i>	4	+
<i>levoleucovorin calcium soln 250 mg/25ml, 175 mg/17.5ml</i>	5	NDS; +	<i>irinotecan hcl soln 500 mg/25ml, 40 mg/2ml, 100 mg/5ml</i>	1	*
<i>levoleucovorin calcium solr 50 mg</i>	4	+	ONIVYDE INJ	5	NDS;MO; +
<i>mesna soln</i>	4	+	<i>topotecan hcl solr 4 mg</i>	5	NDS; +
MESNEX TABS OR 400 MG	5	NDS;MO; +			
Mitotic Inhibitors					

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	1	MO; *
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	4	MO; +
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>trihexyphenidyl hcl soln</i>	1	AL(Up to 64 yrs old); MO; *
<i>trihexyphenidyl hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
Antiparkinson COMT Inhibitors		
<i>entacapone tabs</i>	1	SL(8 ea daily); MO; *
<i>tolcapone tabs</i>	1	MO; *
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	MO; *
<i>amantadine hcl syrup</i>	1	MO; *
<i>amantadine hcl tabs</i>	1	MO; *
<i>APOKYN SOCT</i>	5	NDS;LA; +
<i>bromocriptine mesylate caps</i>	1	MO; *
<i>bromocriptine mesylate tabs</i>	1	MO; *
<i>carbidopa-levodopa tabs</i>	1	MO; *
<i>carbidopa-levodopa tbcr</i>	1	MO; *
<i>carbidopa-levodopa tbdp</i>	1	MO; *
<i>carbidopa-levodopa-entacapone tabs</i>	1	MO; *
<i>DUOPA SUSP</i>	3	B/D; MO; +
<i>GOCOVRI CP24</i>	5	PA; NDS;MO; +
<i>NEUPRO PT24</i>	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>OSMOLEX ER TB24 129 MG, 193 MG, 258 MG</i>	3	PA; SL(1 ea daily); MO; +
<i>pramipexole dihydrochloride tabs</i>	1	MO; *
<i>pramipexole dihydrochloride tb24</i>	1	MO; *
<i>ropinirole hydrochloride tabs</i>	1	MO; *
<i>ropinirole hydrochloride tb24</i>	1	MO; *
<i>RYTARY CPCR</i>	3	MO; +
<i>STALEVO 100 TABS (carbidopa-levodopa-entacapone)</i>	3	MO; +
<i>STALEVO 125 TABS (carbidopa-levodopa-entacapone)</i>	3	MO; +
<i>STALEVO 150 TABS (carbidopa-levodopa-entacapone)</i>	3	MO; +
<i>STALEVO 200 TABS (carbidopa-levodopa-entacapone)</i>	3	MO; +
<i>STALEVO 50 TABS (carbidopa-levodopa-entacapone)</i>	3	MO; +
<i>STALEVO 75 TABS (carbidopa-levodopa-entacapone)</i>	3	MO; +
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate tabs</i>	1	MO; *
<i>selegiline hcl caps</i>	1	MO; *
<i>selegiline hcl tabs</i>	1	MO; *
<i>ZELAPAR TBDP</i>	3	MO; +
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	MO; *
<i>lithium carbonate tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tbcr</i>	1	MO; *	FANAPT TABS 1 MG, 10 MG, 2 MG, 4 MG	3	MO; +
LITHIUM SOLN	2	MO; +	FANAPT TABS 12 MG, 6 MG, 8 MG	5	NDS;MO; +
Antipsychotics - Misc.					
CAPLYTA CAPS	5	PA; NDS;MO; +	FANAPT TITRATION PACK TABS	3	MO; +
EQUETRO CP12	3	MO; +	INVEGA SUSTENNA SUSY	4	MO; +
LATUDA TABS 120 MG	5	PA; NDS;SL(1.33 ea daily); MO; +	INVEGA TRINZA SUSY	4	+
LATUDA TABS 20 MG	5	PA; NDS;SL(8 ea daily); MO; +	<i>paliperidone tb24 1.5 mg</i>	1	SL(8 ea daily); MO; *
LATUDA TABS 40 MG	5	PA; NDS;SL(4 ea daily); MO; +	<i>paliperidone tb24 3 mg</i>	1	SL(4 ea daily); MO; *
LATUDA TABS 60 MG	5	PA; NDS;SL(2.67 ea daily); MO; +	<i>paliperidone tb24 6 mg</i>	1	SL(2 ea daily); MO; *
LATUDA TABS 80 MG	5	PA; NDS;SL(2 ea daily); MO; +	<i>paliperidone tb24 9 mg</i>	5	NDS;SL(1.33 ea daily); MO; +
NUPLAZID CAPS 34 MG	5	PA; NDS;LA; +	PERSERIS PRSY	5	PA; NDS; +
NUPLAZID TABS 10 MG	5	PA; NDS;LA; +	RISPERDAL CONSTA SRER 12.5 MG	4	Limit 8 vials per 28 days;SL(0.29 ea daily); MO; +
NUPLAZID TABS 17 MG	5	PA; NDS; +	RISPERDAL CONSTA SRER 25 MG	4	Limit 4 vials per 28 days;SL(0.15 ea daily); MO; +
VRAYLAR CAPS 1.5 MG	3	PA; SL(4 ea daily); MO; +	RISPERDAL CONSTA SRER 37.5 MG	5	NDS; Limit 4 vials per 42 days;SL(0.1 ea daily); MO; +
VRAYLAR CAPS 3 MG	3	PA; SL(2 ea daily); MO; +	RISPERDAL CONSTA SRER 50 MG	5	NDS; Limit 2 vials per 28 days;SL(0.08 ea daily); MO; +
VRAYLAR CAPS 4.5 MG	3	PA; SL(1.4 ea daily); MO; +	<i>risperidone soln</i>	1	MO; *
VRAYLAR CAPS 6 MG	3	PA; SL(1 ea daily); MO; +	<i>risperidone tabs</i>	1	MO; *
VRAYLAR CPPK	3	PA; MO; +	<i>risperidone tbdp</i>	1	MO; *
<i>ziprasidone hcl caps</i>	1	MO; *	Butyrophenones		
<i>ziprasidone mesylate solr</i>	4	MO; +			
Benzisoxazoles					

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

Drug Name	Drug Tier	Requirements/Limits
haloperidol decanoate soln	1	MO; *
haloperidol lactate conc	1	MO; *
haloperidol lactate soln	1	MO; *
haloperidol tabs	1	MO; *
Dibenzapines		
clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg	1	*
clozapine tbdp 100 mg, 12.5 mg, 25 mg, 150 mg	1	*
clozapine tbdp 200 mg	5	NDS; +
CLOZARIL TABS 50 MG (clozapine)	3	+
loxapine succinate caps	1	MO; *
olanzapine solr	1	MO; *
olanzapine tabs	1	MO; *
olanzapine tbdp	1	MO; *
quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	MO; *
quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	PA; MO; *
SAPHRIS SUBL 10 MG	5	NDS;SL(2 ea daily); MO; +
SAPHRIS SUBL 2.5 MG	3	SL(8 ea daily); MO; +
SAPHRIS SUBL 5 MG	3	SL(4 ea daily); MO; +
SECUADO PT24 3.8 MG/24HR	5	PA; NDS;SL(2 ea daily); +
SECUADO PT24 5.7 MG/24HR	5	PA; NDS;SL(1.34 ea daily); +
SECUADO PT24 7.6 MG/24HR	5	PA; NDS;SL(1 ea daily); +
VERSACLOZ SUSP	5	PA; NDS;SL(18 ml daily); +

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV SUSR	4	+
Dihydroindolones		
molindone hcl tabs	1	*
Phenothiazines		
chlorpromazine hcl soln ij 25 mg/ml	4	MO; +
CHLORPROMAZINE HCL SOLN IJ 50 MG/2ML	4	+
chlorpromazine hcl tabs or 10 mg, 200 mg, 25 mg, 100 mg, 50 mg	1	MO; *
CHLORPROMAZINE HYDROCHLORIDE SOLN	4	+
fluphenazine decanoate soln	4	MO; +
fluphenazine hcl conc or 5 mg/ml	1	MO; *
fluphenazine hcl soln ij 2.5 mg/ml	4	MO; +
fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg	1	MO; *
perphenazine tabs	1	MO; *
prochlorperazine edisylate soln 10 mg/2ml	4	MO; +
prochlorperazine edisylate soln 50 mg/10ml	4	+
prochlorperazine maleate tabs	1	MO; *
prochlorperazine supp	1	MO; *
thioridazine hcl tabs	1	MO; *
trifluoperazine hcl tabs	1	MO; *
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	5	NDS;MO; +
ABILIFY MAINTENA SRER	5	NDS;MO; +
aripiprazole soln 1 mg/ml	1	SL(30 ml daily); MO; *
aripiprazole tabs 10 mg	1	SL(3 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
aripiprazole tabs 15 mg	1	SL(2 ea daily); MO; *	abacavir sulfate-lamivudine tabs	1	MO; *
aripiprazole tabs 2 mg	1	SL(15 ea daily); MO; *	abacavir sulfate-lamivudine-zidovudine tabs	5	NDS;MO; +
aripiprazole tabs 20 mg	3	SL(1.5 ea daily); MO; +	APTIVUS CAPS 250 MG	2	MO; +
aripiprazole tabs 30 mg	3	SL(1 ea daily); MO; +	APTIVUS SOLN 100 MG/ML	2	+
aripiprazole tabs 5 mg	1	SL(6 ea daily); MO; *	atazanavir sulfate caps	5	NDS;MO; +
aripiprazole tbdp 10 mg	5	NDS;SL(3 ea daily); MO; +	ATRIPLA TABS (efavirenz-emtricitabine-tenofovir disoproxil fumarate)	2	MO; +
aripiprazole tbdp 15 mg	5	NDS;SL(2 ea daily); MO; +	BIKTARVY TABS	5	NDS;MO; +
ARISTADA INITIO PRSY	5	NDS; +	CIMDUO TABS	5	NDS;MO; +
ARISTADA PRSY	5	NDS; +	COMPLERA TABS	5	NDS;MO; +
REXULTI TABS 0.25 MG	5	PA; NDS;SL(16 ea daily); MO; +	CRIVAN CAPS	3	MO; +
REXULTI TABS 0.5 MG	5	PA; NDS;SL(8 ea daily); MO; +	DELSTRIGO TABS	5	NDS;MO; +
REXULTI TABS 1 MG	5	PA; NDS;SL(4 ea daily); MO; +	DESCOVY TABS	5	NDS;MO; +
REXULTI TABS 2 MG	5	PA; NDS;SL(2 ea daily); MO; +	didanosine cpdr	1	MO; *
REXULTI TABS 3 MG	5	PA; NDS;SL(1.33 ea daily); MO; +	DOVATO TABS	5	NDS;MO; +
REXULTI TABS 4 MG	5	PA; NDS;SL(1 ea daily); MO; +	EDURANT TABS	5	NDS;MO; +
Thioxanthenes			efavirenz caps	1	MO; *
thiothixene caps	1	MO; *	efavirenz tabs	1	MO; *
ANTIVIRALS - Drugs to Treat Viral Infections					
Antiretrovirals			efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs	1	MO; *
abacavir sulfate soln	1	MO; *	efavirenz-lamivudine-tenofovir disoproxil fumarate tabs	5	NDS;MO; +
abacavir sulfate tabs	1	MO; *	emtricitabine caps	1	MO; *
			emtricitabine-tenofovir disoproxil fumarate tabs	1	MO; *
			EMTRIVA SOLN 10 MG/ML	3	MO; +
			EVOTAZ TABS	5	NDS;MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
fosamprenavir calcium tabs	5	NDS;MO; +	NORVIR PACK 100 MG	3	MO; +
FUZEON SOLR	5	NDS; +	NORVIR SOLN 80 MG/ML	2	MO; +
GENVOYA TABS	5	NDS;MO; +	ODEFSEY TABS	5	NDS;MO; +
INTELENCE TABS 100 MG	2	MO; +	PIFELTRO TABS	5	NDS;MO; +
INTELENCE TABS 200 MG	5	NDS;MO; +	PREZCOBIX TABS	5	NDS;MO; +
INTELENCE TABS 25 MG	3	+	PREZISTA SUSP 100 MG/ML	5	NDS;MO; +
INVIRASE TABS 500 MG	5	NDS;MO; +	PREZISTA TABS 150 MG, 600 MG, 800 MG	5	NDS;MO; +
ISENTRESS CHEW 100 MG	2	SL(6 ea daily); MO; +	PREZISTA TABS 75 MG	3	MO; +
ISENTRESS CHEW 25 MG	2	SL(24 ea daily); MO; +	RETROVIR IV INFUSION SOLN	4	+
ISENTRESS HD TABS	5	NDS;MO; +	REYATAZ PACK 50 MG	5	NDS;MO; +
ISENTRESS PACK 100 MG	3	SL(2 ea daily); MO; +	ritonavir tabs	1	MO; *
ISENTRESS TABS 400 MG	5	NDS;MO; +	RUKOBIA TB12	5	NDS;MO; +
JULUCA TABS	5	NDS;MO; +	SELZENTRY SOLN 20 MG/ML	2	+
KALETRA TABS 100 MG-25 MG	3	MO; +	SELZENTRY TABS 150 MG, 300 MG	2	MO; +
KALETRA TABS 200 MG-50 MG	2	MO; +	SELZENTRY TABS 25 MG, 75 MG	2	+
lamivudine soln	1	MO; *	stavudine caps	1	MO; *
lamivudine tabs	1	MO; *	STRIBILD TABS	5	NDS;MO; +
lamivudine-zidovudine tabs	1	MO; *	SYMFI LO TABS (efavirenz-lamivudine-tenofovir disoproxil fumarate)	5	NDS;MO; +
LEXIVA SUSP 50 MG/ML	2	MO; +	SYMFI TABS (efavirenz-lamivudine-tenofovir disoproxil fumarate)	5	NDS;MO; +
lopinavir-ritonavir soln	1	MO; *	SYMTUZA TABS	5	NDS;MO; +
nevirapine susp 50 mg/5ml	1	MO; *	TEMIXYS TABS	5	NDS;MO; +
nevirapine tabs 200 mg	1	MO; *	tenofovir disoproxil fumarate tabs	1	MO; *
nevirapine tb24 100 mg	1	*			
nevirapine tb24 400 mg	1	MO; *			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO	3	MO; +	<i>adefovir dipivoxil tabs</i>	5	NDS;MO; +
TIVICAY TABS 10 MG	3	MO; +	BARACLUDE SOLN 0.05 MG/ML	2	MO; +
TIVICAY TABS 25 MG, 50 MG	5	NDS;MO; +	<i>entecavir tabs</i>	1	MO; *
TRIUMEQ TABS	5	NDS;MO; +	EPCLUSA TABS 100 MG-400 MG	5	PA; NDS; +
TROGARZO SOLN	5	NDS; +	EPIVIR HBV SOLN 5 MG/ML	2	MO; +
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	5	NDS;MO; +	HARVONI PACK 150 MG-33.75 MG, 200 MG-45 MG	5	PA; NDS; +
TRUVADA TABS 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	2	MO; +	HARVONI TABS 200 MG-45 MG, 400 MG-90 MG	5	PA; NDS; +
TYBOST TABS	3	MO; +	<i>lamivudine (hbv) tabs</i>	1	MO; *
VIDEX EC CPDR 125 MG	3	MO; +	MAVYRET TABS	5	PA; NDS; +
VIDEXPEDIATRIC SOLR 2 GM	3	MO; +	PEGASYS PROCLICK SOLN 180 MCG/0.5ML	5	NDS; +
VIRACEPT TABS	5	NDS;MO; +	PEGASYS SOLN	5	NDS; +
VIREAD POWD 40 MG/GM	5	NDS;MO; +	PEGINTRON KIT	5	NDS; +
VIREAD TABS 150 MG, 200 MG, 250 MG	5	NDS;MO; +	REBETOL SOLN 40 MG/ML	2	+
<i>zidovudine caps</i>	1	MO; *	<i>ribavirin (hepatitis c) caps 200 mg</i>	1	*
<i>zidovudine syrup</i>	1	MO; *	<i>ribavirin (hepatitis c) tabs 200 mg</i>	1	*
<i>zidovudine tabs</i>	1	MO; *	SOVALDI TABS 200 MG, 400 MG	5	PA; NDS; +
CMV Agents			VEMLIDY TABS	5	ST; NDS;MO; +
<i>cidofovir soln</i>	5	NDS; +	VOSEVI TABS	5	PA; NDS; +
<i>ganciclovir sodium solr</i>	1	PA; *	ZEPATIER TABS	5	PA; NDS; +
PREVYMIS TABS OR 240 MG, 480 MG	5	PA; NDS;MO; +	Herpes Agents		
<i>valganciclovir hcl solr</i>	5	NDS;MO; +	<i>acyclovir caps</i>	1	MO; *
<i>valganciclovir hcl tabs</i>	5	NDS;MO; +	<i>acyclovir sodium soln</i>	4	PA; +
Hepatitis Agents			<i>acyclovir susp</i>	1	MO; *
			<i>acyclovir tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
famciclovir tabs	1	MO; *
valacyclovir hcl tabs	1	MO; *
Influenza Agents		
oseltamivir phosphate caps 30 mg	1	QL(4 ea daily); MO; *
oseltamivir phosphate caps 45 mg, 75 mg	1	MO; *
oseltamivir phosphate susr 6 mg/ml	1	MO; *
RELENZA DISKHALER AEPB	3	MO; +
rimantadine hydrochloride tabs	1	MO; *
Respiratory Syncytial Virus (RSV) Agents		
ribavirin solr	1	*
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	1	MO; *
carvedilol tabs 12.5 mg	1	SL(8 ea daily); MO; *
carvedilol tabs 25 mg	1	SL(4 ea daily); MO; *
carvedilol tabs 3.125 mg	1	SL(32 ea daily); MO; *
carvedilol tabs 6.25 mg	1	SL(16 ea daily); MO; *
labetalol hcl tabs or 100 mg, 200 mg, 300 mg	1	MO; *
Beta Blockers Cardio-Selective		
acebutolol hcl caps	1	MO; *
atenolol tabs	1	MO; *
betaxolol hcl tabs	1	MO; *
bisoprolol fumarate tabs	1	MO; *
BYSTOLIC TABS 10 MG, 2.5 MG, 5 MG	3	QL(1 ea daily); MO; +
BYSTOLIC TABS 20 MG	3	QL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tb24	1	MO; *
metoprolol tartrate tabs or 37.5 mg, 75 mg, 100 mg, 25 mg, 50 mg	1	MO; *
Beta Blockers Non-Selective		
HEMANGEOL SOLN	3	+
nadolol tabs	1	MO; *
pindolol tabs	1	MO; *
propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg	1	MO; *
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	1	MO; *
propranolol hcl tabs or 10 mg, 80 mg, 20 mg, 40 mg, 60 mg	1	MO; *
sotalol hcl (afib/afl) tabs	1	MO; *
sotalol hcl tabs	1	MO; *
SOTYLIZE SOLN	3	MO; +
timolol maleate tabs 10 mg	1	SL(6 ea daily); MO; *
timolol maleate tabs 20 mg	1	SL(3 ea daily); MO; *
timolol maleate tabs 5 mg	1	SL(12 ea daily); MO; *
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate tabs 10 mg	1	SL(1 ea daily); MO; *
amlodipine besylate tabs 2.5 mg	1	SL(4 ea daily); MO; *
amlodipine besylate tabs 5 mg	1	SL(2 ea daily); MO; *
CARDIZEM LA TB24 120 MG	2	MO; +
diltiazem hcl coated beads cp24	1	MO; *
diltiazem hcl coated beads tb24	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	1	MO; *
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	MO; *
diltiazem hcl extended release beads cp24	1	MO; *
diltiazem hcl tabs or 120 mg, 60 mg, 30 mg, 90 mg	1	MO; *
felodipine tb24	1	MO; *
nicardipine hcl caps or 20 mg, 30 mg	1	MO; *
nifedipine caps 20 mg	1	AL(Up to 64 yrs old); MO; *
nifedipine tb24 30 mg, 60 mg, 90 mg	1	MO; *
nimodipine caps	1	MO; *
nisoldipine tb24 17 mg, 34 mg, 8.5 mg	1	MO; *
NYMALIZE SOLN	5	NDS; +
verapamil hcl cp24 or 360 mg, 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	1	MO; *
verapamil hcl tabs or 40 mg, 120 mg, 80 mg	1	MO; *
verapamil hcl tbc or 120 mg, 180 mg, 240 mg	1	MO; *
VERELAN PM CP24 300 MG (verapamil hcl)	1	MO; *
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln or 0.05 mg/ml	1	MO; *
digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg	1	MO; *
LANOXIN PEDIATRIC SOLN	4	+
LANOXIN TABS OR 62.5 MCG	3	MO; +
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium tabs	1	MO; *
BIDIL TABS	3	MO; +
ENTRESTO TABS	3	PA; MO; +
Impotence Agents		
CAVERJECT IMPULSE KIT	2	Check plan for coverage; Limit 4 boxes per month;QL(0.14 29 ea daily); MO; NT; +
CAVERJECT SOLR 20 MCG	2	Check plan for coverage; Limit 4 boxes per month;QL(0.14 29 ea daily); MO; NT; +
CAVERJECT SOLR 40 MCG	2	Check plan for coverage; Limit 4 vials per month;QL(0.14 29 ea daily); MO; NT; +
CIALIS TABS 5 MG (tadalafil)	3	PA; Check plan for coverage;MO; +
EDEX KIT	2	Check plan for coverage; Limit 4 boxes per month;QL(0.14 29 ea daily); MO; NT; +
MUSE PLLT	2	Check plan for coverage; Limit 4 boxes per month;QL(0.14 29 ea daily); MO; NT; +
sildenafil citrate tabs	1	Check plan for coverage;QL(0.1429 ea daily); MO; NT; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>tadalafil tabs 10 mg, 20 mg</i>	1	Check plan for coverage;QL(0.1429 ea daily); MO; NT; *	<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	1	PA; *			
<i>tadalafil tabs 2.5 mg, 5 mg</i>	1	PA; Check plan for coverage;MO; *	<i>tadalafil (pulmonary hypertension) tabs</i>	5	PA; NDS; +			
Pulmonary Hypertension - Prostacyclin Receptor								
UPTRAVI TABS	5	PA; NDS;LA; +	UPTRAVI TBPK	5	PA; NDS;LA; +			
Pulmonary Hypertension - Sol Guanylate Cyclase								
ADEMPAS TABS 0.5 MG	5	PA; NDS;SL(15 ea daily); +	ADEMPAS TABS 1 MG	5	PA; NDS;SL(7.5 ea daily); +			
ADEMPAS TABS 1.5 MG	5	PA; NDS;SL(5 ea daily); +	ADEMPAS TABS 2 MG	5	PA; NDS;SL(3.75 ea daily); +			
ADEMPAS TABS 2.5 MG	5	PA; NDS;SL(3 ea daily); +	Sinus Node Inhibitors					
CORLANOR SOLN 5 MG/5ML	3	SL(15 ml daily); +	CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; +			
CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; +	Transthyretin Stabilizers					
VYNDAMAX CAPS	5	PA; NDS;QL(1 ea daily); +	VYNDAQEL CAPS	5	PA; NDS;QL(4 ea daily); +			
CEPHALOSPORINS - Drugs to Treat Bacterial Infections								
Cephalosporins - 1st Generation								
<i>cefadroxil caps</i>	1	MO; *	<i>cefadroxil susr</i>	1	MO; *			
<i>cefadroxil tabs</i>	1	MO; *						

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium solr ij 500 mg, 1 gm, 10 gm</i>	4	MO; +
<i>cephalexin caps</i>	1	MO; *
<i>cephalexin susr</i>	1	MO; *
<i>cephalexin tabs</i>	1	MO; *
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO; *
<i>cefaclor monohydrate tb12</i>	1	MO; *
<i>cefoxitin sodium solr ij 10 gm</i>	4	+
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	4	+
<i>cefprozil susr</i>	1	MO; *
<i>cefprozil tabs</i>	1	MO; *
<i>cefuroxime axetil tabs</i>	1	MO; *
<i>cefuroxime sodium solr ij 7.5 gm</i>	4	+
<i>cefuroxime sodium solr ij 750 mg</i>	4	MO; +
<i>cefuroxime sodium solr iv 1.5 gm</i>	4	+
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	MO; *
<i>cefdinir susr</i>	1	MO; *
<i>cefixime caps</i>	1	MO; *
<i>cefixime susr</i>	1	MO; *
<i>cefpodoxime proxetil susr</i>	1	MO; *
<i>cefpodoxime proxetil tabs</i>	1	MO; *
<i>ceftazidime solr ij 2 gm, 1 gm</i>	4	MO; +
<i>ceftazidime solr ij 6 gm</i>	4	+

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	4	SL(200 ml daily); +
<i>ceftriaxone sodium solr ij 1 gm</i>	4	SL(4 ea daily); MO; +
<i>ceftriaxone sodium solr ij 2 gm</i>	4	SL(2 ea daily); MO; +
<i>ceftriaxone sodium solr ij 250 mg</i>	4	SL(16 ea daily); MO; +
<i>ceftriaxone sodium solr ij 500 mg</i>	4	SL(8 ea daily); MO; +
<i>ceftriaxone sodium solr iv 1 gm</i>	4	SL(4 ea daily); +
<i>ceftriaxone sodium solr iv 10 gm</i>	4	MO; +
<i>ceftriaxone sodium solr iv 2 gm</i>	4	SL(2 ea daily); MO; +
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	4	MO; +
<i>CEFEPIME SOLN</i>	4	+
Cephalosporins - 5th Generation		
<i>TEFLARO SOLR</i>	4	+
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethynodiol diacetate tabs</i>	1	MO; *
<i>desogestrel-ethynodiol (biphasic) tabs</i>	1	MO; *
<i>drospirenone-ethynodiol diacetate tabs</i>	1	MO; *
<i>drospirenone-ethynodiol-levomefolate calcium tabs</i>	1	MO; *
<i>ethynodiol diacetate & ethynodiol diacetate tabs</i>	1	MO; *
<i>levonorgestrel & ethynodiol diacetate tabs</i>	1	MO; *
<i>levonorgestrel-ethynodiol diacetate (triphasic) tabs</i>	1	MO; *
<i>levonorgestrel-ethynodiol diacetate (91-day) tabs</i>	1	(QUARTETTE); MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol (91-day) tabs	1	biphasic;MO; *	medroxyprogesterone acetate (contraceptive) susy	4	MO; +
levonorgestrel-ethinyl estradiol (continuous) tabs	1	MO; *	Progestin Contraceptives - Oral		
LO LOESTRIN FE TABS	3	MO; +	norethindrone (contraceptive) tabs	1	MO; *
norethin acet & estrad-fe chew	1	MO; *	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
norethin acet & estrad-fe tabs	1	MO; *	Glucocorticosteroids		
norethindrone & eth estradiol tabs	1	MO; *	betamethasone sod phosphate & acetate susp	4	MO; +
norethindrone & ethinyl estradiol-fe chew	1	MO; *	budesonide cpep 3 mg	1	MO; *
norethindrone acet & eth estra tabs	1	MO; *	budesonide tb24 9 mg	5	NDS;MO; +
norethindrone-eth estradiol (triphasic) tabs	1	MO; *	cortisone acetate tabs	1	MO; *
norgestimate-ethinyl estradiol (triphasic) tabs	1	MO; *	DEPO-MEDROL SUSP 20 MG/ML	4	MO; +
norgestimate-ethinyl estradiol tabs	1	MO; *	dexamethasone elix 0.5 mg/5ml	1	MO; *
norgestrel & ethinyl estradiol tabs 0.3 mg-30 mcg	1	MO; *	dexamethasone sodium phosphate soln ij 10 mg/ml	4	+
norgestrel & ethinyl estradiol tabs 0.5 mg-50 mcg	1	*	dexamethasone sodium phosphate soln ij 10 mg/ml	4	Preservative Free;MO; +
TAYTULLA CAPS	3	MO; +	dexamethasone sodium phosphate soln ij 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	4	MO; +
Combination Contraceptives - Transdermal			dexamethasone soln 0.5 mg/5ml	1	MO; *
norelgestromin-ethinyl estradiol ptwk	1	MO; *	dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 0.5 mg, 0.75 mg, 4 mg, 6 mg	1	MO; *
Combination Contraceptives - Vaginal			dexamethasone tbpk 1.5 mg, 1.5 mg	1	MO; *
etongestrel-ethinyl estradiol ring	1	MO; *	EMFLAZA SUSP	5	PA; NDS;MO; +
Emergency Contraceptives			EMFLAZA TABS	5	PA; NDS;MO; +
ELLA TABS	2	+	hydrocortisone tabs	1	MO; *
Progestin Contraceptives - Injectable			KENALOG-10 SUSP	4	MO; +
DEPO-SUBQ PROVERA 104 SUSY	4	MO; +	MEDROL TABS 2 MG	2	MO; +
medroxyprogesterone acetate (contraceptive) susp	4	MO; +			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
methylprednisolone acetate susp 80 mg/ml, 40 mg/ml	1	MO; *	CLARINEX-D 12 HOUR TB12	3	MO; +
methylprednisolone sod succ soln	1	MO; *	hydrocodone polistirex-chlorpheniramine polistirex suer	1	AL(Up to 64 yrs old); MO; NT; *
methylprednisolone tabs	1	MO; *	promethazine & phenylephrine syrup	1	AL(Up to 64 yrs old); MO; *
methylprednisolone tbpk	1	MO; *	promethazine-phenylephrine-codeine syrup	1	AL(Up to 64 yrs old); NT; *
prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 25 mg/5ml	1	MO; *	SEMPREX-D CAPS	3	MO; +
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	1	MO; *	Mucolytics		
prednisolone soln	1	MO; *	acetylcysteine soln	1	B/D; MO; *
prednisolone tabs	1	MO; *	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
prednisone conc	1	MO; *	Acne Products		
prednisone soln	1	MO; *	ABSORICA CAPS 25 MG, 35 MG, 10 MG, 20 MG, 40 MG	3	+
prednisone tabs	1	MO; *	adapalene crea 0.1 %	1	MO; *
prednisone tbpk	1	MO; *	adapalene gel 0.1 %	1	RX/OTC; MO; *
SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG	4	MO; +	adapalene gel 0.3 %	1	MO; *
SOLU-CORTEF SOLR 1000 MG	4	+	adapalene-benzoyl peroxide gel	1	MO; *
SOLU-MEDROL SOLR 2 GM	4	+	AZELEX CREA	3	MO; +
triamcinolone acetonide susp 40 mg/ml, 400 mg/10ml	4	MO; +	benzoyl peroxide-erythromycin gel	1	MO; *
Mineralocorticoids			CLINDAGEL GEL (clindamycin phosphate (topical))	3	MO; +
fludrocortisone acetate tabs	1	MO; *	clindamycin phosphate (topical) foam	1	MO; *
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			clindamycin phosphate (topical) gel	1	MO; *
Antitussives			clindamycin phosphate (topical) lotion	1	MO; *
benzonatate caps 150 mg, 100 mg, 200 mg	1	MO; NT; *	clindamycin phosphate (topical) solution	1	QL(2 ml daily); MO; *
Cough/Cold/Allergy Combinations			clindamycin phosphate (topical) swab	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	MO; *
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	MO; *
<i>clindamycin phosphate-tretinoin gel</i>	1	MO; *
<i>erythromycin (acne aid) gel</i>	1	MO; *
<i>erythromycin (acne aid) soln</i>	1	MO; *
FABIOR FOAM	3	Limit 100gms per month; QL(3.34 gm daily); MO; +
<i>isotretinoin caps</i>	1	*
RETIN-A MICRO PUMP GEL 0.08 %	3	MO; +
<i>sulfacetamide sodium (acne) lotion</i>	1	MO; *
<i>tretinoin crea</i>	1	MO; *
<i>tretinoin gel</i>	1	MO; *
<i>tretinoin microsphere gel</i>	1	MO; *
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch</i>	1	PA; MO; *
<i>diclofenac sodium (topical) gel 1 %</i>	1	SL(33.34 gm daily); RX/OTC; MO; *
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(15 ml daily); MO; *
FLECTOR PTCH	3	PA; MO; +
FLECTOR PTCH (<i>diclofenac epolamine</i>)	3	PA; MO; +
PENNSAID SOLN	5	PA; NDS; QL(8 gm daily); MO; +
Antibiotics - Topical		
CENTANY OINT	3	QL(0.74 gm daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN CREA	2	MO; +
CORTISPORIN OINT	2	MO; +
<i>gentamicin sulfate (topical) crea</i>	1	MO; *
<i>mupirocin calcium (topical) crea</i>	1	QL(1 gm daily); MO; *
<i>mupirocin oint</i>	1	QL(0.74 gm daily); MO; *
Antifungals - Topical		
<i>ciclopirox gel 0.77 %</i>	1	MO; *
<i>ciclopirox olamine crea</i>	1	MO; *
<i>ciclopirox olamine susp</i>	1	MO; *
<i>ciclopirox sham 1 %</i>	1	MO; *
<i>clotrimazole (topical) crea</i>	1	RX/OTC; MO; *
<i>clotrimazole (topical) soln</i>	1	RX/OTC; MO; *
<i>econazole nitrate crea</i>	1	QL(3 gm daily); MO; *
ERTACZO CREA	3	MO; +
JUBLIA SOLN	3	PA; MO; +
KERYDIN SOLN (<i>tavaborole</i>)	3	PA; MO; +
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily); MO; *
<i>ketoconazole (topical) foam</i>	1	QL(3.34 gm daily); MO; *
<i>ketoconazole (topical) sham</i>	1	QL(4 ml daily); MO; *
<i>luliconazole crea</i>	1	MO; *
LUZU CREA (<i>luliconazole</i>)	3	MO; +
MENTAX CREA	2	RX/OTC; MO; +
<i>naftifine hcl crea 1 %, 2 %</i>	1	MO; *
<i>naftifine hcl gel 1 %</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
NAFTIN GEL 1 % (<i>naftifine hcl</i>)	3	MO; +
NAFTIN GEL 2 %	3	MO; +
<i>nystatin (topical) crea</i>	1	QL(2 gm daily); MO; *
<i>nystatin (topical) oint</i>	1	QL(2 gm daily); MO; *
<i>nystatin (topical) powd</i>	1	QL(2 gm daily); MO; *
<i>nystatin-triamcinolone crea</i>	1	MO; *
<i>nystatin-triamcinolone oint</i>	1	MO; *
<i>oxiconazole nitrate crea</i>	1	MO; *
OXISTAT LOTN	3	MO; +
<i>tavaborole soln</i>	1	PA; MO; *
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>fluorouracil (topical)</i>)	5	NDS;MO; +
<i>diclofenac sodium (actinic keratoses) gel</i>	3	PA; QL(3.34 gm daily); MO; +
<i>fluorouracil (topical) crea 0.5 %</i>	5	NDS;MO; +
<i>fluorouracil (topical) crea 5 %</i>	1	MO; *
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	MO; *
PANRETIN GEL	2	+
PICATO GEL	5	NDS;MO; +
TARGRETIN GEL EX 1 %	5	PA; NDS;QL(2 gm daily); +
VALCHLOR GEL	5	PA; NDS;MO; +
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; QL(1.5 gm daily); MO; +
PRUDOXIN CREA (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL(1.5 gm daily); MO; +
ZONALON CREA (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL(1.5 gm daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
Antipsoriatics		
<i>acitretin caps 10 mg, 25 mg</i>	1	MO; *
<i>acitretin caps 17.5 mg</i>	5	NDS;MO; +
<i>calcipotriene crea</i>	1	QL(4 gm daily); MO; *
<i>calcipotriene oint</i>	1	MO; *
<i>calcipotriene soln</i>	1	MO; *
<i>calcitriol (topical) oint</i>	1	MO; *
COSENTYX SENSOREADY PEN SOAJ	5	PA; NDS;LA; +
COSENTYX SOSY	5	PA; NDS;LA; +
ILUMYA SOSY	5	PA; NDS; +
<i>methoxsalen rapid caps</i>	5	NDS;MO; +
SILIQ SOSY	5	PA; NDS; +
SKYRIZI PSKT	5	PA; NDS; +
SORILUX FOAM	3	MO; +
STELARA SOLN	5	PA; NDS; +
STELARA SOSY	5	PA; NDS; +
TALTZ SOAJ	5	PA; NDs; +
TALTZ SOSY	5	PA; NDS; +
<i>tazarotene crea</i>	1	MO; *
TAZORAC CREA 0.05 %	2	MO; +
TAZORAC GEL 0.05 %, 0.1 %	2	MO; +
TREMFYA SOPN	5	PA; NDS; +
TREMFYA SOSY	5	PA; NDS; +
VECTICAL OINT (<i>calcitriol (topical)</i>)	3	MO; +
Antiseborrheic Products		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
selenium sulfide lotn 2.5 %	1	MO; *	betamethasone valerate lotn	1	MO; *
Antivirals - Topical					
acyclovir topical crea	5	NDS;MO; +	betamethasone valerate oint	1	MO; *
acyclovir topical oint	1	MO; *	calcipotriene- betamethasone dipropionate oint	5	NDS;SL(14.28 gm daily); MO; +
DENAVIR CREA	5	NDS;MO; +	calcipotriene- betamethasone dipropionate susp	5	NDS;SL(14.28 gm daily); MO; +
XERESE CREA	3	MO; +	CAPEX SHAM	3	MO; +
Burn Products					
silver sulfadiazine crea	1	MO; *	clobetasol propionate crea	1	MO; *
SULFAMYLYON CREA 85 MG/GM	3	MO; +	clobetasol propionate emollient base crea	1	MO; *
Corticosteroids - Topical					
alclometasone dipropionate crea	1	MO; *	clobetasol propionate foam	1	Non-emulsion;MO; *
alclometasone dipropionate oint	1	MO; *	clobetasol propionate gel	1	MO; *
amcinonide crea	1	MO; *	clobetasol propionate liqd	1	MO; *
betamethasone dipropionate (topical) crea	1	MO; *	clobetasol propionate lotn	1	MO; *
betamethasone dipropionate (topical) lotn	1	MO; *	clobetasol propionate oint	1	MO; *
betamethasone dipropionate (topical) oint	1	MO; *	clobetasol propionate sham	1	MO; *
betamethasone dipropionate augmented crea	1	MO; *	clobetasol propionate soln	1	MO; *
betamethasone dipropionate augmented gel	1	MO; *	clocortolone pivalate crea	1	MO; *
betamethasone dipropionate augmented lotn	1	MO; *	CLODERM CREA	3	MO; +
betamethasone dipropionate augmented oint	1	MO; *	CLODERM CREA (clocortolone pivalate)	3	MO; +
betamethasone valerate crea	1	MO; *	CLODERM PUMP CREA	3	MO; +
betamethasone valerate foam	1	MO; *	CORDRAN TAPE 4 MCG/SQCM	3	MO; +
			desonide crea	1	QL(2 gm daily); MO; *
			desonide lotn	1	QL(3.94 ml daily); MO; *
			desonide oint	1	QL(2 gm daily); MO; *
			desoximetasone crea 0.05 %, 0.25 %	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
desoximetasone gel 0.05 %	1	MO; *	hydrocortisone (topical) crea 2.5 %	1	MO; *
desoximetasone liqd 0.25 %	1	MO; *	hydrocortisone (topical) lotn 2.5 %	1	MO; *
desoximetasone oint 0.05 %, 0.25 %	1	MO; *	hydrocortisone (topical) oint 1 %	1	RX/OTC; MO; *
diflorasone diacetate crea	1	MO; *	hydrocortisone (topical) oint 2.5 %	1	MO; *
diflorasone diacetate oint	1	MO; *	hydrocortisone butyrate crea	1	QL(1.5 gm daily); MO; *
ENSTILAR FOAM	5	NDS;SL(15 gm daily); MO; +	hydrocortisone butyrate hydrophilic lipo base crea	1	QL(1.5 gm daily); MO; *
fluocinolone acetonide crea	1	MO; *	hydrocortisone butyrate lotn	1	QL(3.94 ml daily); MO; *
fluocinolone acetonide oil	1	MO; *	hydrocortisone butyrate oint	1	QL(1.5 gm daily); MO; *
fluocinolone acetonide oint	1	MO; *	hydrocortisone butyrate soln	1	QL(2 ml daily); MO; *
fluocinolone acetonide soln	1	MO; *	hydrocortisone valerate crea	1	MO; *
fluocinonide crea 0.05 %	1	MO; *	hydrocortisone valerate oint	1	MO; *
fluocinonide emulsified base crea	1	MO; *	mometasone furoate crea	1	MO; *
fluocinonide gel 0.05 %	1	MO; *	mometasone furoate oint	1	MO; *
fluocinonide oint 0.05 %	1	MO; *	mometasone furoate soln	1	MO; *
fluocinonide soln 0.05 %	1	MO; *	prednicarbate crea	1	MO; *
flurandrenolide crea	1	MO; *	TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	5	NDS;SL(14.28 gm daily); MO; +
flurandrenolide lotn	1	MO; *	triamcinolone acetonide (topical) aers 0.147 mg/gm	1	MO; *
fluticasone propionate crea	1	MO; *	triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %	1	MO; *
fluticasone propionate lotn	1	MO; *	triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	1	MO; *
fluticasone propionate oint	1	MO; *	triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %	1	MO; *
halcinonide crea	1	MO; *	ULTRAVATE LOTN	5	PA; NDS;MO; +
halobetasol propionate crea	1	MO; *			
halobetasol propionate oint	1	MO; *			
hydrocortisone (topical) crea 1 %	1	RX/OTC; MO; *			

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

Drug Name	Drug Tier	Requirements/Limits
Emollients		
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn</i>	1	RX/OTC; MO; *
Enzymes - Topical		
SANTYL OINT	3	MO; +
Immunomodulating Agents - Topical		
<i>imiquimod crea 3.75 %</i>	5	NDS;MO; +
<i>imiquimod crea 5 %</i>	1	MO; *
ZYCLARA CREA (<i>imiquimod</i>)	5	NDS;MO; +
ZYCLARA PUMP CREA 2.5 %	5	NDS;MO; +
ZYCLARA PUMP CREA 3.75 % (<i>imiquimod</i>)	5	NDS;MO; +
Immunosuppressive Agents - Topical		
<i>pimecrolimus crea</i>	1	PA; MO; *
<i>tacrolimus (topical) oint</i>	1	PA; MO; *
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	3	MO; +
<i>podofilox soln</i>	1	MO; *
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	MO; *
<i>lidocaine hcl prsy ex 2 %</i>	1	MO; *
<i>lidocaine hcl soln ex 4 %</i>	1	QL(6.67 ml daily); MO; *
<i>lidocaine oint</i>	1	QL(5 gm daily); MO; *
<i>lidocaine ptch</i>	1	PA; SL(3 ea daily); MO; *
<i>lidocaine-prilocaine crea</i>	1	QL(2 gm daily); MO; *
Rosacea Agents		
<i>azelaic acid gel</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (rosacea) cpdr</i>	1	MO; *
FINACEA FOAM	3	MO; +
<i>ivermectin (rosacea) crea</i>	1	MO; *
<i>metronidazole (topical) crea</i>	1	MO; *
<i>metronidazole (topical) gel</i>	1	MO; *
<i>metronidazole (topical) lotn</i>	1	MO; *
MIRVASO GEL	3	PA; MO; +
NORITATE CREA	5	NDS;MO; +
ORACEA CPDR (<i>doxycycline (rosacea)</i>)	3	MO; +
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	MO; *
<i>malathion lotn</i>	1	MO; *
<i>permethrin crea</i>	1	MO; *
Wound Care Products		
REGRANEX GEL	5	NDS;MO; +
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 114000 UNIT-180000 UNIT-36000 UNIT, 12000 UNIT-38000 UNIT-60000 UNIT, 15000 UNIT-3000 UNIT-9500 UNIT, 19000 UNIT-30000 UNIT-6000 UNIT	2	MO; +
CREON CPEP 120000 UNIT-24000 UNIT-76000 UNIT	3	MO; +
PANCREAZE CPEP	2	MO; +
PERTZYE CPEP	3	MO; +
SUCRAID SOLN	3	LA; MO; +

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

Drug Name	Drug Tier	Requirements/Limits
VIOKACE TABS	3	MO; +
ZENPEP CPEP 10000 UNIT-14000 UNIT-3000 UNIT, 10000 UNIT-32000 UNIT-42000 UNIT, 105000 UNIT-25000 UNIT-79000 UNIT, 15000 UNIT-47000 UNIT-63000 UNIT, 17000 UNIT-24000 UNIT-5000 UNIT, 20000 UNIT-63000 UNIT-84000 UNIT	3	MO; +
ZENPEP CPEP 126000 UNIT-168000 UNIT-40000 UNIT	5	NDS;MO; +
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12	1	MO; *
acetazolamide tabs	1	MO; *
KEVEYIS TABS	5	PA; NDS;SL(4 ea daily); MO; +
methazolamide tabs	1	MO; *
Diuretic Combinations		
ALDACTAZIDE TABS 50 MG-50 MG	2	MO; +
amiloride & hydrochlorothiazide tabs	1	MO; *
spironolactone & hydrochlorothiazide tabs	1	MO; *
triamterene & hydrochlorothiazide caps	1	MO; *
triamterene & hydrochlorothiazide tabs	1	MO; *
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	1	MO; *
ethacrynic acid tabs	5	NDS;MO; +
furosemide soln ij 10 mg/ml	4	MO; +
furosemide soln or 10 mg/ml	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *
<i>torsemide tabs</i>	1	MO; *
Potassium Sparing Diuretics		
<i>amiloride hcl tabs</i>	1	MO; *
<i>spironolactone tabs</i>	1	MO; *
<i>triamterene caps</i>	1	MO; *
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs 250 mg, 500 mg</i>	1	MO; *
<i>chlorthalidone tabs</i>	1	MO; *
<i>hydrochlorothiazide caps</i>	1	MO; *
<i>hydrochlorothiazide tabs</i>	1	MO; *
<i>indapamide tabs</i>	1	MO; *
<i>metolazone tabs</i>	1	MO; *
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium tabs 10 mg</i>	1	MO; *
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily); MO; *
<i>alendronate sodium tabs 5 mg</i>	1	*
<i>calcitonin (salmon) soln</i>	1	MO; *
FORTEO SOPN		
<i>FOSAMAX PLUS D TABS</i>	3	QL(0.15 ea daily); MO; +
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	QL(0.036 ml daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO; *	SOMAVERT SOLR	5	PA; NDS; LA; +
MIACALCIN SOLN	4	MO; +	Growth Hormone Releasing Hormones (GHRH)		
NATPARA CART	5	PA; NDS; LA; +	EGRIFTA SV SOLR	5	NDS; +
PROLIA SOSY	2	PA; QL(0.006 ml daily); +	Growth Hormones		
<i>risedronate sodium tabs 150 mg</i>	1	QL(0.04 ea daily); MO; *	GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; +
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	QL(1 ea daily); MO; *	GENOTROPIN SOLR 5 MG	4	PA; +
<i>risedronate sodium tabs 35 mg</i>	1	QL(0.15 ea daily); MO; *	HUMATROPE COMBO PACK SOLR	5	PA; NDS; +
<i>risedronate sodium tbec 35 mg</i>	1	QL(0.15 ea daily); MO; *	HUMATROPE SOLR 12 MG, 24 MG	5	PA; NDS; +
TYMLOS SOPN	5	PA; NDS; +	HUMATROPE SOLR 6 MG	4	PA; +
XGEVA SOLN	5	NDS; Limit 6.8mls per 28 days; QL(0.243 ml daily); +	NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NDS; +
<i>zoledronic acid conc 4 mg/5ml</i>	4	+	NUTROPIN AQ NUSPIN 20 SOPN	5	PA; NDS; +
<i>zoledronic acid soln 5 mg/100ml</i>	1	Limit 1 dose per year; QL(0.28 ml daily); *	OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NDS; +
Corticotropin			SEROSTIM SOLR 4 MG, 6 MG	5	PA; NDS; +
ACTHAR GEL	5	PA; NDS; LA; +	ZOMACTON SOLR 5 MG	4	PA; +
Fertility Regulators			Hormone Receptor Modulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; +	OSPHENA TABS	3	MO; +
NOVAREL SOLR	4	PA; +	<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; *
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; +	Insulin-Like Growth Factor Receptor Inhibitors		
GnRH/LHRH Antagonists			TEPEZZA SOLR	5	PA; NDS; +
ORILISSA TABS	5	PA; NDS; MO; +	Insulin-Like Growth Factors (Somatomedins)		
Growth Hormone Receptor Antagonists			INCRELEX SOLN	4	LA; +
			LHRH/GnRH Agonist Analog Pituitary		
			FENSOLVI KIT	4	MO; +
			LUPANETA PACK KIT	5	NDS; +
			LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG, 15 MG	4	+

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	NDS; +	PALYNZIQ SOSY	5	PA; NDS;LA; +
LUPRON DEPOT-PED (3-MONTH) KIT	5	NDS; +	<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	MO; *
SYNAREL SOLN	5	NDS;MO; +	RAVICTI LIQD	3	LA; +
TRIPTODUR SRER	5	NDS;MO; +	RAYALDEE CPCR	3	PA; MO; +
Metabolic Modifiers			REVCORI SOLN	5	PA; NDS;LA; MO; +
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	MO; *	<i>sapropterin dihydrochloride pack</i>	5	PA; NDS;LA; +
<i>calcitriol soln or 1 mcg/ml</i>	1	MO; *	<i>sapropterin dihydrochloride tbso</i>	5	PA; NDS;LA; +
CARBAGLU TABS	3	LA; MO; +	STRENSIQ SOLN	5	PA; NDS;LA; MO; +
<i>cinacalcet hcl tabs 30 mg</i>	1	*	VIMIZIM SOLN	5	NDS;LA; +
<i>cinacalcet hcl tabs 60 mg, 90 mg</i>	5	NDS; +	XURIDEN PACK	5	NDS;SL(4 ea daily); MO; +
CRYSVITA SOLN	5	PA; NDS;LA; +	Posterior Pituitary Hormones		
CYSTADANE POWD	3	LA; MO; +	<i>desmopressin acetate soln jj 4 mcg/ml</i>	4	MO; +
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO; *	<i>desmopressin acetate spray refrigerated soln</i>	1	MO; *
FABRAZYME SOLR	5	NDS;LA; +	<i>desmopressin acetate spray soln</i>	1	MO; *
GALAFOLD CAPS	5	PA; NDS;LA; +	<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	1	MO; *
KANUMA SOLN	5	NDS;LA; +	STIMATE SOLN	3	+
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	5	PA; NDS;LA; +	Prolactin Inhibitors		
KUVAN TBSO (<i>sapropterin dihydrochloride</i>)	5	PA; NDS;LA; +	<i>cabergoline tabs</i>	1	MO; *
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	MO; *	Somatostatic Agents		
LUMIZYME SOLR	5	NDS;LA; +	<i>octreotide acetate soln 100 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 50 mcg/ml, 1000 mcg/5ml, 200 mcg/ml</i>	4	+
MYALEPT SOLR	5	NDS;LA; MO; +	SANDOSTATIN LAR DEPOT KIT	5	NDS; +
NAGLAZYME SOLN	5	NDS;LA; +	SIGNIFOR LAR SRER 10 MG	5	NDS; Limit 6 vials per 28 days;SL(0.22 ea daily); LA; MO; +
<i>nitisinone caps</i>	1	MO; *			
ORFADIN CAPS 20 MG	2	LA; MO; +			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR SRER 20 MG	5	NDS; Limit 3 vials per 28 days; SL(0.11 ea daily); LA; MO; +	<i>norethindrone acetate-ethinyl estradiol tabs 0.5 mg-2.5 mcg</i>	1	AL(Up to 64 yrs old); MO; *
SIGNIFOR LAR SRER 30 MG	5	NDS; Limit 2 vials per 28 days; SL(0.08 ea daily); LA; MO; +	PREMPHASE TABS	3	AL(Up to 64 yrs old); MO; +
SIGNIFOR LAR SRER 40 MG	5	NDS; Limit 3 vials per 56 days; SL(0.054 ea daily); LA; MO; +	PREMPRO TABS	3	AL(Up to 64 yrs old); MO; +
SIGNIFOR LAR SRER 60 MG	5	NDS; Limit 1 vial per 28 days; SL(0.036 ea daily); LA; MO; +	Estrogens		
SIGNIFOR SOLN	5	NDS; LA; MO; +	DELESTROGEN OIL 10 MG/ML	4	MO; +
SOMATULINE DEPOT SOLN	5	NDS; +	DIVIGEL GEL	3	AL(Up to 64 yrs old); MO; +
Vasopressin Receptor Antagonists			ELESTRIN GEL	3	AL(Up to 64 yrs old); MO; +
JYNARQUE TABS 15 MG, 30 MG	5	NDS; MO; +	<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	AL(Up to 64 yrs old); MO; *
JYNARQUE TBPK	5	PA; NDS; LA; +	<i>estradiol ptwk td 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr, 0.025 mg/24hr</i>	1	AL(Up to 64 yrs old); MO; *
JYNARQUE TBPK 15 MG,	5	PA; NDS; LA; MO; +	<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	AL(Up to 64 yrs old); MO; *
SAMSCA TABS 15 MG	5	NDS; MO; +	<i>estradiol valerate oil</i>	4	MO; +
<i>tolvaptan tabs 15 mg, 30 mg</i>	5	NDS; MO; +	EVAMIST SOLN	3	AL(Up to 64 yrs old); MO; +
ESTROGENS - Hormone Replacement/Modifying Drugs			MENOSTAR PTWK	3	AL(Up to 64 yrs old); MO; +
Estrogen Combinations			PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	AL(Up to 64 yrs old); MO; +
CLIMARA PRO PTWK	3	AL(Up to 64 yrs old); MO; +	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
COMBIPATCH PTTW	3	AL(Up to 64 yrs old); MO; +	BAXDELA SOLR IV 300 MG	5	PA; NDS; +
DUAVEE TABS	3	AL(Up to 64 yrs old); MO; +	BAXDELA TABS OR 450 MG	5	ST; NDS; MO; +
<i>estradiol & norethindrone acetate tabs</i>	1	AL(Up to 64 yrs old); MO; *	CIPRO SUSR 5 GM/100ML, 500 MG/5ML	3	MO; +
			<i>ciprofloxacin hcl tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin in d5w soln 200 mg/100ml-5 %	4	+
ciprofloxacin in d5w soln 400 mg/200ml-5 %	4	MO; +
ciprofloxacin susr	1	MO; *
levofloxacin in d5w soln	4	+
levofloxacin soln iv 25 mg/ml	4	+
levofloxacin soln or 25 mg/ml	1	MO; *
levofloxacin tabs or 250 mg, 500 mg, 750 mg	1	MO; *
moxifloxacin hcl tabs	1	MO; *

GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs

Farnesoid X Receptor (FXR) Agonists

OCALIVA TABS 10 MG	5	PA; NDS;SL(1 ea daily); +
OCALIVA TABS 5 MG	5	PA; NDS;SL(2 ea daily); +

Gallstone Solubilizing Agents

CHENODAL TABS	5	NDS;LA; +
ursodiol caps	1	MO; *
ursodiol tabs	1	MO; *

Gastrointestinal Antiallergy Agents

cromolyn sodium (mastocytosis) conc	1	MO; *
-------------------------------------	---	-------

Gastrointestinal Chloride Channel Activators

AMITIZA CAPS	2	MO; +
--------------	---	-------

Gastrointestinal Stimulants

metoclopramide hcl soln ij 5 mg/ml	4	MO; +
metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml	1	MO; *
metoclopramide hcl tabs or 5 mg, 10 mg	1	MO; *

Inflammatory Bowel Agents

Drug Name	Drug Tier	Requirements/Limits
balsalazide disodium caps	1	MO; *
CIMZIA KIT	5	PA; NDS; +
CIMZIA STARTER KIT KIT	5	PA; NDS; +
DIPENTUM CAPS	5	NDS;MO; +
ENTYVIO SOLR	5	PA; NDS; +
INFLECTRA SOLR	5	PA; NDS; +
mesalamine cp24 or 0.375 gm	1	MO; *
mesalamine cpdr or 400 mg	1	MO; *
mesalamine enem re 4 gm	1	MO; *
mesalamine supp re 1000 mg	5	NDS;MO; +
mesalamine tbec or 1.2 gm, 800 mg	1	MO; *
mesalamine w/ cleanser kit	1	MO; *
REMICADE SOLR	5	PA; NDS; +
RENFLEXIS SOLR	5	PA; NDS; +
STELARA SOLN	5	PA; NDS; +
sulfasalazine tabs	1	MO; *
sulfasalazine tbec	1	MO; *
Intestinal Acidifiers		
lactulose (encephalopathy) soln	1	MO; *
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl tabs	5	PA; NDS;MO; +
LINZESS CAPS	2	MO; +
VIBERZI TABS	5	PA; NDS;MO; +
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	5	NDS;MO; +
RELISTOR TABS OR 150 MG	5	PA; NDS;MO; +
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	1	MO; *
calcium acetate (phosphate binder) tabs	1	RX/OTC; MO; *
lanthanum carbonate chew	1	MO; *
sevelamer carbonate pack 0.8 gm, 2.4 gm	5	NDS;MO; +
sevelamer carbonate tabs 800 mg	1	MO; *
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	5	PA; NDS;LA; +
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	5	PA; NDS;LA; MO; +
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr	1	MO; *
Cystinosis Agents		
CYSTAGON CAPS	3	+
PROCYSB1 CPDR 25 MG, 75 MG	3	+
Genitourinary Irrigants		
acetic acid soln	1	MO; *
neomycin/polymyxin b gu soln	1	MO; *
sodium chloride (gu irrigant) soln	1	MO; *
Interstitial Cystitis Agents		
ELMIRON CAPS	3	MO; +
Prostatic Hypertrophy Agents		

Drug Name	Drug Tier	Requirements/Limits
alfuzosin hcl tb24	1	MO; *
CARDURA XL TB24	3	MO; +
dutasteride caps	1	MO; *
dutasteride-tamsulosin hcl caps	1	MO; *
finasteride tabs	1	MO; *
silodosin caps	1	MO; *
tamsulosin hcl caps	1	MO; *
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	1	MO; *
Gout Agents		
allopurinol tabs 100 mg	1	SL(8 ea daily); MO; *
allopurinol tabs 300 mg	1	SL(2.66 ea daily); MO; *
colchicine tabs	1	MO; *
febuxostat tabs	1	MO; *
Uricosurics		
probenecid tabs	1	MO; *
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI SOLN	5	PA; NDS;MO; +
Bradykinin B2 Receptor Antagonists		
icatibant acetate soln	5	PA; NDS; +
Complement Inhibitors		
BERINERT KIT	5	NDS;LA; +
CINRYZE SOLR	5	PA; NDS;LA; +
HAEGARDA SOLR	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/Limits
RUCONEST SOLR	5	NDS; +
Hematologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	5	PA; NDS; +
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	MO; *
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	5	NDS; +
TAKHZYRO SOLN	5	PA; NDS; +
Platelet Aggregation Inhibitors		
<i>anagrelide hcl caps</i>	1	MO; *
<i>aspirin-dipyridamole cp12</i>	1	MO; *
BRILINTA TABS	2	MO; +
CABLIVI KIT	5	PA; NDS; MO; +
<i>cilostazol tabs</i>	1	MO; *
<i>clopidogrel bisulfate tabs</i>	1	MO; *
<i>dipyridamole tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>prasugrel hcl tabs</i>	1	MO; *
ZONTIVITY TABS	2	MO; +
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	5	PA; NDS; +
CEREZYME SOLR	5	PA; NDS; LA; +
ELELYSO SOLR	5	NDS; +
<i>miglustat caps</i>	5	NDS; LA; MO; +
VPRIV SOLR	5	NDS; +
Agents for Sickle Cell Disease		

Drug Name	Drug Tier	Requirements/Limits
ADAKVEO SOLN	5	PA; NDS; +
DROXIA CAPS	3	MO; +
ENDARI PACK	5	PA; NDS; MO; +
OXBRYTA TABS	5	PA; NDS; LA; +
Cobalamins		
<i>cyanocobalamin soln</i>	4	MO; NT; +
NASCOBAL SOLN	3	MO; NT; +
Folic Acid/Folates		
<i>folic acid tabs</i>	1	RX/OTC; MO; NT; *
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; +
ARANESP ALBUMIN FREE SOLN 200 MCG/ML, 300 MCG/ML	5	PA; NDS; +
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 100 MCG/0.5ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA; +
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; NDS; +
DOPTELET TABS	5	PA; NDS; LA; +
EPOGEN SOLN 10000 UNIT/ML	3	PA; +
EPOGEN SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; +
EPOGEN SOLN 20000 UNIT/ML	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/Limits
GRANIX SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS; +
LEUKINE SOLR	5	PA; NDS; +
MULPLETA TABS	5	PA; NDS; +
NEULASTA ONPRO KIT PSKT	5	PA; NDS; +
NEULASTA SOSY	5	PA; NDS; +
NEUPOGEN SOLN	5	PA; NDS; +
NEUPOGEN SOSY	5	PA; NDS; +
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS; +
PROCERIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA; +
PROCERIT SOLN 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NDS; +
PROMACTA PACK 12.5 MG	5	PA; NDS; SL(12 ea daily); LA; +
PROMACTA PACK 25 MG	5	PA; NDS; SL(6 ea daily); LA; +
PROMACTA TABS 12.5 MG	5	PA; NDS; SL(12 ea daily); LA; +
PROMACTA TABS 25 MG	5	PA; NDS; SL(6 ea daily); LA; +
PROMACTA TABS 50 MG	5	PA; NDS; SL(3 ea daily); LA; +
PROMACTA TABS 75 MG	5	PA; NDS; SL(2 ea daily); LA; +
REBLOZYL SOLR	5	PA; NDS; +
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; +
ZARXIO SOSY	5	PA; NDS; +
Stem Cell Mobilizers		
MOZOBIL SOLN	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid soln or 0.25 gm/ml</i>	5	NDS; MO; +
<i>aminocaproic acid tabs or 1000 mg</i>	5	NDS; MO; +
<i>aminocaproic acid tabs or 500 mg</i>	1	MO; *
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	*
<i>tranexamic acid tabs or 650 mg</i>	1	MO; *
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix</i>	1	AL(Up to 64 yrs old); MO; *
<i>phenobarbital soln</i>	1	AL(Up to 64 yrs old); MO; *
<i>phenobarbital tabs</i>	1	AL(Up to 64 yrs old); MO; *
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep) tabs 3 mg</i>	1	QL(2 ea daily); MO; *
<i>doxepin hcl (sleep) tabs 6 mg</i>	1	QL(1 ea daily); MO; *
Non-Barbiturate Hypnotics		
<i>EDLUAR SUBL 10 MG</i>	3	SL(1 ea daily); MO; +
<i>EDLUAR SUBL 5 MG</i>	3	SL(2 ea daily); MO; +
<i>eszopiclone tabs</i>	1	MO; *
<i>temazepam caps</i>	1	MO; *
<i>zaleplon caps</i>	1	MO; *
<i>zolpidem tartrate subl sl 1.75 mg</i>	1	SL(2 ea daily); MO; *
<i>zolpidem tartrate subl sl 3.5 mg</i>	1	SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 10 mg</i>	1	SL(1 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate tabs or 5 mg	1	SL(2 ea daily); MO; *
zolpidem tartrate tbcr or 12.5 mg	1	SL(1 ea daily); MO; *
zolpidem tartrate tbcr or 6.25 mg	1	SL(2 ea daily); MO; *
Orexin Receptor Antagonists		
BELSOMRA TABS 10 MG	3	PA; SL(2 ea daily); MO; +
BELSOMRA TABS 15 MG	3	PA; SL(1.33 ea daily); MO; +
BELSOMRA TABS 20 MG	3	PA; SL(1 ea daily); MO; +
BELSOMRA TABS 5 MG	3	PA; SL(4 ea daily); MO; +
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	5	PA; NDS; MO; +
ramelteon tabs	1	MO; *
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit	1	*
CLENPIQ SOLN	3	MO; +
GOLYTELY SOLR 2.82 GM-21.5 GM-227.1 GM-5.53 GM-6.36 GM	3	MO; +
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr	1	MO; *
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	1	MO; *
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	1	MO; *
PLENUV SOLR	3	MO; +
SUPREP BOWEL PREP KIT SOLN	3	MO; +
Laxatives - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
lactulose soln 10 gm/15ml, 20 gm/30ml	1	MO; *
Saline Laxatives		
OSMOPREP TABS	3	MO; +
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
lidocaine hcl (local anesth.) soln	4	+
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin pack or 1 gm	1	MO; *
azithromycin solr iv 500 mg	4	MO; +
azithromycin susr or 100 mg/5ml, 200 mg/5ml	1	MO; *
azithromycin tabs or 250 mg, 500 mg	1	MO; *
azithromycin tabs or 600 mg	1	QL(0.29 ea daily); MO; *
ZITHROMAX PACK OR 1 GM (azithromycin)	2	MO; +
Clarithromycin		
clarithromycin susr 250 mg/5ml	1	MO; *
clarithromycin tabs 250 mg, 500 mg	1	MO; *
clarithromycin tb24 500 mg	1	MO; *
Erythromycins		
ERYTHROCIN LACTOBIONATE SOLR	4	SL(8 ea daily); +
erythromycin base cpep 250 mg	1	SL(16 ea daily); MO; *
erythromycin base tabs 250 mg	1	SL(16 ea daily); MO; *
erythromycin base tabs 500 mg	1	SL(8 ea daily); MO; *
erythromycin ethylsuccinate susr 200 mg/5ml	1	SL(100 ml daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate susr 400 mg/5ml	1	SL(50 ml daily); MO; *
erythromycin ethylsuccinate tabs 400 mg	1	SL(10 ea daily); MO; *
Fidaxomicin		
DIFICID TABS	5	NDS;MO; +
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
gauze pads 2" x 2"	1	RX/OTC; MO; *
Misc. Devices		
ALCOHOL PADS	2	RX/OTC; MO; +
Parenteral Therapy Supplies		
INSULIN SYRINGES AND PEN NEEDLES	2	RX/OTC; MO; +
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	4	PA; MO; +
AJOVY SOSY	4	PA; MO; +
EMGALITY SOAJ 120 MG/ML	4	PA; MO; +
EMGALITY SOSY 100 MG/ML	5	PA; NDS;MO; +
EMGALITY SOSY 120 MG/ML	4	PA; MO; +
Migraine Combinations		
ergotamine w/ caffeine supp	1	MO; *
ergotamine w/ caffeine tabs	1	MO; *
sumatriptan-naproxen sodium tabs	1	MO; *
TREXIMET TABS 10 MG-60 MG	3	+
Migraine Products - NSAIDs		
CAMBIA PACK	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
Migraine Products		
dihydroergotamine mesylate soln ij 1 mg/ml	1	MO; *
dihydroergotamine mesylate soln na 4 mg/ml	5	NDS;MO; +
ergotamine tartrate subl	1	*
MIGRAL SOLN (dihydroergotamine mesylate)	5	NDS;MO; +
Serotonin Agonists		
almotriptan malate tabs	1	QL(0.4 ea daily); MO; *
eletriptan hydrobromide tabs	1	QL(0.2 ea daily); MO; *
frovatriptan succinate tabs	1	QL(0.6 ea daily); MO; *
naratriptan hcl tabs	1	QL(0.3 ea daily); MO; *
rizatriptan benzoate tabs	1	QL(0.4 ea daily); MO; *
rizatriptan benzoate tbdp	1	QL(0.4 ea daily); MO; *
sumatriptan soln 20 mg/act	1	QL(0.4 ea daily); MO; *
sumatriptan soln 5 mg/act	1	QL(0.6 ea daily); MO; *
sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml	4	Auto-injector; Limit 4mls per month;QL(0.14 ml daily); MO; +
sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml	4	Solution cartridge;Limit 4mls per month;QL(0.14 ml daily); MO; +
sumatriptan succinate soln sc 6 mg/0.5ml	4	Limit 4mls per month;QL(0.14 ml daily); MO; +
sumatriptan succinate sosy sc 6 mg/0.5ml	4	Limit 4mls per month;QL(0.14 ml daily); +
sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg	1	QL(0.3 ea daily); MO; *
ZEMBRACE SYMTOUCH SOAJ	4	SL(2 ml daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan tabs 2.5 mg	1	SL(4 ea daily); MO; *
zolmitriptan tabs 5 mg	1	SL(2 ea daily); MO; *
zolmitriptan tbdp 2.5 mg	1	SL(4 ea daily); MO; *
zolmitriptan tbdp 5 mg	1	SL(2 ea daily); MO; *
ZOMIG SOLN NA 2.5 MG	3	SL(4 ea daily); MO; +
ZOMIG SOLN NA 5 MG	3	SL(2 ea daily); MO; +
MINERALS & ELECTROLYTES		
Electrolyte Mixtures		
dextrose in lactated ringers soln	4	+
dextrose w/ sodium chloride soln 0.2 %-5 %, 0.45 %-2.5 %, 0.33 %-5 %, 0.45 %-5 %	4	+
dextrose w/ sodium chloride soln 0.9 %-5 %	4	MO; +
lactated ringer's soln 109 meq/l-130 meq/l-28 meq/l-3 meq/l-4 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml	4	+
parenteral electrolytes conc	4	B/D; +
potassium chloride in dextrose & sodium chloride soln 0.15 %-0.45 %-5 %, 0.45 %-20 meq/l-5 %	4	+
TPN ELECTROLYTES CONC	4	B/D; +
Magnesium		
magnesium sulfate soln ij 50 %	4	+
Potassium		
K-TAB TBCR 20 MEQ, 8 MEQ (potassium chloride)	3	MO; +
potassium chloride cpcc or 10 meq, 8 meq	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
potassium chloride microencapsulated crystals er tbcr 20 meq, 10 meq	1	MO; *
potassium chloride soln iv 2 meq/ml	4	MO; +
potassium chloride soln or 20 %, 10 %	1	MO; *
potassium chloride tbcr or 20 meq, 10 meq, 8 meq	1	MO; *
Sodium		
sodium chloride soln iv 0.45 %	4	+
sodium chloride soln iv 3 %, 5 %, 0.9 %	4	MO; +
Zinc		
GALZIN CAPS	3	MO; NT; +
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine tabs	1	MO; *
trientine hcl caps	5	NDS;MO; +
Enzymes		
XIAFLEX SOLR	5	NDS;MO; +
Immunomodulators		
REVLIMID CAPS	5	PA; NDS;LA; +
THALOMID CAPS	2	+
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	B/D; MO; +
ATGAM INJ	4	B/D; +
AZATHIOPRINE SOLR IJ 100 MG	4	B/D; +
azathioprine tabs or 100 mg, 50 mg, 75 mg	1	B/D; MO; *
cyclosporine caps or 100 mg, 25 mg	1	B/D; MO; *
cyclosporine modified (for microemulsion) caps	1	B/D; MO; *

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

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified (for microemulsion) soln	1	B/D; MO; *
cyclosporine soln iv 50 mg/ml	4	B/D; MO; +
ENVARSUS XR TB24	3	B/D; MO; +
everolimus (immunosuppressant) tabs 0.25 mg	1	B/D; MO; *
everolimus (immunosuppressant) tabs 0.5 mg, 0.75 mg	5	B/D; NDS; MO; +
mycophenolate mofetil caps 250 mg	1	B/D; MO; *
mycophenolate mofetil hcl solr	4	B/D; MO; +
mycophenolate mofetil susr 200 mg/ml	5	B/D; NDS; MO; +
mycophenolate mofetil tabs 500 mg	1	B/D; MO; *
mycophenolate sodium tbec	1	B/D; MO; *
NULOJIX SOLR	5	B/D; NDS; +
PROGRAF PACK OR 0.2 MG	5	B/D; NDS; MO; +
PROGRAF PACK OR 1 MG	3	B/D; MO; +
PROGRAF SOLN IV 5 MG/ML	4	B/D; +
SANDIMMUNE SOLN OR 100 MG/ML	3	B/D; MO; +
SIMULECT SOLR	5	B/D; NDS; +
sirolimus soln	1	B/D; MO; *
sirolimus tabs	1	B/D; MO; *
tacrolimus caps	1	B/D; MO; *
THYMOGLOBULIN SOLR	2	B/D; +
ZORTRESS TABS 1 MG	5	B/D; NDS; MO; +
Irrigation Solutions		
irrigation solutions, physiological soln	1	*

Drug Name	Drug Tier	Requirements/Limits
water for irrigation, sterile soln	1	MO; *
Potassium Removing Agents		
LOKELMA PACK	3	ST; MO; +
sodium polystyrene sulfonate powd or	1	MO; *
sodium polystyrene sulfonate susp or 15 gm/60ml	1	MO; *
VELTASSA PACK 16.8 GM	3	ST; SL(1.5 ea daily); LA; MO; +
VELTASSA PACK 25.2 GM	3	ST; SL(1 ea daily); LA; MO; +
VELTASSA PACK 8.4 GM	5	ST; NDS; SL(3 ea daily); LA; MO; +
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	5	PA; NDS; +
BENLYSTA SOLR	5	PA; NDS; +
BENLYSTA SOSY	5	PA; NDS; +
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln 2 %	1	MO; *
Anti-infectives - Throat		
clotrimazole troc	1	MO; *
nystatin (mouth-throat) susp	1	MO; *
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	1	MO; *
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth) pste	1	MO; *
Throat Products - Misc.		
cevimeline hcl caps	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl (oral) tabs	1	MO; *
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen tabs or 10 mg	1	SL(8 ea daily); MO; *
baclofen tabs or 20 mg	1	SL(4 ea daily); MO; *
baclofen tabs or 5 mg	1	SL(16 ea daily); MO; *
carisoprodol tabs	1	AL(Up to 64 yrs old); MO; *
chlorzoxazone tabs 500 mg	1	AL(Up to 64 yrs old); MO; *
cyclobenzaprine hcl cp24 15 mg, 30 mg	1	AL(Up to 64 yrs old); MO; *
cyclobenzaprine hcl tabs 10 mg, 5 mg, 7.5 mg	1	AL(Up to 64 yrs old); MO; *
metaxalone tabs 400 mg, 800 mg	1	AL(Up to 64 yrs old); MO; *
methocarbamol tabs or 500 mg, 750 mg	1	AL(Up to 64 yrs old); MO; *
orphenadrine citrate tb12 or 100 mg	1	AL(Up to 64 yrs old); MO; *
tizanidine hcl caps 2 mg	1	SL(18 ea daily); MO; *
tizanidine hcl caps 4 mg	1	SL(9 ea daily); MO; *
tizanidine hcl caps 6 mg	1	SL(6 ea daily); MO; *
tizanidine hcl tabs 2 mg	1	SL(18 ea daily); MO; *
tizanidine hcl tabs 4 mg	1	SL(9 ea daily); MO; *
Direct Muscle Relaxants		
dantrolene sodium caps	1	MO; *
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine tabs	1	AL(Up to 64 yrs old); MO; *
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/Limits
azelastine hcl-fluticasone propionate susp	1	MO; *
Nasal Antiallergy		
azelastine hcl soln	1	MO; *
olopatadine hcl (nasal) soln	1	MO; *
Nasal Anticholinergics		
ipratropium bromide (nasal) soln	1	MO; *
Nasal Steroids		
BECONASE AQ SUSP	3	MO; +
flunisolide (nasal) soln	1	MO; *
fluticasone propionate (nasal) susp	1	RX/OTC; MO; *
mometasone furoate (nasal) susp	1	MO; *
OMNARIS SUSP	3	MO; +
QNASL AERS	3	MO; +
QNASL CHILDRENS AERS	3	MO; +
ZETONNA AERS	3	MO; +
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA SOLN	5	PA; NDS; +
riluzole tabs	1	MO; *
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	5	PA; NDS;LA; MO; +
VYONDYS 53 SOLN	5	PA; NDS;LA; MO; +
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR 100 UNIT	4	PA; MO; +
BOTOX SOLR 200 UNIT	3	PA; MO; +
XEOMIN SOLR	4	PA; MO; +

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

Drug Name	Drug Tier	Requirements/Limits
NUTRIENTS		
Carbohydrates		
dextrose soln 10 %, 70 %, 50 %	4	B/D; +
dextrose soln 5 %	4	B/D; MO; +
Lipids		
fat emulsion plant based emul	4	B/D; +
Proteins		
amino acid infusion 15%	4	B/D; MO; +
CLINIMIX 4.25%/DEXTROSE 5% SOLN	4	B/D; +
PROSOL SOLN	4	B/D; +
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) soln	1	MO; *
BETIMOL SOLN	3	MO; +
BETOPTIC-S SUSP	2	MO; +
carteolol hcl (ophth) soln	1	MO; *
COMBIGAN SOLN	3	MO; +
dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml	1	MO; *
levobunolol hcl soln	1	MO; *
timolol maleate (ophth) solg	1	MO; *
timolol maleate (ophth) soln	1	MO; *
TIMOPTIC OCUDOSE SOLN	3	MO; +
TIMOPTIC-XE SOLG 0.25 % (timolol maleate (ophth))	3	MO; +
Cycloplegic Mydriatics		

Drug Name	Drug Tier	Requirements/Limits
cyclopentolate hcl soln	1	MO; *
Miotics		
PHOSPHOLINE IODIDE SOLR	3	+
pilocarpine hcl soln	1	MO; *
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	5	PA; NDS; +
EYLEA SOLN	5	PA; NDS;LA; +
EYLEA SOSY	5	PA; NDS;LA; +
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	MO; +
apraclonidine hcl soln	1	MO; *
brimonidine tartrate soln	1	MO; *
SIMBRINZA SUSP	3	MO; +
Ophthalmic Anti-infectives		
AZASITE SOLN	3	MO; +
bacitracin (ophthalmic) oint	1	MO; *
bacitracin-polymyxin b (ophth) oint	1	MO; *
BESIVANCE SUSP	3	MO; +
CILOXAN OINT	3	MO; +
ciprofloxacin hcl (ophth) soln	1	MO; *
erythromycin (ophth) oint	1	MO; *
gatifloxacin (ophth) soln	1	MO; *
gentamicin sulfate (ophth) oint	1	MO; *
gentamicin sulfate (ophth) soln	1	MO; *
levofloxacin (ophth) soln	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
MOXEZA SOLN (moxifloxacin hcl (ophth))	2	MO; +
<i>moxifloxacin hcl (ophth) soln</i>	1	MO; *
NATACYN SUSP	2	MO; +
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	MO; *
<i>neomycin-polymyxin-gramicidin soln</i>	1	MO; *
<i>ofloxacin (ophth) soln</i>	1	MO; *
<i>polymyxin b-trimethoprim soln</i>	1	MO; *
<i>sulfacetamide sodium (ophth) oint</i>	1	MO; *
<i>sulfacetamide sodium (ophth) soln</i>	1	MO; *
<i>tobramycin (ophth) soln</i>	1	MO; *
TOBREX OINT	3	MO; +
<i>trifluridine soln</i>	1	MO; *
ZIRGAN GEL	3	MO; +
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	MO; +
RESTASIS MULTIDOSE EMUL	2	MO; +
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln</i>	1	MO; *
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	5	PA; NDS;MO; +
Ophthalmic Steroids		
ALREX SUSP	3	MO; +
<i>bacitracin-poly-neomycin-hc oint</i>	1	MO; *
BLEPHAMIDE SUSP	3	MO; +
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
DUREZOL EMUL	2	MO; +
FLAREX SUSP	2	MO; +
<i>fluorometholone (ophth) susp</i>	1	MO; *
FML FORTE SUSP	2	MO; +
FML OINT	2	MO; +
LOTEMAX GEL	3	MO; +
LOTEMAX OINT	3	MO; +
LOTEMAX SM GEL	3	MO; +
<i>loteprednol etabonate susp</i>	1	MO; *
MAXIDEX SUSP	3	MO; +
<i>neomycin-polymy-dexameth oint</i>	1	MO; *
<i>neomycin-polymy-dexameth susp</i>	1	MO; *
PRED MILD SUSP	2	MO; +
<i>prednisolone acetate (ophth) susp</i>	1	MO; *
<i>sulfacetamide sod-prednisolone soln</i>	1	MO; *
TOBRADEX OINT	3	MO; +
TOBRADEX ST SUSP	3	MO; +
<i>tobramycin-dexamethasone susp</i>	1	MO; *
ZYLET SUSP	2	MO; +
Ophthalmics - Misc.		
ACUVAIL SOLN	3	MO; +
ALOCRIL SOLN	3	MO; +
ALOMIDE SOLN	3	MO; +
<i>azelastine hcl (ophth) soln</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
AZOPT SUSP	2	MO; +
BEPREVE SOLN	3	MO; +
<i>bromfenac sodium (ophth) soln</i>	1	Once daily dosing; MO; *
<i>cromolyn sodium (ophth) soln</i>	1	MO; *
CYSTARAN SOLN	3	Limit 60mls per 28 days; QL(2.15 ml daily); LA; MO; +
<i>diclofenac sodium (ophth) soln</i>	1	MO; *
<i>dorzolamide hcl soln</i>	1	MO; *
<i>epinastine hcl (ophth) soln</i>	1	MO; *
<i>flurbiprofen sodium soln</i>	1	MO; *
ILEVRO SUSP	2	MO; +
<i>ketorolac tromethamine (ophth) soln</i>	1	MO; *
LASTACRAFT SOLN	3	MO; +
NEVANAC SUSP	2	MO; +
<i>olopatadine hcl soln</i>	1	RX/OTC; MO; *
PROLENSA SOLN	3	MO; +
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	MO; *
<i>latanoprost soln</i>	1	MO; *
LUMIGAN SOLN	2	MO; +
TRAVATAN Z SOLN (<i>travoprost</i>)	2	MO; +
ZIOPTAN SOLN	3	MO; +
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid (otic) soln</i>	1	MO; *
Otic Anti-infectives		
CETRAXAL SOLN (<i>ciprofloxacin hcl (otic)</i>)	3	MO; +
<i>ciprofloxacin hcl (otic) soln</i>	1	MO; *
<i>ofloxacin (otic) soln</i>	1	MO; *
Otic Combinations		
CIPRO HC SUSP	3	MO; +
<i>ciprofloxacin-dexamethasone susp</i>	1	MO; *
CORTISPORIN-TC SUSP	3	MO; +
<i>neomycin-polymyxin-hc (otic) soln</i>	1	MO; *
<i>neomycin-polymyxin-hc (otic) susp</i>	1	MO; *
Otic Steroids		
<i>fluocinolone acetonide (otic) oil</i>	1	MO; *
<i>hydrocortisone w/acetic acid soln</i>	1	MO; *
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	1	MO; *
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	5	B/D; NDS; +
CUVITRU SOLN 1 GM/5ML	3	B/D; LA; +
CUVITRU SOLN 10 GM/50ML	5	B/D; NDS; +
CUVITRU SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; LA; +
CUVITRU SOLN 8 GM/40ML	5	B/D; NDS; LA; +

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

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF SOLN 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	B/D; NDS; +
FLEBOGAMMA DIF SOLN 5 GM/50ML	5	B/D; NDS; 5 GM/50 ML; +
GAMASTAN INJ	4	B/D; +
GAMMAGARD LIQUID SOLN	5	B/D; NDS; +
GAMMAKED SOLN	5	B/D; NDS; +
GAMMAPLEX SOLN	5	B/D; NDS; +
GAMUNEX-C SOLN	5	B/D; NDS; +
HIZENTRA SOLN 1 GM/5ML	3	B/D; LA; +
HIZENTRA SOLN 10 GM/50ML	5	B/D; NDS; +
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; LA; +
HIZENTRA SOSY 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	5	B/D; NDS; +
HYPERRAB S/D SOLN	4	+
IMOGLAM RABIES-HT SOLN 300 UNIT/2ML	4	+
KEDRAB SOLN	4	+
OCTAGAM SOLN	5	B/D; NDS; +
PRIVIGEN SOLN	5	B/D; NDS; +
VARIZIG SOLN	5	NDS; +
Monoclonal Antibodies		
SYNAGIS SOLN	5	NDS; +
ZINPLAVA SOLN	5	PA; NDS; +
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5	B/D; NDS; +

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	MO; *
<i>amoxicillin chew</i>	1	MO; *
<i>amoxicillin susr</i>	1	MO; *
<i>amoxicillin tabs</i>	1	MO; *
<i>ampicillin caps</i>	1	MO; *
<i>ampicillin sodium solr ij 2 gm, 500 mg, 1 gm</i>	4	MO; +
<i>ampicillin sodium solr ij 250 mg</i>	4	+
<i>ampicillin sodium solr iv 10 gm, 2 gm</i>	4	+
Natural Penicillins		
<i>BICILLIN L-A SUSP</i>	4	MO; +
<i>penicillin g potassium solr 5000000 unit, 20 mu, 20000000 unit</i>	4	MO; +
<i>penicillin v potassium solr 250 mg/5ml</i>	1	MO; *
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	MO; *
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	MO; *
<i>amoxicillin & pot clavulanate susr</i>	1	MO; *
<i>amoxicillin & pot clavulanate tabs</i>	1	MO; *
<i>amoxicillin & pot clavulanate tb12</i>	1	MO; *
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm</i>	4	+
<i>ampicillin & sulbactam sodium solr ij 1 gm-2 gm</i>	4	MO; +
<i>ampicillin & sulbactam sodium solr iv 10 gm-5 gm</i>	4	+
<i>piperacillin sodium-tazobactam sodium solr</i>	4	+

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

Drug Name	Drug Tier	Requirements/Limits
ZOSYN SOLN 0.25 GM/50ML-2 GM/50ML-5 %, 0.375 GM/50ML-3 GM/50ML-5 %, 0.5 GM/100ML-4 GM/100ML-5 %	4	+
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	MO; *
<i>nafcillin sodium solr ij 1 gm</i>	4	+
NAFCILLIN SODIUM SOLR IJ 10 GM	5	NDS; +
<i>nafcillin sodium solr ij 2 gm</i>	4	MO; +
<i>nafcillin sodium solr iv 10 gm</i>	5	NDS; +
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate tabs</i>	1	MO; *
<i>megestrol acetate (appetite) susp</i>	1	AL(Up to 64 yrs old); MO; *
<i>norethindrone acetate tabs</i>	1	MO; *
<i>progesterone micronized caps</i>	1	MO; *
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	MO; *
<i>disulfiram tabs</i>	1	MO; *
LUCEMYRA TABS	5	PA; NDS; SL(16 ea daily); MO; +
Anti-Cataplectic Agents		
XYREM SOLN	5	NDS; LA; MO; +
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tbdp</i>	1	MO; *
<i>galantamine hydrobromide cp24</i>	1	MO; *
<i>galantamine hydrobromide soln</i>	1	MO; *
<i>galantamine hydrobromide tabs</i>	1	MO; *
<i>memantine hcl cp24 14 mg</i>	1	AL(At least 60 yrs old); SL(2 ea daily); MO; *
<i>memantine hcl cp24 21 mg</i>	1	AL(At least 60 yrs old); SL(1.33 ea daily); MO; *
<i>memantine hcl cp24 28 mg</i>	1	AL(At least 60 yrs old); SL(1 ea daily); MO; *
<i>memantine hcl cp24 7 mg</i>	1	AL(At least 60 yrs old); SL(4 ea daily); MO; *
<i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i>	1	AL(At least 60 yrs old); MO; *
<i>memantine hcl tabs 10 mg, 5 mg</i>	1	MO; *
NAMENDA XR TITRATION PACK CP24	3	AL(At least 60 yrs old); MO; +
<i>rivastigmine pt24</i>	1	MO; *
<i>rivastigmine tartrate caps</i>	1	MO; *
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>olanzapine-fluoxetine hcl caps</i>	1	MO; *
<i>perphenazine-amitriptyline tabs</i>	1	AL(Up to 64 yrs old); MO; *
Fibromyalgia Agents		
SAVELLA TABS	3	PA; MO; +
SAVELLA TITRATION PACK MISC	3	PA; MO; +
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG	5	PA; NDS; SL(4 ea daily); LA; +

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 6 MG	5	PA; NDS;SL(8 ea daily); LA; +
AUSTEDO TABS 9 MG	5	PA; NDS;SL(5.33 ea daily); LA; +
INGREZZA CAPS	5	PA; NDS;LA; MO; +
INGREZZA CPPK	5	PA; NDS;LA; MO; +
<i>tetrabenazine tabs</i>	5	PA; NDS; +
Multiple Sclerosis Agents		
AUBAGIO TABS	5	PA; NDS; +
AVONEX PEN AJKT	5	PA; NDS; Limited to 1 box per 28 days;QL(0.036 ea daily); +
AVONEX PSKT	5	PA; NDS; Limited to 1 box per 28 days;QL(0.036 ml daily); +
BETASERON KIT	5	PA; NDS; +
<i>dalfampridine tb12</i>	5	PA; NDS; +
EXTAVIA KIT	5	PA; NDS; +
GILENYA CAPS 0.5 MG	5	PA; NDS; +
<i>glatiramer acetate sosy</i>	5	PA; NDS; +
LEMTRADA SOLN	5	PA; NDS;LA; +
MAVENCLAD TBPK	5	PA; NDS; 10 Tabs; +
MAVENCLAD TBPK	5	PA; NDS;LA; +
MAYZENT TABS	5	PA; NDS; +
OCREVUS SOLN	5	PA; NDS; +
PLEGRIDY SOPN	5	PA; NDS; +
PLEGRIDY SOSY	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SOPN	5	PA; NDS; +
PLEGRIDY STARTER PACK SOSY	5	PA; NDS; +
REBIF REBIDOSE SOAJ	5	PA; NDS; +
REBIF REBIDOSE TITRATIONPACK SOAJ	5	PA; NDS; +
REBIF SOSY	5	PA; NDS; +
REBIF TITRATION PACK SOSY	5	PA; NDS; +
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	5	PA; NDS; +
TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	5	PA; NDS; +
TYSABRI CONC	5	PA; NDS; +
VUMERITY CPDR	5	PA; NDS; Starter Bottle; +
VUMERITY CPDR	5	PA; NDS;QL(4 ea daily); +
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE TABS	3	MO; +
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA; MO; +
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>pimozide tabs</i>	1	MO; *
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	MO; +
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	SL(2 ea daily); MO; *
CHANTIX CONTINUING MONTHPAK TABS	3	MO; +
CHANTIX STARTING MONTH PAK TABS	3	MO; +
CHANTIX TABS	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER INHA	3	Limit 3 boxes per month; SL(16.8 ea daily); MO; +
NICOTROL NS SOLN	2	MO; +
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	5	PA; NDS;LA; MO; +
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor) caps	1	MO; *
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	5	NDS;LA; MO; +
ARALAST NP SOLR 500 MG	5	NDS;LA; +
GLASSIA SOLN	4	LA; +
PROLASTIN-C SOLN 1000 MG/20ML	5	PA; NDS;LA; MO; +
PROLASTIN-C SOLR 1000 MG	5	NDS;LA; MO; +
ZEMAIRA SOLR	5	NDS;LA; MO; +
Cystic Fibrosis Agents		
KALYDECO PACK	5	PA; NDS;MO; +
KALYDECO TABS	5	PA; NDS;MO; +
ORKAMBI PACK	5	PA; NDS;LA; MO; +
ORKAMBI TABS	5	PA; NDS;LA; MO; +
PULMOZYME SOLN	2	B/D; +
SYMDEKO TBPK	5	PA; NDS;LA; +
TRIKAFTA TBPK	5	PA; NDS;LA; MO; +
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
ESBRIET CAPS	5	PA; NDS;LA; +
ESBRIET TABS	5	PA; NDS;LA; +
OFEV CAPS	5	PA; NDS;LA; +
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	1	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS OR 150 MG	5	PA; NDS;MO; +
Glycycyclines		
<i>tigecycline solr</i>	5	NDS; +
Tetracyclines		
<i>demeclercycline hcl tabs</i>	1	MO; *
<i>doxycycline (monohydrate) caps</i>	1	MO; *
<i>doxycycline (monohydrate) susr</i>	1	MO; *
<i>doxycycline (monohydrate) tabs</i>	1	MO; *
<i>doxycycline hydralate caps or 50 mg, 100 mg</i>	1	MO; *
<i>doxycycline hydralate solr iv 100 mg</i>	4	QL(2 ea daily); MO; +
<i>doxycycline hydralate tabs or 100 mg, 20 mg</i>	1	MO; *
<i>doxycycline hydralate tbec or 100 mg, 150 mg, 200 mg</i>	1	MO; *
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	MO; *
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1	MO; *
<i>tetracycline hcl caps</i>	1	MO; *
<i>VIBRAMYCIN SYRP 50 MG/5ML</i>	2	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	MO; *
<i>propylthiouracil tabs</i>	1	MO; *
Thyroid Hormones		
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; *
<i>liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i>	1	MO; *
SYNTHROID TABS (levothyroxine sodium)	3	MO; +
TOXOIDS		
Toxoid Combinations		
<i>ADACEL SUSP</i>	1	*
<i>BOOSTRIX SUSP</i>	1	*
<i>DAPTACEL SUSP</i>	4	+
<i>DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP</i>	4	B/D; +
<i>INFANRIX SUSP</i>	4	+
<i>KINRIX SUSP</i>	4	+
<i>PEDIARIX SUSP</i>	4	+
<i>PENTACEL SUSR</i>	4	+
<i>QUADRACEL SUSP</i>	4	+
<i>TDVAX SUSP</i>	4	B/D; +
<i>TENIVAC INJ</i>	4	B/D; +
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl caps or 10 mg</i>	1	MO; *
<i>dicyclomine hcl tabs or 20 mg</i>	1	MO; *
<i>glycopyrrolate soln ij 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml</i>	4	MO; +
<i>glycopyrrolate soln ij 0.4 mg/2ml</i>	4	+
<i>glycopyrrolate tabs or 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glycopyrrolate tabs or 2 mg</i>	1	SL(4 ea daily); MO; *
<i>methscopolamine bromide tabs</i>	1	MO; *
H-2 Antagonists		
<i>cimetidine tabs 200 mg</i>	1	RX/OTC; MO; *
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	MO; *
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	4	+
<i>famotidine susr or 40 mg/5ml</i>	1	MO; *
<i>famotidine tabs or 20 mg</i>	1	RX/OTC; MO; *
<i>famotidine tabs or 40 mg</i>	1	MO; *
<i>nizatidine caps 150 mg, 300 mg</i>	1	MO; *
Misc. Anti-Ulcer		
<i>sucralfate susp</i>	1	MO; *
<i>sucralfate tabs</i>	1	MO; *
Proton Pump Inhibitors		
<i>DEXILANT CPDR</i>	2	ST; MO; +
<i>esomeprazole magnesium cpdr 20 mg</i>	1	RX/OTC; MO; *
<i>esomeprazole magnesium cpdr 40 mg</i>	1	MO; *
<i>esomeprazole magnesium pack 10 mg, 20 mg, 40 mg</i>	1	ST; MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole sodium solr 40 mg</i>	4	+
<i>lansoprazole cpdr 15 mg</i>	1	RX/OTC; MO; *
<i>lansoprazole cpdr 30 mg</i>	1	MO; *
<i>lansoprazole tbdd 15 mg</i>	1	RX/OTC; MO; *
<i>lansoprazole tbdd 30 mg</i>	1	MO; *
NEXIUM PACK 2.5 MG, 5 MG	3	ST; MO; +
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	MO; *
<i>omeprazole cpdr 20 mg</i>	1	RX/OTC; MO; *
<i>pantoprazole sodium pack or 40 mg</i>	1	QL(1 ea daily); MO; *
<i>pantoprazole sodium solr iv 40 mg</i>	1	*
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; *
Ulcer Drugs - Prostaglandins		
<i>misoprostol tabs</i>	1	MO; *
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	3	MO; +
<i>omeprazole-sodium bicarbonate caps 1100 mg-20 mg</i>	1	RX/OTC; MO; *
<i>omeprazole-sodium bicarbonate caps 1100 mg-40 mg</i>	1	MO; *
<i>omeprazole-sodium bicarbonate pack 1680 mg-20 mg</i>	1	ST; 20MG-1680 MG; MO; *
<i>omeprazole-sodium bicarbonate pack 1680 mg-40 mg</i>	1	MO; *
PYLERA CAPS	3	MO; +
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro caps</i>	1	MO; *
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	MO; *
<i>GELNIQUE GEL</i>	3	MO; +
<i>oxybutynin chloride syrup</i>	1	MO; *
<i>oxybutynin chloride tabs</i>	1	MO; *
<i>oxybutynin chloride tb24</i>	1	MO; *
<i>OXYTROL PTTW</i>	3	RX/OTC; MO; +
<i>tolterodine tartrate cp24</i>	1	MO; *
<i>tolterodine tartrate tabs</i>	1	MO; *
TOVIAZ TB24	2	MO; +
<i>trospium chloride cp24</i>	1	MO; *
<i>trospium chloride tabs</i>	1	MO; *
<i>VESICARE TABS (solifenacina succinate)</i>	2	MO; +
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	MO; +
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	MO; *
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	MO; *
VACCINES		
Bacterial Vaccines		
<i>ACTHIB SOLR</i>	4	+
<i>BCG VACCINE INJ</i>	4	+
<i>BEXSERO SUSY</i>	4	+

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

Drug Name	Drug Tier	Requirements/Limits
HIBERIX SOLR	4	+
MENACTRA INJ	4	+
MENQUADFI INJ	4	+
MENVEO SOLR	4	+
PEDVAX HIB SUSP	4	+
TRUMENBA SUSY	4	+
TYPHIM VI SOLN	4	+
Viral Vaccines		
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D; +
GARDASIL 9 SUSP	4	+
GARDASIL 9 SUSY	4	+
HAVRIX SUSP	4	+
IMOVAX RABIES (H.D.C.V.) INJ	4	B/D; +
IPOP INACTIVATED IPV INJ	4	+
IXIARO SUSP	4	+
M-M-R II SOLR	4	+
PROQUAD SUSR	4	+
RABAVERT SUSR	4	B/D; +
RECOMBIVAX HB SUSP	4	B/D; +
ROTARIX SUSR	3	+
ROTATEQ SOLN	2	+
SHINGRIX SUSR	2	+
TWINRIX SUSP	4	+
TWINRIX SUSY	4	+
VAQTA SUSP	4	+

Drug Name	Drug Tier	Requirements/Limits
VARIVAX INJ	4	+
YF-VAX INJ	4	+
ZOSTAVAX SUSR	2	+
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN SUPP VA 100 MG	3	MO; +
<i>clindamycin phosphate vaginal crea</i>	1	MO; *
<i>metronidazole vaginal gel</i>	1	MO; *
<i>miconazole nitrate vaginal supp</i>	1	MO; *
<i>terconazole vaginal crea</i>	1	MO; *
<i>terconazole vaginal supp</i>	1	MO; *
Vaginal Estrogens		
<i>estradiol vaginal tabs 10 mcg</i>	1	MO; *
ESTRING RING	3	MO; +
FEMRING RING	3	MO; +
PREMARIN CREA VA 0.625 MG/GM	2	MO; +
Vaginal Progestins		
CRINONE GEL	3	PA; MO; +
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	MO; *
EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	MO; +
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 100 MG	5	PA; NDS;SL(18 ea daily); +
NORTHERA CAPS 200 MG	5	PA; NDS;SL(9 ea daily); +

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

Drug Name	Drug Tier	Requirements/ Limits
NORTHERA CAPS 300 MG	5	PA; NDS;SL(6 ea daily); +
Vasopressors		
DOBUTAMINE HCL SOLN	4	+
<i>dobutamine hcl soln</i>	4	+
<i>midodrine hcl tabs</i>	1	MO; *
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol caps 1.25 mg, 50000 unit</i>	1	MO; NT; *
<i>phytonadione tabs</i>	1	MO; NT; *

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

Index of Drugs

abacavir sulfate	39	ALECENSA	32	amoxicillin & pot clavulanate	69
abacavir sulfate-lamivudine	39	alendronate sodium	53	amoxicillin-clarithromycin w/ lansoprazole	74
abacavir sulfate-lamivudine- zidovudine	39	alfuzosin hcl	58	amphetamine- dextroamphetamine	1
ABELCET	24	ALIMTA	29	amphotericin b	24
ABILIFY MAINTENA	38	ALINIA	8	ampicillin	69
abiraterone acetate	31	ALIQOPA	32	ampicillin & sulbactam sodium	69
ABRAXANE	35	aliskiren fumarate	28	ampicillin sodium	69
ABSORICA	47	allopurinol	58	ANADROL-50	7
ABSTRAL	4	almotriptan malate	62	anagrelide hcl	59
acamprosate calcium	70	ALOCRIL	67	anastrozole	31
acarbose	18	alogliptin benzoate	20	ANORO ELLIPTA	12
acebutolol hcl	42	alogliptin-metformin hcl	18	ANTARA	25
acetaminophen w/ codeine	6	alogliptin-pioglitazone	18	APIDRA	20
acetazolamide	53	ALOMIDE	67	APIDRA SOLOSTAR	20
acetic acid	58	alosetron hcl	57	APLENZIN	16
acetic acid (otic)	68	ALPHAGAN P	66	APOKYN	36
acetylcysteine	47	alprazolam	10	apraclonidine hcl	66
acitretin	49	ALREX	67	aprepitant	24
ACTEMRA	2	ALTOPREV	25	APTIOM	14
ACTHAR	54	ALUNBRIG	33	APTIVUS	39
ACTHIB	74	ALVESCO	11	ARALAST NP	72
ACTIMMUNE	34	amantadine hcl	36	ARANESP ALBUMIN FREE	59
ACTOPLUS MET XR	18	AMBISOME	24	ARCALYST	2
ACUVAIL	67	ambrisentan	44	ARCAPTA NEOHALER	12
acyclovir	41	amcinonide	50	argatroban	13
acyclovir sodium	41	amikacin sulfate	2	ARIKAYCE	2
acyclovir topical	50	amiloride & hydrochlorothiazide	53	ariPIPRAZOLE	38,39
ADACEL	73	amiloride hcl	53	ARISTADA	39
ADAKVEO	59	amino acid infusion 15%	66	ARISTADA INITIO	39
adapalene	47	aminocaproic acid	60	armodafinil	1
adapalene-benzoyl peroxide	47	aminophylline	13	ARNUITY ELLIPTA	11
adefovir dipivoxil	41	aminosalicylic acid	28	ARRANON	29
ADEMPAS	44	amiodarone hcl	10	arsenic trioxide	34
ADVAIR HFA	12	AMITIZA	57	ARZERRA	30
AFINITOR	32	amitriptyline hcl	18	ASMANEX HFA	11
AFINITOR DISPERZ	32	amlodipine besylate	42	ASMANEX TWISTHALER	120
AFREZZA	20	amlodipine besylate- atorvastatin calcium	43	METERED DOSES	11
AIMOVIG	62	amlodipine besylate-benazepril hcl	27	ASMANEX TWISTHALER	14
AJOVY	62	amlodipine besylate- olmesartan medoxomil	27	METERED DOSES	11
AKYNZEO	24	amlodipine besylate- valsartan	27	ASMANEX TWISTHALER	30
albendazole	7	amlodipine-valsartan- hydrochlorothiazide	27	METERED DOSES	11
albuterol sulfate	12	amoxapine	18	ASMANEX TWISTHALER	60
alclometasone dipropionate	50	amoxicillin	69	METERED DOSES	11
ALCOHOL PADS	62			ASMANEX TWISTHALER	7
ALDACTAZIDE	53			METERED DOSES	11
				aspirin-dipyridamole	59
				ASTAGRAF XL	63

atazanavir sulfate.....	39	BELSOMRA.....	61	BORTEZOMIB.....	33
atenolol.....	42	benazepril & hydrochlorothiazide.....	27	bosentan.....	44
atenolol & chlorthalidone....	27	benazepril hcl.....	26	BOSULIF.....	33
ATGAM.....	63	BENDEKA.....	29	BOTOX.....	65
atomoxetine hcl.....	1	BENLYSTA.....	64	BRAFTOVI.....	33
atorvastatin calcium.....	26	benzonatate.....	47	BREO ELLIPTA.....	12
atovaquone.....	8	benzoyl peroxide-erythromycin.....	47	BRILINTA.....	59
atovaquone-proguanil hcl... ATRIPLA.....	28 39	benztropine mesylate.....	36	brimonidine tartrate.....	66
ATROVENT HFA.....	10	BEOVU.....	66	BRIVIACT.....	14
AUBAGIO.....	71	BEPREVE.....	68	bromfenac sodium (ophth).....	68
AUSTEDO.....	70,71	BERINERT.....	58	bromocriptine mesylate.....	36
AVANDIA.....	20	BESIVANCE.....	66	BROVANA.....	12
AVASTIN.....	30	BESPONSA.....	30	BRUKINSA.....	33
AVEED.....	7	betamethasone dipropionate (topical).....	50	budesonide.....	46
AVONEX.....	71	betamethasone dipropionate augmented.....	50	budesonide (inhalation).....	11
AVONEX PEN.....	71	betamethasone sod phosphate & acetate.....	46	bumetanide.....	53
AYVAKIT.....	33	betamethasone valerate.....	50	BUNAVAIL.....	6
azacitidine.....	29	BETASERON.....	71	buprenorphine.....	7
AZASITE.....	66	betaxolol hcl.....	42	buprenorphine hcl.....	6
AZATHIOPRINE.....	63	betaxolol hcl (ophth).....	66	buprenorphine hcl-naloxone hcl dihydrate.....	6
azathioprine.....	63	bethanechol chloride.....	74	bupropion hcl.....	16
azelaic acid.....	52	BETHKIS.....	2	bupropion hcl (smoking deterrent).....	71
azelastine hcl.....	65	BETIMOL.....	66	buspirone hcl.....	9
azelastine hcl (ophth).....	67	BETOPTIC-S.....	66	busulfan.....	29
azelastine hcl-fluticasone propionate.....	65	BEVYXXA.....	13	butalbital-acetaminophen-caffeine w/ codeine.....	6
AZELEX.....	47	bexarotene.....	34	butalbital-aspirin-caffeine w/cod.....	6
azithromycin.....	61	BEXSERO.....	74	BUTORPHANOL TARTRATE.....	7
AZOPT.....	68	bicalutamide.....	31	butorphanol tartrate.....	7
aztreonam.....	9	BICILLIN L-A.....	69	BUTRANS.....	7
bacitracin (ophthalmic).....	66	BIDIL.....	43	BYDUREON.....	20
bacitracin-poly-neomycin-hc	67	BIKTARVY.....	39	BYDUREON BCISE.....	20
bacitracin-polymyxin b (ophth).....	66	bimatoprost.....	68	BYDUREON PEN.....	20
baclofen.....	65	bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride.....	61	BYETTA.....	20
balsalazide disodium.....	57	bisoprolol & hydrochlorothiazide.....	27	BYSTOLIC.....	42
BALVERSA.....	33	bisoprolol fumarate.....	42	cabergoline.....	55
BANZEL.....	14	BIVIGAM.....	68	CABLIVI.....	59
BAQSIMI ONE PACK.....	19	BLENREP.....	30	CABOMETYX.....	33
BAQSIMI TWO PACK.....	19	bleomycin sulfate.....	32	calcipotriene.....	49
BARACLUDE.....	41	BLEPHAMIDE.....	67	calcipotriene-betamethasone dipropionate.....	50
BAVENCIO.....	30	BLINCYTO.....	30	calcitonin (salmon).....	53
BAXDELA.....	56	BOOSTRIX.....	73	calcitriol.....	55
BCG VACCINE.....	74			calcitriol (topical).....	49
BECONASE AQ.....	65			calcium acetate (phosphate binder).....	58
BELEODAQ.....	33				

CALQUENCE.....	33	ceftriaxone sodium in dextrose.....	45	cinacalcet hcl.....	55
CAMBIA.....	62	cefuroxime axetil.....	45	CINQAIR.....	10
CAMPATH.....	30	cefuroxime sodium.....	45	CINRYZE.....	58
candesartan cilexetil.....	27	celecoxib.....	3	CIPRO.....	56
candesartan cilexetil-hydrochlorothiazide	27	CELONTIN.....	16	CIPRO HC.....	68
CAPASTAT SULFATE.....	28	CENTANY.....	48	ciprofloxacin.....	57
CAPEX.....	50	cephalexin.....	45	ciprofloxacin hcl.....	56
CAPLYTA.....	37	CERDELGA.....	59	ciprofloxacin hcl (ophth).....	66
CAPRELSA.....	33	CEREZYME.....	59	ciprofloxacin hcl (otic).....	68
captopril.....	26	cetirizine hcl.....	24	ciprofloxacin in d5w.....	57
captopril & hydrochlorothiazide.....	27	CETRAXAL.....	68	ciprofloxacin-dexamethasone	68
CARAC.....	49	cevimeline hcl.....	64	cisplatin.....	29
CARBAGLU.....	55	CHANTIX.....	71	citalopram hydrobromide....	17
carbamazepine.....	14	CHANTIX CONTINUING MONTHPAK.....	71	cladribine.....	29
CARBATROL.....	14	CHANTIX STARTING MONTHPAK.....	71	CLARINEX-D 12 HOUR.....	47
carbidopa.....	36	CHEMET.....	23	clarithromycin.....	61
carbidopa-levodopa.....	36	CHENODAL.....	57	clemastine fumarate.....	24
carbidopa-levodopa-entacapone	36	chloramphenicol sodium succinate.....	8	CLENPIQ.....	61
carbinoxamine maleate.....	24	chlordiazepoxide-amitriptyline	70	CLEOCIN.....	75
carboplatin.....	29	chlorhexidine gluconate (mouth-throat).....	64	CLIMARA PRO.....	56
CARDIZEM LA.....	42	chloroquine phosphate.....	28	CLINDAGEL.....	47
CARDURA XL.....	58	chlorothiazide.....	53	clindamycin hcl.....	9
carisoprodol.....	65	chlorpromazine hcl.....	38	clindamycin palmitate hydrochloride.....	9
carisoprodol w/ aspirin & codeine.....	65	CHLORPROMAZINE HCL.....	38	clindamycin phosphate.....	9
carmustine.....	29	chlorpromazine hcl.....	38	clindamycin phosphate (topical).....	47
carteolol hcl (ophth).....	66	CHLORPROMAZINE HYDROCHLORIDE.....	38	clindamycin phosphate in d5w.....	9
carvedilol.....	42	chlorthalidone.....	53	clindamycin phosphate vaginal.....	75
carvedilol phosphate.....	42	chlorzoxazone.....	65	clindamycin phosphate-benzoyl peroxide.....	48
CAVERJECT.....	43	cholestyramine.....	25	clindamycin phosphate-benzoyl peroxide (refrigerate).....	48
CAVERJECT IMPULSE.....	43	cholestyramine light.....	25	clindamycin phosphate-tretinoin.....	48
CAYSTON.....	9	choline fenofibrate.....	25	CLINIMIX 4.25%/DEXTROSE 5%.....	66
cefaclor.....	45	CHORIONIC GONADOTROPIN.....	54	clobazam.....	14
cefaclor monohydrate.....	45	CIALIS.....	43	clobetasol propionate.....	50
cefadroxil.....	44	ciclopirox.....	48	clobetasol propionate emollient base.....	50
cefazolin sodium.....	45	ciclopirox olamine.....	48	clocortolone pivalate.....	50
cefdinir.....	45	cidofovir.....	41	CLODERM.....	50
CEFEPIME.....	45	cilstostazol.....	59	CLODERM PUMP.....	50
cefepime hcl.....	45	CILOXAN.....	66	clofarabine.....	29
cefixime.....	45	CIMDUO.....	39	clomipramine hcl.....	18
cefoxitin sodium.....	45	cimetidine.....	73	clonazepam.....	14
cefpodoxime proxetil.....	45	CIMZIA.....	57	clonidine.....	27
cefprozil.....	45	CIMZIA STARTER KIT.....	57		
ceftazidime.....	45				
ceftriaxone sodium.....	45				

clonidine hcl	27	CYCLOPHOSPHAMIDE	29	desmopressin acetate	55
clopidogrel bisulfate	59	CYCLOSET	20	desmopressin acetate spray	55
clorazepate dipotassium	10	cyclosporine	63,64	desmopressin acetate spray refrigerated	55
clotrimazole	64	cyclosporine modified (for microemulsion)	63	desogestrel & ethinyl estradiol	45
clotrimazole (topical)	48	cyproheptadine hcl	25	desogestrel-ethinyl estradiol (biphasic)	45
clozapine	38	CYRAMZA	30	desonide	50
CLOZARIL	38	CYSTADANE	55	desoximetasone	50,51
COARTEM	28	CYSTAGON	58	DESVENLAFAKINE ER	17
codeine sulfate	4	CYSTARAN	68	desvenlafaxine succinate	17
colchicine	58	cytarabine	29	dexamethasone	46
colchicine w/ probenecid	58	dacarbazine	34	dexamethasone sodium phosphate	46
colesevelam hcl	25	dactinomycin	32	dexamethasone sodium phosphate (ophth)	67
colestipol hcl	25	dalfampridine	71	DEXILANT	73
colistimethate sodium	9	DALIRESP	11	dexmethylphenidate hcl	1
COMBIGAN	66	DALVANCE	8	dexrazoxane hcl	35
COMBIPATCH	56	danazol	7	dextroamphetamine sulfate	1
COMBIVENT RESPIMAT	12	dantrolene sodium	65	dextrose	66
COMETRIQ	33	dapsone	8	dextrose in lactated ringers	63
COMPLERA	39	DAPTACEL	73	DIASTAT ACUDIAL	14
CONDYLOX	52	daptomycin	8	DIASTAT PEDIATRIC	14
COPIKTRA	33	darifenacin hydrobromide	74	diazepam	10
CORDRAN	50	DARZALEX	30	diazepam (anticonvulsant)	14
CORLANOR	44	DARZALEX FASPRO	32	diazoxide	19
CORTIFOAM	7	daunorubicin hcl	32	diclofenac epolamine	48
cortisone acetate	46	DAUNORUBICIN HYDROCHLORIDE	32	diclofenac potassium	3
CORTISPORIN	48	DAURISMO	31	diclofenac sodium	3
CORTISPORIN-TC	68	DAYTRANA	1	diclofenac sodium (actinic keratoses)	49
COSENTYX	49	decitabine	29	diclofenac sodium (ophth)	68
COSENTYX SENSOREADY PEN	49	deferasirox	23	diclofenac sodium (topical)	48
COTELLIC	33	deferiprone	23	diclofenac w/ misoprostol	3
COUMADIN	13	DELESTROGEN	56	dicloxacillin sodium	70
CREON	52	DELSTRIGO	39	dicyclomine hcl	73
CRESEMBIA	24	demeclocycline hcl	72	didanosine	39
CRINONE	75	DEMSER	27	DIFICID	62
CRIXIVAN	39	DENAVIR	50	diflorasone diacetate	51
cromolyn sodium	10	DEPAKOTE	16	dilunisal	4
cromolyn sodium (mastocytosis)	57	DEPAKOTE ER	16	digoxin	43
cromolyn sodium (ophth)	68	DEPAKOTE SPRINKLES	16	dihydroergotamine mesylate	62
crotamiton	52	DEPO-MEDROL	46	DILANTIN INFATABS	16
CRYSVITA	55	DEPO-PROVERA	31	DILANTIN-125	16
CUVITRU	68	DEPO-SUBQ PROVERA 104	46	DILATRATE SR	9
cyanocobalamin	59	DESCOVERY	39	diltiazem hcl	43
cyclobenzaprine hcl	65	desipramine hcl	18		
cyclopentolate hcl	66	desloratadine	25		
cyclophosphamide	29				

diltiazem hcl coated beads	42	dutasteride-tamsulosin hcl	58	EPCLUSIA	41
diltiazem hcl extended release beads	43	econazole nitrate	48	EPIDIOLEX	14
DIPENTUM	57	EDARBI	27	epinastine hcl (ophth)	68
diphenhydramine hcl	24	EDARBYCLOR	27	epinephrine (anaphylaxis)	75
diphenoxylate w/ atropine	23	EDEX	43	EPIPEN-JR 2-PAK	75
DIPHThERIA/TETANUS TOXOIDS ADSORBED		EDLUAR	60	epirubicin hcl	32
PEDIATRIC	73	EDURANT	39	EPIVIR HBV	41
dipyridamole	59	efavirenz	39	eplerenone	28
disopyramide phosphate	10	efavirenz-emtricitabine-tenofovir disoproxil fumarate	39	EPOGEN	59
disulfiram	70	efavirenz-lamivudine-tenofovir disoproxil fumarate	39	EQUETRO	37
divalproex sodium	16	EGRIFTA SV	54	ERAXIS	24
DIVIGEL	56	ELELYSO	59	ERBITUX	30
DOBUTAMINE HCL	76	ELESTRIN	56	ergocalciferol	76
dobutamine hcl	76	eletriptan hydrobromide	62	ergoloid mesylates	71
docetaxel	35	ELIGARD	31	ergotamine tartrate	62
dofetilide	10	ELIQUIS	13	ergotamine w/ caffeine	62
donepezil hydrochloride	70	ELIQUIS STARTER PACK	13	ERIVEDGE	31
DOPTELET	59	ELITEK	35	ERLEADA	31
dorzolamide hcl	68	ELLA	46	erlotinib hcl	33
dorzolamide hcl-timolol maleate	66	ELMIRON	58	ERTACZO	48
DOVATO	39	EMCYT	31	ertapenem sodium	8
doxazosin mesylate	27	EMFLAZA	46	ERWINAZE	34
doxepin hcl	18	EMGALITY	62	ERYTHROCIN LACTOBIONATE	61
doxepin hcl (antipruritic)	49	EMPLICITI	30	erythromycin (acne aid)	48
doxepin hcl (sleep)	60	EMSAM	17	erythromycin (ophth)	66
doxercalciferol	55	emtricitabine	39	erythromycin base	61
doxorubicin hcl	32	emtricitabine-tenofovir disoproxil fumarate	39	erythromycin ethylsuccinate	61,62
doxorubicin hcl liposomal	32	EMTRIVA	39	ESBRIET	72
doxycycline (monohydrate)	72	enalapril maleate	26	escitalopram oxalate	17
doxycycline (rosacea)	52	enalapril maleate & hydrochlorothiazide	27	esomeprazole magnesium	73
doxycycline hyclate	72	ENBREL	4	esomeprazole sodium	74
DRIZALMA SPRINKLE	17	ENBREL MINI	4	estradiol	56
dronabinol	24	ENBREL SURECLICK	4	estradiol & norethindrone acetate	56
drospirenone-ethinyl estradiol	45	ENDARI	59	estradiol vaginal	75
drospirenone-ethinyl estradiol-levomefolate calcium	45	ENGERIX-B	75	estradiol valerate	56
DROXIA	59	ENHERTU	30	ESTRING	75
DUAVEE	56	enoxaparin sodium	13	eszopiclone	60
DUEXIS	3	ENSTILAR	51	ethacrynic acid	53
DULERA	12	entacapone	36	ethambutol hcl	28
duloxetine hcl	17	entecavir	41	ethosuximide	16
DUOPA	36	ENTRESTO	43	ethynodiol diacet & eth estrad	45
DUREZOL	67	ENTYVIO	57	etodolac	3
dutasteride	58	ENVARSUS XR	64	etonogestrel-ethinyl estradiol	46
				ETOPOPHOS	35

etoposide	35	FINTEPLA	14
EVAMIST	56	FIRDAPSE	28
everolimus	33	FIRMAGON	31
everolimus (immunosuppressant)	64	FIRVANQ	8
EVOMELA	29	FLAREX	67
EVOTAZ	39	flavoxate hcl	74
EVZIO	23	FLEBOGAMMA DIF	69
exemestane	31	flecainide acetate	10
EXONDYS 51	65	FLECTOR	48
EXTAVIA	71	FLOVENT DISKUS	11
EYLEA	66	FLOVENT HFA	12
ezetimibe	26	fluconazole	24
ezetimibe-simvastatin	25	fluconazole in nacl	24
FABIOR	48	flucytosine	24
FABRAZYME	55	fludarabine phosphate	29
famciclovir	42	fludrocortisone acetate	47
famotidine	73	flunisolide (nasal)	65
FANAPT	37	fluocinolone acetonide	51
FANAPT TITRATION PACK	37	fluocinolone acetonide (otic)	68
FARXIGA	22	fluocinonide	51
FARYDAK	33	fluocinonide emulsified base	51
FASENRA	10	fluorometholone (ophth)	67
FASLODEX	31	fluorouracil	29
fat emulsion plant based	66	fluorouracil (topical)	49
febuxostat	58	fluoxetine hcl	17
felbamate	15	fluphenazine decanoate	38
felodipine	43	fluphenazine hcl	38
FEMRING	75	flurandrenolide	51
fenofibrate	25	flurbiprofen	3
fenofibrate micronized	25	flurbiprofen sodium	68
fenofibric acid	25	flutamide	31
FENSOLVI	54	fluticasone propionate	51
fentanyl	4	fluticasone propionate (nasal)	65
fentanyl citrate	4	fluticasone-salmeterol	12
FENTORA	4	fluvastatin sodium	26
FERRIPROX	23	fluvoxamine maleate	17
FERRIPROX TWICE-A-DAY	23	FML	67
FETZIMA	17	FML FORTE	67
FETZIMA TITRATION PACK	18	folic acid	59
FIASP	20	FOLOTYN	29
FIASP FLEXTOUCH	20	fondaparinux sodium	13
FIASP PENFILL	20	FORFIVO XL	17
FIBRICOR	25	FORTEO	53
FINACEA	52	FOSAMAX PLUS D	53
finasteride	58	fosamprenavir calcium	40
		fosinopril sodium	26
		fosinopril sodium & hydrochlorothiazide	27
		fosphénytoïn sodium	16
		FRAGMIN	13
		frovatriptan succinate	62
		fulvestrant	31
		furosemide	53
		FUZEON	40
		FYCOMPA	14
		gabapentin	15
		GALAFOLD	55
		galantamine hydrobromide	70
		GALZIN	63
		GAMASTAN	69
		GAMMAGARD LIQUID	69
		GAMMAKED	69
		GAMMAPLEX	69
		GAMUNEX-C	69
		ganciclovir sodium	41
		GARDASIL 9	75
		gatifloxacin (ophth)	66
		GATTEX	58
		gauze pads 2" X 2"	62
		GAVRETO	33
		GAZYVA	30
		GELNIQUE	74
		GEMCITABINE	30
		gemcitabine hcl	29,30
		gemfibrozil	25
		GENOTROPIN	54
		GENOTROPIN MINIQUICK	54
		gentamicin in saline	2
		gentamicin sulfate	2
		gentamicin sulfate (ophth)	66
		gentamicin sulfate (topical)	48
		GENVOYA	40
		GILENYA	71
		GILOTrif	33
		GIVLAARI	58
		GLASSIA	72
		glatiramer acetate	71
		GLEOSTINE	29
		glimepiride	22
		glipizide	22

glipizide-metformin hcl.....	18
GLUCAGEN HYPOKIT.....	19
GLUCAGON EMERGENCY KIT.....	19
glyburide.....	23
glyburide micronized.....	23
glyburide-metformin.....	18,19
glycopyrrolate.....	73
GOCOVRI.....	36
GOLYTELY.....	61
GRALISE.....	71
granisetron hcl.....	23
GRANIX.....	60
griseofulvin microsize.....	24
griseofulvin ultramicrosize.....	24
guanfacine hcl.....	27
guanfacine hcl (adhd).....	1
GUANIDINE HCL.....	28
GVOKE HYPOOPEN 1-PACK.	19
GVOKE HYPOOPEN 2-PACK.	19
GVOKE PFS.....	20
HAEGARDA.....	58
HALAVEN.....	35
halcinonide.....	51
halobetasol propionate.....	51
haloperidol.....	38
haloperidol decanoate.....	38
haloperidol lactate.....	38
HARVONI.....	41
HAVRIX.....	75
HEMANGEOL.....	42
HEPARIN SODIUM.....	13
heparin sodium (porcine)....	13
HERCEPTIN.....	30
HERCEPTIN HYLECTA.....	32
HETLIOZ.....	61
HIBERIX.....	75
HIZENTRA.....	69
HORIZANT.....	71
HUMALOG.....	21
HUMALOG JUNIOR KWIKPEN.....	20
HUMALOG KWIKPEN.....	20
HUMALOG MIX 50/50.....	21
HUMALOG MIX 50/50 KWIKPEN.....	20
HUMALOG MIX 75/25.....	21
HUMALOG MIX 75/25	
KWIKPEN.....	21
HUMATROPE.....	54
HUMATROPE COMBO PACK.....	54
HUMIRA.....	2
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.	2
HUMIRA PEN.....	2
HUMIRA PEN-CD/UC/HS STARTER.....	2
HUMIRA PEN-PS/UV STARTER.....	2
HUMULIN 70/30.....	21
HUMULIN 70/30	
KWIKPEN.....	21
HUMULIN N.....	21
HUMULIN N KWIKPEN.....	21
HUMULIN R.....	21
HUMULIN R U-500 (CONCENTRATED).....	21
HUMULIN R U-500	
KWIKPEN.....	21
hydralazine hcl.....	28
hydrochlorothiazide.....	53
hydrocodone bitartrate.....	4
hydrocodone polistirex- chlorpheniramine polistirex	47
hydrocodone- acetaminophen.....	6
hydrocodone-ibuprofen.....	6
hydrocortisone.....	46
hydrocortisone (intrarectal).....	7
hydrocortisone (rectal).....	7
hydrocortisone (topical).....	51
hydrocortisone butyrate.....	51
hydrocortisone butyrate hydrophilic lipo base.....	51
hydrocortisone valerate.....	51
hydrocortisone w/acetic acid.....	68
hydromorphone hcl.....	4
HYDROMORPHONE HYDROCHLORIDE.....	4
hydroxychloroquine sulfate	28
hydroxyprogesterone caproate (antineoplastic).....	31
hydroxyurea.....	35
hydroxyzine hcl.....	10
hydroxyzine pamoate.....	10
HYPERRAB S/D.....	69
HYQVIA.....	69
HYSINGLA ER.....	4
ibandronate sodium.....	53,54
IBRANCE.....	33
ibuprofen.....	3
icatibant acetate.....	58
ICLUSIG.....	33
icosapent ethyl.....	25
idarubicin hcl.....	32
IDHIFA.....	33
IFEX.....	29
ifosfamide.....	29
IFOSFAMIDE.....	29
ILARIS.....	2
ILEVRO.....	68
ILUMYA.....	49
imatinib mesylate.....	33
IMBRUVICA.....	33
IMFINZI.....	30
imipenem-cilastatin.....	8
imipramine hcl.....	18
imipramine pamoate.....	18
imiquimod.....	52
IMLYGIC.....	35
IMOGRAM RABIES-HT.....	69
IMOVAX RABIES (H.D.C.V.)	75
IMPAVIDO.....	8
INCRELEX.....	54
INCRUSE ELLIPTA.....	10
indapamide.....	53
INDOCIN.....	3
indomethacin.....	3
INFANRIX.....	73
INFLECTRA.....	57
INFUGEM.....	30
INGREZZA.....	71
INLYTA.....	33
INQOVI.....	32
INREBIC.....	33
INSULIN ASPART.....	21
INSULIN ASPART FLEXPEN.....	21
INSULIN ASPART PENFILL	21
INSULIN ASPART PROTAMINE/INSULIN ASPART.....	21
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN.....	21

INSULIN LISPRO JUNIOR	
KWIKPEN	21
INSULIN LISPRO	
PROTAMINE/INSULIN LISPRO	
KWIKPEN	21
INSULIN SYRINGES AND PEN NEEDLES	62
INTELENCE	40
INTRON A	35
INVEGA SUSTENNA	37
INVEGA TRINZA	37
INVIRASE	40
INVOKAMET	19
INVOKAMET XR	19
INVOKANA	22
IPOP INACTIVATED IPV	75
ipratropium bromide	10
ipratropium bromide (nasal)	65
ipratropium-albuterol	12
irbesartan	27
irbesartan-hydrochlorothiazide	27
IRESSA	33
irinotecan hcl	35
irrigation solutions, physiological	64
ISENTRESS	40
ISENTRESS HD	40
isoniazid	28
isosorbide dinitrate	9
isosorbide mononitrate	9
isotretinoin	48
ISTODAX (OVERFILL)	33
itraconazole	24
ivermectin	7
ivermectin (rosacea)	52
IXEMPRA KIT	35
IXIARO	75
JAKAFI	33
JANUMET	19
JANUMET XR	19
JANUVIA	20
JARDIANCE	22
JENTADUETO	19
JENTADUETO XR	19
JEVTANA	35
JUBLIA	48
JULUCA	40
JUXTAPID	26
JYNARQUE	56
K-TAB	63
KADCYLA	30
KADIAN	5
KALBITOR	59
KALETRA	40
KALYDECO	72
KANJINTI	30
KANUMA	55
KAZANO	19
KEDRAB	69
KENALOG-10	46
KEPIVANCE	35
KERYDIN	48
ketoconazole	24
ketoconazole (topical)	48
ketoprofen	3
ketorolac tromethamine	3
ketorolac tromethamine (ophth)	68
KEVEYIS	53
KEVZARA	3
KEYTRUDA	30
KHAPZORY	35
KINERET	2
KINRIX	73
KISQALI	33
KISQALI FEMARA 200	
DOSE	32
KISQALI FEMARA 400	
DOSE	32
KISQALI FEMARA 600	
DOSE	32
KOMBIGLYZE XR	19
KORLYM	20
KOSELUGO	33
KRINTAFEL	28
KUVAN	55
KYPROLIS	33
labetalol hcl	42
lactated ringer's	63
lactic acid (ammonium lactate)	52
lactulose	61
lactulose (encephalopathy)	57
LAMICTAL XR	15
lamivudine	40
lamivudine (hbv)	41
lamivudine-zidovudine	40
lamotrigine	15
LANOXIN	43
LANOXIN PEDIATRIC	43
lansoprazole	74
lanthanum carbonate	58
LANTUS	21
LANTUS SOLOSTAR	21
lapatinib ditosylate	33
LARTRUVO	30
LASTACRAFT	68
latanoprost	68
LATUDA	37
LAZANDA	5
leflunomide	3
LEMTRADA	71
LENVIMA 10 MG DAILY	
DOSE	33
LENVIMA 12MG DAILY	
DOSE	33
LENVIMA 14 MG DAILY	
DOSE	33
LENVIMA 18 MG DAILY	
DOSE	33
LENVIMA 20 MG DAILY	
DOSE	33
LENVIMA 24 MG DAILY	
DOSE	33
LENVIMA 4 MG DAILY	
DOSE	33
LENVIMA 8 MG DAILY	
DOSE	33
letrozole	31
leucovorin calcium	35
LEUKERAN	29
LEUKINE	60
leuprolide acetate	31
levalbuterol hcl	12
levalbuterol tartrate	12
LEVEMIR	21
LEVEMIR FLEXTOUCH	21
levetiracetam	15
levetiracetam in sodium chloride	15
levobunolol hcl	66
levocarnitine (metabolic modifiers)	55
levocetirizine dihydrochloride	25
levofloxacin	57

levofloxacin (ophth).....	66	LUMIZYME.....	55
levofloxacin in d5w.....	57	LUMOXITI.....	30
levoleucovorin calcium.....	35	LUPANETA PACK.....	54
levonorgestrel & eth estradiol.....	45	LUPRON DEPOT (1- MONTH).....	31
levonorgestrel-eth estradiol (triphasic).....	45	LUPRON DEPOT (3- MONTH).....	31
levonorgestrel-ethynil estradiol (91-day).....	45	LUPRON DEPOT (4- MONTH).....	31
levonorgestrel-ethynil estradiol (continuous).....	46	LUPRON DEPOT (6- MONTH).....	31
levothyroxine sodium.....	73	LUPRON DEPOT-PED (1- MONTH).....	54,55
LEXIVA.....	40	LUPRON DEPOT-PED (3- MONTH).....	55
LIBTAYO.....	30	LUZU.....	48
lidocaine.....	52	LYNPARZA.....	33
lidocaine hcl.....	52	LYSODREN.....	31
lidocaine hcl (local anesth.)..	61	M-M-R II.....	75
lidocaine hcl (mouth-throat) ..	64	magnesium sulfate.....	63
lidocaine-prilocaine.....	52	malathion.....	52
lincomycin hcl.....	9	maprotiline hcl.....	17
linezolid.....	9	MARPLAN.....	17
linezolid in sodium chloride... <td>9</td> <td>MARQIBO.....</td> <td>35</td>	9	MARQIBO.....	35
LINZESS.....	57	MATULANE.....	35
liothyronine sodium.....	73	MAVENCLAD.....	71
LIPOFEN.....	25	MAVYRET.....	41
lisinopril.....	26	MAXIDEX.....	67
lisinopril & hydrochlorothiazide.....	27	MAYZENT.....	71
LITHIUM.....	37	meclizine hcl.....	23
lithium carbonate.....	36	meclofenamate sodium....	3
LIVALO.....	26	MEDROL.....	46
LO LOESTRIN FE.....	46	medroxyprogesterone acetate.....	70
LOKELMA.....	64	medroxyprogesterone acetate (contraceptive).....	46
LONSURF.....	32	mefenamic acid.....	3
loperamide hcl.....	23	mefloquine hcl.....	28
lopinavir-ritonavir.....	40	megestrol acetate.....	31
lorazepam.....	10	megestrol acetate (appetite).....	70
LORBRENA.....	33	MEKINIST.....	33
losartan potassium.....	27	MEKTOVI.....	34
losartan potassium & hydrochlorothiazide.....	27	meloxicam.....	3
LOTEMAX.....	67	melphalan.....	29
LOTEMAX SM.....	67	melphalan hcl.....	29
loteprednol etabonate.....	67	memantine hcl.....	70
lovastatin.....	26	MENACTRA.....	75
loxapine succinate.....	38	MENOSTAR.....	56
LUCEMYRA.....	70	MENQUADFI.....	75
luliconazole.....	48		
LUMIGAN.....	68		
		MENTAX.....	48
		MENVEO.....	75
		meprobamate.....	10
		mercaptopurine.....	30
		meropenem.....	8
		mesalamine.....	57
		mesalamine w/ cleanser.....	57
		mesna.....	35
		MESNEX.....	35
		metaxalone.....	65
		metformin hcl.....	19
		methadone hcl.....	5
		methazolamide.....	53
		methenamine hippurate.....	9
		methimazole.....	73
		methocarbamol.....	65
		methotrexate sodium.....	30
		methoxsalen rapid.....	49
		methscopolamine bromide.....	73
		methyldopa.....	27
		methylergonovine maleate.....	68
		methylphenidate hcl.....	1
		methylprednisolone.....	47
		methylprednisolone acetate.....	47
		methylprednisolone sod succ.....	47
		methyltestosterone.....	7
		metoclopramide hcl.....	57
		metolazone.....	53
		metoprolol & hydrochlorothiazide.....	27
		metoprolol succinate.....	42
		metoprolol tartrate.....	42
		metronidazole.....	8
		metronidazole (topical).....	52
		metronidazole in nacl.....	8
		metronidazole vaginal.....	75
		metyrosine.....	27
		mexiletine hcl.....	10
		MIACALCIN.....	54
		micafungin sodium.....	24
		miconazole nitrate vaginal.....	75
		midodrine hcl.....	76
		miglitol.....	18
		miglustat.....	59
		MIGRAL.....	62
		minocycline hcl.....	72

minoxidil.....	28
mirtazapine.....	16
MIRVASO.....	52
misoprostol.....	74
mitomycin.....	32
mitoxantrone hcl.....	32
modafinil.....	2
moexipril hcl.....	26
molindone hcl.....	38
mometasone furoate.....	51
mometasone furoate (nasal).....	65
MONJUVI.....	30
montelukast sodium.....	11
morphine sulfate.....	5
morphine sulfate beads.....	5
MOTOFEN.....	23
MOVANTIK.....	57
MOXEZA.....	67
moxifloxacin hcl.....	57
moxifloxacin hcl (ophth).....	67
MOZOBIL.....	60
MULPLETA.....	60
MULTAQ.....	10
mupirocin.....	48
mupirocin calcium (topical) ..	48
MUSE.....	43
MVASI.....	30
MYALEPT.....	55
mycophenolate mofetil.....	64
mycophenolate mofetil hcl ..	64
mycophenolate sodium.....	64
MYLOTARG.....	30
MYRBETRIQ.....	74
MYTESI.....	23
nabumetone.....	3
nadolol.....	42
nadolol & bendroflumethiazide.....	27
nafcillin sodium.....	70
NAFCILLIN SODIUM.....	70
nafcillin sodium.....	70
naftifine hcl.....	48
NAFTIN.....	49
NAGLAZYME.....	55
naloxone hcl.....	23
naltrexone hcl.....	23
NAMENDA XR TITRATION PACK.....	70
NAPRELAN.....	3
naproxen.....	3
naproxen sodium.....	3
naproxen-esomeprazole magnesium.....	3
naratriptan hcl.....	62
NARCAN.....	23
NASCOBAL.....	59
NATACYN.....	67
nateglinide.....	22
NATPARA.....	54
NAYZILAM.....	14
nefazodone hcl.....	17
neomycin sulfate.....	2
neomycin-bacitracin zn- polymyxin.....	67
neomycin-polymy- dexameth.....	67
neomycin-polymyxin-gramicidin	67
neomycin-polymyxin-hc (otic).....	68
neomycin/polymyxin b gu ..	58
NERLYNX.....	34
NESINA.....	20
NEULASTA.....	60
NEULASTA ONPRO KIT ..	60
NEUPOGEN.....	60
NEUPRO.....	36
NEVANAC.....	68
nevirapine.....	40
NEXAVAR.....	34
NEXIUM.....	74
niacin (antihyperlipidemic) ..	26
nicardipine hcl.....	43
NICOTROL INHALER.....	72
NICOTROL NS.....	72
nifedipine.....	43
nilutamide.....	31
nimodipine.....	43
NINLARO.....	34
NIPENT.....	35
nisoldipine.....	43
nitisinone.....	55
NITRO-DUR.....	9
nitrofurantoin.....	9
nitrofurantoin macrocrystal ..	9
nitrofurantoin monohyd macro	9
nitroglycerin.....	9
NITROSTAT.....	9
NIVESTYM.....	60
nizatidine.....	73
NORDITROPIN FLEXPRO ..	54
norelgestromin-ethinyl estradiol.....	46
norethrin acet & estrad-fe ..	46
norethindrone & eth estradiol	46
norethindrone & ethinyl estradiol- fe ..	46
norethindrone (contraceptive).....	46
norethindrone acet & eth estra ..	46
norethindrone acetate ..	70
norethindrone acetate-ethinyl estradiol ..	56
norethindrone-eth estradiol (triphasic) ..	46
norgestimate-ethinyl estradiol ..	46
norgestimate-ethinyl estradiol (triphasic) ..	46
norgestrel & ethinyl estradiol	46
NORITATE.....	52
NORPACE CR.....	10
NORTHERA.....	75,76
nortriptyline hcl.....	18
NORVIR.....	40
NOVAREL.....	54
NOVOLIN 70/30 ..	21
NOVOLIN 70/30 FLEXPEN ..	21
NOVOLIN 70/30 FLEXPEN RELION ..	21
NOVOLIN 70/30 RELION ..	21
NOVOLIN N ..	22
NOVOLIN N FLEXPEN ..	22
NOVOLIN N FLEXPEN RELION ..	21
NOVOLIN N RELION ..	22
NOVOLIN R ..	22
NOVOLIN R RELION ..	22
NOVOLOG ..	22
NOVOLOG FLEXPEN ..	22
NOVOLOG MIX 70/30 ..	22
NOVOLOG MIX 70/30 PREFILLED FLEXPEN ..	22
NOVOLOG PENFILL ..	22
NOXAFIL ..	24

NUBEQA	31	OPSUMIT	44	PAXIL	17
NUCALA	10	ORACEA	52	PEDIARIX	73
NUCYNTA	5	ORALAIR	2	PEDVAX HIB	75
NUCYNTA ER	5	ORBACTIV	8	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	61
NUEDEXTA	71	ORENCIA	3	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	61
NULOJIX	64	ORENCIA CLICKJECT	3	peg 3350-potassium chloride-sod bicarbonate-sod chloride	61
NUPLAZID	37	ORENITRAM	44	PEGANONE	16
NUTROPIN AQ NUSPIN 20	54	ORFADIN	55	PEGASYS	41
NUZYRA	72	ORILISSA	54	PEGASYS PROCLICK	41
NYMALIZE	43	ORKAMBI	72	PEGINTRON	41
nystatin	24	orphenadrine citrate	65	PEMAZYRE	34
nystatin (mouth-throat)	64	oseltamivir phosphate	42	penicillamine	63
nystatin (topical)	49	OSENI	19	penicillin g potassium	69
nystatin-triamcinolone	49	OSMOLEX ER	36	penicillin v potassium	69
OCALIVA	57	OSMOPREP	61	PENNSAID	48
OCREVUS	71	OSPHENA	54	PENTACEL	73
OCTAGAM	69	OTEZLA	3	pentamidine isethionate	8
octreotide acetate	55	OTREXUP	2	pentoxifylline	59
ODEFSEY	40	oxaliplatin	29	PERFOROMIST	12
ODOMZO	31	oxandrolone	7	perindopril erbumine	26
OFEV	72	oxaprozin	3	PERJETA	30
ofloxacin (ophth)	67	OXBRYTA	59	permethrin	52
ofloxacin (otic)	68	oxcarbazepine	15	perphenazine	38
OGIVRI	30	OXERVATE	67	perphenazine-amitriptyline	70
olanzapine	38	oxiconazole nitrate	49	PERSERIS	37
olanzapine-fluoxetine hcl	70	OXISTAT	49	PERTZYE	52
olmesartan medoxomil	27	oxybutynin chloride	74	PEXEVA	17
olmesartan medoxomil- hydrochlorothiazide	27	oxycodone hcl	5	phenelzine sulfate	17
olopatadine hcl	68	oxycodone w/ acetaminophen	6	phenobarbital	60
olopatadine hcl (nasal)	65	oxycodone-aspirin	6	phenoxybenzamine hcl	27
OLUMIANT	2	oxymorphone hcl	5,6	phenytoin	16
omega-3-acid ethyl esters	25	OXYTROL	74	phenytoin sodium	16
omeprazole	74	OZEMPIC	20	phenytoin sodium extended	16
omeprazole-sodium bicarbonate	74	paclitaxel	35	PHESGO	32
OMNARIS	65	PADCEV	30	PHOSPHOLINE IODIDE	66
OMNITROPE	54	paliperidone	37	phytonadione	76
ondansetron	23	PALYNZIQ	55	PICATO	49
ondansetron hcl	23	PANCREAZE	52	PIFELTRO	40
ONGLYZA	20	PANRETIN	49	pilocarpine hcl	66
ONIVYDE	35	pantoprazole sodium	74	pilocarpine hcl (oral)	65
ONUREG	30	parenteral electrolytes	63	pimecrolimus	52
OPDIVO	30	paricalcitol	55	pimozide	71
opium tincture	23	paromomycin sulfate	2	pindolol	42
		paroxetine hcl	17	pioglitazone hcl	20
		paroxetine mesylate (vasomotor)	72		

pioglitazone hcl-glimepiride	19	PREMPRO	56
pioglitazone hcl-metformin		PRETOMANID	28
hcl	19	PREVYMIS	41
piperacillin sodium-tazobactam		PREZCOBIX	40
sodium	69	PREZISTA	40
PIQRAY 200MG DAILY		PRIFTIN	28
DOSE	34	primaquine phosphate	28
PIQRAY 250MG DAILY		PRIMAQUINE	
DOSE	34	PHOSPHATE	28
PIQRAY 300MG DAILY		primidone	15
DOSE	34	PRIVIGEN	69
piroxicam	3	PROAIR HFA	12
PLEGRIDY	71	PROAIR RESPICLICK	12
PLEGRIDY STARTER		probenecid	58
PACK	71	prochlorperazine	38
PLENUV	61	prochlorperazine edisylate	38
podofilox	52	prochlorperazine maleate	38
POLIVY	30	PROCIT	60
polymyxin b sulfate	9	PROSYSBI	58
polymyxin b-trimethoprim	67	progesterone micronized	70
POMALYST	32	PROGRAF	64
PORTRAZZA	31	PROLASTIN-C	72
posaconazole	24	PROLENSA	68
potassium chloride	63	PROLEUKIN	35
potassium chloride in dextrose & sodium chloride	63	PROLIA	54
potassium chloride microencapsulated crystals er	63	PROMACTA	60
potassium citrate (alkalinizer)	58	promethazine & phenylephrine	47
POTELIGEO	31	promethazine hcl	25
PRADAXA	13	promethazine-phenylephrine-codeine	47
PRALUENT	26	propafenone hcl	10
pramipexole dihydrochloride	36	proparacaine hcl	67
prasugrel hcl	59	propranolol & hydrochlorothiazide	28
pravastatin sodium	26	propranolol hcl	42
praziquantel	7	propylthiouracil	73
prazosin hcl	27	PROQUAD	75
PRED MILD	67	PROSOL	66
prednicarbate	51	protriptyline hcl	18
prednisolone	47	PROVENTIL HFA	12
prednisolone acetate (ophth)	67	PRUDOXIN	49
prednisolone sodium phosphate	47	PULMICORT FLEXHALER	12
prednisone	47	PULMOZYME	72
pregabalin	15	PURIXAN	30
PREGNYL W/DILUENT		PYLERA	74
BENZYLALCOHOL/NACL	54	pyrazinamide	28
PREMARIN	56,75	pyridostigmine bromide	28
PREMPHASE	56	pyrimethamine	28
		QINLOCK	34
		QNDSL	65
		QNDSL CHILDRENS	65
		QUADRACEL	73
		quetiapine fumarate	38
		quinapril hcl	26
		quinapril-hydrochlorothiazide	28
		quinidine gluconate	10
		quinidine sulfate	10
		quinine sulfate	28
		RABAVERT	75
		RADICAVA	65
		raloxifene hcl	54
		ramelteon	61
		ramipril	27
		ranolazine	9
		rasagiline mesylate	36
		RASUVO	2
		RAVICTI	55
		RAYALDEE	55
		REBETOL	41
		REBIF	71
		REBIF REBIDOSE	71
		REBIF REBIDOSE TITRATIONPACK	71
		REBIF TITRATION PACK	71
		REBLOZYL	60
		RECOMBIVAX HB	75
		RECTIV	7
		REGRANEX	52
		RELENZA DISKHALER	42
		RELISTOR	58
		REMICADE	57
		RENFLEXIS	57
		repaglinide	22
		REPATHA	26
		REPATHA PUSHTRONEX SYSTEM	26
		REPATHA SURECLICK	26
		RESTASIS	67
		RESTASIS MULTIDOSE	67
		RETACRIT	60
		RETEVMO	34
		RETIN-A MICRO PUMP	48
		RETROVIR IV INFUSION	40

REVCORI	55
REVLIMID	63
REXULTI	39
REYATAZ	40
ribavirin	42
ribavirin (hepatitis c)	41
RIDAURA	2
rifabutin	28
rifampin	29
riluzole	65
rimantadine hydrochloride	42
RINVOQ	2
risedronate sodium	54
RISPERDAL CONSTA	37
risperidone	37
ritonavir	40
RITUXAN	31
RITUXAN HYCELA	32
rivastigmine	70
rivastigmine tartrate	70
rizatriptan benzoate	62
ROMIDEPSIN	34
ropinirole hydrochloride	36
rosuvastatin calcium	26
ROTARIX	75
ROTAQUE	75
ROZLYTREK	34
RUBRACA	34
RUCONEST	59
rufinamide	15
RUKOBIA	40
RUXIENCE	31
RUZURGI	28
RYDAPT	34
RYTARY	36
SAMSCA	56
SANCUSO	23
SANDIMMUNE	64
SANDOSTATIN LAR DEPOT	55
SANTYL	52
SAPHRIS	38
sapropterin dihydrochloride	55
SARCLISA	31
SAVAYSA	13
SAVELLA	70
SAVELLA TITRATION PACK	70
scopolamine	23
SECUADO	38
selegiline hcl	36
selenium sulfide	50
SELZENTRY	40
SEMPREX-D	47
SEREVENT DISKUS	12
SEROSTIM	54
sertraline hcl	17
sevelamer carbonate	58
SHINGRIX	75
SIGNIFOR	56
SIGNIFOR LAR	55,56
sildenafil citrate	43
sildenafil citrate (pulmonary hypertension)	44
SILIQ	49
silodosin	58
silver sulfadiazine	50
SIMBRINZA	66
SIMPONI	2
SIMPONI ARIA	2
SIMULECT	64
simvastatin	26
sirolimus	64
SIRTURO	29
SIVEXTRO	9
SKYRIZI	49
sodium chloride	63
sodium chloride (gu irrigant)	58
sodium polystyrene sulfonate	64
SOLTAMOX	31
SOLU-CORTEF	47
SOLU-MEDROL	47
SOMATULINE DEPOT	56
SOMAVERT	54
SORILUX	49
sotalol hcl	42
sotalol hcl (afib/afl)	42
SOTYLIZE	42
SOVALDI	41
SPIRIVA HANDIHALER	11
SPIRIVA RESPIMAT	11
spironolactone	53
spironolactone & hydrochlorothiazide	53
SPRAVATO 56MG DOSE	17
SPRAVATO 84MG DOSE	17
SPRITAM	15
SPRYCEL	34
STALEVO 100	36
STALEVO 125	36
STALEVO 150	36
STALEVO 200	36
STALEVO 50	36
STALEVO 75	36
stavudine	40
STELARA	49
STIMATE	55
STIOLTO RESPIMAT	12
STIVARGA	34
STRENSIQ	55
STRIBILD	40
STRIVERDI RESPIMAT	12
SUBSYS	6
SUCRAID	52
sucralfate	73
sulfacetamide sod-	
prednisolone	67
sulfacetamide sodium (acne)	48
sulfacetamide sodium (ophth)	67
sulfadiazine	72
sulfamethoxazole-trimethoprim	8
SULFAMYLYON	50
sulfasalazine	57
sulindac	3
sumatriptan	62
sumatriptan succinate	62
sumatriptan-naproxen sodium	62
SUNOSI	1
SUPREP BOWEL PREP KIT	61
SUTENT	34
SYLATRON	35
SYMBICORT	13
SYMDEKO	72
SYMFI	40
SYMFI LO	40
SYMLINPEN 120	18
SYMLINPEN 60	18

SYMPAZAN	14	temazepam	60
SYMTUZA	40	TEMIXYS	40
SYNAGIS	69	TEMODAR	29
SYNAREL	55	temsirolimus	34
SYNDROS	24	TENIVAC	73
SYNERCID	9	tenofovir disoproxil fumarate	40
SYNJARDY	19	TEPEZZA	54
SYNJARDY XR	19	terazosin hcl	27
SYNRIBO	35	terbinafine hcl	24
SYNTROID	73	terbutaline sulfate	13
TABLOID	30	terconazole vaginal	75
TABRECTA	34	testosterone	7
TACLONEX	51	testosterone cypionate	7
tacrolimus	64	testosterone enanthate	7
tacrolimus (topical)	52	tetrabenazine	71
tadalafil	44	tetracycline hcl	72
tadalafil (pulmonary hypertension)	44	THALOMID	63
TAFINLAR	34	theophylline	13
TAGRISSO	34	thioridazine hcl	38
TAKHYRO	59	thiotepa	29
TALTZ	49	thiothixene	39
TALZENNA	34	THYMOGLOBULIN	64
tamoxifen citrate	31	tiagabine hcl	16
tamsulosin hcl	58	TIBSOVO	34
TARGRETIN	49	TICE BCG	35
TASIGNA	34	TIGAN	23
tavaborole	49	tigecycline	72
TAVALISSE	59	timolol maleate	42
TAYTULLA	46	timolol maleate (ophth)	66
tazarotene	49	TIMOPTIC OCUDOSE	66
TAZORAC	49	TIMOPTIC-XE	66
TAZVERIK	34	tinidazole	8
TDVAX	73	TIVICAY	41
TECENTRIQ	31	TIVICAY PD	41
TECFIDERA	71	tizanidine hcl	65
TECFIDERA STARTER PACK	71	TOBI PODHALER	2
TEFLARO	45	TOBRADEX	67
TEGRETOL	15	TOBRADEX ST	67
TEGRETOL-XR	15	tobramycin	2
TEGSEDI	72	tobramycin (ophth)	67
TEKTURNA HCT	28	tobramycin sulfate	2
telmisartan	27	tobramycin- dexamethasone	67
telmisartan-amlodipine	28	TOBREX	67
telmisartan-hydrochlorothiazide	28	tolbutamide	23
		tolcapone	36
		tolmetin sodium	3
		TOLSURA	24
		tolterodine tartrate	74
		tolvaptan	56
		topiramate	15
		topotecan hcl	35
		toremifene citrate	31
		torsemide	53
		TOUJEO MAX SOLOSTAR	22
		TOUJEO SOLOSTAR	22
		TOVIAZ	74
		TPN ELECTROLYTES	63
		TRACLEER	44
		TRADJENTA	20
		tramadol hcl	6
		tramadol-acetaminophen	6
		trandolapril	27
		trandolapril-verapamil hcl	28
		tranexamic acid	60
		TRANSDERM SCOP	24
		TRANSDERM-SCOP	24
		tranylcypromine sulfate	17
		TRAVATAN Z	68
		TRAZIMERA	31
		trazodone hcl	17
		TREANDA	29
		TRECATOR	29
		TRELEGY ELLIPTA	13
		TRELSTAR MIXJECT	32
		TREMFYA	49
		treprostinil	44
		TRESIBA	22
		TRESIBA FLEXTOUCH	22
		tretinoin	48
		tretinoin (chemotherapy)	35
		tretinoin microsphere	48
		TREXIMET	62
		triamcinolone acetonide	47
		triamcinolone acetonide (mouth)	64
		triamcinolone acetonide (topical)	51
		triamterene	53
		triamterene & hydrochlorothiazide	53
		trientine hcl	63
		trifluoperazine hcl	38

trifluridine	67	VANCOMYCIN HYDROCHLORIDE/DEXTROS E	8	VOSEVI	41
trihexyphenidyl hcl	36	VANTAS	32	VOTRIENT	34
TRIKAFTA	72	VAQTA	75	VPRIV	59
trimethobenzamide hcl	24	vardenafil hcl	44	VRAYLAR	37
trimethoprim	8	VARIVAX	75	VUMERITY	71
trimipramine maleate	18	VARIZIG	69	VYNDAMAX	44
TRINTELLIX	17	VARUBI	24	VYNDAQEL	44
TRIPTODUR	55	VASCEPA	25	VYONDYS 53	65
TRIUMEQ	41	VECTIBIX	31	VYVANSE	1
TRODELVY	31	VECTICAL	49	VYXEOS	32
TROGARZO	41	VELCADE	34	WAKIX	1
trospium chloride	74	VELTASSA	64	warfarin sodium	13
TRULICITY	20	VEMLIDY	41	water for irrigation, sterile	64
TRUMENBA	75	VENCLEXTA	31	XALKORI	34
TRUVADA	41	VENCLEXTA STARTING PACK	31	XARELTO	13
TRUXIMA	31	venlafaxine hcl	18	XARELTO STARTER PACK	13
TUDORZA PRESSAIR	11	VENTAVIS	44	XATMEP	30
TUKYSA	34	VENTOLIN HFA	13	XCOPRI	15
TURALIO	34	verapamil hcl	43	XELJANZ	2
TWINRIX	75	VERELAN PM	43	XELJANZ XR	2
TYBOST	41	VERSACLOZ	38	XENLETA	9
TYKERB	34	VERZENIO	34	XEOMIN	65
TYMLOS	54	VESICARE	74	XERESE	50
TYPHIM VI	75	VIBERZI	57	XERMELO	58
TYSABRI	71	VIBRAMYCIN	72	XGEVA	54
TYVASO	44	VICTOZA	20	XIAFLEX	63
TYVASO REFILL	44	VIDEX EC	41	XIFAXAN	8
TYVASO STARTER	44	VIDEXPEDIATRIC	41	XIGDUO XR	19
UCERIS	7	vigabatrin	16	XOLAIR	10
ULTRAVATE	51	VIIBRYD	17	XOSPATA	34
UPTRAVI	44	VIIBRYD STARTER PACK	17	XPOVIO 100 MG ONCE WEEKLY	32
ursodiol	57	VIMIZIM	55	XPOVIO 40 MG ONCE WEEKLY	32
VABOMERE	8	VIMOVO	3	XPOVIO 40 MG TWICE WEEKLY	32
valacyclovir hcl	42	VIMPAT	15	XPOVIO 60 MG ONCE WEEKLY	32
VALCHLOR	49	vinblastine sulfate	35	XPOVIO 60 MG TWICE WEEKLY	32
valganciclovir hcl	41	vincristine sulfate	35	XPOVIO 80 MG ONCE WEEKLY	32
valproate sodium	16	vinorelbine tartrate	35	XPOVIO 80 MG TWICE WEEKLY	32
valproic acid	16	VIOKACE	53	XTANDI	32
valrubicin	32	VIRACEPT	41	XURIDEN	55
valsartan	27	VIREAD	41	XYREM	70
valsartan-hydrochlorothiazide	28	VISTOGARD	23	YERVOY	31
VALSTAR	32	VITRAKVI	34	YF-VAX	75
VALTOCO	14	VIZIMPRO	34		
vancomycin hcl	8	voriconazole	24		
VANCOMYCIN HYDROCHLORIDE	8				

YONDELIS	29	ZYPREXA RELPREVV	38
YONSA	32	ZYTIGA	32
zaflunukast	11	ZYVOX	9
zaleplon	60		
ZALTRAP	30		
ZANOSAR	29		
ZARXIO	60		
ZEJULA	34		
ZELAPAR	36		
ZELBORAF	34		
ZEMAIRA	72		
ZEMBRACE SYMTOUCH	62		
ZENPEP	53		
ZEPATIER	41		
ZEPZELCA	29		
ZETONNA	65		
zidovudine	41		
zileuton	11		
ZINPLAVA	69		
ZIOPTAN	68		
ziprasidone hcl	37		
ziprasidone mesylate	37		
ZIPSOR	3		
ZIRABEV	30		
ZIRGAN	67		
ZITHROMAX	61		
ZOLADEX	32		
zoledronic acid	54		
ZOLINZA	34		
zolmitriptan	63		
zolpidem tartrate	60,61		
ZOMACTON	54		
ZOMIG	63		
ZONALON	49		
zonisamide	15		
ZONTIVITY	59		
ZORTRESS	64		
ZOSTAVAX	75		
ZOSYN	70		
ZUBSOLV	7		
ZULRESSO	17		
ZYCLARA	52		
ZYCLARA PUMP	52		
ZYDELIG	34		
ZYKADIA	34		
ZYLET	67		

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Health Net Seniority Plus Employer (HMO) at 1-800-275-4737 or, for TTY users, 711, from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays, or visit healthnet.com.

DIR049475ET00