



Health Net Seniority Plus Employer (HMO)

2020 Prime 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: Ուժեղացված լսողական և տեսողական աջակցություններ, երբե խոսում եք հայերեն, ասպա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ

فارسي (Persian): خدمات ترجمه، حمایت 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، يرجى الاتصال بالرقم أعلاه.

ਪੰਜਾਬੀ (Panjabi): ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਅਤੇ ਦੂਜੇ ਬਦਲਵੇਂ ਫਾਰਮੈਟ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇਹਨਾਂ ਦੇ ਲਈ ਵਿਰਧਾ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Mon-Khmer, Cambodian): សេវាកម្មជំនួយភាសា ជំនួយជំនួស និងសេវាកម្មនានា នឹងទប់ ដែលមានជម្រើស លើសសេដ្ឋកិច្ចសង្គម ដែលសេវាកម្មកម្មករអាចរកបានសោយឥតគិតថ្លៃ។ សេវាទាំងនេះ អាចទទួលបានឥតគិតថ្លៃ លើកម្មវិធីសេវាសង្គម។

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.

हिंदी (Hindi): भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अयि वैकल्पिक फ़ॉर्म आपके लिए निः शुल्क उपलब्ध हैं। इन्हें प्राप्त करने के लिए, कृपया उपरोक्त नंबर पर कॉल करें।

ไทย Thai): การช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติดต่อ

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, ajutoare și servicii auxiliare, precum și alte formate alternative vă stau la dispoziție în mod gratuit. Pentru a le obține, apălați 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>dexmethylphenidate hcl cp24 10 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>dexmethylphenidate hcl cp24 15 mg</i> | 1 | SL(2.66 ea daily); MO; * |
| <i>dexmethylphenidate hcl cp24 20 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>dexmethylphenidate hcl cp24 25 mg</i> | 1 | SL(1.6 ea daily); MO; * |
| <i>dexmethylphenidate hcl cp24 30 mg</i> | 1 | SL(1.33 ea daily); MO; * |
| <i>dexmethylphenidate hcl cp24 35 mg</i> | 1 | SL(1.14 ea daily); MO; * |
| <i>dexmethylphenidate hcl cp24 40 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>dexmethylphenidate hcl cp24 5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>dexmethylphenidate 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 |
|---|-----------|---------------------------|
| <i>methylphenidate hcl tbc</i> 18 mg, 27 mg, 36 mg, 54 mg | 1 | MO; * |
| <i>methylphenidate hcl tbc</i> 20 mg | 1 | QL(3 ea daily); MO; * |
| <i>modafinil tabs</i> 100 mg | 1 | PA; MO; * |
| <i>modafinil tabs</i> 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

| | | |
|---|---|---------------|
| <i>amikacin sulfate soln</i> | 4 | MO; + |
| ARIKAYCE SUSP | 5 | PA; NDS;MO; + |
| BETHKIS NEBU (<i>tobramycin</i>) | 5 | B/D; NDS; + |
| <i>gentamicin in saline soln</i> 0.9 %-1 mg/ml | 4 | + |
| <i>gentamicin sulfate soln</i> | 4 | MO; + |
| <i>neomycin sulfate tabs</i> | 1 | MO; * |
| <i>paromomycin sulfate caps</i> | 1 | MO; * |
| TOBI PODHALER CAPS | 5 | NDS; + |
| <i>tobramycin nebu</i> 300 mg/4ml | 5 | B/D; NDS; + |
| <i>tobramycin nebu</i> 300 mg/5ml | 1 | B/D; * |
| <i>tobramycin sulfate soln</i> 1.2 gm/30ml, 80 mg/2ml | 4 | MO; + |
| <i>tobramycin sulfate solr</i> 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 |
|---|-----------|-----------------------------|
| ACTEMRA SOSY | 5 | PA; NDS; + |
| KEVZARA SOAJ | 5 | PA; NDS; + |
| KEVZARA SOSY | 5 | PA; NDS; + |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| <i>celecoxib caps</i> | 1 | MO; * |
| <i>diclofenac potassium tabs</i> | 1 | MO; * |
| <i>diclofenac sodium tb24</i> | 1 | MO; * |
| <i>diclofenac sodium tbec</i> | 1 | MO; * |
| <i>diclofenac w/ misoprostol tbec</i> | 1 | MO; * |
| DUEXIS TABS | 5 | PA; NDS;MO; + |
| <i>etodolac caps</i> | 1 | MO; * |
| <i>etodolac tabs</i> | 1 | MO; * |
| <i>etodolac tb24</i> | 1 | MO; * |
| <i>flurbiprofen tabs 100 mg</i> | 1 | MO; * |
| <i>ibuprofen susp 100 mg/5ml</i> | 1 | RX/OTC; MO; * |
| <i>ibuprofen tabs 400 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>ibuprofen tabs 600 mg</i> | 1 | SL(5.33 ea daily); MO; * |
| <i>ibuprofen tabs 800 mg</i> | 1 | SL(4 ea daily); MO; * |
| INDOCIN SUSP OR 25 MG/5ML | 3 | AL(Up to 64 yrs old); MO; + |
| <i>indomethacin caps 25 mg, 50 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>indomethacin cpcr 75 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>ketoprofen cp24 200 mg</i> | 1 | MO; * |
| <i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i> | 4 | AL(Up to 64 yrs old); MO; + |
| <i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i> | 4 | AL(Up to 64 yrs old); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>ketorolac tromethamine tabs or 10 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>meclofenamate sodium caps 100 mg</i> | 1 | MO; * |
| <i>mefenamic acid caps</i> | 1 | MO; * |
| <i>meloxicam tabs</i> | 1 | MO; * |
| <i>nabumetone tabs</i> | 1 | MO; * |
| NAPRELAN TB24 750 MG | 3 | MO; + |
| <i>naproxen sodium tabs</i> | 1 | MO; * |
| <i>naproxen sodium tb24</i> | 1 | MO; * |
| <i>naproxen tabs 375 mg, 500 mg, 250 mg</i> | 1 | MO; * |
| <i>naproxen tbec 375 mg, 500 mg</i> | 1 | MO; * |
| <i>naproxen-esomeprazole magnesium tbec</i> | 5 | PA; NDS;MO; + |
| <i>oxaprozin tabs</i> | 1 | MO; * |
| <i>piroxicam caps</i> | 1 | MO; * |
| <i>sulindac tabs</i> | 1 | MO; * |
| <i>tolmetin sodium caps 400 mg</i> | 1 | MO; * |
| VIMOVO TBEC (<i>naproxen-esomeprazole magnesium</i>) | 5 | PA; NDS;MO; + |
| ZIPSOR CAPS | 3 | MO; + |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | 5 | PA; NDS; + |
| OTEZLA TBPK | 5 | PA; NDS; + |
| Pyrimidine Synthesis Inhibitors | | |
| <i>leflunomide tabs</i> | 1 | 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 |
|--|-----------|--------------------------------|
| ORENCIA SOSY | 5 | PA; NDS; + |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | 5 | PA; NDS; + |
| ENBREL SOLN | 5 | PA; NDS; + |
| ENBREL SOLR | 5 | PA; NDS; + |
| ENBREL SOSY | 5 | PA; NDS; + |
| ENBREL SURECLICK SOAJ | 5 | PA; NDS; + |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Salicylates | | |
| <i>diflunisal tabs</i> | 1 | MO; * |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| ABSTRAL SUBL 100 MCG | 3 | PA; QL(16 ea daily); + |
| ABSTRAL SUBL 200 MCG | 5 | PA; NDS;QL(8 ea daily); + |
| <i>codeine sulfate tabs 15 mg</i> | 1 | SL(24 ea daily); MO; * |
| <i>codeine sulfate tabs 30 mg</i> | 1 | SL(12 ea daily); MO; * |
| <i>codeine sulfate tabs 60 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5 | PA; NDS;QL(4 ea daily); MO; + |
| <i>fentanyl citrate lpop bu 200 mcg</i> | 5 | PA; NDS;QL(8 ea daily); MO; + |
| <i>fentanyl citrate tabs bu 100 mcg</i> | 5 | PA; NDS;QL(16 ea daily); MO; + |
| <i>fentanyl citrate tabs bu 200 mcg</i> | 5 | PA; NDS;QL(8 ea daily); MO; + |
| <i>fentanyl citrate tabs bu 400 mcg, 600 mcg, 800 mcg</i> | 5 | PA; NDS;QL(4 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 1 | Limit 10 patches per month;QL(0.34 ea daily); MO; * |
| FENTORA TABS 100 MCG (<i>fentanyl citrate</i>) | 5 | PA; NDS;QL(16 ea daily); MO; + |
| FENTORA TABS 200 MCG (<i>fentanyl citrate</i>) | 5 | PA; NDS;QL(8 ea daily); MO; + |
| FENTORA TABS 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>) | 5 | PA; NDS;QL(4 ea daily); MO; + |
| <i>hydrocodone bitartrate cp12 10 mg, 15 mg</i> | 1 | PA; QL(3 ea daily); MO; * |
| <i>hydrocodone bitartrate cp12 20 mg, 30 mg, 40 mg, 50 mg</i> | 1 | PA; QL(2 ea daily); MO; * |
| <i>hydromorphone hcl liqd or 1 mg/ml</i> | 1 | QL(50 ml daily); MO; * |
| <i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i> | 4 | + |
| <i>hydromorphone hcl soln ij 2 mg/ml</i> | 4 | Preservative Free; + |
| <i>hydromorphone hcl soln ij 4 mg/ml, 1 mg/ml, 2 mg/ml</i> | 4 | MO; + |
| <i>hydromorphone hcl tabs or 2 mg, 4 mg</i> | 1 | QL(9 ea daily); MO; * |
| <i>hydromorphone hcl tabs or 8 mg</i> | 1 | QL(6.25 ea daily); MO; * |
| <i>hydromorphone hcl tb24 or 12 mg</i> | 1 | QL(4.17 ea daily); * |
| <i>hydromorphone hcl tb24 or 16 mg</i> | 1 | QL(3.14 ea daily); * |
| <i>hydromorphone hcl tb24 or 32 mg</i> | 1 | QL(1.57 ea daily); * |
| <i>hydromorphone hcl tb24 or 8 mg</i> | 1 | QL(6.27 ea daily); * |
| HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (<i>hydromorphone hcl</i>) | 4 | + |
| HYSINGLA ER T24A 100 MG, 120 MG, 80 MG | 3 | PA; QL(1 ea daily); MO; + |
| HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG | 3 | PA; 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 |
|--|-----------|---|
| KADIAN CP24 200 MG | 3 | PA; QL(2 ea daily); MO; + |
| LAZANDA SOLN 100 MCG/ACT | 5 | PA; NDS;QL(1 ea daily); MO; + |
| LAZANDA SOLN 300 MCG/ACT | 5 | PA; NDS; Limit 15 boxes per month ;QL(0.5 ea daily); MO; + |
| LAZANDA SOLN 400 MCG/ACT | 5 | PA; NDS; Limit 8 bottles per month;QL(0.27 ea daily); MO; + |
| <i>methadone hcl conc or 10 mg/ml</i> | 1 | QL(6.67 ml daily); MO; * |
| <i>methadone hcl soln or 10 mg/5ml</i> | 1 | QL(33.34 ml daily); MO; * |
| <i>methadone hcl soln or 5 mg/5ml</i> | 1 | QL(15 ml daily); MO; * |
| <i>methadone hcl tabs or 5 mg, 10 mg</i> | 1 | QL(6 ea daily); MO; * |
| <i>morphine sulfate beads cp24 120 mg</i> | 1 | QL(1.67 ea daily); MO; * |
| <i>morphine sulfate beads cp24 30 mg</i> | 1 | QL(6.67 ea daily); MO; * |
| <i>morphine sulfate beads cp24 45 mg</i> | 1 | QL(4.44 ea daily); MO; * |
| <i>morphine sulfate beads cp24 60 mg</i> | 1 | QL(3.34 ea daily); MO; * |
| <i>morphine sulfate beads cp24 75 mg</i> | 1 | QL(2.67 ea daily); MO; * |
| <i>morphine sulfate beads cp24 90 mg</i> | 1 | QL(2.24 ea daily); MO; * |
| <i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>morphine sulfate cp24 or 100 mg</i> | 5 | NDS;QL(2 ea daily); MO; + |
| <i>morphine sulfate cp24 or 40 mg</i> | 1 | PA; QL(3 ea daily); MO; * |
| <i>morphine sulfate cp24 or 60 mg</i> | 1 | QL(3.34 ea daily); MO; * |
| <i>morphine sulfate cp24 or 80 mg</i> | 1 | QL(2.5 ea daily); MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>morphine sulfate soln ij 0.5 mg/ml</i> | 4 | + |
| <i>morphine sulfate soln ij 1 mg/ml</i> | 4 | MO; + |
| <i>morphine sulfate soln or 10 mg/5ml</i> | 1 | QL(100 ml daily); MO; * |
| <i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i> | 1 | QL(10 ml daily); MO; * |
| <i>morphine sulfate soln or 20 mg/5ml</i> | 1 | QL(50 ml daily); MO; * |
| <i>morphine sulfate tabs or 15 mg</i> | 1 | QL(13.34 ea daily); MO; * |
| <i>morphine sulfate tabs or 30 mg</i> | 1 | QL(6.67 ea daily); MO; * |
| <i>morphine sulfate tbcr or 100 mg, 200 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg</i> | 1 | QL(3 ea daily); MO; * |
| NUCYNTA ER TB12 100 MG | 2 | QL(6.67 ea daily); MO; + |
| NUCYNTA ER TB12 150 MG | 2 | QL(4.44 ea daily); MO; + |
| NUCYNTA ER TB12 200 MG | 2 | QL(3.34 ea daily); MO; + |
| NUCYNTA ER TB12 250 MG | 2 | QL(2 ea daily); MO; + |
| NUCYNTA ER TB12 50 MG | 2 | QL(13.34 ea daily); MO; + |
| NUCYNTA TABS 100 MG | 3 | QL(6.67 ea daily); MO; + |
| NUCYNTA TABS 50 MG | 3 | QL(13.34 ea daily); MO; + |
| NUCYNTA TABS 75 MG | 3 | QL(8.88 ea daily); MO; + |
| <i>oxycodone hcl caps 5 mg</i> | 1 | QL(6 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 |
|---|-----------|---|
| <i>oxymorphone hcl tb12 15 mg</i> | 1 | QL(4.44 ea daily); MO; * |
| <i>oxymorphone hcl tb12 20 mg</i> | 1 | QL(3.34 ea daily); MO; * |
| <i>oxymorphone hcl tb12 30 mg</i> | 1 | QL(2.22 ea daily); MO; * |
| <i>oxymorphone hcl tb12 40 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>oxymorphone hcl tb12 5 mg</i> | 1 | QL(13.34 ea daily); MO; * |
| <i>oxymorphone hcl tb12 7.5 mg</i> | 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; + |
| <i>tramadol hcl tabs 50 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>tramadol hcl tb24 100 mg</i> | 1 | SL(3 ea daily); MO; * |
| <i>tramadol hcl tb24 200 mg</i> | 1 | SL(1.5 ea daily); MO; * |
| <i>tramadol hcl tb24 300 mg</i> | 1 | SL(1 ea daily); MO; * |
| Opioid Combinations | | |
| <i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i> | 1 | Limit 4500mls per month;SL(150 ml daily); MO; * |
| <i>acetaminophen w/ codeine tabs 15 mg-300 mg</i> | 1 | SL(13.3 ea daily); MO; * |
| <i>acetaminophen w/ codeine tabs 30 mg-300 mg</i> | 1 | SL(12 ea daily); MO; * |
| <i>acetaminophen w/ codeine tabs 300 mg-60 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>butalbital-acetaminophen-caffeine w/ codeine caps</i> | 1 | AL(Up to 64 yrs old); SL(6 ea daily); MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>butalbital-aspirin-caffeine w/cod caps</i> | 1 | AL(Up to 64 yrs old); SL(6 ea daily); MO; * |
| <i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i> | 1 | Limit 5535mls per month;SL(184.5 ml daily); MO; * |
| <i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg</i> | 1 | SL(13.3 ea daily); MO; * |
| <i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i> | 1 | SL(12.3 ea daily); MO; * |
| <i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg, 10 mg-200 mg, 200 mg-5 mg</i> | 1 | QL(5 ea daily); MO; * |
| <i>oxycodone w/ acetaminophen tabs</i> | 1 | SL(12.3 ea daily); MO; * |
| <i>oxycodone-aspirin tabs</i> | 1 | SL(12.3 ea daily); MO; * |
| <i>tramadol-acetaminophen tabs</i> | 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; + |
| <i>buprenorphine hcl subl sl 2 mg, 8 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 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 |
|--|-----------|---|
| <i>buprenorphine ptwk 10 mcg/hr</i> | 1 | Limit 8 patches per 28 days;SL(0.29 ea daily); MO; * |
| <i>buprenorphine ptwk 15 mcg/hr</i> | 1 | Limit 5 patches per 28 days;SL(0.19 ea daily); MO; * |
| <i>buprenorphine ptwk 20 mcg/hr</i> | 1 | Limit 4 patches per 28 days;SL(0.15 ea daily); MO; * |
| <i>buprenorphine ptwk 5 mcg/hr</i> | 1 | Limit 16 patches per 28 days;SL(0.58 ea daily); MO; * |
| <i>buprenorphine ptwk 7.5 mcg/hr</i> | 1 | Limit 10 patches per 28 days;SL(0.39 ea daily); MO; * |
| BUTORPHANOL TARTRATE SOLN IJ 2 MG/ML | 4 | MO; + |
| <i>butorphanol tartrate soln ij 2 mg/ml</i> | 4 | MO; + |
| <i>butorphanol tartrate soln na 10 mg/ml</i> | 1 | Limit 210mls per month;QL(7 ml daily); MO; * |
| BUTRANS PTWK 7.5 MCG/HR (<i>buprenorphine</i>) | 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; + |
| <i>oxandrolone tabs 10 mg</i> | 5 | NDS;MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>oxandrolone tabs 2.5 mg</i> | 1 | MO; * |
| Androgens | | |
| AVEED SOLN | 3 | LA; + |
| <i>danazol caps</i> | 1 | MO; * |
| <i>methyltestosterone caps</i> | 1 | MO; * |
| <i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i> | 4 | MO; + |
| <i>testosterone enanthate soln im</i> | 4 | MO; + |
| <i>testosterone gel td 1.62 %, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 1 %, 1 %, 50 mg/5gm</i> | 1 | MO; * |
| <i>testosterone soln td 30 mg/act</i> | 1 | MO; * |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intra-rectal Steroids | | |
| CORTIFOAM FOAM | 3 | MO; + |
| <i>hydrocortisone (intra-rectal) enem</i> | 1 | MO; * |
| UCERIS FOAM RE 2 MG/ACT | 3 | MO; + |
| Rectal Steroids | | |
| <i>hydrocortisone (rectal) crea</i> | 1 | MO; * |
| Vasodilating Agents | | |
| RECTIV OINT | 3 | MO; + |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| <i>albendazole tabs</i> | 1 | MO; * |
| <i>ivermectin tabs</i> | 1 | MO; * |
| <i>praziquantel tabs</i> | 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 |
|--|-----------|---------------------------|
| Anti-infective Agents - Misc. | | |
| IMPAVIDO CAPS | 5 | NDS;MO; + |
| <i>metronidazole caps or 375 mg</i> | 1 | SL(10.6 ea daily); MO; * |
| <i>metronidazole in nacl soln 0.79 %-5 mg/ml, 0.79 %-500 mg/100ml</i> | 4 | + |
| <i>metronidazole tabs or 250 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>metronidazole tabs or 500 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>pentamidine isethionate solr ij</i> | 4 | MO; + |
| <i>pentamidine isethionate solr in</i> | 1 | B/D; MO; * |
| <i>tinidazole tabs</i> | 1 | MO; * |
| <i>trimethoprim tabs</i> | 1 | MO; * |
| <i>vancomycin hcl solr iv 1000 mg</i> | 4 | + |
| XIFAXAN TABS 200 MG | 5 | NDS;MO; + |
| XIFAXAN TABS 550 MG | 5 | NDS;QL(3 ea daily); MO; + |
| Anti-infective Misc. - Combinations | | |
| <i>sulfamethoxazole-trimethoprim soln iv 400 mg/5ml-80 mg/5ml</i> | 4 | MO; + |
| <i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml</i> | 1 | MO; * |
| <i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 400 mg-80 mg</i> | 1 | MO; * |
| Antiprotozoal Agents | | |
| ALINIA TABS 500 MG | 3 | MO; + |
| <i>atovaquone susp</i> | 5 | NDS;MO; + |
| Carbapenems | | |
| <i>ertapenem sodium solr</i> | 4 | MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>imipenem-cilastatin solr 250 mg-250 mg, 500 mg-500 mg</i> | 1 | MO; * |
| <i>meropenem solr 1 gm</i> | 4 | MO; + |
| <i>meropenem solr 500 mg</i> | 1 | * |
| VABOMERE SOLR | 4 | + |
| Chloramphenicols | | |
| <i>chloramphenicol sodium succinate solr</i> | 4 | + |
| Cyclic Lipopeptides | | |
| <i>daptomycin solr 500 mg</i> | 5 | NDS;MO; + |
| Glycopeptides | | |
| DALVANCE SOLR | 5 | NDS; + |
| FIRVANQ SOLR 25 MG/ML | 3 | + |
| FIRVANQ SOLR 50 MG/ML | 3 | MO; + |
| ORBACTIV SOLR | 5 | NDS;MO; + |
| <i>vancomycin hcl caps or 125 mg</i> | 3 | PA; MO; + |
| <i>vancomycin hcl caps or 250 mg</i> | 5 | PA; NDS;MO; + |
| <i>vancomycin hcl solr iv 5 gm, 10 gm, 750 mg, 1 gm, 1000 mg</i> | 4 | + |
| <i>vancomycin hcl solr iv 500 mg</i> | 4 | MO; + |
| VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML | 3 | MO; + |
| VANCOMYCIN HYDROCHLORIDE/DEXT ROSE SOLN 1 GM/200ML-5 %, 5 %-500 MG/100ML, 5 %-750 MG/150ML | 4 | + |
| Leprostatics | | |
| <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 solr</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 solr</i> | 4 | MO; + |
| CAYSTON SOLR | 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; * |
| SIVEXTRO SOLR IV | 5 | NDS; + |
| SIVEXTRO TABS OR | 5 | NDS;MO; + |
| ZYVOX SOLN IV 200 MG/100ML | 5 | NDS; + |
| Pleuromutilins | | |
| XENLETA TABS OR 600 MG | 5 | PA; NDS;MO; + |
| Polymyxins | | |
| <i>colistimethate sodium solr</i> | 4 | MO; + |
| <i>polymyxin b sulfate solr</i> | 4 | + |
| Streptogramins | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| SYNERCID SOLR | 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 | | |
| DILATRATE SR CPR | 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; * |
| NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR | 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; * |
| NITROSTAT SUBL (<i>nitroglycerin</i>) | 2 | MO; + |
| ANTIANSIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>bupirone 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 |
|--|-----------|-----------------------------|
| <i>hydroxyzine hcl soln im 50 mg/ml</i> | 4 | AL(Up to 64 yrs old); MO; + |
| <i>hydroxyzine hcl syrp or 10 mg/5ml</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>hydroxyzine pamoate caps 25 mg, 50 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>meprobamate tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| Benzodiazepines | | |
| <i>alprazolam tabs</i> | 1 | MO; * |
| <i>alprazolam tb24</i> | 1 | MO; * |
| <i>alprazolam tbdp</i> | 1 | MO; * |
| <i>clorazepate dipotassium tabs</i> | 1 | MO; * |
| <i>diazepam conc or 5 mg/ml</i> | 1 | MO; * |
| <i>diazepam soln ij 5 mg/ml, 50 mg/10ml</i> | 1 | MO; * |
| <i>diazepam soln or 5 mg/5ml</i> | 1 | MO; * |
| <i>diazepam tabs or 10 mg, 2 mg, 5 mg</i> | 1 | MO; * |
| <i>lorazepam conc</i> | 1 | MO; * |
| <i>lorazepam soln</i> | 1 | MO; * |
| <i>lorazepam tabs</i> | 1 | MO; * |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| NORPACE CR CP12 | 3 | AL(Up to 64 yrs old); MO; + |
| <i>quinidine gluconate tbcr or 324 mg</i> | 1 | MO; * |
| <i>quinidine sulfate tabs</i> | 1 | MO; * |
| Antiarrhythmics Type I-B | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>mexiletine hcl caps</i> | 1 | MO; * |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate tabs 100 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>flecainide acetate tabs 150 mg</i> | 1 | SL(2.66 ea daily); MO; * |
| <i>flecainide acetate tabs 50 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>propafenone hcl cp12</i> | 1 | MO; * |
| <i>propafenone hcl tabs</i> | 1 | MO; * |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i> | 1 | MO; * |
| <i>dofetilide caps</i> | 1 | * |
| MULTAQ TABS | 2 | MO; + |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Anti-Inflammatory Agents | | |
| <i>cromolyn sodium nebu</i> | 1 | B/D; MO; * |
| Antiasthmatic - Monoclonal Antibodies | | |
| CINQAIR SOLN | 5 | PA; NDS;LA; + |
| FASENRA SOSY | 5 | PA; NDS; + |
| NUCALA SOLR 100 MG | 5 | PA; NDS;LA; + |
| XOLAIR SOLR | 5 | PA; NDS;LA; + |
| XOLAIR SOSY | 5 | PA; NDS;LA; + |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA AERS | 3 | Limit 2 inhalers per month;QL(0.86 gm daily); MO; + |
| INCRUSE ELLIPTA AEPB | 2 | QL(1 ea daily); MO; + |
| <i>ipratropium bromide soln</i> | 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 |
|--|-----------|--|
| SPIRIVA HANDIHALER CAPS | 2 | QL(1 ea daily); MO; + |
| SPIRIVA RESPIMAT AERS | 2 | Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; + |
| TUDORZA PRESSAIR AEPB | 2 | Limit 1 inhaler per month (60 actuations); QL(0.04 ea daily); MO; + |
| TUDORZA PRESSAIR AEPB | 2 | Limit 2 inhalers per month (30 actuations); QL(0.07 ea daily); MO; + |
| Leukotriene Modulators | | |
| <i>montelukast sodium chew 4 mg, 5 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>montelukast sodium tabs 10 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>zafirlukast tabs</i> | 1 | MO; * |
| <i>zileuton tb12</i> | 5 | NDS; SL(4 ea daily); MO; + |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| DALIRESP TABS | 3 | QL(1 ea daily); MO; + |
| Steroid Inhalants | | |
| ARNUITY ELLIPTA AEPB | 2 | SL(1 ea daily); MO; + |
| <i>budesonide (inhalation) susp 0.25 mg/2ml</i> | 1 | B/D; QL(8 ml daily); MO; * |
| <i>budesonide (inhalation) susp 0.5 mg/2ml</i> | 1 | B/D; QL(4 ml daily); MO; * |
| <i>budesonide (inhalation) susp 1 mg/2ml</i> | 1 | B/D; QL(2 ml daily); MO; * |
| FLOVENT DISKUS AEPB 100 MCG/BLIST | 2 | SL(20 ea daily); MO; + |
| FLOVENT DISKUS AEPB 250 MCG/BLIST | 2 | SL(8 ea daily); MO; + |
| FLOVENT DISKUS AEPB 50 MCG/BLIST | 2 | SL(40 ea daily); MO; + |

| 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; + |
| FLOVENT HFA AERO 44 MCG/ACT | 2 | Limit 1 inhaler per month; QL(0.36 gm daily); MO; + |
| PULMICORT FLEXHALER AEPB 180 MCG/ACT | 3 | Limit 2 inhalers per month; QL(0.07 ea daily); MO; + |
| PULMICORT FLEXHALER AEPB 90 MCG/ACT | 3 | Limit 8 inhalers per month; QL(0.27 ea daily); MO; + |
| Sympathomimetics | | |
| ADVAIR HFA AERO | 2 | QL(4 gm daily); 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>albuterol sulfate syrp or 2 mg/5ml</i> | 1 | MO; * |
| <i>albuterol sulfate tabs or 2 mg, 4 mg</i> | 1 | MO; * |
| <i>albuterol sulfate tb12 or 4 mg, 8 mg</i> | 1 | MO; * |
| ANORO ELLIPTA AEPB | 2 | QL(2 ea daily); MO; + |
| ARCAPTA NEOHALER CAPS | 3 | QL(1 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; + |
| 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; + |
| 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 |
|---|-----------|--|
| COMBIVENT RESPIMAT AERS | 3 | Limit 3 inhalers per 2 months; SL(0.2 gm 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; * |
| <i>fluticasone-salmeterol aepb 113 mcg/act-14 mcg/act, 14 mcg/act-232 mcg/act, 14 mcg/act-55 mcg/act</i> | 1 | SL(2 ea daily); MO; * |
| <i>ipratropium-albuterol soln</i> | 1 | B/D; MO; * |
| <i>levalbuterol hcl nebu</i> | 1 | B/D; MO; * |
| <i>levalbuterol tartrate aero</i> | 3 | MO; + |
| PERFOROMIST NEBU | 3 | B/D; QL(4 ml daily); MO; + |
| PROAIR HFA AERS (<i>albuterol sulfate</i>) | 2 | MO; + |
| PROAIR RESPICLICK AEPB | 2 | MO; + |
| PROVENTIL HFA AERS (<i>albuterol sulfate</i>) | 2 | MO; + |
| SEREVENT DISKUS AEPB | 2 | QL(2 ea daily); MO; + |
| STIOLTO RESPIMAT AERS | 2 | Limit 1 inhaler per month; SL(0.14 gm daily); MO; + |
| STRIVERDI RESPIMAT AERS | 2 | Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; + |
| SYMBICORT AERO 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>) | 2 | Limit 2 inhalers per month (Institutional Pack); QL(0.4 gm daily); MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>clobazam susp 2.5 mg/ml</i> | 1 | MO; * |
| <i>clobazam tabs 10 mg</i> | 1 | MO; * |
| <i>clobazam tabs 20 mg</i> | 5 | NDS;MO; + |
| <i>clonazepam tabs 0.5 mg</i> | 1 | SL(40 ea daily); MO; * |
| <i>clonazepam tabs 1 mg</i> | 1 | SL(20 ea daily); MO; * |
| <i>clonazepam tabs 2 mg</i> | 1 | SL(10 ea daily); MO; * |
| <i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1 | MO; * |
| DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>) | 3 | MO; + |
| DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>) | 3 | MO; + |
| <i>diazepam (anticonvulsant) gel</i> | 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. | | |
| 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; + |

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 |
|---|-----------|-----------------------------------|
| 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; + |
| <i>carbamazepine chew</i> | 1 | MO; * |
| <i>carbamazepine cp12</i> | 1 | MO; * |
| <i>carbamazepine susp</i> | 1 | MO; * |
| <i>carbamazepine tabs</i> | 1 | MO; * |
| <i>carbamazepine tb12</i> | 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; + |
| <i>gabapentin caps</i> | 1 | MO; * |
| <i>gabapentin soln</i> | 1 | MO; * |
| <i>gabapentin tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| LAMICTAL XR KIT | 3 | MO; + |
| <i>lamotrigine chew 25 mg, 5 mg</i> | 1 | MO; * |
| <i>lamotrigine kit 25 mg</i> | 1 | MO; * |
| <i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i> | 1 | MO; * |
| <i>lamotrigine tb24 100 mg, 200 mg, 250 mg, 300 mg, 25 mg, 50 mg</i> | 1 | MO; * |
| <i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | MO; * |
| <i>levetiracetam in sodium chloride soln</i> | 4 | + |
| <i>levetiracetam soln iv 500 mg/5ml</i> | 4 | + |
| <i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i> | 1 | MO; * |
| <i>levetiracetam tabs or 250 mg, 1000 mg, 500 mg, 750 mg</i> | 1 | MO; * |
| <i>levetiracetam tb24 or 500 mg, 750 mg</i> | 1 | MO; * |
| <i>oxcarbazepine susp</i> | 1 | MO; * |
| <i>oxcarbazepine tabs</i> | 1 | MO; * |
| <i>pregabalin caps 100 mg, 25 mg, 50 mg, 75 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>pregabalin caps 150 mg, 200 mg, 225 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>pregabalin caps 300 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>pregabalin soln 20 mg/ml</i> | 1 | SL(30 ml daily); MO; * |
| <i>primidone tabs</i> | 1 | MO; * |
| <i>rufinamide susp</i> | 1 | MO; * |
| SPRITAM TB3D 1000 MG | 3 | PA; SL(3 ea daily); MO; + |
| SPRITAM TB3D 250 MG | 3 | PA; SL(12 ea daily); MO; + |
| SPRITAM TB3D 500 MG | 3 | PA; SL(6 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 |
|---|-----------|----------------------------------|
| SPRITAM TB3D 750 MG | 3 | PA; SL(4 ea daily); MO; + |
| TEGRETOL SUSP (<i>carbamazepine</i>) | 3 | MO; + |
| TEGRETOL TABS (<i>carbamazepine</i>) | 3 | MO; + |
| TEGRETOL-XR TB12 (<i>carbamazepine</i>) | 3 | MO; + |
| <i>topiramate csp 15 mg, 25 mg</i> | 1 | MO; * |
| <i>topiramate tabs 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | MO; * |
| VIMPAT SOLN IV 200 MG/20ML | 4 | + |
| VIMPAT SOLN OR 10 MG/ML | 3 | MO; + |
| VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG | 3 | MO; + |
| <i>zonisamide caps</i> | 1 | MO; * |
| Carbamates | | |
| <i>felbamate susp</i> | 1 | MO; * |
| <i>felbamate tabs</i> | 1 | MO; * |
| XCOPRI TABS 100 MG | 5 | PA; NDS;SL(4 ea daily); MO; + |
| XCOPRI TABS 150 MG | 5 | PA; NDS;SL(2.67 ea daily); MO; + |
| XCOPRI TABS 200 MG | 5 | PA; NDS;SL(2 ea daily); MO; + |
| XCOPRI TABS 50 MG | 5 | PA; NDS;SL(8 ea daily); MO; + |
| XCOPRI TBPK | 5 | PA; NDS, 150-200 MG ;MO; + |
| XCOPRI TBPK | 3 | PA;12.5-25 MG;MO; + |
| XCOPRI TBPK | 5 | PA; NDS; 350 MG Daily Dose; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------------|
| 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>fosphephenytoin sodium soln 100 mg pe/2ml</i> | 4 | + |
| <i>fosphephenytoin 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; + |
| DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>) | 3 | MO; + |
| DEPAKOTE TBEC (<i>divalproex sodium</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 |
|---|-----------|-----------------------------|
| <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. | | |
| <i>APLENZIN TB24 174 MG</i> | 3 | ST; SL(3 ea daily); MO; + |
| <i>APLENZIN TB24 348 MG</i> | 3 | ST; SL(1.5 ea daily); MO; + |
| <i>APLENZIN TB24 522 MG</i> | 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; * |
| <i>FORFIVO XL TB24 (bupropion hcl)</i> | 3 | ST; MO; + |
| <i>maprotiline hcl tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| GABA Receptor Modulator - Neuroactive Steroid | | |
| <i>ZULRESSO SOLN</i> | 5 | PA; NDS; + |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| <i>EMSAM PT24</i> | 5 | NDS;MO; + |
| <i>MARPLAN TABS</i> | 3 | MO; + |
| <i>phenelzine sulfate tabs</i> | 1 | MO; * |
| <i>tranylcypromine sulfate tabs</i> | 1 | MO; * |
| N-Methyl-D-aspartic acid (NMDA) Receptor | | |
| <i>SPRAVATO 56MG DOSE SOPK</i> | 5 | PA; NDS;MO; + |
| <i>SPRAVATO 84MG DOSE SOPK</i> | 5 | PA; NDS;MO; + |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| <i>citalopram hydrobromide soln 10 mg/5ml</i> | 1 | SL(20 ml daily); MO; * |
| <i>citalopram hydrobromide tabs 10 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>citalopram hydrobromide tabs 20 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>citalopram hydrobromide tabs 40 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>escitalopram oxalate soln</i> | 1 | MO; * |
| <i>escitalopram oxalate tabs</i> | 1 | MO; * |
| <i>fluoxetine hcl caps</i> | 1 | MO; * |
| <i>fluoxetine hcl cpdr</i> | 1 | MO; * |
| <i>fluoxetine hcl soln</i> | 1 | MO; * |
| <i>fluoxetine hcl tabs</i> | 1 | MO; * |
| <i>fluvoxamine maleate cp24</i> | 1 | MO; * |
| <i>fluvoxamine maleate tabs</i> | 1 | MO; * |
| <i>paroxetine hcl tabs</i> | 1 | MO; * |
| <i>paroxetine hcl tb24</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 |
|---|-----------|---------------------------|
| PAXIL SUSP 10 MG/5ML | 3 | MO; + |
| PEXEVA TABS | 3 | ST; MO; + |
| <i>sertraline hcl conc</i> | 1 | MO; * |
| <i>sertraline hcl tabs</i> | 1 | MO; * |
| Serotonin Modulators | | |
| <i>nefazodone hcl tabs</i> | 1 | MO; * |
| <i>trazodone hcl tabs</i> | 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; + |
| VIIBRYD STARTER PACK KIT | 3 | ST; MO; + |
| VIIBRYD TABS | 3 | ST; MO; + |
| Serotonin-Norepinephrine Reuptake Inhibitors | | |
| DESVENLAFAXINE ER TB24 | 3 | ST; MO; + |
| <i>desvenlafaxine succinate tb24</i> | 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; + |
| <i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i> | 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; + |
| FETZIMA TITRATION PACK C4PK | 3 | ST; MO; + |
| <i>venlafaxine hcl cp24 150 mg</i> | 1 | SL(1.5 ea daily); MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|-----------------------------|
| <i>venlafaxine hcl cp24 37.5 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>venlafaxine hcl cp24 75 mg</i> | 1 | SL(3 ea daily); MO; * |
| <i>venlafaxine hcl tabs 100 mg</i> | 1 | SL(3.75 ea daily); MO; * |
| <i>venlafaxine hcl tabs 25 mg</i> | 1 | SL(15 ea daily); MO; * |
| <i>venlafaxine hcl tabs 37.5 mg</i> | 1 | SL(10 ea daily); MO; * |
| <i>venlafaxine hcl tabs 50 mg</i> | 1 | SL(7.5 ea daily); MO; * |
| <i>venlafaxine hcl tabs 75 mg</i> | 1 | SL(5 ea daily); MO; * |
| <i>venlafaxine hcl tb24 150 mg</i> | 1 | SL(1.5 ea daily); MO; * |
| <i>venlafaxine hcl tb24 225 mg</i> | 1 | ST; SL(1 ea daily); MO; * |
| <i>venlafaxine hcl tb24 37.5 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>venlafaxine hcl tb24 75 mg</i> | 1 | SL(3 ea daily); MO; * |
| Tricyclic Agents | | |
| <i>amitriptyline hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>amoxapine tabs</i> | 1 | MO; * |
| <i>clomipramine hcl caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>desipramine hcl tabs</i> | 1 | MO; * |
| <i>doxepin hcl caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>doxepin hcl conc</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>imipramine hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>imipramine pamoate caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>nortriptyline hcl caps</i> | 1 | MO; * |
| <i>nortriptyline hcl soln</i> | 1 | MO; * |
| <i>protriptyline 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 |
|--|-----------|---|
| <i>trimipramine maleate caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| <i>acarbose tabs</i> | 1 | QL(3 ea daily); MO; * |
| <i>miglitol tabs</i> | 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); + |
| <i>glipizide-metformin hcl tabs 2.5 mg-250 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>glipizide-metformin hcl tabs 2.5 mg-500 mg, 5 mg-500 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>glyburide-metformin tabs 1.25 mg-250 mg</i> | 1 | AL(Up to 64 yrs old); SL(8 ea daily); MO; * |
| <i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i> | 1 | AL(Up to 64 yrs old); SL(4 ea daily); MO; * |
| INVOKAMET TABS 1000 MG-150 MG, 1000 MG-50 MG, 150 MG-500 MG | 2 | SL(2 ea daily); MO; + |
| INVOKAMET TABS 50 MG-500 MG | 2 | SL(4 ea daily); MO; + |
| INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 150 MG-500 MG | 2 | SL(2 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| INVOKAMET XR TB24 50 MG-500 MG | 2 | SL(4 ea daily); MO; + |
| JANUMET TABS | 2 | SL(2 ea daily); MO; + |
| JANUMET XR TB24 100 MG-1000 MG | 2 | SL(1 ea daily); MO; + |
| JANUMET XR TB24 1000 MG-50 MG, 50 MG-500 MG | 2 | SL(2 ea daily); MO; + |
| JENTADUETO TABS | 2 | SL(2 ea daily); MO; + |
| JENTADUETO XR TB24 1000 MG-2.5 MG | 2 | SL(2 ea daily); MO; + |
| JENTADUETO XR TB24 1000 MG-5 MG | 2 | SL(1 ea daily); MO; + |
| <i>pioglitazone hcl-glimepiride tabs</i> | 1 | SL(1.5 ea daily); MO; * |
| <i>pioglitazone hcl-metformin hcl tabs</i> | 1 | SL(3 ea daily); MO; * |
| SYNJARDY TABS 1000 MG-12.5 MG, 1000 MG-5 MG | 2 | SL(2 ea daily); MO; + |
| SYNJARDY TABS 12.5 MG-500 MG, 5 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; + |
| SYNJARDY XR TB24 1000 MG-25 MG | 2 | SL(1 ea daily); MO; + |
| Biguanides | | |
| <i>metformin hcl soln 500 mg/5ml</i> | 1 | SL(25.5 ml daily); MO; * |
| <i>metformin hcl tabs 1000 mg</i> | 1 | SL(2.55 ea daily); MO; * |
| <i>metformin hcl tabs 500 mg</i> | 1 | SL(5.1 ea daily); MO; * |
| <i>metformin hcl tabs 850 mg</i> | 1 | SL(3 ea daily); MO; * |
| <i>metformin hcl tb24 500 mg</i> | 1 | (GLUCOPHAGE XR);SL(4 ea daily); MO; * |
| <i>metformin hcl tb24 750 mg</i> | 1 | (GLUCOPHAGE XR);SL(2.66 ea daily); MO; * |
| Diabetic Other | | |

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 |
|--|-----------|-------------------------------|
| BAQSIMI ONE PACK POWD | 3 | MO; + |
| BAQSIMI TWO PACK POWD | 3 | MO; + |
| <i>diazoxide susp</i> | 1 | MO; * |
| GLUCAGEN HYPOKIT SOLR | 2 | MO; + |
| GLUCAGON EMERGENCY KIT KIT | 2 | MO; + |
| GVOKE HYOPEN 1-PACK SOAJ | 3 | MO; + |
| GVOKE HYOPEN 2-PACK SOAJ | 3 | MO; + |
| GVOKE PFS SOSY | 3 | MO; + |
| KORLYM TABS | 3 | PA; SL(4 ea daily); LA; MO; + |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| 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; + |
| 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 AUJ | 2 | MO; + |
| BYDUREON PEN PEN | 2 | MO; + |
| BYDUREON SRER | 2 | + |
| BYETTA SOPN | 3 | MO; + |
| OZEMPIC SOPN | 2 | MO; + |
| TRULICITY SOPN 0.75 MG/0.5ML, 1.5 MG/0.5ML | 3 | MO; + |
| TRULICITY SOPN 3 MG/0.5ML, 4.5 MG/0.5ML | 3 | + |

| Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|---|
| 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; + |
| <i>pioglitazone hcl tabs 15 mg</i> | 1 | SL(3 ea daily); MO; * |
| <i>pioglitazone hcl tabs 30 mg</i> | 1 | SL(1.5 ea daily); MO; * |
| <i>pioglitazone hcl tabs 45 mg</i> | 1 | SL(1 ea daily); MO; * |
| Insulin | | |
| 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; + |
| HUMALOG MIX 50/50 SUSP | 2 | 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; + |
| HUMALOG MIX 75/25 SUSP | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| HUMALOG SOCT | 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 |
|--|-----------|---|
| HUMALOG SOLN | 2 | 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; + |
| HUMULIN 70/30 SUSP | 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; + |
| HUMULIN N SUSP | 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; + |
| HUMULIN R U-500 (CONCENTRATED) 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; + |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN | 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; + |
| LANTUS SOLN | 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| LEVEMIR FLEXTOUCH SOPN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| LEVEMIR SOLN | 2 | 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; + |
| 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) | | |
| 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; * |

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>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; * |
| <i>glyburide micronized tabs 1.5 mg</i> | 1 | AL(Up to 64 yrs old); SL(8 ea daily); MO; * |
| <i>glyburide micronized tabs 3 mg</i> | 1 | AL(Up to 64 yrs old); SL(4 ea daily); MO; * |
| <i>glyburide micronized tabs 6 mg</i> | 1 | AL(Up to 64 yrs old); SL(2 ea daily); MO; * |
| <i>glyburide tabs 1.25 mg</i> | 1 | AL(Up to 64 yrs old); SL(16 ea daily); MO; * |
| <i>glyburide tabs 2.5 mg</i> | 1 | AL(Up to 64 yrs old); SL(8 ea daily); MO; * |
| <i>glyburide tabs 5 mg</i> | 1 | AL(Up to 64 yrs old); SL(4 ea daily); MO; * |
| <i>tolbutamide tabs</i> | 1 | SL(6 ea daily); MO; * |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antidiarrheal - Chloride Channel Antagonists | | |
| MYTESI TBEC | 3 | PA; QL(2 ea daily); MO; + |
| Antiperistaltic Agents | | |
| <i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg</i> | 1 | MO; * |
| <i>loperamide hcl caps</i> | 1 | RX/OTC; MO; * |
| MOTOFEN TABS | 3 | MO; + |
| <i>opium tincture tinc</i> | 5 | NDS;MO; + |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CHEMET CAPS | 3 | MO; + |
| <i>deferasirox pack</i> | 5 | NDS; + |
| <i>deferasirox tabs</i> | 5 | NDS; + |
| <i>deferasirox tbso</i> | 5 | NDS; + |
| <i>deferiprone tabs</i> | 5 | PA; NDS;LA; MO; + |
| FERRIPROX TABS 1000 MG | 5 | PA; NDS;LA; MO; + |
| FERRIPROX TWICE-A-DAY TABS | 5 | PA; NDS;MO; + |
| Antidotes and Specific Antagonists | | |
| VISTOGARD PACK | 5 | NDS;MO; + |
| Opioid Antagonists | | |
| EVZIO SOAJ | 3 | PA; MO; + |
| <i>naloxone hcl soaj 2 mg/0.4ml</i> | 1 | PA; MO; * |
| <i>naloxone hcl sosy 2 mg/2ml</i> | 1 | * |
| <i>naltrexone hcl tabs</i> | 1 | MO; * |
| NARCAN LIQD | 3 | 1box=15DS, 2boxes=30DS, Max 4 ea/month;QL(0.134 ea daily); MO; + |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| <i>granisetron hcl tabs or 1 mg</i> | 1 | B/D; MO; * |
| <i>ondansetron hcl soln ij 40 mg/20ml, 4 mg/2ml</i> | 4 | MO; + |
| <i>ondansetron hcl soln or 4 mg/5ml</i> | 1 | MO; * |
| <i>ondansetron hcl tabs or 24 mg</i> | 1 | * |
| <i>ondansetron hcl tabs or 4 mg, 8 mg</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>ondansetron tbdp</i> | 1 | MO; * |
| SANCUSO PTCH | 5 | NDS;MO; + |
| Antiemetics - Anticholinergic | | |
| <i>meclizine hcl tabs 12.5 mg, 25 mg</i> | 1 | RX/OTC; MO; * |
| <i>scopolamine pt72</i> | 1 | MO; * |
| TIGAN SOLN IM 100 MG/ML | 4 | MO; + |
| 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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; * |
| <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; * |
| NOXAFIL SOLN IV 300 MG/16.7ML | 5 | NDS; + |
| NOXAFIL 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 | | |

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>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; * |
| <i>desloratadine tabs 5 mg</i> | 1 | MO; * |
| <i>desloratadine tbdp 5 mg</i> | 1 | MO; * |
| <i>levocetirizine dihydrochloride soln</i> | 1 | RX/OTC; MO; * |
| <i>levocetirizine dihydrochloride tabs</i> | 1 | RX/OTC; MO; * |
| Antihistamines - Phenothiazines | | |
| <i>promethazine hcl soln ij 50 mg/ml, 25 mg/ml</i> | 4 | AL(Up to 64 yrs old); MO; + |
| <i>promethazine hcl soln or 6.25 mg/5ml</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>promethazine hcl supp re 12.5 mg, 25 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>promethazine hcl syrp or 6.25 mg/5ml</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| Antihistamines - Piperidines | | |
| <i>cyproheptadine hcl syrp</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>cyproheptadine hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| <i>ezetimibe-simvastatin tabs 10 mg-10 mg</i> | 1 | QL(8 ea daily); MO; * |
| <i>ezetimibe-simvastatin tabs 10 mg-20 mg</i> | 1 | QL(4 ea daily); MO; * |
| <i>ezetimibe-simvastatin tabs 10 mg-40 mg</i> | 1 | QL(2 ea daily); MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>ezetimibe-simvastatin tabs 10 mg-80 mg</i> | 1 | QL(1 ea daily); MO; * |
| Antihyperlipidemics - Misc. | | |
| <i>icosapent ethyl caps</i> | 1 | ST; MO; * |
| <i>omega-3-acid ethyl esters caps</i> | 1 | MO; * |
| VASCEPA CAPS 0.5 GM | 3 | ST; MO; + |
| VASCEPA CAPS 1 GM (<i>icosapent ethyl</i>) | 3 | ST; MO; + |
| Bile Acid Sequestrants | | |
| <i>cholestyramine light pack</i> | 1 | MO; * |
| <i>cholestyramine light powd</i> | 1 | MO; * |
| <i>cholestyramine pack</i> | 1 | MO; * |
| <i>cholestyramine powd</i> | 1 | MO; * |
| <i>colesevelam hcl pack</i> | 1 | MO; * |
| <i>colesevelam hcl tabs</i> | 1 | MO; * |
| <i>colestipol hcl gran</i> | 1 | MO; * |
| <i>colestipol hcl pack</i> | 1 | MO; * |
| <i>colestipol hcl tabs</i> | 1 | MO; * |
| Fibric Acid Derivatives | | |
| ANTARA CAPS 30 MG | 3 | SL(4.33 ea daily); MO; + |
| ANTARA CAPS 90 MG | 3 | SL(1.44 ea daily); MO; + |
| <i>choline fenofibrate cpdr</i> | 1 | MO; * |
| <i>fenofibrate caps 150 mg, 50 mg</i> | 1 | MO; * |
| <i>fenofibrate micronized caps 130 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i> | 1 | MO; * |
| <i>fenofibrate micronized caps 43 mg</i> | 1 | SL(3.02 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 |
|---|-----------|-----------------------------------|
| <i>fenofibrate tabs 120 mg, 40 mg, 145 mg, 48 mg, 54 mg, 160 mg</i> | 1 | MO; * |
| <i>fenofibric acid tabs 105 mg, 35 mg</i> | 1 | * |
| FIBRICOR TABS 105 MG, 35 MG (<i>fenofibric acid</i>) | 3 | + |
| <i>gemfibrozil tabs</i> | 1 | MO; * |
| LIPOFEN CAPS (<i>fenofibrate</i>) | 3 | MO; + |
| HMG CoA Reductase Inhibitors | | |
| ALTOPREV TB24 | 3 | MO; + |
| <i>atorvastatin calcium tabs</i> | 1 | MO; * |
| <i>fluvastatin sodium caps 20 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>fluvastatin sodium caps 40 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>fluvastatin sodium tb24 80 mg</i> | 1 | MO; * |
| LIVALO TABS | 3 | MO; + |
| <i>lovastatin tabs 10 mg, 20 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>lovastatin tabs 40 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>pravastatin sodium tabs</i> | 1 | QL(1 ea daily); MO; * |
| <i>rosuvastatin calcium tabs</i> | 1 | QL(1 ea daily); MO; * |
| <i>simvastatin tabs 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>simvastatin tabs 80 mg</i> | 1 | SL(1 ea daily); MO; * |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe tabs</i> | 1 | QL(1 ea daily); MO; * |
| Microsomal Triglyceride Transfer Protein (MTP) | | |
| JUXTAPID CAPS 10 MG | 5 | PA; NDS;SL(6 ea daily); LA; MO; + |
| JUXTAPID CAPS 20 MG | 5 | PA; NDS;SL(3 ea daily); LA; MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| JUXTAPID CAPS 30 MG | 5 | PA; NDS;SL(2 ea daily); LA; MO; + |
| JUXTAPID CAPS 40 MG | 5 | PA; NDS;SL(1.5 ea daily); LA; MO; + |
| JUXTAPID CAPS 5 MG | 5 | PA; NDS;SL(12 ea daily); LA; MO; + |
| JUXTAPID CAPS 60 MG | 5 | PA; NDS;SL(1 ea daily); LA; MO; + |
| Nicotinic Acid Derivatives | | |
| <i>niacin (antihyperlipidemic) tbcr 1000 mg, 500 mg, 750 mg</i> | 1 | MO; * |
| Proprotein Convertase Subtilisin/Kexin Type 9 | | |
| PRALUENT SOAJ 150 MG/ML | 4 | PA; Limit 2mls per 28 days;SL(0.08 ml daily); MO; + |
| PRALUENT SOAJ 75 MG/ML | 4 | PA; Limit 4mls per 28 days;SL(0.15 ml daily); MO; + |
| REPATHA PUSHTRONEX SYSTEM SOCT | 4 | PA; MO; + |
| REPATHA SOSY | 4 | PA; MO; + |
| REPATHA SURECLICK SOAJ | 4 | PA; MO; + |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| <i>benazepril hcl tabs</i> | 1 | MO; * |
| <i>captopril tabs</i> | 1 | MO; * |
| <i>enalapril maleate tabs 10 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>enalapril maleate tabs 2.5 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>enalapril maleate tabs 20 mg</i> | 1 | SL(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 |
|--|-----------|-----------------------|
| <i>enalapril maleate tabs 5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>fosinopril sodium tabs</i> | 1 | MO; * |
| <i>lisinopril tabs</i> | 1 | MO; * |
| <i>moexipril hcl tabs</i> | 1 | MO; * |
| <i>perindopril erbumine tabs 2 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>perindopril erbumine tabs 4 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>perindopril erbumine tabs 8 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>quinapril hcl tabs</i> | 1 | MO; * |
| <i>ramipril caps</i> | 1 | MO; * |
| <i>trandolapril tabs</i> | 1 | MO; * |
| Agents for Pheochromocytoma | | |
| DEMSEER CAPS (metyrosine) | 5 | NDS;MO; + |
| <i>metyrosine caps</i> | 5 | NDS;MO; + |
| <i>phenoxybenzamine hcl caps</i> | 1 | MO; * |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan cilexetil tabs</i> | 1 | MO; * |
| EDARBI TABS | 3 | QL(1 ea daily); MO; + |
| <i>irbesartan tabs</i> | 1 | MO; * |
| <i>losartan potassium tabs</i> | 1 | MO; * |
| <i>olmesartan medoxomil tabs</i> | 1 | MO; * |
| <i>telmisartan tabs</i> | 1 | MO; * |
| <i>valsartan tabs</i> | 1 | MO; * |
| Antiadrenergic Antihypertensives | | |
| <i>clonidine hcl tabs</i> | 1 | MO; * |
| <i>clonidine ptwk</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>doxazosin mesylate tabs</i> | 1 | MO; * |
| <i>guanfacine hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>methyldopa tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>prazosin hcl caps</i> | 1 | MO; * |
| <i>terazosin hcl caps</i> | 1 | MO; * |
| Antihypertensive Combinations | | |
| <i>amlodipine besylate-benazepril hcl caps</i> | 1 | MO; * |
| <i>amlodipine besylate-olmesartan medoxomil tabs</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>amlodipine besylate-valsartan tabs 160 mg-5 mg</i> | 1 | SL(2 ea daily); 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>amlodipine-valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg-5 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>atenolol & chlorthalidone tabs</i> | 1 | MO; * |
| <i>benazepril & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>bisoprolol & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>candesartan cilexetil-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>captopril & hydrochlorothiazide tabs</i> | 1 | MO; * |
| EDARBYCLOR TABS | 3 | QL(1 ea daily); MO; + |
| <i>enalapril maleate & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>fosinopril sodium & hydrochlorothiazide 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>irbesartan-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>lisinopril & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>losartan potassium & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>metoprolol & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>nadolol & bendroflumethiazide tabs</i> | 1 | * |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>olmesartan medoxomil-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>propranolol & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>quinapril-hydrochlorothiazide tabs</i> | 1 | MO; * |
| TEKTURNA HCT TABS | 2 | MO; + |
| <i>telmisartan-amlodipine tabs</i> | 1 | MO; * |
| <i>telmisartan-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>trandolapril-verapamil hcl tbc</i> 2 mg-240 mg, 240 mg-4 mg | 1 | MO; * |
| <i>valsartan-hydrochlorothiazide tabs</i> 12.5 mg-80 mg, 12.5 mg-160 mg | 1 | SL(2 ea daily); MO; * |
| <i>valsartan-hydrochlorothiazide tabs</i> 160 mg-25 mg, 25 mg-320 mg, 12.5 mg-320 mg | 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</i> or 10 mg, 100 mg, 50 mg, 25 mg | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| <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</i> 250 mg, 500 mg | 1 | MO; * |
| <i>hydroxychloroquine sulfate tabs</i> | 1 | MO; * |
| 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 (<i>primaquine phosphate</i>) | 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</i> 60 mg | 1 | MO; * |
| <i>pyridostigmine bromide tbc</i> 180 mg | 1 | MO; * |
| RUZURGI TABS | 5 | PA; NDS; SL(10 ea daily); MO; + |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |

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>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; + |
| <i>rifampin caps or 150 mg, 300 mg</i> | 1 | MO; * |
| <i>rifampin solr iv 600 mg</i> | 4 | + |
| SIRTURO TABS | 5 | NDS;LA; + |
| TRECTOR 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | + |
| <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 | + |

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>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 | * |
| <i>gemcitabine hcl soln 200 mg/5.26ml, 1 gm/26.3ml, 2 gm/52.6ml</i> | 5 | NDS; + |
| <i>gemcitabine hcl solr 2 gm, 1 gm</i> | 1 | * |
| <i>gemcitabine hcl solr 200 mg</i> | 5 | NDS; + |
| GEMCITABINE SOLN (<i>gemcitabine hcl</i>) | 5 | NDS; + |
| INFUGEM SOLN | 5 | NDS; + |
| <i>mercaptopurine tabs</i> | 1 | MO; * |
| <i>methotrexate sodium soln ij 1 gm/40ml</i> | 4 | + |
| <i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 250 mg/10ml, 50 mg/2ml</i> | 4 | MO; + |
| <i>methotrexate sodium solr ij 1 gm</i> | 4 | + |
| <i>methotrexate sodium tabs or 10 mg, 15 mg, 5 mg, 7.5 mg, 2.5 mg</i> | 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|
| 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; + |
| 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; + |

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 |
|---|-----------|-----------------------|
| 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 140 MG | 5 | NDS; + |
| PORTRAZZA SOLN | 5 | NDS; + |
| POTELIGEO SOLN | 5 | NDS; + |
| RITUXAN SOLN | 5 | PA; NDS; + |
| RUXIENCE SOLN | 5 | NDS; + |
| SARCLISA SOLN | 5 | NDS; + |
| TECENTRIQ SOLN | 5 | PA; NDS; + |
| TRAZIMERA SOLR | 5 | NDS; + |
| TRODELVY SOLR | 5 | NDS;MO; + |
| TRUXIMA SOLN | 5 | NDS; + |
| VECTIBIX SOLN | 5 | NDS; + |
| YERVOY SOLN | 5 | PA; NDS; + |
| Antineoplastic - BCL-2 Inhibitors | | |
| VENCLEXTA STARTING PACK TBPB | 3 | PA; LA; MO; + |
| VENCLEXTA TABS | 3 | PA; LA; MO; + |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO TABS | 5 | PA; NDS; + |
| ERIVEDGE CAPS | 5 | NDS;LA; + |
| ODOMZO CAPS | 5 | PA; NDS;LA; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| Antineoplastic - Hormonal and Related Agents | | |
| <i>abiraterone acetate tabs</i> | 5 | PA; NDS; + |
| <i>anastrozole tabs</i> | 1 | MO; * |
| <i>bicalutamide tabs</i> | 1 | MO; * |
| DEPO-PROVERA SUSP | 4 | MO; + |
| ELIGARD KIT | 4 | + |
| EMCYT CAPS | 3 | MO; + |
| ERLEADA TABS | 5 | PA; NDS; + |
| <i>exemestane tabs</i> | 1 | MO; * |
| FASLODEX SOLN (<i>fulvestrant</i>) | 5 | NDS;MO; + |
| FIRMAGON SOLR 120 MG/VIAL | 5 | NDS; + |
| FIRMAGON SOLR 80 MG | 4 | + |
| <i>flutamide caps</i> | 1 | MO; * |
| <i>fulvestrant soln</i> | 5 | NDS;MO; + |
| <i>hydroxyprogesterone caproate (antineoplastic) soln</i> | 5 | NDS; + |
| <i>letrozole tabs</i> | 1 | MO; * |
| <i>leuprolide acetate kit</i> | 4 | + |
| LUPRON DEPOT (1-MONTH) KIT 3.75 MG | 4 | + |
| LUPRON DEPOT (1-MONTH) KIT 7.5 MG | 5 | NDS; + |
| LUPRON DEPOT (3-MONTH) KIT | 5 | NDS; + |
| LUPRON DEPOT (4-MONTH) KIT | 5 | NDS; + |
| LUPRON DEPOT (6-MONTH) KIT | 5 | NDS; + |
| LYSODREN TABS | 2 | + |
| <i>megestrol acetate susp</i> | 1 | AL(Up to 64 yrs old); 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>megestrol acetate tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>nilutamide tabs</i> | 1 | MO; * |
| NUBEQA TABS | 5 | PA; NDS; + |
| SOLTAMOX SOLN | 3 | MO; + |
| <i>tamoxifen citrate tabs</i> | 1 | MO; * |
| <i>toremifene citrate tabs</i> | 5 | NDS;MO; + |
| 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 TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 40 MG ONCE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 40 MG TWICE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 60 MG ONCE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 60 MG TWICE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 80 MG ONCE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 80 MG TWICE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| Antineoplastic Antibiotics | | |
| <i>bleomycin sulfate solr</i> | 4 | PA; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>dactinomycin solr</i> | 4 | + |
| <i>daunorubicin hcl soln</i> | 4 | + |
| DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (<i>daunorubicin hcl</i>) | 4 | + |
| DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML | 5 | NDS; + |
| <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 (<i>valrubicin</i>) | 5 | NDS; + |
| Antineoplastic Combinations | | |
| DARZALEX FASPRO SOLN | 5 | NDS;LA; + |
| HERCEPTIN HYLECTA SOLN | 5 | NDS; + |
| INQOVI TABS | 5 | PA; NDS; + |
| KISQALI FEMARA 200 DOSE TBPB | 5 | PA; NDS; + |
| KISQALI FEMARA 400 DOSE TBPB | 5 | PA; NDS; + |
| KISQALI FEMARA 600 DOSE TBPB | 5 | PA; NDS; + |
| LONSURF TABS | 5 | PA; NDS; + |
| PHESGO SOLN | 5 | NDS; + |
| RITUXAN HYCELA SOLN | 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 |
|---|-----------|---------------------|
| 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; + |
| ALUNBRIG TABS | 5 | PA; NDS;LA; + |
| ALUNBRIG TBPK | 5 | PA; NDS;LA; + |
| AYVAKIT TABS | 5 | PA; NDS;MO; + |
| BALVERSA TABS | 5 | PA; NDS;LA; MO; + |
| BELEODAQ SOLR | 5 | PA; NDS; + |
| BORTEZOMIB SOLR | 5 | NDS; + |
| BOSULIF TABS | 5 | PA; NDS; + |
| BRAFTOVI CAPS 75 MG | 5 | PA; NDS;MO; + |
| BRUKINSA CAPS | 5 | PA; NDS;MO; + |
| CABOMETYX TABS | 5 | PA; NDS; + |
| CALQUENCE CAPS | 5 | PA; NDS;LA; MO; + |
| CAPRELSA TABS 100 MG | 5 | PA; NDS;MO; + |
| CAPRELSA TABS 300 MG | 5 | PA; NDS;LA; MO; + |
| COMETRIQ KIT | 5 | PA; NDS;LA; + |
| COPIKTRA CAPS | 5 | PA; NDS;MO; + |
| COTELLIC TABS | 5 | PA; NDS;LA; + |
| <i>erlotinib hcl tabs</i> | 1 | PA; * |
| <i>everolimus tabs</i> | 5 | PA; NDS; + |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|---------------------|
| FARYDAK CAPS | 5 | PA; NDS;LA; + |
| GAVRETO CAPS | 5 | PA; NDS;MO; + |
| GILOTRIF TABS | 5 | PA; NDS;LA; MO; + |
| IBRANCE CAPS | 5 | NDS;LA; + |
| IBRANCE TABS | 5 | NDS;LA; + |
| ICLUSIG TABS 15 MG, 45 MG | 5 | PA; NDS;LA; MO; + |
| IDHIFA TABS | 5 | PA; NDS; + |
| <i>imatinib mesylate tabs</i> | 1 | PA; * |
| IMBRUVICA CAPS | 5 | PA; NDS;LA; MO; + |
| IMBRUVICA TABS | 5 | PA; NDS;LA; MO; + |
| INLYTA TABS | 5 | PA; NDS;LA; + |
| INREBIC CAPS | 5 | PA; NDS;LA; + |
| IRESSA TABS | 5 | NDS;LA; + |
| ISTODAX (<i>OVERFILL</i>) SOLR | 5 | NDS; + |
| JAKAFI TABS | 5 | PA; NDS;LA; + |
| KISQALI TBPK | 5 | PA; NDS; + |
| KOSELUGO CAPS | 5 | PA; NDS;MO; + |
| KYPROLIS SOLR | 5 | NDS; + |
| <i>lapatinib ditosylate tabs</i> | 5 | NDS; + |
| LENVIMA 10 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 12MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 14 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 18 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 20 MG DAILY DOSE CPPK | 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 |
|-------------------------------|-----------|---------------------|
| LENVIMA 24 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 4 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 8 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LORBRENA TABS | 5 | PA; NDS; + |
| LYNPARZA TABS | 5 | PA; NDS;LA; + |
| MEKINIST TABS | 5 | PA; NDS; + |
| MEKTOVI TABS | 5 | PA; NDS; + |
| NERLYNX TABS | 5 | PA; NDS;LA; + |
| NEXAVAR TABS | 5 | NDS;LA; + |
| NINLARO CAPS | 5 | PA; NDS; + |
| PEMAZYRE TABS | 5 | PA; NDS;MO; + |
| PIQRAY 200MG DAILY DOSE TBPk | 5 | PA; NDS; + |
| PIQRAY 250MG DAILY DOSE TBPk | 5 | PA; NDS; + |
| PIQRAY 300MG DAILY DOSE TBPk | 5 | PA; NDS; + |
| QINLOCK TABS | 5 | PA; NDS;LA; MO; + |
| RETEVMO CAPS | 5 | PA; NDS; + |
| ROMIDEPSIN SOLN 27.5 MG/5.5ML | 5 | NDS; + |
| ROMIDEPSIN SOLR 10 MG | 5 | NDS; + |
| ROZLYTREK CAPS | 5 | PA; NDS; + |
| RUBRACA TABS | 5 | PA; NDS;LA; + |
| RYDAPT CAPS | 5 | PA; NDS; + |
| SPRYCEL TABS | 5 | PA; NDS; + |
| STIVARGA TABS | 5 | PA; NDS;LA; + |
| SUTENT CAPS | 5 | NDS; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TABRECTA TABS | 5 | PA; NDS; + |
| TAFINLAR CAPS | 5 | NDS; + |
| TAGRISSE TABS | 5 | PA; NDS;LA; + |
| TALZENNA CAPS | 5 | PA; NDS; + |
| TASIGNA CAPS | 5 | PA; NDS; + |
| TAZVERIK TABS | 5 | PA; NDS;MO; + |
| <i>temsirolimus soln</i> | 5 | NDS; + |
| TIBSOVO TABS | 5 | PA; NDS;LA; + |
| TUKYSA TABS | 5 | PA; NDS;MO; + |
| TURALIO CAPS | 5 | PA; NDS;LA; MO; + |
| TYKERB TABS (<i>lapatinib ditosylate</i>) | 5 | NDS; + |
| VELCADE SOLR | 5 | NDS; + |
| VERZENIO TABS | 5 | PA; NDS; + |
| VITRAKVI CAPS | 5 | PA; NDS; + |
| VITRAKVI SOLN | 5 | PA; NDS; + |
| VIZIMPRO TABS | 5 | PA; NDS; + |
| VOTRIENT TABS | 5 | PA; NDS; + |
| XALKORI CAPS | 5 | PA; NDS; + |
| XOSPATA TABS | 5 | PA; NDS;LA; MO; + |
| ZEJULA CAPS | 5 | PA; NDS;LA; MO; + |
| ZELBORAF TABS | 5 | PA; NDS;LA; + |
| ZOLINZA CAPS | 5 | NDS; + |
| ZYDELIG TABS | 5 | PA; NDS;LA; + |
| ZYKADIA TABS | 5 | PA; NDS;LA; + |
| Antineoplastic Enzymes | | |

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 |
|---|-----------|---------------------|
| ERWINAZE SOLR | 5 | NDS; + |
| Antineoplastics Misc. | | |
| ACTIMMUNE SOLN | 5 | NDS;LA; + |
| <i>arsenic trioxide soln</i> | 5 | NDS; + |
| <i>bexarotene caps</i> | 5 | NDS; + |
| <i>dacarbazine solr</i> | 4 | + |
| <i>hydroxyurea caps</i> | 1 | MO; * |
| INTRON A SOLN 10 MU/ML | 5 | NDS; + |
| INTRON A SOLN 6000000 UNIT/ML | 4 | + |
| INTRON A SOLR 10 MU, 18 MU, 50 MU | 5 | NDS; + |
| MATULANE CAPS | 5 | NDS;LA; + |
| NIPENT SOLR | 4 | + |
| PROLEUKIN SOLR | 5 | NDS; + |
| SYLATRON KIT | 5 | NDS; + |
| SYNRIBO SOLR | 5 | NDS;MO; + |
| TICE BCG SUSR | 5 | NDS; + |
| <i>tretinoin (chemotherapy) caps</i> | 5 | NDS;MO; + |
| Chemotherapy Adjuncts | | |
| ELITEK SOLR | 5 | NDS; + |
| KEPIVANCE SOLR | 5 | NDS; + |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>dexrazoxane hcl solr</i> | 4 | + |
| KHAPZORY SOLR | 5 | NDS; + |
| <i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 4 | + |
| <i>leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>levoleucovorin calcium soln 250 mg/25ml, 175 mg/17.5ml</i> | 5 | NDS; + |
| <i>levoleucovorin calcium solr 50 mg</i> | 4 | + |
| <i>mesna soln</i> | 4 | + |
| MESNEX TABS OR 400 MG | 5 | NDS;MO; + |
| Mitotic Inhibitors | | |
| ABRAXANE SUSR | 5 | NDS;MO; + |
| <i>docetaxel conc 20 mg/ml, 80 mg/4ml</i> | 5 | NDS; + |
| <i>docetaxel soln 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i> | 5 | NDS; + |
| ETOPOPHOS SOLR | 4 | + |
| <i>etoposide soln</i> | 4 | + |
| HALAVEN SOLN | 5 | NDS; + |
| IXEMPRA KIT SOLR | 5 | NDS; + |
| JEVTANA SOLN | 5 | NDS; + |
| MARQIBO SUSP | 5 | NDS;MO; + |
| <i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i> | 4 | + |
| <i>vinblastine sulfate soln</i> | 4 | PA; MO; + |
| <i>vincristine sulfate soln</i> | 4 | PA; MO; + |
| <i>vinorelbine tartrate soln 10 mg/ml</i> | 4 | + |
| <i>vinorelbine tartrate soln 50 mg/5ml</i> | 4 | MO; + |
| Oncolytic Viral Agents | | |
| IMLYGIC SUSP | 4 | 1000000 Unit/ML;MO; + |
| IMLYGIC SUSP | 5 | NDS; 100000000 Unit/ML;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 |
|--|-----------|-----------------------------|
| Topoisomerase I Inhibitors | | |
| <i>irinotecan hcl soln 300 mg/15ml</i> | 4 | + |
| <i>irinotecan hcl soln 500 mg/25ml, 40 mg/2ml, 100 mg/5ml</i> | 1 | * |
| ONIVYDE INJ | 5 | NDS;MO; + |
| <i>topotecan hcl solr 4 mg</i> | 5 | NDS; + |
| 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 syrp</i> | 1 | MO; * |
| <i>amantadine hcl tabs</i> | 1 | MO; * |
| APOKYN SOCT | 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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| <i>carbidopa-levodopa tbdp</i> | 1 | MO; * |
| <i>carbidopa-levodopa-entacapone tabs</i> | 1 | MO; * |
| DUOPA SUSP | 3 | B/D; MO; + |
| GOCOVRI CP24 | 5 | PA; NDS;MO; + |
| NEUPRO PT24 | 3 | MO; + |
| OSMOLEX ER TB24 129 MG, 193 MG, 258 MG | 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; * |
| RYTARY CPR | 3 | MO; + |
| STALEVO 100 TABS (<i>carbidopa-levodopa-entacapone</i>) | 3 | MO; + |
| STALEVO 125 TABS (<i>carbidopa-levodopa-entacapone</i>) | 3 | MO; + |
| STALEVO 150 TABS (<i>carbidopa-levodopa-entacapone</i>) | 3 | MO; + |
| STALEVO 200 TABS (<i>carbidopa-levodopa-entacapone</i>) | 3 | MO; + |
| STALEVO 50 TABS (<i>carbidopa-levodopa-entacapone</i>) | 3 | MO; + |
| STALEVO 75 TABS (<i>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; * |

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 |
|--|-----------|----------------------------------|
| ZELAPAR TBDP | 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; * |
| <i>lithium carbonate tbc</i> | 1 | MO; * |
| LITHIUM SOLN | 2 | MO; + |
| Antipsychotics - Misc. | | |
| CAPLYTA CAPS | 5 | PA; NDS;MO; + |
| EQUETRO CP12 | 3 | MO; + |
| LATUDA TABS 120 MG | 5 | PA; NDS;SL(1.33 ea daily); MO; + |
| LATUDA TABS 20 MG | 5 | PA; NDS;SL(8 ea daily); MO; + |
| LATUDA TABS 40 MG | 5 | PA; NDS;SL(4 ea daily); MO; + |
| LATUDA TABS 60 MG | 5 | PA; NDS;SL(2.67 ea daily); MO; + |
| LATUDA TABS 80 MG | 5 | PA; NDS;SL(2 ea daily); MO; + |
| NUPLAZID CAPS 34 MG | 5 | PA; NDS;LA; + |
| NUPLAZID TABS 10 MG | 5 | PA; NDS;LA; + |
| NUPLAZID TABS 17 MG | 5 | PA; NDS; + |
| VRAYLAR CAPS 1.5 MG | 3 | PA; SL(4 ea daily); MO; + |
| VRAYLAR CAPS 3 MG | 3 | PA; SL(2 ea daily); MO; + |
| VRAYLAR CAPS 4.5 MG | 3 | PA; SL(1.4 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|
| VRAYLAR CAPS 6 MG | 3 | PA; SL(1 ea daily); MO; + |
| VRAYLAR CPPK | 3 | PA; MO; + |
| <i>ziprasidone hcl caps</i> | 1 | MO; * |
| <i>ziprasidone mesylate solr</i> | 4 | MO; + |
| Benzisoxazoles | | |
| FANAPT TABS 1 MG, 10 MG, 2 MG, 4 MG | 3 | MO; + |
| FANAPT TABS 12 MG, 6 MG, 8 MG | 5 | NDS;MO; + |
| FANAPT TITRATION PACK TABS | 3 | MO; + |
| INVEGA SUSTENNA SUSY | 4 | MO; + |
| INVEGA TRINZA SUSY | 4 | + |
| <i>paliperidone tb24 1.5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>paliperidone tb24 3 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>paliperidone tb24 6 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>paliperidone tb24 9 mg</i> | 5 | NDS;SL(1.33 ea daily); MO; + |
| PERSERIS PRSY | 5 | PA; NDS; + |
| RISPERDAL CONSTA SRER 12.5 MG | 4 | Limit 8 vials per 28 days;SL(0.29 ea daily); MO; + |
| RISPERDAL CONSTA SRER 25 MG | 4 | Limit 4 vials per 28 days;SL(0.15 ea daily); MO; + |
| RISPERDAL CONSTA SRER 37.5 MG | 5 | NDS; Limit 4 vials per 42 days;SL(0.1 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 |
|--|-----------|--|
| RISPERDAL CONSTA SRER 50 MG | 5 | NDS; Limit 2 vials per 28 days; SL(0.08 ea daily); MO; + |
| <i>risperidone soln</i> | 1 | MO; * |
| <i>risperidone tabs</i> | 1 | MO; * |
| <i>risperidone tbdp</i> | 1 | MO; * |
| Butyrophenones | | |
| <i>haloperidol decanoate soln</i> | 1 | MO; * |
| <i>haloperidol lactate conc</i> | 1 | MO; * |
| <i>haloperidol lactate soln</i> | 1 | MO; * |
| <i>haloperidol tabs</i> | 1 | MO; * |
| Dibenzapines | | |
| <i>clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | * |
| <i>clozapine tbdp 100 mg, 12.5 mg, 25 mg, 150 mg</i> | 1 | * |
| <i>clozapine tbdp 200 mg</i> | 5 | NDS; + |
| CLOZARIL TABS 50 MG (<i>clozapine</i>) | 3 | + |
| <i>loxapine succinate caps</i> | 1 | MO; * |
| <i>olanzapine solr</i> | 1 | MO; * |
| <i>olanzapine tabs</i> | 1 | MO; * |
| <i>olanzapine tbdp</i> | 1 | MO; * |
| <i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 1 | MO; * |
| <i>quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| 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); + |
| ZYPREXA RELPREVV SUSR | 4 | + |
| Dihydroindolones | | |
| <i>molindone hcl tabs</i> | 1 | * |
| Phenothiazines | | |
| <i>chlorpromazine hcl soln ij 25 mg/ml</i> | 4 | MO; + |
| CHLORPROMAZINE HCL SOLN IJ 50 MG/2ML | 4 | + |
| <i>chlorpromazine hcl tabs or 10 mg, 200 mg, 25 mg, 100 mg, 50 mg</i> | 1 | MO; * |
| CHLORPROMAZINE HYDROCHLORIDE SOLN | 4 | + |
| <i>fluphenazine decanoate soln</i> | 4 | MO; + |
| <i>fluphenazine hcl conc or 5 mg/ml</i> | 1 | MO; * |
| <i>fluphenazine hcl soln ij 2.5 mg/ml</i> | 4 | MO; + |
| <i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 1 | MO; * |
| <i>perphenazine tabs</i> | 1 | MO; * |
| <i>prochlorperazine edisylate soln 10 mg/2ml</i> | 4 | MO; + |
| <i>prochlorperazine edisylate soln 50 mg/10ml</i> | 4 | + |
| <i>prochlorperazine maleate tabs</i> | 1 | MO; * |
| <i>prochlorperazine supp</i> | 1 | MO; * |
| <i>thioridazine 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 |
|----------------------------------|-----------|----------------------------------|
| <i>trifluoperazine hcl tabs</i> | 1 | MO; * |
| Quinolinone Derivatives | | |
| ABILIFY MAINTENA PRSY | 5 | NDS;MO; + |
| ABILIFY MAINTENA SRER | 5 | NDS;MO; + |
| <i>aripiprazole soln 1 mg/ml</i> | 1 | SL(30 ml daily); MO; * |
| <i>aripiprazole tabs 10 mg</i> | 1 | SL(3 ea daily); MO; * |
| <i>aripiprazole tabs 15 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>aripiprazole tabs 2 mg</i> | 1 | SL(15 ea daily); MO; * |
| <i>aripiprazole tabs 20 mg</i> | 3 | SL(1.5 ea daily); MO; + |
| <i>aripiprazole tabs 30 mg</i> | 3 | SL(1 ea daily); MO; + |
| <i>aripiprazole tabs 5 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>aripiprazole tbdp 10 mg</i> | 5 | NDS;SL(3 ea daily); MO; + |
| <i>aripiprazole tbdp 15 mg</i> | 5 | NDS;SL(2 ea daily); MO; + |
| ARISTADA INITIO PRSY | 5 | NDS; + |
| ARISTADA PRSY | 5 | NDS; + |
| REXULTI TABS 0.25 MG | 5 | PA; NDS;SL(16 ea daily); MO; + |
| REXULTI TABS 0.5 MG | 5 | PA; NDS;SL(8 ea daily); MO; + |
| REXULTI TABS 1 MG | 5 | PA; NDS;SL(4 ea daily); MO; + |
| REXULTI TABS 2 MG | 5 | PA; NDS;SL(2 ea daily); MO; + |
| REXULTI TABS 3 MG | 5 | PA; NDS;SL(1.33 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| REXULTI TABS 4 MG | 5 | PA; NDS;SL(1 ea daily); MO; + |
| Thioxanthenes | | |
| <i>thiothixene caps</i> | 1 | MO; * |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |
| <i>abacavir sulfate soln</i> | 1 | MO; * |
| <i>abacavir sulfate tabs</i> | 1 | MO; * |
| <i>abacavir sulfate-lamivudine tabs</i> | 1 | MO; * |
| <i>abacavir sulfate-lamivudine-zidovudine tabs</i> | 5 | NDS;MO; + |
| APTIVUS CAPS 250 MG | 2 | MO; + |
| APTIVUS SOLN 100 MG/ML | 2 | + |
| <i>atazanavir sulfate caps</i> | 5 | NDS;MO; + |
| ATRIPLA TABS (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>) | 2 | MO; + |
| BIKTARVY TABS | 5 | NDS;MO; + |
| CIMDUO TABS | 5 | NDS;MO; + |
| COMPLERA TABS | 5 | NDS;MO; + |
| CRIXIVAN CAPS | 3 | MO; + |
| DELSTRIGO TABS | 5 | NDS;MO; + |
| DESCOVY TABS | 5 | NDS;MO; + |
| <i>didanosine cpdr</i> | 1 | MO; * |
| DOVATO TABS | 5 | NDS;MO; + |
| EDURANT TABS | 5 | NDS;MO; + |
| <i>efavirenz caps</i> | 1 | MO; * |
| <i>efavirenz 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>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i> | 1 | MO; * |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i> | 5 | NDS;MO; + |
| <i>emtricitabine caps</i> | 1 | MO; * |
| <i>emtricitabine-tenofovir disoproxil fumarate tabs</i> | 1 | MO; * |
| EMTRIVA SOLN 10 MG/ML | 3 | MO; + |
| EVOTAZ TABS | 5 | NDS;MO; + |
| <i>fosamprenavir calcium tabs</i> | 5 | NDS;MO; + |
| FUZEON SOLR | 5 | NDS; + |
| GENVOYA TABS | 5 | NDS;MO; + |
| INTELENCE TABS 100 MG | 2 | MO; + |
| INTELENCE TABS 200 MG | 5 | NDS;MO; + |
| INTELENCE TABS 25 MG | 3 | + |
| INVIRASE TABS 500 MG | 5 | NDS;MO; + |
| ISENTRESS CHEW 100 MG | 2 | SL(6 ea daily); MO; + |
| ISENTRESS CHEW 25 MG | 2 | SL(24 ea daily); MO; + |
| ISENTRESS HD TABS | 5 | NDS;MO; + |
| ISENTRESS PACK 100 MG | 3 | SL(2 ea daily); MO; + |
| ISENTRESS TABS 400 MG | 5 | NDS;MO; + |
| JULUCA TABS | 5 | NDS;MO; + |
| KALETRA TABS 100 MG-25 MG | 3 | MO; + |
| KALETRA TABS 200 MG-50 MG | 2 | MO; + |
| <i>lamivudine soln</i> | 1 | MO; * |
| <i>lamivudine tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|-----------|---------------------|
| <i>lamivudine-zidovudine tabs</i> | 1 | MO; * |
| LEXIVA SUSP 50 MG/ML | 2 | MO; + |
| <i>lopinavir-ritonavir soln</i> | 1 | MO; * |
| <i>nevirapine susp 50 mg/5ml</i> | 1 | MO; * |
| <i>nevirapine tabs 200 mg</i> | 1 | MO; * |
| <i>nevirapine tb24 100 mg</i> | 1 | * |
| <i>nevirapine tb24 400 mg</i> | 1 | MO; * |
| NORVIR PACK 100 MG | 3 | MO; + |
| NORVIR SOLN 80 MG/ML | 2 | MO; + |
| ODEFSEY TABS | 5 | NDS;MO; + |
| PIFELTRO TABS | 5 | NDS;MO; + |
| PREZCOBIX TABS | 5 | NDS;MO; + |
| PREZISTA SUSP 100 MG/ML | 5 | NDS;MO; + |
| PREZISTA TABS 150 MG, 600 MG, 800 MG | 5 | NDS;MO; + |
| PREZISTA TABS 75 MG | 3 | MO; + |
| RETROVIR IV INFUSION SOLN | 4 | + |
| REYATAZ PACK 50 MG | 5 | NDS;MO; + |
| <i>ritonavir tabs</i> | 1 | MO; * |
| RUKOBIA TB12 | 5 | NDS;MO; + |
| SELZENTRY SOLN 20 MG/ML | 2 | + |
| SELZENTRY TABS 150 MG, 300 MG | 2 | MO; + |
| SELZENTRY TABS 25 MG, 75 MG | 2 | + |
| <i>stavudine caps</i> | 1 | MO; * |
| STRIBILD 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 |
|---|-----------|---------------------|
| SYMFI LO TABS (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | 5 | NDS;MO; + |
| SYMFI TABS (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | 5 | NDS;MO; + |
| SYMTUZA TABS | 5 | NDS;MO; + |
| TEMIXYS TABS | 5 | NDS;MO; + |
| <i>tenofovir disoproxil fumarate tabs</i> | 1 | MO; * |
| TIVICAY PD TBSO | 3 | MO; + |
| TIVICAY TABS 10 MG | 3 | MO; + |
| TIVICAY TABS 25 MG, 50 MG | 5 | NDS;MO; + |
| TRIUMEQ TABS | 5 | NDS;MO; + |
| TROGARZO SOLN | 5 | NDS; + |
| TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG | 5 | NDS;MO; + |
| TRUVADA TABS 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>) | 2 | MO; + |
| TYBOST TABS | 3 | MO; + |
| VIDEX EC CPDR 125 MG | 3 | MO; + |
| VIDEXPEDIATRIC SOLR 2 GM | 3 | MO; + |
| VIRACEPT TABS | 5 | NDS;MO; + |
| VIREAD POWD 40 MG/GM | 5 | NDS;MO; + |
| VIREAD TABS 150 MG, 200 MG, 250 MG | 5 | NDS;MO; + |
| <i>zidovudine caps</i> | 1 | MO; * |
| <i>zidovudine syrpf</i> | 1 | MO; * |
| <i>zidovudine tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CMV Agents | | |
| <i>cidofovir soln</i> | 5 | NDS; + |
| <i>ganciclovir sodium solr</i> | 1 | PA; * |
| PREVYMIS TABS OR 240 MG, 480 MG | 5 | PA; NDS;MO; + |
| <i>valganciclovir hcl solr</i> | 5 | NDS;MO; + |
| <i>valganciclovir hcl tabs</i> | 5 | NDS;MO; + |
| Hepatitis Agents | | |
| <i>adefovir dipivoxil tabs</i> | 5 | NDS;MO; + |
| BARACLUDGE SOLN 0.05 MG/ML | 2 | MO; + |
| <i>entecavir tabs</i> | 1 | MO; * |
| EPCLUSA TABS 100 MG-400 MG | 5 | PA; NDS; + |
| EPIVIR HBV SOLN 5 MG/ML | 2 | MO; + |
| HARVONI PACK 150 MG-33.75 MG, 200 MG-45 MG | 5 | PA; NDS; + |
| HARVONI TABS 200 MG-45 MG, 400 MG-90 MG | 5 | PA; NDS; + |
| <i>lamivudine (hbv) tabs</i> | 1 | MO; * |
| MAVYRET TABS | 5 | PA; NDS; + |
| PEGASYS PROCLICK SOLN 180 MCG/0.5ML | 5 | NDS; + |
| PEGASYS SOLN | 5 | NDS; + |
| PEGINTRON KIT | 5 | NDS; + |
| REBETOL SOLN 40 MG/ML | 2 | + |
| <i>ribavirin (hepatitis c) caps 200 mg</i> | 1 | * |
| <i>ribavirin (hepatitis c) tabs 200 mg</i> | 1 | * |
| SOVALDI TABS 200 MG, 400 MG | 5 | PA; NDS; + |
| VEMLIDY TABS | 5 | ST; 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 |
|---|-----------|------------------------|
| VOSEVI TABS | 5 | PA; NDS; + |
| ZEPATIER TABS | 5 | PA; NDS; + |
| Herpes Agents | | |
| <i>acyclovir caps</i> | 1 | MO; * |
| <i>acyclovir sodium soln</i> | 4 | PA; + |
| <i>acyclovir susp</i> | 1 | MO; * |
| <i>acyclovir tabs</i> | 1 | MO; * |
| <i>famciclovir tabs</i> | 1 | MO; * |
| <i>valacyclovir hcl tabs</i> | 1 | MO; * |
| Influenza Agents | | |
| <i>oseltamivir phosphate caps or 30 mg</i> | 1 | QL(4 ea daily); MO; * |
| <i>oseltamivir phosphate caps or 45 mg, 75 mg</i> | 1 | MO; * |
| <i>oseltamivir phosphate susr or 6 mg/ml</i> | 1 | MO; * |
| RELENZA DISKHALER AEPB | 3 | MO; + |
| <i>rimantadine hydrochloride tabs</i> | 1 | MO; * |
| Respiratory Syncytial Virus (RSV) Agents | | |
| <i>ribavirin solr</i> | 1 | * |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| <i>carvedilol phosphate cp24</i> | 1 | MO; * |
| <i>carvedilol tabs 12.5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>carvedilol tabs 25 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>carvedilol tabs 3.125 mg</i> | 1 | SL(32 ea daily); MO; * |
| <i>carvedilol tabs 6.25 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| Beta Blockers Cardio-Selective | | |
| <i>acebutolol hcl caps</i> | 1 | MO; * |
| <i>atenolol tabs</i> | 1 | MO; * |
| <i>betaxolol hcl tabs</i> | 1 | MO; * |
| <i>bisoprolol fumarate tabs</i> | 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; + |
| <i>metoprolol succinate tb24</i> | 1 | MO; * |
| <i>metoprolol tartrate tabs or 37.5 mg, 75 mg, 100 mg, 25 mg, 50 mg</i> | 1 | MO; * |
| Beta Blockers Non-Selective | | |
| HEMANGEOL SOLN | 3 | + |
| <i>nadolol tabs</i> | 1 | MO; * |
| <i>pindolol tabs</i> | 1 | MO; * |
| <i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i> | 1 | MO; * |
| <i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i> | 1 | MO; * |
| <i>propranolol hcl tabs or 10 mg, 80 mg, 20 mg, 40 mg, 60 mg</i> | 1 | MO; * |
| <i>sotalol hcl (afib/afI) tabs</i> | 1 | MO; * |
| <i>sotalol hcl tabs</i> | 1 | MO; * |
| SOTYLIZE SOLN | 3 | MO; + |
| <i>timolol maleate tabs 10 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>timolol maleate tabs 20 mg</i> | 1 | SL(3 ea daily); MO; * |
| <i>timolol maleate tabs 5 mg</i> | 1 | SL(12 ea daily); MO; * |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |

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>amlodipine besylate tabs 10 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>amlodipine besylate tabs 2.5 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>amlodipine besylate tabs 5 mg</i> | 1 | SL(2 ea daily); MO; * |
| CARDIZEM LA TB24 120 MG | 2 | MO; + |
| <i>diltiazem hcl coated beads cp24</i> | 1 | MO; * |
| <i>diltiazem hcl coated beads tb24</i> | 1 | MO; * |
| <i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i> | 1 | MO; * |
| <i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i> | 1 | MO; * |
| <i>diltiazem hcl extended release beads cp24</i> | 1 | MO; * |
| <i>diltiazem hcl tabs or 120 mg, 60 mg, 30 mg, 90 mg</i> | 1 | MO; * |
| <i>felodipine tb24</i> | 1 | MO; * |
| <i>nicardipine hcl caps or 20 mg, 30 mg</i> | 1 | MO; * |
| <i>nifedipine caps 20 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>nifedipine tb24 30 mg, 60 mg, 90 mg</i> | 1 | MO; * |
| <i>nimodipine caps</i> | 1 | MO; * |
| <i>nisoldipine tb24 17 mg, 34 mg, 8.5 mg</i> | 1 | MO; * |
| NYMALIZE SOLN | 5 | NDS; + |
| <i>verapamil hcl cp24 or 360 mg, 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i> | 1 | MO; * |
| <i>verapamil hcl tabs or 40 mg, 120 mg, 80 mg</i> | 1 | MO; * |
| <i>verapamil hcl tbcR or 120 mg, 180 mg, 240 mg</i> | 1 | MO; * |
| VERELAN PM CP24 300 MG (<i>verapamil hcl</i>) | 1 | MO; * |

CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| Cardiac Glycosides | | |
| <i>digoxin soln or 0.05 mg/ml</i> | 1 | MO; * |
| <i>digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg</i> | 1 | MO; * |
| LANOXIN PEDIATRIC SOLN | 4 | + |
| LANOXIN TABS OR 62.5 MCG | 3 | MO; + |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| <i>amlodipine besylate-atorvastatin calcium tabs</i> | 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 (<i>tadalafil</i>) | 3 | PA; Check plan for coverage; 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 |
|--|-----------|---|
| 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; + |
| <i>sildenafil citrate tabs</i> | 1 | Check plan for coverage; QL(0.1429 ea daily); MO; NT; * |
| <i>tadalafil tabs 10 mg, 20 mg</i> | 1 | Check plan for coverage; QL(0.1429 ea daily); MO; NT; * |
| <i>tadalafil tabs 2.5 mg, 5 mg</i> | 1 | PA; Check plan for coverage; MO; * |
| <i>vardenafil hcl tabs</i> | 1 | Check plan for coverage; QL(0.1429 ea daily); MO; NT; * |
| <i>vardenafil hcl tbdp</i> | 1 | Check plan for coverage; QL(0.1429 ea daily); MO; NT; * |
| Prostaglandin Vasodilators | | |
| ORENITRAM TBCR 0.125 MG | 3 | PA; + |
| ORENITRAM TBCR 0.25 MG, 1 MG, 2.5 MG, 5 MG | 5 | PA; NDS; + |
| <i>treprostinil soln</i> | 5 | B/D; NDS; LA; + |
| TYVASO REFILL SOLN | 5 | B/D; NDS; LA; + |
| TYVASO SOLN | 5 | B/D; NDS; LA; + |
| TYVASO STARTER SOLN | 5 | B/D; NDS; LA; + |
| VENTAVIS SOLN 10 MCG/ML | 2 | B/D; LA; + |
| VENTAVIS SOLN 20 MCG/ML | 5 | B/D; NDS; LA; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------------|
| Pulmonary Hypertension - Endothelin Receptor | | |
| <i>ambrisentan tabs</i> | 5 | NDS; LA; + |
| <i>bosentan tabs</i> | 5 | NDS; LA; + |
| OPSUMIT TABS | 5 | PA; NDS; + |
| TRACLEER TBSO 32 MG | 5 | NDS; LA; + |
| Pulmonary Hypertension - Phosphodiesterase | | |
| <i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i> | 5 | PA; NDS; + |
| <i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i> | 1 | PA; * |
| <i>tadalafil (pulmonary hypertension) tabs</i> | 5 | PA; NDS; + |
| Pulmonary Hypertension - Prostacyclin Receptor | | |
| UPTRAVI TABS | 5 | PA; NDS; LA; + |
| UPTRAVI TBPB | 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; + |
| Tranthyretin Stabilizers | | |

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 |
|---|-----------|---------------------------|
| 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; * |
| <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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <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 | + |
| <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; + |
| CEFEPIME SOLN | 4 | + |
| Cephalosporins - 5th Generation | | |
| TEFLARO SOLR | 4 | + |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| <i>desogestrel & ethinyl estradiol tabs</i> | 1 | MO; * |
| <i>desogestrel-ethinyl estradiol (biphasic) tabs</i> | 1 | MO; * |
| <i>drospirenone-ethinyl estradiol 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>drosiprone-ethinyl estradiol-levomefolate calcium tabs</i> | 1 | MO; * |
| <i>ethynodiol diacet & eth estrad tabs</i> | 1 | MO; * |
| <i>levonorgestrel & eth estradiol tabs</i> | 1 | MO; * |
| <i>levonorgestrel-eth estradiol (triphasic) tabs</i> | 1 | MO; * |
| <i>levonorgestrel-ethinyl estradiol (91-day) tabs</i> | 1 | (QUARTETTE); MO; * |
| <i>levonorgestrel-ethinyl estradiol (91-day) tabs</i> | 1 | biphasic;MO; * |
| <i>levonorgestrel-ethinyl estradiol (continuous) tabs</i> | 1 | MO; * |
| LO LOESTRIN FE TABS | 3 | MO; + |
| <i>norethin acet & estrad-fe chew</i> | 1 | MO; * |
| <i>norethin acet & estrad-fe tabs</i> | 1 | MO; * |
| <i>norethindrone & eth estradiol tabs</i> | 1 | MO; * |
| <i>norethindrone & ethinyl estradiol-fe chew</i> | 1 | MO; * |
| <i>norethindrone acet & eth estra tabs</i> | 1 | MO; * |
| <i>norethindrone-eth estradiol (triphasic) tabs</i> | 1 | MO; * |
| <i>norgestimate-ethinyl estradiol (triphasic) tabs</i> | 1 | MO; * |
| <i>norgestimate-ethinyl estradiol tabs</i> | 1 | MO; * |
| <i>norgestrel & ethinyl estradiol tabs 0.3 mg-30 mcg</i> | 1 | MO; * |
| <i>norgestrel & ethinyl estradiol tabs 0.5 mg-50 mcg</i> | 1 | * |
| TAYTULLA CAPS | 3 | MO; + |
| Combination Contraceptives - Transdermal | | |
| <i>norelgestromin-ethinyl estradiol ptwk</i> | 1 | MO; * |
| Combination Contraceptives - Vaginal | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>etonogestrel-ethinyl estradiol ring</i> | 1 | MO; * |
| Emergency Contraceptives | | |
| ELLA TABS | 2 | + |
| Progestin Contraceptives - Injectable | | |
| DEPO-SUBQ PROVERA 104 SUSY | 4 | MO; + |
| <i>medroxyprogesterone acetate (contraceptive) susp</i> | 4 | MO; + |
| <i>medroxyprogesterone acetate (contraceptive) susy</i> | 4 | MO; + |
| Progestin Contraceptives - Oral | | |
| <i>norethindrone (contraceptive) tabs</i> | 1 | MO; * |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| <i>betamethasone sod phosphate & acetate susp</i> | 4 | MO; + |
| <i>budesonide cpep 3 mg</i> | 1 | MO; * |
| <i>budesonide tb24 9 mg</i> | 5 | NDS;MO; + |
| <i>cortisone acetate tabs</i> | 1 | MO; * |
| DEPO-MEDROL SUSP 20 MG/ML | 4 | MO; + |
| <i>dexamethasone elix 0.5 mg/5ml</i> | 1 | MO; * |
| <i>dexamethasone sodium phosphate soln ij 10 mg/ml</i> | 4 | + |
| <i>dexamethasone sodium phosphate soln ij 10 mg/ml</i> | 4 | Preservative Free;MO; + |
| <i>dexamethasone sodium phosphate soln ij 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i> | 4 | MO; + |
| <i>dexamethasone soln 0.5 mg/5ml</i> | 1 | MO; * |
| <i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 0.5 mg, 0.75 mg, 4 mg, 6 mg</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>dexamethasone tbpk 1.5 mg, 1.5 mg</i> | 1 | MO; * |
| EMFLAZA SUSP | 5 | PA; NDS;MO; + |
| EMFLAZA TABS | 5 | PA; NDS;MO; + |
| <i>hydrocortisone tabs</i> | 1 | MO; * |
| KENALOG-10 SUSP | 4 | MO; + |
| MEDROL TABS 2 MG | 2 | MO; + |
| <i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i> | 1 | MO; * |
| <i>methylprednisolone sod succ solr</i> | 1 | MO; * |
| <i>methylprednisolone tabs</i> | 1 | MO; * |
| <i>methylprednisolone tbpk</i> | 1 | MO; * |
| <i>prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 25 mg/5ml</i> | 1 | MO; * |
| <i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i> | 1 | MO; * |
| <i>prednisolone soln</i> | 1 | MO; * |
| <i>prednisolone tabs</i> | 1 | MO; * |
| <i>prednisone conc</i> | 1 | MO; * |
| <i>prednisone soln</i> | 1 | MO; * |
| <i>prednisone tabs</i> | 1 | MO; * |
| <i>prednisone tbpk</i> | 1 | MO; * |
| SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG | 4 | MO; + |
| SOLU-CORTEF SOLR 1000 MG | 4 | + |
| SOLU-MEDROL SOLR 2 GM | 4 | + |
| <i>triamcinolone acetonide susp 40 mg/ml, 400 mg/10ml</i> | 4 | MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| Mineralocorticoids | | |
| <i>fludrocortisone acetate tabs</i> | 1 | MO; * |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| <i>benzonatate caps 150 mg, 100 mg, 200 mg</i> | 1 | MO; NT; * |
| Cough/Cold/Allergy Combinations | | |
| CLARINEX-D 12 HOUR TB12 | 3 | MO; + |
| <i>hydrocodone polistirex-chlorpheniramine polistirex suer</i> | 1 | AL(Up to 64 yrs old); MO; NT; * |
| <i>promethazine & phenylephrine syrpf</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>promethazine-phenylephrine-codeine syrpf</i> | 1 | AL(Up to 64 yrs old); NT; * |
| SEMPREX-D CAPS | 3 | MO; + |
| Mucolytics | | |
| <i>acetylcysteine soln</i> | 1 | B/D; MO; * |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| ABSORICA CAPS 25 MG, 35 MG, 10 MG, 20 MG, 40 MG | 3 | + |
| <i>adapalene crea 0.1 %</i> | 1 | MO; * |
| <i>adapalene gel 0.1 %</i> | 1 | RX/OTC; MO; * |
| <i>adapalene gel 0.3 %</i> | 1 | MO; * |
| <i>adapalene-benzoyl peroxide gel</i> | 1 | MO; * |
| AZELEX CREA | 3 | MO; + |
| <i>benzoyl peroxide-erythromycin gel</i> | 1 | MO; * |
| CLINDAGEL GEL (<i>clindamycin phosphate (topical)</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 |
|---|-----------|--|
| <i>clindamycin phosphate (topical) foam</i> | 1 | MO; * |
| <i>clindamycin phosphate (topical) gel</i> | 1 | MO; * |
| <i>clindamycin phosphate (topical) lotn</i> | 1 | MO; * |
| <i>clindamycin phosphate (topical) soln</i> | 1 | QL(2 ml daily); MO; * |
| <i>clindamycin phosphate (topical) swab</i> | 1 | MO; * |
| <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) lotn</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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| 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; + |
| 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; * |

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>luticonazole crea</i> | 1 | MO; * |
| LUZU CREA (<i>luticonazole</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; * |
| 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| 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; + |
| 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; * |

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 |
|--|-----------|---------------------|
| 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 | | |
| <i>selenium sulfide lotn 2.5 %</i> | 1 | MO; * |
| Antivirals - Topical | | |
| <i>acyclovir topical crea</i> | 5 | NDS;MO; + |
| <i>acyclovir topical oint</i> | 1 | MO; * |
| DENAVIR CREA | 5 | NDS;MO; + |
| XERESE CREA | 3 | MO; + |
| Burn Products | | |
| <i>silver sulfadiazine crea</i> | 1 | MO; * |
| SULFAMYLON CREA 85 MG/GM | 3 | MO; + |
| Corticosteroids - Topical | | |
| <i>alclometasone dipropionate crea</i> | 1 | MO; * |
| <i>alclometasone dipropionate oint</i> | 1 | MO; * |
| <i>amcinonide crea</i> | 1 | MO; * |
| <i>betamethasone dipropionate (topical) crea</i> | 1 | MO; * |
| <i>betamethasone dipropionate (topical) lotn</i> | 1 | MO; * |
| <i>betamethasone dipropionate (topical) oint</i> | 1 | MO; * |
| <i>betamethasone dipropionate augmented crea</i> | 1 | MO; * |
| <i>betamethasone dipropionate augmented gel</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>betamethasone dipropionate augmented lotn</i> | 1 | MO; * |
| <i>betamethasone dipropionate augmented oint</i> | 1 | MO; * |
| <i>betamethasone valerate crea</i> | 1 | MO; * |
| <i>betamethasone valerate foam</i> | 1 | MO; * |
| <i>betamethasone valerate lotn</i> | 1 | MO; * |
| <i>betamethasone valerate oint</i> | 1 | MO; * |
| <i>calcipotriene-betamethasone dipropionate oint</i> | 5 | NDS;SL(14.28 gm daily); MO; + |
| <i>calcipotriene-betamethasone dipropionate susp</i> | 5 | NDS;SL(14.28 gm daily); MO; + |
| CAPEX SHAM | 3 | MO; + |
| <i>clobetasol propionate crea</i> | 1 | MO; * |
| <i>clobetasol propionate emollient base crea</i> | 1 | MO; * |
| <i>clobetasol propionate foam</i> | 1 | Non-emulsion;MO; * |
| <i>clobetasol propionate gel</i> | 1 | MO; * |
| <i>clobetasol propionate liqd</i> | 1 | MO; * |
| <i>clobetasol propionate lotn</i> | 1 | MO; * |
| <i>clobetasol propionate oint</i> | 1 | MO; * |
| <i>clobetasol propionate sham</i> | 1 | MO; * |
| <i>clobetasol propionate soln</i> | 1 | MO; * |
| <i>clocortolone pivalate crea</i> | 1 | MO; * |
| CLODERM CREA | 3 | MO; + |
| CLODERM CREA (<i>clocortolone pivalate</i>) | 3 | MO; + |
| CLODERM PUMP CREA | 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 |
|--|-----------|----------------------------|
| CORDRAN TAPE 4 MCG/SQCM | 3 | MO; + |
| <i>desonide crea</i> | 1 | QL(2 gm daily); MO; * |
| <i>desonide lotn</i> | 1 | QL(3.94 ml daily); MO; * |
| <i>desonide oint</i> | 1 | QL(2 gm daily); MO; * |
| <i>desoximetasone crea 0.05 %</i> , 0.25 % | 1 | MO; * |
| <i>desoximetasone gel 0.05 %</i> | 1 | MO; * |
| <i>desoximetasone liqd 0.25 %</i> | 1 | MO; * |
| <i>desoximetasone oint 0.05 %</i> , 0.25 % | 1 | MO; * |
| <i>diflorasone diacetate crea</i> | 1 | MO; * |
| <i>diflorasone diacetate oint</i> | 1 | MO; * |
| ENSTILAR FOAM | 5 | NDS;SL(15 gm daily); MO; + |
| <i>fluocinolone acetonide crea</i> | 1 | MO; * |
| <i>fluocinolone acetonide oil</i> | 1 | MO; * |
| <i>fluocinolone acetonide oint</i> | 1 | MO; * |
| <i>fluocinolone acetonide soln</i> | 1 | MO; * |
| <i>fluocinonide crea 0.05 %</i> | 1 | MO; * |
| <i>fluocinonide emulsified base crea</i> | 1 | MO; * |
| <i>fluocinonide gel 0.05 %</i> | 1 | MO; * |
| <i>fluocinonide oint 0.05 %</i> | 1 | MO; * |
| <i>fluocinonide soln 0.05 %</i> | 1 | MO; * |
| <i>flurandrenolide crea</i> | 1 | MO; * |
| <i>flurandrenolide lotn</i> | 1 | MO; * |
| <i>fluticasone propionate crea</i> | 1 | MO; * |
| <i>fluticasone propionate lotn</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>fluticasone propionate oint</i> | 1 | MO; * |
| <i>halcinonide crea</i> | 1 | MO; * |
| <i>halobetasol propionate crea</i> | 1 | MO; * |
| <i>halobetasol propionate oint</i> | 1 | MO; * |
| <i>hydrocortisone (topical) crea 1 %</i> | 1 | RX/OTC; MO; * |
| <i>hydrocortisone (topical) crea 2.5 %</i> | 1 | MO; * |
| <i>hydrocortisone (topical) lotn 2.5 %</i> | 1 | MO; * |
| <i>hydrocortisone (topical) oint 1 %</i> | 1 | RX/OTC; MO; * |
| <i>hydrocortisone (topical) oint 2.5 %</i> | 1 | MO; * |
| <i>hydrocortisone butyrate crea</i> | 1 | QL(1.5 gm daily); MO; * |
| <i>hydrocortisone butyrate hydrophilic lipo base crea</i> | 1 | QL(1.5 gm daily); MO; * |
| <i>hydrocortisone butyrate lotn</i> | 1 | QL(3.94 ml daily); MO; * |
| <i>hydrocortisone butyrate oint</i> | 1 | QL(1.5 gm daily); MO; * |
| <i>hydrocortisone butyrate soln</i> | 1 | QL(2 ml daily); MO; * |
| <i>hydrocortisone valerate crea</i> | 1 | MO; * |
| <i>hydrocortisone valerate oint</i> | 1 | MO; * |
| <i>mometasone furoate crea</i> | 1 | MO; * |
| <i>mometasone furoate oint</i> | 1 | MO; * |
| <i>mometasone furoate soln</i> | 1 | MO; * |
| <i>prednicarbate crea</i> | 1 | MO; * |
| TACLONEX SUSP (calcipotriene-betamethasone dipropionate) | 5 | NDS;SL(14.28 gm daily); MO; + |
| <i>triamcinolone acetonide (topical) aers 0.147 mg/gm</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>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %</i> | 1 | MO; * |
| <i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i> | 1 | MO; * |
| <i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i> | 1 | MO; * |
| ULTRAVATE LOTN | 5 | PA; NDS;MO; + |
| 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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <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; * |
| <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 | | |

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 |
|---|-----------|-------------------------------|
| 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; + |
| 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 | | |
| <i>acetazolamide cp12</i> | 1 | MO; * |
| <i>acetazolamide tabs</i> | 1 | MO; * |
| KEVEYIS TABS | 5 | PA; NDS;SL(4 ea daily); MO; + |
| <i>methazolamide tabs</i> | 1 | MO; * |
| Diuretic Combinations | | |
| ALDACTAZIDE TABS 50 MG-50 MG | 2 | MO; + |
| <i>amiloride & hydrochlorothiazide tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>spironolactone & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>triamterene & hydrochlorothiazide caps</i> | 1 | MO; * |
| <i>triamterene & hydrochlorothiazide tabs</i> | 1 | MO; * |
| Loop Diuretics | | |
| <i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i> | 1 | MO; * |
| <i>ethacrynic acid tabs</i> | 5 | NDS;MO; + |
| <i>furosemide soln ij 10 mg/ml</i> | 4 | MO; + |
| <i>furosemide soln or 10 mg/ml</i> | 1 | MO; * |
| <i>furosemide tabs or 20 mg, 40 mg, 80 mg</i> | 1 | MO; * |
| <i>torseamide 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; * |

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>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 | 5 | PA; NDS; Limit 2.4mls per 28 days;QL(0.09 ml daily); + |
| FOSAMAX PLUS D TABS | 3 | QL(0.15 ea daily); MO; + |
| <i>ibandronate sodium soln iv 3 mg/3ml</i> | 4 | QL(0.036 ml daily); MO; + |
| <i>ibandronate sodium tabs or 150 mg</i> | 1 | Limit 1 tab per 28 days (3 per 84);QL(0.036 ea daily); MO; * |
| MIACALCIN SOLN | 4 | MO; + |
| NATPARA CART | 5 | PA; NDS;LA; + |
| PROLIA SOSY | 2 | PA; QL(0.006 ml daily); + |
| <i>risedronate sodium tabs 150 mg</i> | 1 | QL(0.04 ea daily); MO; * |
| <i>risedronate sodium tabs 30 mg, 5 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>risedronate sodium tabs 35 mg</i> | 1 | QL(0.15 ea daily); MO; * |
| <i>risedronate sodium tbec 35 mg</i> | 1 | QL(0.15 ea daily); MO; * |
| TYMLOS SOPN | 5 | PA; NDS; + |
| XGEVA SOLN | 5 | NDS; Limit 6.8mls per 28 days;QL(0.243 ml daily); + |
| <i>zoledronic acid conc 4 mg/5ml</i> | 4 | + |
| <i>zoledronic acid soln 5 mg/100ml</i> | 1 | Limit 1 dose per year;QL(0.28 ml daily); * |
| Corticotropin | | |
| ACTHAR GEL | 5 | PA; NDS;LA; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| Fertility Regulators | | |
| CHORIONIC GONADOTROPIN SOLR | 4 | PA; + |
| NOVAREL SOLR | 4 | PA; + |
| PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR | 4 | PA; + |
| GnRH/LHRH Antagonists | | |
| ORLISSA TABS | 5 | PA; NDS;MO; + |
| Growth Hormone Receptor Antagonists | | |
| SOMAVERT SOLR | 5 | PA; NDS;LA; + |
| Growth Hormone Releasing Hormones (GHRH) | | |
| EGRIFTA SV SOLR | 5 | NDS; + |
| Growth Hormones | | |
| GENOTROPIN MINIQUICK SOLR 0.4 MG | 4 | PA; + |
| GENOTROPIN SOLR 5 MG | 4 | PA; + |
| HUMATROPE COMBO PACK SOLR | 5 | PA; NDS; + |
| HUMATROPE SOLR 12 MG, 24 MG | 5 | PA; NDS; + |
| HUMATROPE SOLR 6 MG | 4 | PA; + |
| NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 5 MG/1.5ML | 5 | PA; NDS; + |
| NUTROPIN AQ NUSPIN 20 SOPN | 5 | PA; NDS; + |
| OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML | 5 | PA; NDS; + |
| SEROSTIM SOLR 4 MG, 6 MG | 5 | PA; NDS; + |
| ZOMACTON SOLR 5 MG | 4 | PA; + |
| Hormone Receptor Modulators | | |
| OSPHENA TABS | 3 | MO; + |
| <i>raloxifene hcl tabs</i> | 1 | QL(1 ea daily); MO; * |
| Insulin-Like Growth Factor Receptor 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 |
|--|-----------|---------------------|
| TEPEZZA SOLR | 5 | PA; NDS; + |
| Insulin-Like Growth Factors (Somatomedins) | | |
| 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 | + |
| LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG | 5 | NDS; + |
| LUPRON DEPOT-PED (3-MONTH) KIT | 5 | NDS; + |
| SYNAREL SOLN | 5 | NDS;MO; + |
| TRIPTODUR SRER | 5 | NDS;MO; + |
| Metabolic Modifiers | | |
| <i>calcitriol caps or 0.25 mcg, 0.5 mcg</i> | 1 | MO; * |
| <i>calcitriol soln or 1 mcg/ml</i> | 1 | MO; * |
| CARBAGLU TABS | 3 | LA; MO; + |
| <i>cinacalcet hcl tabs 30 mg</i> | 1 | * |
| <i>cinacalcet hcl tabs 60 mg, 90 mg</i> | 5 | NDS; + |
| CRYSVITA SOLN | 5 | PA; NDS;LA; + |
| CYSTADANE POWD | 3 | LA; MO; + |
| <i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i> | 1 | MO; * |
| FABRAZYME SOLR | 5 | NDS;LA; + |
| GALAFOLD CAPS | 5 | PA; NDS;LA; + |
| KANUMA SOLN | 5 | NDS;LA; + |
| KUVAN PACK (<i>sapropterin dihydrochloride</i>) | 5 | PA; NDS;LA; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| KUVAN TBSO (<i>sapropterin dihydrochloride</i>) | 5 | PA; NDS;LA; + |
| <i>levocarnitine (metabolic modifiers) tabs 330 mg</i> | 1 | MO; * |
| LUMIZYME SOLR | 5 | NDS;LA; + |
| MYALEPT SOLR | 5 | NDS;LA; MO; + |
| NAGLAZYME SOLN | 5 | NDS;LA; + |
| <i>nitisinone caps</i> | 1 | MO; * |
| ORFADIN CAPS 20 MG | 2 | LA; MO; + |
| PALYNZIQ SOSY | 5 | PA; NDS;LA; + |
| <i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i> | 1 | MO; * |
| RAVICTI LIQD | 3 | LA; + |
| RAYALDEE CPCR | 3 | PA; MO; + |
| REVCOVI SOLN | 5 | PA; NDS;LA; MO; + |
| <i>sapropterin dihydrochloride pack</i> | 5 | PA; NDS;LA; + |
| <i>sapropterin dihydrochloride tbso</i> | 5 | PA; NDS;LA; + |
| STRENSIQ SOLN | 5 | PA; NDS;LA; MO; + |
| VIMIZIM SOLN | 5 | NDS;LA; + |
| XURIDEN PACK | 5 | NDS;SL(4 ea daily); MO; + |
| Posterior Pituitary Hormones | | |
| <i>desmopressin acetate soln ij 4 mcg/ml</i> | 4 | MO; + |
| <i>desmopressin acetate spray refrigerated soln</i> | 1 | MO; * |
| <i>desmopressin acetate spray soln</i> | 1 | MO; * |
| <i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i> | 1 | MO; * |
| STIMATE SOLN | 3 | + |
| Prolactin 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 |
|---|-----------|---|
| <i>cabergoline tabs</i> | 1 | MO; * |
| Somatostatic Agents | | |
| <i>octreotide acetate soln 100 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 50 mcg/ml, 1000 mcg/5ml, 200 mcg/ml</i> | 4 | + |
| SANDOSTATIN LAR DEPOT KIT | 5 | NDS; + |
| SIGNIFOR LAR SRER 10 MG | 5 | NDS; Limit 6 vials per 28 days; SL(0.22 ea daily); LA; MO; + |
| SIGNIFOR LAR SRER 20 MG | 5 | NDS; Limit 3 vials per 28 days; SL(0.11 ea daily); LA; MO; + |
| SIGNIFOR LAR SRER 30 MG | 5 | NDS; Limit 2 vials per 28 days; SL(0.08 ea daily); LA; MO; + |
| SIGNIFOR LAR SRER 40 MG | 5 | NDS; Limit 3 vials per 56 days; SL(0.054 ea daily); LA; MO; + |
| SIGNIFOR LAR SRER 60 MG | 5 | NDS; Limit 1 vial per 28 days; SL(0.036 ea daily); LA; MO; + |
| SIGNIFOR SOLN | 5 | NDS; LA; MO; + |
| SOMATULINE DEPOT SOLN | 5 | NDS; + |
| Vasopressin Receptor Antagonists | | |
| JYNARQUE TABS 15 MG, 30 MG | 5 | NDS; MO; + |
| JYNARQUE TBPK | 5 | PA; NDS; LA; + |
| JYNARQUE TBPK 15 MG, | 5 | PA; NDS; LA; MO; + |
| SAMSCA TABS 15 MG | 5 | NDS; MO; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------|
| <i>tolvaptan tabs 15 mg, 30 mg</i> | 5 | NDS; MO; + |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| CLIMARA PRO PTWK | 3 | AL(Up to 64 yrs old); MO; + |
| COMBIPATCH PTTW | 3 | AL(Up to 64 yrs old); MO; + |
| DUAVEE TABS | 3 | AL(Up to 64 yrs old); MO; + |
| <i>estradiol & norethindrone acetate tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>norethindrone acetate-ethinyl estradiol tabs 0.5 mg-2.5 mcg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| PREMPHASE TABS | 3 | AL(Up to 64 yrs old); MO; + |
| PREMPRO TABS | 3 | AL(Up to 64 yrs old); MO; + |
| Estrogens | | |
| DELESTROGEN OIL 10 MG/ML | 4 | MO; + |
| DIVIGEL GEL | 3 | AL(Up to 64 yrs old); MO; + |
| ELESTRIN GEL | 3 | AL(Up to 64 yrs old); MO; + |
| <i>estradiol ptw 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; * |
| <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; * |
| <i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>estradiol valerate oil</i> | 4 | MO; + |
| EVAMIST SOLN | 3 | AL(Up to 64 yrs old); MO; + |
| MENOSTAR PTWK | 3 | AL(Up to 64 yrs old); 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 |
|---|-----------|-----------------------------|
| 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; + |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| BAXDELA SOLR IV 300 MG | 5 | PA; NDS; + |
| BAXDELA TABS OR 450 MG | 5 | ST; NDS;MO; + |
| CIPRO SUSR 5 GM/100ML, 500 MG/5ML | 3 | MO; + |
| <i>ciprofloxacin hcl tabs</i> | 1 | MO; * |
| <i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i> | 4 | + |
| <i>ciprofloxacin in d5w soln 400 mg/200ml-5 %</i> | 4 | MO; + |
| <i>ciprofloxacin susr</i> | 1 | MO; * |
| <i>levofloxacin in d5w soln</i> | 4 | + |
| <i>levofloxacin soln iv 25 mg/ml</i> | 4 | + |
| <i>levofloxacin soln or 25 mg/ml</i> | 1 | MO; * |
| <i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i> | 1 | MO; * |
| <i>moxifloxacin hcl tabs</i> | 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; + |
| <i>ursodiol caps</i> | 1 | MO; * |
| <i>ursodiol tabs</i> | 1 | MO; * |
| Gastrointestinal Antiallergy Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>cromolyn sodium (mastocytosis) conc</i> | 1 | MO; * |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA CAPS | 2 | MO; + |
| Gastrointestinal Stimulants | | |
| <i>metoclopramide hcl soln ij 5 mg/ml</i> | 4 | MO; + |
| <i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i> | 1 | MO; * |
| <i>metoclopramide hcl tabs or 5 mg, 10 mg</i> | 1 | MO; * |
| Inflammatory Bowel Agents | | |
| <i>balsalazide disodium caps</i> | 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; + |
| <i>mesalamine cp24 or 0.375 gm</i> | 1 | MO; * |
| <i>mesalamine cpdr or 400 mg</i> | 1 | MO; * |
| <i>mesalamine enem re 4 gm</i> | 1 | MO; * |
| <i>mesalamine supp re 1000 mg</i> | 5 | NDS;MO; + |
| <i>mesalamine tbec or 1.2 gm, 800 mg</i> | 1 | MO; * |
| <i>mesalamine w/ cleanser kit</i> | 1 | MO; * |
| REMICADE SOLR | 5 | PA; NDS; + |
| RENFLEXIS SOLR | 5 | PA; NDS; + |
| STELARA SOLN | 5 | PA; NDS; + |
| <i>sulfasalazine tabs</i> | 1 | MO; * |
| <i>sulfasalazine tbec</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 |
|---|-----------|---------------------|
| Intestinal Acidifiers | | |
| <i>lactulose (encephalopathy) soln</i> | 1 | MO; * |
| Irritable Bowel Syndrome (IBS) Agents | | |
| <i>alosetron hcl tabs</i> | 5 | PA; NDS;MO; + |
| LINZESS CAPS | 2 | MO; + |
| VIBERZI TABS | 5 | PA; NDS;MO; + |
| Peripheral Opioid Receptor Antagonists | | |
| MOVANTIK TABS | 3 | MO; + |
| 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 | | |
| <i>calcium acetate (phosphate binder) caps</i> | 1 | MO; * |
| <i>calcium acetate (phosphate binder) tabs</i> | 1 | RX/OTC; MO; * |
| <i>lanthanum carbonate chew</i> | 1 | MO; * |
| <i>sevelamer carbonate pack 0.8 gm, 2.4 gm</i> | 5 | NDS;MO; + |
| <i>sevelamer carbonate tabs 800 mg</i> | 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 | | |
| <i>potassium citrate (alkalinizer) tbcr</i> | 1 | MO; * |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 3 | + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| PROCYSBI CPDR 25 MG, 75 MG | 3 | + |
| Genitourinary Irrigants | | |
| <i>acetic acid soln</i> | 1 | MO; * |
| <i>neomycin/polymyxin b gu soln</i> | 1 | MO; * |
| <i>sodium chloride (gu irrigant) soln</i> | 1 | MO; * |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 3 | MO; + |
| Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl tb24</i> | 1 | MO; * |
| CARDURA XL TB24 | 3 | MO; + |
| <i>dutasteride caps</i> | 1 | MO; * |
| <i>dutasteride-tamsulosin hcl caps</i> | 1 | MO; * |
| <i>finasteride tabs</i> | 1 | MO; * |
| <i>silodosin caps</i> | 1 | MO; * |
| <i>tamsulosin hcl caps</i> | 1 | MO; * |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| <i>colchicine w/ probenecid tabs</i> | 1 | MO; * |
| Gout Agents | | |
| <i>allopurinol tabs 100 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>allopurinol tabs 300 mg</i> | 1 | SL(2.66 ea daily); MO; * |
| <i>colchicine tabs</i> | 1 | MO; * |
| <i>febuxostat tabs</i> | 1 | MO; * |
| Uricosurics | | |
| <i>probenecid tabs</i> | 1 | MO; * |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |

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 |
|--|-----------|-----------------------------|
| Aminolevulinatase Synthase 1-Directed siRNA | | |
| GIVLAARI SOLN | 5 | PA; NDS;MO; + |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant acetate soln</i> | 5 | PA; NDS; + |
| Complement Inhibitors | | |
| BERINERT KIT | 5 | NDS;LA; + |
| CINRYZE SOLR | 5 | PA; NDS;LA; + |
| HAEGARDA SOLR | 5 | PA; NDS; + |
| RUCONEST SOLR | 5 | NDS; + |
| Hemataologic - Tyrosine Kinase Inhibitors | | |
| TAVALISSE TABS | 5 | PA; NDS; + |
| Hematorheologic Agents | | |
| <i>pentoxifylline tbc</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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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 | | |
| 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; + |

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 |
|---|-----------|--------------------------------|
| 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; + |
| 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; + |
| PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 2 | PA; + |
| PROCRIT 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| 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; + |
| 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 | | |
| EDLUAR SUBL 10 MG | 3 | 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 |
|--|-----------|------------------------------|
| EDLUAR SUBL 5 MG | 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; * |
| <i>zolpidem tartrate tabs or 5 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>zolpidem tartrate tbcr or 12.5 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>zolpidem tartrate tbcr or 6.25 mg</i> | 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; + |
| <i>ramelteon tabs</i> | 1 | MO; * |
| LAXATIVES - Bowel Treatment Drugs | | |
| Laxative Combinations | | |
| <i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i> | 1 | * |
| CLENPIQ SOLN | 3 | MO; + |
| GOLYTELY SOLR 2.82 GM-21.5 GM-227.1 GM-5.53 GM-6.36 GM | 3 | MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i> | 1 | MO; * |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i> | 1 | MO; * |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i> | 1 | MO; * |
| PLENVU SOLR | 3 | MO; + |
| SUPREP BOWEL PREP KIT SOLN | 3 | MO; + |
| Laxatives - Miscellaneous | | |
| <i>lactulose soln 10 gm/15ml, 20 gm/30ml</i> | 1 | MO; * |
| Saline Laxatives | | |
| OSMOPREP TABS | 3 | MO; + |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| Local Anesthetics - Amides | | |
| <i>lidocaine hcl (local anesth.) soln</i> | 4 | + |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| <i>azithromycin pack or 1 gm</i> | 1 | MO; * |
| <i>azithromycin solr iv 500 mg</i> | 4 | MO; + |
| <i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i> | 1 | MO; * |
| <i>azithromycin tabs or 250 mg, 500 mg</i> | 1 | MO; * |
| <i>azithromycin tabs or 600 mg</i> | 1 | QL(0.29 ea daily); MO; * |
| ZITHROMAX PACK OR 1 GM (azithromycin) | 2 | MO; + |
| Clarithromycin | | |
| <i>clarithromycin susr 250 mg/5ml</i> | 1 | MO; * |
| <i>clarithromycin tabs 250 mg, 500 mg</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>clarithromycin tb24 500 mg</i> | 1 | MO; * |
| Erythromycins | | |
| ERYTHROCIN LACTOBIONATE SOLR | 4 | SL(8 ea daily); + |
| <i>erythromycin base cpep 250 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>erythromycin base tabs 250 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>erythromycin base tabs 500 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>erythromycin ethylsuccinate susr 200 mg/5ml</i> | 1 | SL(100 ml daily); MO; * |
| <i>erythromycin ethylsuccinate susr 400 mg/5ml</i> | 1 | SL(50 ml daily); MO; * |
| <i>erythromycin ethylsuccinate tabs 400 mg</i> | 1 | SL(10 ea daily); MO; * |
| Fidaxomicin | | |
| DIFICID TABS | 5 | NDS;MO; + |
| MEDICAL DEVICES AND SUPPLIES | | |
| Bandages-Dressings-Tape | | |
| <i>gauze pads 2" x 2"</i> | 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| EMGALITY SOSY 120 MG/ML | 4 | PA; MO; + |
| Migraine Combinations | | |
| <i>ergotamine w/ caffeine supp</i> | 1 | MO; * |
| <i>ergotamine w/ caffeine tabs</i> | 1 | MO; * |
| <i>sumatriptan-naproxen sodium tabs</i> | 1 | MO; * |
| TREXIMET TABS 10 MG-60 MG | 3 | + |
| Migraine Products - NSAIDs | | |
| CAMBIA PACK | 3 | MO; + |
| Migraine Products | | |
| <i>dihydroergotamine mesylate soln ij 1 mg/ml</i> | 1 | MO; * |
| <i>dihydroergotamine mesylate soln na 4 mg/ml</i> | 5 | NDS;MO; + |
| <i>ergotamine tartrate subl</i> | 1 | * |
| MIGRANAL SOLN (<i>dihydroergotamine mesylate</i>) | 5 | NDS;MO; + |
| Serotonin Agonists | | |
| <i>almotriptan malate tabs</i> | 1 | QL(0.4 ea daily); MO; * |
| <i>eletriptan hydrobromide tabs</i> | 1 | QL(0.2 ea daily); MO; * |
| <i>frovatriptan succinate tabs</i> | 1 | QL(0.6 ea daily); MO; * |
| <i>naratriptan hcl tabs</i> | 1 | QL(0.3 ea daily); MO; * |
| <i>rizatriptan benzoate tabs</i> | 1 | QL(0.4 ea daily); MO; * |
| <i>rizatriptan benzoate tbdp</i> | 1 | QL(0.4 ea daily); MO; * |
| <i>sumatriptan soln 20 mg/act</i> | 1 | QL(0.4 ea daily); MO; * |
| <i>sumatriptan soln 5 mg/act</i> | 1 | QL(0.6 ea daily); MO; * |
| <i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i> | 4 | Auto-injector; Limit 4mls per month;QL(0.14 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 |
|---|-----------|--|
| <i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i> | 4 | Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; + |
| <i>sumatriptan succinate soln sc 6 mg/0.5ml</i> | 4 | Limit 4mls per month; QL(0.14 ml daily); MO; + |
| <i>sumatriptan succinate sosy sc 6 mg/0.5ml</i> | 4 | Limit 4mls per month; QL(0.14 ml daily); + |
| <i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i> | 1 | QL(0.3 ea daily); MO; * |
| ZEMBRACE SYMTOUCH SOAJ | 4 | SL(2 ml daily); MO; + |
| <i>zolmitriptan tabs 2.5 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>zolmitriptan tabs 5 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>zolmitriptan tbdp 2.5 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>zolmitriptan tbdp 5 mg</i> | 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 | | |
| <i>dextrose in lactated ringers soln</i> | 4 | + |
| <i>dextrose w/ sodium chloride soln 0.2 %-5 %, 0.45 %-2.5 %, 0.33 %-5 %, 0.45 %-5 %</i> | 4 | + |
| <i>dextrose w/ sodium chloride soln 0.9 %-5 %</i> | 4 | MO; + |
| <i>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</i> | 4 | + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>parenteral electrolytes conc</i> | 4 | B/D; + |
| <i>potassium chloride in dextrose & sodium chloride soln 0.15 %-0.45 %-5 %, 0.45 %-20 meq/l-5 %</i> | 4 | + |
| TPN ELECTROLYTES CONC | 4 | B/D; + |
| Magnesium | | |
| <i>magnesium sulfate soln ij 50 %</i> | 4 | + |
| Potassium | | |
| K-TAB TBCR 20 MEQ, 8 MEQ (<i>potassium chloride</i>) | 3 | MO; + |
| <i>potassium chloride cpcr or 10 meq, 8 meq</i> | 1 | MO; * |
| <i>potassium chloride microencapsulated crystals er tbcr 20 meq, 10 meq</i> | 1 | MO; * |
| <i>potassium chloride soln iv 2 meq/ml</i> | 4 | MO; + |
| <i>potassium chloride soln or 20 %, 10 %</i> | 1 | MO; * |
| <i>potassium chloride tbcr or 20 meq, 10 meq, 8 meq</i> | 1 | MO; * |
| Sodium | | |
| <i>sodium chloride soln iv 0.45 %</i> | 4 | + |
| <i>sodium chloride soln iv 3 %, 5 %, 0.9 %</i> | 4 | MO; + |
| Zinc | | |
| GALZIN CAPS | 3 | MO; NT; + |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| <i>penicillamine tabs</i> | 1 | MO; * |
| <i>trientine hcl caps</i> | 5 | NDS; MO; + |
| Enzymes | | |
| XIAFLEX SOLR | 5 | NDS; MO; + |
| Immunomodulators | | |

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 |
|--|-----------|---------------------|
| 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; + |
| <i>azathioprine tabs or 100 mg, 50 mg, 75 mg</i> | 1 | B/D; MO; * |
| <i>cyclosporine caps or 100 mg, 25 mg</i> | 1 | B/D; MO; * |
| <i>cyclosporine modified (for microemulsion) caps</i> | 1 | B/D; MO; * |
| <i>cyclosporine modified (for microemulsion) soln</i> | 1 | B/D; MO; * |
| <i>cyclosporine soln iv 50 mg/ml</i> | 4 | B/D; MO; + |
| ENVARUSUS XR TB24 | 3 | B/D; MO; + |
| <i>everolimus (immunosuppressant) tabs 0.25 mg</i> | 1 | B/D; MO; * |
| <i>everolimus (immunosuppressant) tabs 0.5 mg, 0.75 mg</i> | 5 | B/D; NDS;MO; + |
| <i>mycophenolate mofetil caps 250 mg</i> | 1 | B/D; MO; * |
| <i>mycophenolate mofetil hcl solr</i> | 4 | B/D; MO; + |
| <i>mycophenolate mofetil susr 200 mg/ml</i> | 5 | B/D; NDS;MO; + |
| <i>mycophenolate mofetil tabs 500 mg</i> | 1 | B/D; MO; * |
| <i>mycophenolate sodium tbec</i> | 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| SANDIMMUNE SOLN OR 100 MG/ML | 3 | B/D; MO; + |
| SIMULECT SOLR | 5 | B/D; NDS; + |
| <i>sirolimus soln</i> | 1 | B/D; MO; * |
| <i>sirolimus tabs</i> | 1 | B/D; MO; * |
| <i>tacrolimus caps</i> | 1 | B/D; MO; * |
| THYMOGLOBULIN SOLR | 2 | B/D; + |
| ZORTRESS TABS 1 MG | 5 | B/D; NDS;MO; + |
| Irrigation Solutions | | |
| <i>irrigation solutions, physiological soln</i> | 1 | * |
| <i>water for irrigation, sterile soln</i> | 1 | MO; * |
| Potassium Removing Agents | | |
| LOKELMA PACK | 3 | ST; MO; + |
| <i>sodium polystyrene sulfonate powd or</i> | 1 | MO; * |
| <i>sodium polystyrene sulfonate susp or 15 gm/60ml</i> | 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 | | |

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>lidocaine hcl (mouth-throat) soln 2 %</i> | 1 | MO; * |
| Anti-infectives - Throat | | |
| <i>clotrimazole troc</i> | 1 | MO; * |
| <i>nystatin (mouth-throat) susp</i> | 1 | MO; * |
| Antiseptics - Mouth/Throat | | |
| <i>chlorhexidine gluconate (mouth-throat) soln</i> | 1 | MO; * |
| Steroids - Mouth/Throat/Dental | | |
| <i>triamcinolone acetonide (mouth) pste</i> | 1 | MO; * |
| Throat Products - Misc. | | |
| <i>cevimeline hcl caps</i> | 1 | MO; * |
| <i>pilocarpine hcl (oral) tabs</i> | 1 | MO; * |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| <i>baclofen tabs or 10 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>baclofen tabs or 20 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>baclofen tabs or 5 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>carisoprodol tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>chlorzoxazone tabs 500 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>cyclobenzaprine hcl cp24 15 mg, 30 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>cyclobenzaprine hcl tabs 10 mg, 5 mg, 7.5 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>metaxalone tabs 400 mg, 800 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>methocarbamol tabs or 500 mg, 750 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>orphenadrine citrate tb12 or 100 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>tizanidine hcl caps 2 mg</i> | 1 | SL(18 ea daily); MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>tizanidine hcl caps 4 mg</i> | 1 | SL(9 ea daily); MO; * |
| <i>tizanidine hcl caps 6 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>tizanidine hcl tabs 2 mg</i> | 1 | SL(18 ea daily); MO; * |
| <i>tizanidine hcl tabs 4 mg</i> | 1 | SL(9 ea daily); MO; * |
| Direct Muscle Relaxants | | |
| <i>dantrolene sodium caps</i> | 1 | MO; * |
| Muscle Relaxant Combinations | | |
| <i>carisoprodol w/ aspirin & codeine tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Agent Combinations | | |
| <i>azelastine hcl-fluticasone propionate susp</i> | 1 | MO; * |
| Nasal Antiallergy | | |
| <i>azelastine hcl soln</i> | 1 | MO; * |
| <i>olopatadine hcl (nasal) soln</i> | 1 | MO; * |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal) soln</i> | 1 | MO; * |
| Nasal Steroids | | |
| BECONASE AQ SUSP | 3 | MO; + |
| <i>flunisolide (nasal) soln</i> | 1 | MO; * |
| <i>fluticasone propionate (nasal) susp</i> | 1 | RX/OTC; MO; * |
| <i>mometasone furoate (nasal) susp</i> | 1 | MO; * |
| OMNARIS SUSP | 3 | MO; + |
| QNASL AERS | 3 | MO; + |
| QNASL CHILDRENS AERS | 3 | MO; + |
| ZETONNA AERS | 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 |
|---|-----------|---------------------|
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| RADICAVA SOLN | 5 | PA; NDS; + |
| <i>riluzole tabs</i> | 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; + |
| NUTRIENTS | | |
| Carbohydrates | | |
| <i>dextrose soln 10 %, 70 %, 50 %</i> | 4 | B/D; + |
| <i>dextrose soln 5 %</i> | 4 | B/D; MO; + |
| Lipids | | |
| <i>fat emulsion plant based emul</i> | 4 | B/D; + |
| Proteins | | |
| <i>amino acid infusion 15%</i> | 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 | | |
| <i>betaxolol hcl (ophth) soln</i> | 1 | MO; * |
| BETIMOL SOLN | 3 | MO; + |
| BETOPTIC-S SUSP | 2 | MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>carteolol hcl (ophth) soln</i> | 1 | MO; * |
| COMBIGAN SOLN | 2 | MO; + |
| <i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i> | 1 | MO; * |
| <i>levobunolol hcl soln</i> | 1 | MO; * |
| <i>timolol maleate (ophth) solg</i> | 1 | MO; * |
| <i>timolol maleate (ophth) soln</i> | 1 | MO; * |
| TIMOPTIC OCUDOSE SOLN | 3 | MO; + |
| TIMOPTIC-XE SOLG 0.25 % (<i>timolol maleate (ophth)</i>) | 3 | MO; + |
| Cycloplegic Mydriatics | | |
| <i>cyclopentolate hcl soln</i> | 1 | MO; * |
| Miotics | | |
| PHOSPHOLINE IODIDE SOLR | 3 | + |
| <i>pilocarpine hcl soln</i> | 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; + |
| <i>apraclonidine hcl soln</i> | 1 | MO; * |
| <i>brimonidine tartrate soln</i> | 1 | MO; * |
| SIMBRINZA SUSP | 2 | MO; + |
| Ophthalmic Anti-infectives | | |
| AZASITE SOLN | 3 | MO; + |
| <i>bacitracin (ophthalmic) oint</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>bacitracin-polymyxin b (ophth) oint</i> | 1 | MO; * |
| BESIVANCE SUSP | 3 | MO; + |
| CILOXAN OINT | 3 | MO; + |
| <i>ciprofloxacin hcl (ophth) soln</i> | 1 | MO; * |
| <i>erythromycin (ophth) oint</i> | 1 | MO; * |
| <i>gatifloxacin (ophth) soln</i> | 1 | MO; * |
| <i>gentamicin sulfate (ophth) oint</i> | 1 | MO; * |
| <i>gentamicin sulfate (ophth) soln</i> | 1 | MO; * |
| <i>levofloxacin (ophth) soln</i> | 1 | MO; * |
| MOXEZA SOLN (<i>moxifloxacin hcl (ophth)</i>) | 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; * |
| TOBEX OINT | 3 | MO; + |
| <i>trifluridine soln</i> | 1 | MO; * |
| ZIRGAN GEL | 3 | MO; + |
| Ophthalmic Immunomodulators | | |
| RESTASIS EMUL | 2 | MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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; * |
| 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; * |

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 |
|--|-----------|---|
| 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; + |
| ALOCRIAL SOLN | 3 | MO; + |
| ALOMIDE SOLN | 3 | MO; + |
| <i>azelastine hcl (ophth) soln</i> | 1 | MO; * |
| 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; * |
| LASTACFT SOLN | 3 | MO; + |
| NEVANAC SUSP | 2 | MO; + |
| <i>olopatadine hcl soln</i> | 1 | RX/OTC; MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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 | | |
| <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 | | |

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>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; + |
| 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 | + |
| IMOGAM RABIES-HT SOLN 300 UNIT/2ML | 4 | + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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; + |
| 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 | | |
| BICILLIN L-A SUSP | 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 | | |

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>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 | + |
| 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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| 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; * |
| <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; * |

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>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; + |
| 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| 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; + |
| 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 | | |

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 |
|--|-----------|--|
| 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; + |
| 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 | | |
| <i>paroxetine mesylate (vasomotor) caps</i> | 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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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 | | |
| 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; + |
| Glycylcyclines | | |
| <i>tigecycline solr</i> | 5 | NDS; + |
| Tetracyclines | | |
| <i>demeclocycline hcl tabs</i> | 1 | MO; * |
| <i>doxycycline (monohydrate) caps</i> | 1 | MO; * |
| <i>doxycycline (monohydrate) susr</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>doxycycline (monohydrate) tabs</i> | 1 | MO; * |
| <i>doxycycline hyclate caps or 50 mg, 100 mg</i> | 1 | MO; * |
| <i>doxycycline hyclate solr iv 100 mg</i> | 4 | QL(2 ea daily); MO; + |
| <i>doxycycline hyclate tabs or 100 mg, 20 mg</i> | 1 | MO; * |
| <i>doxycycline hyclate 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; * |
| VIBRAMYCIN SYRP 50 MG/5ML | 2 | MO; + |
| 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 (<i>levothyroxine sodium</i>) | 3 | MO; + |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP | 1 | * |
| BOOSTRIX SUSP | 1 | * |
| DAPTACEL SUSP | 4 | + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP | 4 | B/D; + |
| INFANRIX SUSP | 4 | + |
| KINRIX SUSP | 4 | + |
| PEDIARIX SUSP | 4 | + |
| PENTACEL SUSP | 4 | + |
| QUADRACEL SUSP | 4 | + |
| TDVAX SUSP | 4 | B/D; + |
| TENIVAC INJ | 4 | B/D; + |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| <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; * |

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>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 | | |
| DEXILANT CPDR | 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; * |
| <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; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <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 | | |
| <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; * |
| GELNIQUE GEL | 3 | MO; + |
| <i>oxybutynin chloride syrpf</i> | 1 | MO; * |
| <i>oxybutynin chloride tabs</i> | 1 | MO; * |
| <i>oxybutynin chloride tb24</i> | 1 | MO; * |
| OXYTROL PTTW | 3 | RX/OTC; MO; + |
| <i>tolterodine tartrate cp24</i> | 1 | MO; * |
| <i>tolterodine tartrate tabs</i> | 1 | MO; * |
| TOVIAZ TB24 | 2 | MO; + |
| <i>trosipium chloride cp24</i> | 1 | MO; * |
| <i>trosipium chloride tabs</i> | 1 | MO; * |
| VESICARE TABS (<i>solifenacin succinate</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 |
|---|-----------|---------------------|
| 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 | | |
| ACTHIB SOLR | 4 | + |
| BCG VACCINE INJ | 4 | + |
| BEXSERO SUSY | 4 | + |
| 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; + |
| IPOLO INACTIVATED IPV INJ | 4 | + |
| IXIARO SUSP | 4 | + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | + |
| 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; + |

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 |
|---|-----------|----------------------------|
| 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); + |
| 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.

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| tobramycin | 2 | triamcinolone acetonide | 45 | valrubicin | 30 |
| tobramycin (ophth) | 65 | triamcinolone acetonide (mouth) | 63 | valsartan | 25 |
| tobramycin sulfate | 2 | triamcinolone acetonide (topical) | 49,50 | valsartan-hydrochlorothiazide | 26 |
| tobramycin-dexamethasone | 66 | triamterene | 51 | VALSTAR | 30 |
| TOBREX | 65 | triamterene & hydrochlorothiazide | 51 | VALTOCO | 13 |
| tolbutamide | 21 | trientine hcl | 61 | vancomycin hcl | 8 |

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|------------------------|----|-------------------------------|----|----------------------|----|
| VANCOMYCIN | | voriconazole | 22 | YONDELIS | 27 |
| HYDROCHLORIDE | 8 | VOSEVI | 40 | YONSA | 30 |
| VANCOMYCIN | | VOTRIENT | 32 | zafirlukast | 11 |
| HYDROCHLORIDE/DEXTROSE | 8 | VPRIV | 57 | zaleplon | 59 |
| VANTAS | 30 | VRAYLAR | 35 | ZALTRAP | 28 |
| VAQTA | 73 | VUMERITY | 69 | ZANOSAR | 27 |
| vardenafil hcl | 42 | VYNDAMAX | 43 | ZARXIO | 58 |
| VARIVAX | 73 | VYNDAQEL | 43 | ZEJULA | 32 |
| VARIZIG | 67 | VYONDYS 53 | 64 | ZELAPAR | 35 |
| VARUBI | 22 | VYVANSE | 1 | ZELBORAF | 32 |
| VASCEPA | 23 | VYXEOS | 31 | ZEMAIRA | 70 |
| VECTIBIX | 29 | WAKIX | 1 | ZEMBRACE SYMTOUCH | 61 |
| VECTICAL | 48 | warfarin sodium | 12 | ZENPEP | 51 |
| VELCADE | 32 | water for irrigation, sterile | 62 | ZEPATIER | 40 |
| VELTASSA | 62 | XALKORI | 32 | ZEPZELCA | 27 |
| VEMLIDY | 39 | XARELTO | 13 | ZETONNA | 63 |
| VENCLEXTA | 29 | XARELTO STARTER | | zidovudine | 39 |
| VENCLEXTA STARTING | | PACK | 12 | zileuton | 11 |
| PACK | 29 | XATMEP | 28 | ZINPLAVA | 67 |
| venlafaxine hcl | 17 | XCOPRI | 15 | ZIOPTAN | 66 |
| VENTAVIS | 42 | XELJANZ | 2 | ziprasidone hcl | 35 |
| VENTOLIN HFA | 12 | XELJANZ XR | 2 | ziprasidone mesylate | 35 |
| verapamil hcl | 41 | XENLETA | 9 | ZIPSOR | 3 |
| VERELAN PM | 41 | XEOMIN | 64 | ZIRABEV | 28 |
| VERSACLOZ | 36 | XERESE | 48 | ZIRGAN | 65 |
| VERZENIO | 32 | XERMELO | 56 | ZITHROMAX | 59 |
| VESICARE | 72 | XGEVA | 52 | ZOLADEX | 30 |
| VIBERZI | 56 | XIAFLEX | 61 | zoledronic acid | 52 |
| VIBRAMYCIN | 71 | XIFAXAN | 8 | ZOLINZA | 32 |
| VICTOZA | 19 | XOLAIR | 10 | zolmitriptan | 61 |
| VIDEX EC | 39 | XOSPATA | 32 | zolpidem tartrate | 59 |
| VIDEXPEDIATRIC | 39 | XPOVIO 100 MG ONCE | | ZOMACTON | 52 |
| vigabatrin | 15 | WEEKLY | 30 | ZOMIG | 61 |
| VIIBRYD | 17 | XPOVIO 40 MG ONCE | | ZONALON | 47 |
| VIIBRYD STARTER PACK | 17 | WEEKLY | 30 | zonisamide | 15 |
| VIMIZIM | 53 | XPOVIO 40 MG TWICE | | ZONTIVITY | 57 |
| VIMOVO | 3 | WEEKLY | 30 | ZORTRESS | 62 |
| VIMPAT | 15 | XPOVIO 60 MG ONCE | | ZOSTAVAX | 73 |
| vinblastine sulfate | 33 | WEEKLY | 30 | ZOSYN | 68 |
| vincristine sulfate | 33 | XPOVIO 60 MG TWICE | | ZUBSOLV | 7 |
| vinorelbine tartrate | 33 | WEEKLY | 30 | ZULRESSO | 16 |
| VIOKACE | 51 | XPOVIO 80 MG ONCE | | ZYCLARA | 50 |
| VIRACEPT | 39 | WEEKLY | 30 | ZYCLARA PUMP | 50 |
| VIREAD | 39 | XPOVIO 80 MG TWICE | | ZYDELIG | 32 |
| VISTOGARD | 21 | WEEKLY | 30 | ZYKADIA | 32 |
| VITRAKVI | 32 | XTANDI | 30 | ZYLET | 66 |
| VIZIMPRO | 32 | XURIDEN | 53 | | |
| | | XYREM | 68 | | |
| | | YERVOY | 29 | | |
| | | YF-VAX | 73 | | |

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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.

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