

Health Net Seniority Plus (Employer HMO)

2018 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 18484, Version Number 20.

This formulary was updated on 11/01/2018. 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, October 1 - February 14, seven days a week, 8 a.m. to 8 p.m.; February 15 - September 30, Monday - Friday, 8 a.m. to 8 p.m., or visit www.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. 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 11/01/2018. 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, 2019, 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?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 11/01/2018. 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.”. 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 iii 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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 Requirement/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 Pharmacy Directory or call Member Services from October 1 - February 14, seven days a week, 8 a.m. to 8 p.m. or from February 15 - September 30, Monday - Friday, 8 a.m. to 8 p.m. Our contact information appears on the front and back cover pages. TTY users should call 711.

Abbreviation	Definition	Description
MO	Mail Order	This drug is available for up to a 90-day supply at a mail order pharmacy in addition to certain other network pharmacies. Consider getting a 90-day supply of your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
NT	Non-TrOOP	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.
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.
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.

Abbreviation	Definition	Description
+	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. The table below shows the copayment or coinsurance level in the Copayment/Coinsurance column. 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.

Tier	Copayment/ Coinsurance	Description
1 (Preferred Generic)	Tier 1 copayment	Includes preferred generic drugs.
2 (Preferred Brand)	Tier 2 copayment	Includes preferred brand drugs.
3 (Non- Preferred Drug)	Tier 3 copayment	Includes non-preferred brand drugs and may include some generic drugs.
4 (Injectable)	Tier 4 copayment	Includes injectable drugs that do not meet the CMS minimum cost threshold required to be placed on Tier 5.
5 (Specialty)	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.

Note: If **NF** is displayed in the Drug Tier column, this means the drug is not covered on the formulary. You may request an exception from us to cover these non-formulary drugs. If an exception request is approved for a non-formulary drug; the Tier 3 copayment applies. You may not ask us to provide the drug at a lower cost-sharing level.

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, 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 February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 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 (TDD: 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	1-800-275-4737 TTY:711
Oregon	1-888-445-8913 TTY:711

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)。

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY :711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) 번으로 전화해 주십시오.

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY:711) بلاو صملا فتاقم هر:

Hindi:

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मु त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) पर कॉल करें।

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Portuguese:

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

French Creole:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)まで、お電話にてご連絡ください。

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
بگیرید. ۱-۸۰۰-۲۷۵-۴۷۳۷ (California), 1-888-445-8913 (Oregon) (TTY: 711) سامت

Armenian:

ՈՒՇԱՂԱՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY (հեռատիպ)՝ 711):

Cambodian:

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)។

Punjabi:

ਪਿਆਨ ਦਿਓ1 ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ,ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ : 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)ਤੇ ਕਾਲ ' ਕਰੋ।

Thai:

เรียน: ถึ่ าคูณพุดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Lao:

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອຂັ້ນພາສາ, ໂດຍບໍ່ໄວ້ຄ່າ, ແມ່ນມີມາ ພ້ອມໃຫ້ ທ່ານ. ໂທ 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Serbo-Croatian:

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Ukranian:

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

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 5 mg, 10 mg, 15 mg</i>	1	MO; *
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg, 2.5 mg, 7.5 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; *
Stimulants - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tabs</i>	1	PA; MO; *
DAYTRANA PTCH 30 MG/9HR	3	MO; +
<i>dexmethylphenidate hcl cp24 10 mg, 15 mg, 20 mg</i>	1	MO; *
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	MO; *
<i>methylphenidate hcl cp24 or 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO; *
<i>methylphenidate hcl cpcr or 10 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); MO; *
<i>methylphenidate hcl cpcr or 20 mg</i>	1	QL(2 ea daily); MO; *
<i>methylphenidate hcl cpcr or 30 mg</i>	1	MO; *
<i>methylphenidate hcl tabs or 5 mg, 10 mg, 20 mg</i>	1	QL(3 ea daily); MO; *
<i>methylphenidate hcl tb24 or 18 mg, 27 mg, 36 mg, 54 mg</i>	1	Non-Osmotic Release; *
<i>methylphenidate hcl tbcr or 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO; *
<i>methylphenidate hcl tbcr or 20 mg</i>	1	QL(3 ea daily); MO; *
<i>modafinil tabs 100 mg</i>	1	PA; MO; *
<i>modafinil tabs 200 mg</i>	1	PA; QL(1 ea daily); MO; *
RITALIN LA CP24 10 MG (Methylphenidate HCl)	3	MO; +
RITALIN LA CP24 60 MG	3	MO; +
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	3	PA; MO; +
Biologicals Misc		
ADAGEN SOLN	5	LA; MO; +
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		

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

Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides		
<i>amikacin sulfate soln ij 1 gm/4ml, 500 mg/2ml</i>	4	MO; +
BETHKIS NEBU	5	B/D; +
<i>gentamicin in saline soln 0.9%-1mg/ml</i>	4	+
<i>gentamicin sulfate soln ij 40 mg/ml</i>	4	MO; +
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-1MG/ML	4	+
KITABIS PAK NEBU	5	B/D; +
<i>neomycin sulfate tabs or</i>	1	MO; *
<i>paromomycin sulfate caps</i>	1	MO; *
TOBI PODHALER CAPS	5	+
<i>tobramycin nebu in</i>	1	B/D; *
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	4	MO; +
<i>tobramycin sulfate solr ij 1.2 gm</i>	4	+
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; +
HUMIRA PEN PNKT	5	PA; +
HUMIRA PEN-CD/UC/HS STARTER PNKT	5	PA; +
HUMIRA PEN-PS/UV STARTER PNKT	5	PA; +
HUMIRA PSKT	5	PA; +
SIMPONI ARIA SOLN	5	PA; +
SIMPONI SOAJ	5	PA; +

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SOSY	5	PA; +
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	5	PA; +
XELJANZ XR TB24	5	PA; +
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML	4	PA; +
RASUVO SOAJ 10 MG/0.2ML, 15 MG/0.3ML, 20 MG/0.4ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML, 12.5 MG/0.25ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML	4	PA; +
Gold Compounds		
RIDAURA CAPS	5	MO; +
Interleukin-1 Blockers		
ARCALYST SOLR	5	LA; +
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	5	PA; MO; +
Interleukin-1beta Blockers		
ILARIS SOLN	5	PA; LA; +
ILARIS SOLR	5	PA; LA; +
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	5	PA; +
ACTEMRA SOSY	5	PA; +
KEVZARA SOAJ	5	PA; +
KEVZARA SOSY	5	PA; +
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

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

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib caps</i>	1	MO; *
<i>diclofenac potassium tabs</i>	1	MO; *
<i>diclofenac sodium tb24 or 100 mg</i>	1	MO; *
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	MO; *
<i>diclofenac w/ misoprostol tbec</i>	1	MO; *
DUEXIS TABS	5	PA; MO; +
<i>etodolac caps</i>	1	MO; *
<i>etodolac tabs</i>	1	MO; *
<i>etodolac tb24</i>	1	MO; *
<i>flurbiprofen tabs or 50 mg, 100 mg</i>	1	MO; *
<i>ibuprofen susp or 100 mg/5ml</i>	1	RX/OTC; MO; *
<i>ibuprofen tabs or 400 mg</i>	1	SL(8 ea daily); MO; *
<i>ibuprofen tabs or 600 mg</i>	1	SL(5.33 ea daily); MO; *
<i>ibuprofen tabs or 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 or 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>indomethacin cpcr or 75 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>ketoprofen caps 50 mg, 75 mg</i>	1	*
<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; +
<i>ketorolac tromethamine tabs or 10 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>meclofenamate sodium caps or 100 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid caps or</i>	1	MO; *
<i>meloxicam tabs or 15 mg, 7.5 mg</i>	1	MO; *
<i>nabumetone tabs</i>	1	MO; *
NAPRELAN TB24 750 MG	3	MO; +
<i>naproxen sodium tabs or 275 mg, 550 mg</i>	1	MO; *
<i>naproxen sodium tb24 or 375 mg, 500 mg</i>	1	MO; *
<i>naproxen tabs or 250 mg, 375 mg, 500 mg</i>	1	MO; *
<i>naproxen tbec or 375 mg, 500 mg</i>	1	MO; *
<i>oxaprozin tabs</i>	1	MO; *
<i>piroxicam caps or 10 mg, 20 mg</i>	1	MO; *
<i>sulindac tabs or 150 mg, 200 mg</i>	1	MO; *
<i>tolmetin sodium caps 400 mg</i>	1	MO; *
<i>tolmetin sodium tabs 200 mg</i>	1	*
VIMOVO TBEC	5	PA; MO; +
ZIPSOR CAPS	3	MO; +
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	5	PA; +
OTEZLA TBPK	5	PA; +
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tabs</i>	1	MO; *
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	5	PA; +
ORENCIA SOLR	5	PA; +
ORENCIA SOSY	5	PA; +
Soluble Tumor Necrosis Factor Receptor Agents		

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT	5	PA; +
ENBREL SOLR	5	PA; +
ENBREL SOSY	5	PA; +
ENBREL SURECLICK SOAJ	5	PA; +
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; QL(8 ea daily); +
ABSTRAL SUBL 300 MCG	5	PA; QL(5.34 ea daily); +
ABSTRAL SUBL 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 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 200 mcg</i>	5	PA; QL(8 ea daily); MO; +
<i>fentanyl citrate lpop bu 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA; QL(4 ea daily); MO; +
<i>fentanyl pt72 100 mcg/hr</i>	1	QL(0.5 ea daily); MO; *
<i>fentanyl pt72 12 mcg/hr</i>	1	Limit 43 patches per month; QL(1.44 ea daily); MO; *
<i>fentanyl pt72 25 mcg/hr</i>	1	Limit 28 patches per month; QL(0.94 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 50 mcg/hr, 75 mcg/hr</i>	1	Limit 15 patches per month; QL(0.5 ea daily); MO; *
FENTORA TABS 100 MCG	5	PA; QL(16 ea daily); MO; +
FENTORA TABS 200 MCG	5	PA; QL(8 ea daily); MO; +
FENTORA TABS 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 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	MO; +
<i>hydromorphone hcl soln ij 2 mg/ml</i>	4	Preservative Free; +
<i>hydromorphone hcl t24a or 12 mg</i>	1	QL(4.17 ea daily); MO; *
<i>hydromorphone hcl t24a or 16 mg</i>	1	QL(3.14 ea daily); MO; *
<i>hydromorphone hcl t24a or 32 mg</i>	1	QL(1.57 ea daily); MO; *
<i>hydromorphone hcl t24a or 8mg, 8 mg</i>	1	QL(6.27 ea daily); MO; *
<i>hydromorphone hcl tabs or 2 mg</i>	1	QL(25 ea daily); MO; *
<i>hydromorphone hcl tabs or 4 mg</i>	1	QL(12.5 ea daily); MO; *
<i>hydromorphone hcl tabs or 8 mg</i>	1	QL(6.25 ea daily); MO; *
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (<i>Hydromorphone HCl</i>)	4	+
HYDROMORPHONE HYDROCHLORIDE SOLN 2 MG/ML (<i>Hydromorphone HCl</i>)	4	Preservative Free; +
HYSINGLA ER T24A 100 MG, 120 MG	3	PA; QL(1 ea daily); MO; +
HYSINGLA ER T24A 20 MG, 60 MG	3	PA; QL(2 ea daily); MO; +
HYSINGLA ER T24A 30 MG	3	PA; QL(4 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER T24A 40 MG	3	PA; QL(2.67 ea daily); MO; +	<i>morphine sulfate cp24 or 50 mg</i>	1	QL(4 ea daily); MO; *
HYSINGLA ER T24A 80 MG	3	PA; QL(1.34 ea daily); MO; +	<i>morphine sulfate cp24 or 60 mg</i>	1	QL(3.34 ea daily); MO; *
KADIAN CP24 200 MG	3	QL(1 ea daily); MO; +	<i>morphine sulfate cp24 or 80 mg</i>	1	QL(2.5 ea daily); MO; *
KADIAN CP24 40 MG (Morphine Sulfate)	3	PA; QL(5 ea daily); MO; +	<i>morphine sulfate soln ij 0.5 mg/ml</i>	4	+
LAZANDA SOLN 100 MCG/ACT	5	PA; QL(1 ea daily); MO; +	<i>morphine sulfate soln ij 1 mg/ml</i>	4	MO; +
LAZANDA SOLN 300 MCG/ACT	5	PA; QL(0.5 ea daily); MO; +	<i>morphine sulfate soln or 10 mg/5ml</i>	1	QL(100 ml daily); MO; *
LAZANDA SOLN 400 MCG/ACT	5	PA; QL(0.27 ea daily); MO; +	<i>morphine sulfate soln or 20 mg/5ml</i>	1	QL(50 ml daily); MO; *
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(6.67 ml daily); MO; *	<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	1	QL(10 ml daily); MO; *
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(33.34 ml daily); MO; *	MORPHINE SULFATE TABS OR 15 MG	3	QL(13.34 ea daily); MO; +
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(66.67 ml daily); MO; *	MORPHINE SULFATE TABS OR 30 MG	3	QL(6.67 ea daily); MO; +
<i>methadone hcl tabs or 10 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>methadone hcl tabs or 5 mg</i>	1	QL(13.34 ea daily); MO; *	<i>morphine sulfate tbcr or 15 mg</i>	1	QL(13.34 ea daily); MO; *
<i>morphine sulfate beads cp24 120 mg</i>	1	QL(1.67 ea daily); MO; *	<i>morphine sulfate tbcr or 30 mg</i>	1	QL(6.67 ea daily); MO; *
<i>morphine sulfate beads cp24 30 mg</i>	1	QL(6.67 ea daily); MO; *	<i>morphine sulfate tbcr or 60 mg</i>	1	QL(3.34 ea daily); MO; *
<i>morphine sulfate beads cp24 45 mg</i>	1	QL(4.44 ea daily); MO; *	NUCYNTA ER TB12 100 MG	2	QL(6.67 ea daily); MO; +
<i>morphine sulfate beads cp24 60 mg</i>	1	QL(3.34 ea daily); MO; *	NUCYNTA ER TB12 150 MG	2	QL(4.44 ea daily); MO; +
<i>morphine sulfate beads cp24 75 mg</i>	1	QL(2.67 ea daily); MO; *	NUCYNTA ER TB12 200 MG	2	QL(3.34 ea daily); MO; +
<i>morphine sulfate beads cp24 90 mg</i>	1	QL(2.24 ea daily); MO; *	NUCYNTA ER TB12 250 MG	2	QL(2 ea daily); MO; +
<i>morphine sulfate cp24 or 10 mg</i>	1	QL(20 ea daily); MO; *	NUCYNTA ER TB12 50 MG	2	QL(13.34 ea daily); MO; +
<i>morphine sulfate cp24 or 100 mg</i>	5	QL(2 ea daily); MO; +	NUCYNTA TABS 100 MG	3	QL(6.67 ea daily); MO; +
<i>morphine sulfate cp24 or 20 mg</i>	1	QL(10 ea daily); MO; *	NUCYNTA TABS 50 MG	3	QL(13.34 ea daily); MO; +
<i>morphine sulfate cp24 or 30 mg</i>	1	QL(6.67 ea daily); MO; *	NUCYNTA TABS 75 MG	3	QL(8.88 ea daily); MO; +
<i>morphine sulfate cp24 or 40 mg</i>	1	PA; QL(5 ea daily); MO; *	OPANA ER (CRUSH RESISTANT) T12A 40 MG	5	QL(2 ea daily); +

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl caps or 5 mg</i>	1	QL(26.67 ea daily); MO; *
<i>oxycodone hcl conc or 100 mg/5ml</i>	1	QL(6.67 ml daily); MO; *
<i>oxycodone hcl tabs or 10 mg</i>	1	QL(11.2 ea daily); MO; *
<i>oxycodone hcl tabs or 15 mg</i>	1	QL(8.9 ea daily); MO; *
<i>oxycodone hcl tabs or 20 mg</i>	1	QL(6.67 ea daily); MO; *
<i>oxycodone hcl tabs or 30 mg</i>	1	QL(4.44 ea daily); MO; *
<i>oxycodone hcl tabs or 5 mg</i>	1	QL(26.67 ea daily); MO; *
<i>oxymorphone hcl tabs 10 mg</i>	1	QL(6.67 ea daily); MO; *
<i>oxymorphone hcl tabs 5 mg</i>	1	QL(13.34 ea daily); MO; *
<i>oxymorphone hcl tb12 10 mg</i>	1	QL(5.6 ea daily); MO; *
<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; QL(16 ea daily); MO; +
SUBSYS LIQD 1200 MCG	5	PA; QL(2 ea daily); +
SUBSYS LIQD 200 MCG	5	PA; QL(8 ea daily); MO; +
SUBSYS LIQD 400 MCG, 600 MCG, 800 MCG, 1600 MCG	5	PA; QL(4 ea daily); MO; +
<i>tramadol hcl tabs or 50 mg</i>	1	SL(8 ea daily); MO; *
<i>tramadol hcl tb24 or 100 mg</i>	1	SL(3 ea daily); MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl tb24 or 200 mg</i>	1	SL(1.5 ea daily); MO; *
<i>tramadol hcl tb24 or 300 mg</i>	1	SL(1 ea daily); MO; *
ZOHYDRO ER C12A 10 MG	3	PA; QL(16.8 ea daily); MO; +
ZOHYDRO ER C12A 15 MG	3	PA; QL(11.2 ea daily); MO; +
ZOHYDRO ER C12A 20 MG	3	PA; QL(8.4 ea daily); MO; +
ZOHYDRO ER C12A 30 MG	3	PA; QL(5.6 ea daily); MO; +
ZOHYDRO ER C12A 40 MG	3	PA; QL(4.2 ea daily); MO; +
ZOHYDRO ER C12A 50 MG	3	PA; QL(3.37 ea daily); MO; +
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	Limit 4500mls per month; SL(150 ml daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	SL(13.3 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	SL(12 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-60mg</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; *
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 10mg/15ml-325mg/15ml, 7.5mg/15ml-325mg/15ml</i>	1	Limit 5535mls per month; SL(184.5 ml daily); MO; *
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg</i>	1	SL(13.3 ea daily); MO; *
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	SL(12.3 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen tabs</i>	1	MO; *
<i>oxycodone w/ acetaminophen tabs</i>	1	SL(12.3 ea daily); MO; *
<i>oxycodone-aspirin tabs</i>	1	MO; *
<i>tramadol-acetaminophen tabs</i>	1	SL(8 ea daily); MO; *
Opioid Partial Agonists		
BUNAVAIL FILM 2.1MG-0.3MG, 4.2MG-0.7MG	3	PA; +
BUNAVAIL FILM 6.3MG-1MG	3	PA; MO; +
<i>buprenorphine hcl subl sl 2 mg</i>	1	PA; QL(16 ea daily); MO; *
<i>buprenorphine hcl subl sl 8 mg</i>	1	PA; QL(4 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg</i>	1	PA; QL(3 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 2mg-0.5mg</i>	1	PA; QL(16 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg</i>	1	PA; QL(4 ea daily); MO; *
BUPRENORPHINE PTWK 10 MCG/HR	2	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; +
BUPRENORPHINE PTWK 15 MCG/HR	2	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; +
BUPRENORPHINE PTWK 20 MCG/HR	2	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; +
BUPRENORPHINE PTWK 5 MCG/HR	2	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
BUPRENORPHINE PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); 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 10 MCG/HR	2	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; +
BUTRANS PTWK 15 MCG/HR	2	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; +
BUTRANS PTWK 20 MCG/HR	2	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; +
BUTRANS PTWK 5 MCG/HR	2	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; +
BUTRANS PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
SUBOXONE FILM 12MG-3MG	3	PA; QL(2 ea daily); MO; +
SUBOXONE FILM 4MG-1MG, 8MG-2MG, 2MG-0.5MG	3	PA; QL(3 ea daily); MO; +
ZUBSOLV SUBL 0.7MG-0.18MG	3	PA; MO; +
ZUBSOLV SUBL 1.4MG-0.36MG, 11.4MG-2.9MG, 2.9MG-0.71MG	3	PA; QL(1 ea daily); MO; +
ZUBSOLV SUBL 5.7MG-1.4MG	3	PA; QL(3 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL 8.6MG-2.1MG	3	PA; QL(2 ea daily); MO; +
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	5	MO; +
<i>oxandrolone tabs or 10 mg</i>	5	MO; +
<i>oxandrolone tabs or 2.5 mg</i>	1	MO; *
Androgens		
ANDRODERM PT24	2	MO; +
ANDROGEL GEL 40.5 MG/2.5GM, 20.25 MG/1.25GM (<i>Testosterone</i>)	2	MO; +
ANDROGEL PUMP GEL (<i>Testosterone</i>)	2	MO; +
AVEED SOLN	3	LA; +
AXIRON SOLN (<i>Testosterone</i>)	3	MO; +
<i>danazol caps or 50 mg, 100 mg, 200 mg</i>	1	MO; *
<i>fluoymesterone tabs</i>	1	MO; *
FORTESTA GEL	3	MO; +
<i>methyltestosterone caps or</i>	1	MO; *
NATESTO GEL	3	MO; +
TESTIM GEL (<i>Testosterone</i>)	3	MO; +
<i>testosterone cypionate soln</i>	4	MO; +
<i>testosterone enanthate soln im</i>	4	MO; +
<i>testosterone gel 1 %, 1.62 %, 50 mg/5gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	MO; *
TESTOSTERONE GEL 1 %, 10 MG/ACT, 50 MG/5GM, 25 MG/2.5GM	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE PUMP GEL	3	MO; +
<i>testosterone soln 30 mg/act</i>	1	MO; *
VOGELXO GEL	3	MO; +
VOGELXO PUMP GEL	3	MO; +
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTIFOAM FOAM	3	MO; +
<i>hydrocortisone (intrarectal) 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 or</i>	1	MO; *
ALBENZA TABS (<i>Albendazole</i>)	3	MO; +
BILTRICIDE TABS (<i>Praziquantel</i>)	2	MO; +
<i>ivermectin tabs or</i>	1	MO; *
<i>praziquantel tabs or</i>	1	MO; *
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>colistimethate sodium solr ij</i>	4	MO; +
IMPAVIDO CAPS	5	MO; +
<i>metronidazole caps or 375 mg</i>	1	SL(10.6 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl soln</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; *
NEBUPENT SOLR	2	B/D; MO; +
PENTAM 300 SOLR	4	MO; +
<i>tinidazole tabs or 250 mg, 500 mg</i>	1	MO; *
<i>trimethoprim tabs or</i>	1	MO; *
XIFAXAN TABS 200 MG	5	MO; +
XIFAXAN TABS 550 MG	5	QL(3 ea daily); MO; +
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim soln iv 80mg/5ml-400mg/5ml</i>	4	MO; +
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	MO; *
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	1	MO; *
Antiprotozoal Agents		
ALINIA TABS 500 MG	3	MO; +
<i>atovaquone susp</i>	5	MO; +
Carbapenems		
DORIBAX SOLR 500 MG	4	+
DORIPENEM SOLR 500 MG	4	+
<i>ertapenem sodium solr</i>	4	MO; +
<i>imipenem-cilastatin solr</i>	1	MO; *
INVANZ SOLR IJ (<i>Ertapenem Sodium</i>)	4	MO; +
<i>meropenem solr 1 gm</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem solr 500 mg</i>	1	*
VABOMERE SOLR	5	+
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	+
Cyclic Lipopeptides		
<i>daptomycin solr 500 mg</i>	5	+
Glycopeptides		
ORBACTIV SOLR	5	+
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	5	PA; MO; +
VANCOMYCIN HCL IN DEXTROSE SOLN 5%-1GM/200ML, 5%-500MG/100ML, 5%-750MG/150ML	4	+
<i>vancomycin hcl solr iv 1 gm, 5 gm, 10 gm</i>	4	+
<i>vancomycin hcl solr iv 500 mg</i>	4	MO; +
Glycylcyclines		
TIGECYCLINE SOLR	5	+
<i>tigecycline solr</i>	5	+
TYGACIL SOLR (<i>Tigecycline</i>)	5	+
Leprostatics		
<i>dapsone tabs or 25 mg, 100 mg</i>	1	MO; *
Lincosamides		
CLEOCIN PHOSPHATE SOLN IV 600 MG/4ML (<i>Clindamycin Phosphate</i>)	4	+
<i>clindamycin hcl caps or 75 mg, 150 mg, 300 mg</i>	1	MO; *
<i>clindamycin palmitate hydrochloride solr</i>	1	MO; *
<i>clindamycin phosphate in d5w soln</i>	4	+

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate soln ij 150 mg/ml, 9000 mg/60ml</i>	4	+
<i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i>	4	MO; +
<i>clindamycin phosphate soln iv 600 mg/4ml</i>	4	+
<i>lincomycin hcl soln ij</i>	4	MO; +
Monobactams		
<i>aztreonam solr</i>	4	MO; +
CAYSTON SOLR	5	PA; LA; +
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	5	+
LINEZOLID SOLN IV 600MG/300ML-0.9%	5	+
<i>linezolid susr or 100 mg/5ml</i>	5	MO; +
<i>linezolid tabs or 600 mg</i>	5	MO; +
SIVEXTRO SOLR IV	5	+
SIVEXTRO TABS OR	5	MO; +
ZYVOX SOLN IV 200 MG/100ML	5	+
Polymyxins		
<i>polymyxin b sulfate solr ij</i>	4	+
Streptogramins		
SYNERCID SOLR	4	+
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12	3	PA; MO; +
Nitrates		
DILATRATE SR CPR	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
ISORDIL TITRADOSE TABS 40 MG	5	MO; +
<i>isosorbide dinitrate tabs</i>	1	MO; *
<i>isosorbide dinitrate tbcr</i>	1	MO; *
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	1	MO; *
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	1	MO; *
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	3	MO; +
NITROGLYCERIN LINGUAL AERS	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 (Nitroglycerin)	2	MO; +
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs or 5 mg, 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	MO; *
<i>hydroxyzine hcl soln im 50 mg/ml</i>	4	AL(Up to 64 yrs old); MO; +
<i>hydroxyzine hcl syrps 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 or 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 or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
<i>alprazolam tb24 or 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tbdp or 0.25 mg, 0.5 mg, 1 mg, 2 mg</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</i>	1	MO; *
<i>diazepam soln or 5 mg/5ml</i>	1	MO; *
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	MO; *
<i>lorazepam conc or 2 mg/ml</i>	1	MO; *
<i>lorazepam soln ij 2 mg/ml, 4 mg/ml, 20 mg/10ml</i>	1	MO; *
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</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		
<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; *

Drug Name	Drug Tier	Requirements/Limits
<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 in</i>	1	B/D; MO; *
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	5	PA; LA; +
FASENRA SOSY	5	PA; +
NUCALA SOLR	5	PA; LA; +
XOLAIR SOLR	5	PA; 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 in</i>	1	B/D; MO; *
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 2 inhalers per month (30 actuations); QL(0.07 ea daily); MO; +
TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month (60 actuations); QL(0.04 ea daily); MO; +
Leukotriene Modulators		

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

Drug Name	Drug Tier	Requirements/ Limits
<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	SL(4 ea daily); MO; +
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	QL(1 ea daily); MO; +
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month (120 actuations); SL(0.6 gm daily); +
ALVESCO AERS 160 MCG/ACT	3	Limit 2 inhalers per month; SL(0.41 gm daily); MO; +
ALVESCO AERS 80 MCG/ACT	3	Limit 4 inhalers per month; SL(0.82 gm daily); MO; +
ARNUITY ELLIPTA AEPB	2	SL(1 ea daily); MO; +
ASMANEX HFA AERO 100 MCG/ACT	2	Limit 2 inhalers per month; SL(0.87 gm daily); MO; +
ASMANEX HFA AERO 200 MCG/ACT	2	Limit 1 inhaler per month; SL(0.44 gm daily); MO; +
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month; SL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 8 inhalers per month; SL(0.29 ea daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	2	Limit 1 inhaler per month; SL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	2	Limit 4 inhalers per month; SL(0.14 ea daily); MO; +
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 2 inhalers per month; SL(0.07 ea daily); MO; +
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 4 inhalers per month; SL(0.15 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; +
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; +

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

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB 90 MCG/ACT	3	Limit 8 inhalers per month; QL(0.27 ea daily); MO; +
QVAR AERS	2	Limit 3 inhalers per month; QL(0.87 gm daily); MO; +
Sympathomimetics		
ADVAIR DISKUS AEPB	2	QL(2 ea daily); MO; +
ADVAIR HFA AERO	2	QL(4 gm daily); MO; +
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 0.5 %, 1.25 mg/3ml</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 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	2	Limit 2 inhalers per month (Institutional Pack); SL(2 ea daily); MO; +
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	2	Limit 1 inhaler per month; SL(2 ea daily); MO; +
BROVANA NEBU	3	B/D; MO; +
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; SL(0.2 gm daily); MO; +
DULERA AERO	2	QL(4 gm daily); MO; +
<i>ipratropium-albuterol soln</i>	1	B/D; MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl nebu in 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml, 1.25 mg/0.5ml</i>	1	B/D; MO; *
<i>levalbuterol tartrate aero</i>	3	MO; +
<i>metaproterenol sulfate tabs or 10 mg, 20 mg</i>	1	MO; *
PERFOROMIST NEBU	3	B/D; QL(4 ml daily); MO; +
PROAIR HFA AERS	2	MO; +
PROAIR RESPICLICK AEPB	2	MO; +
PROVENTIL HFA AERS	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 4.5MCG/ACT-160MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack); QL(0.4 gm daily); MO; +
SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack); QL(0.46 gm daily); MO; +
SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT, 4.5MCG/ACT-160MCG/ACT	3	Limit 1 inhaler per month; QL(0.34 gm daily); MO; +
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	1	MO; *
TRELEGY ELLIPTA AEPB	2	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
UTIBRON NEOHALER CAPS	3	MO; +
VENTOLIN HFA AERS	3	MO; +
XOPENEX HFA AERO	3	MO; +
Xanthines		
<i>aminophylline soln</i>	4	+
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO; *
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; *
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (Warfarin Sodium)	3	MO; +
<i>warfarin sodium tabs</i>	1	MO; *
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(1 ea daily); +
ELIQUIS STARTER PACK TABS	3	MO; +
ELIQUIS TABS	3	MO; +
SAVAYSA TABS	3	MO; +
XARELTO STARTER PACK TBPK	2	MO; +
XARELTO TABS 10 MG, 15 MG, 20 MG	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, 150 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml, 120 mg/0.8ml</i>	1	MO; *
<i>enoxaparin sodium soln sc 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; *

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium soln 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	MO; +
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	MO; +
FRAGMIN SOLN 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	MO; +
FRAGMIN SOLN 95000 UNIT/3.8ML	5	MO; +
<i>heparin sodium (porcine) soln</i>	4	MO; +
Thrombin Inhibitors		
<i>argatroban soln 250 mg/2.5ml</i>	4	+
ARGATROBAN SOLN 250 MG/2.5ML	4	+
ARGATROBAN SOLN 250 MG/2.5ML (Argatroban)	4	+
IPRIVASK SOLR	5	+
PRADAXA CAPS	2	MO; +
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	MO; +
FYCOMPA TABS	3	MO; +
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs or 0.5 mg</i>	1	SL(40 ea daily); MO; *
<i>clonazepam tabs or 1 mg</i>	1	SL(20 ea daily); MO; *
<i>clonazepam tabs or 2 mg</i>	1	SL(10 ea daily); MO; *
<i>clonazepam tbdp or 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
DIASTAT ACUDIAL GEL	3	MO; +
DIASTAT PEDIATRIC GEL	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam (anticonvulsant) gel</i>	3	MO; +
DIAZEPAM GEL RE 20 MG, 2.5 MG	3	MO; +
DIAZEPAM RECTAL GEL GEL	3	MO; +
ONFI SUSP 2.5 MG/ML	3	MO; +
ONFI TABS 10 MG	3	MO; +
ONFI TABS 20 MG	5	MO; +
Anticonvulsants - Misc.		
APTIOM TABS 200 MG	3	MO; +
APTIOM TABS 400 MG, 600 MG, 800 MG	5	MO; +
BANZEL SUSP 40 MG/ML	3	MO; +
BANZEL TABS 200 MG	3	MO; +
BANZEL TABS 400 MG	5	MO; +
BRIVIACT SOLN IV 50 MG/5ML	5	SL(20 ml daily); +
BRIVIACT SOLN OR 10 MG/ML	5	PA; SL(20 ml daily); MO; +
BRIVIACT TABS OR 10 MG	5	PA; SL(20 ea daily); MO; +
BRIVIACT TABS OR 100 MG	5	PA; SL(2 ea daily); MO; +
BRIVIACT TABS OR 25 MG	5	PA; SL(8 ea daily); MO; +
BRIVIACT TABS OR 50 MG	5	PA; SL(4 ea daily); MO; +
BRIVIACT TABS OR 75 MG	5	PA; SL(2.67 ea daily); MO; +
<i>carbamazepine chew or 100 mg</i>	1	MO; *
<i>carbamazepine cp12 or 100 mg, 200 mg, 300 mg</i>	1	MO; *
<i>carbamazepine susp or 100 mg/5ml</i>	1	MO; *
<i>carbamazepine tabs or 200 mg</i>	1	MO; *
<i>carbamazepine tb12 or 100 mg, 200 mg, 400 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
CARBATROL CP12 (<i>Carbamazepine</i>)	3	MO; +
<i>gabapentin caps or 100 mg, 300 mg, 400 mg</i>	1	MO; *
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	1	MO; *
<i>gabapentin tabs or 600 mg, 800 mg</i>	1	MO; *
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>Lamotrigine</i>)	3	MO; +
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>Lamotrigine</i>)	3	MO; +
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>Lamotrigine</i>)	3	MO; +
LAMICTAL XR KIT	3	MO; +
<i>lamotrigine chew 5 mg, 25 mg</i>	1	MO; *
<i>lamotrigine kit 25 mg</i>	1	MO; *
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	MO; *
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	1	MO; *
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *
<i>levetiracetam in sodium chloride soln</i>	4	+
<i>levetiracetam soln iv 500 mg/5ml</i>	4	MO; +
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	MO; *
<i>levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	MO; *
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	MO; *
LYRICA CAPS 150 MG, 200 MG, 225 MG	2	QL(2 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG	2	QL(3 ea daily); MO; +
LYRICA CAPS 300 MG	2	SL(2 ea daily); MO; +
LYRICA SOLN 20 MG/ML	2	SL(30 ml daily); MO; +
<i>oxcarbazepine susp</i>	1	MO; *
<i>oxcarbazepine tabs</i>	1	MO; *
POTIGA TABS 200 MG	5	SL(6 ea daily); MO; +
POTIGA TABS 400 MG	3	SL(3 ea daily); MO; +
POTIGA TABS 50 MG	3	SL(24 ea daily); MO; +
<i>primidone tabs or 50 mg, 250 mg</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; +
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 or 15 mg, 25 mg</i>	1	MO; *
<i>topiramate tabs or 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *
VIMPAT SOLN IV 200 MG/20ML	4	+
VIMPAT SOLN OR 10 MG/ML	3	MO; +
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	3	MO; +
<i>zonisamide caps</i>	1	MO; *
Carbamates		

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp</i>	1	MO; *
<i>felbamate tabs</i>	1	MO; *
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG (<i>Tiagabine HCl</i>)	3	MO; +
SABRIL PACK (<i>Vigabatrin</i>)	5	LA; +
SABRIL TABS	5	LA; +
<i>tiagabine hcl tabs</i>	1	MO; *
<i>vigabatrin pack</i>	5	LA; +
Hydantoins		
DILANTIN-125 SUSP (<i>Phenytoin</i>)	3	MO; +
<i>fospheytoin sodium soln 100 mg pe/2ml</i>	4	+
<i>fospheytoin sodium soln 500 mg pe/10ml</i>	4	MO; +
PEGANONE TABS	3	MO; +
<i>phenytoin chew or 50 mg</i>	1	MO; *
<i>phenytoin sodium extended caps 30 mg, 100 mg, 200 mg, 300 mg</i>	1	MO; *
<i>phenytoin sodium soln ij</i>	4	+
<i>phenytoin susp or 125 mg/5ml</i>	1	MO; *
Succinimides		
CELONTIN CAPS	3	MO; +
<i>ethosuximide caps or 250 mg</i>	1	MO; *
<i>ethosuximide soln or 250 mg/5ml</i>	1	MO; *
Valproic Acid		
DEPAKENE CAPS (<i>Valproic Acid</i>)	3	MO; +
DEPAKENE SOLN (<i>Valproate Sodium</i>)	3	MO; +

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

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

Drug Name	Drug Tier	Requirements/Limits
BUPROPION HYDROCHLORIDE ER TB24	3	ST; MO; +
FORFIVO XL TB24	3	ST; MO; +
<i>maprotiline hcl tabs</i>	1	MO; *
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	5	MO; +
MARPLAN TABS	3	MO; +
<i>phenelzine sulfate tabs or</i>	1	MO; *
<i>tranylcypromine sulfate tabs</i>	1	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 or 10 mg, 20 mg, 40 mg</i>	1	MO; *
<i>fluoxetine hcl cpdr or 90 mg</i>	1	MO; *
<i>fluoxetine hcl soln or 20 mg/5ml</i>	1	MO; *
<i>fluoxetine hcl tabs or 10 mg, 20 mg, 60 mg</i>	1	MO; *
FLUOXETINE HYDROCHLORIDE TABS	3	MO; +
FLUOXETINE HYDROCHLORIDE TABS (Fluoxetine HCl)	3	MO; +
<i>fluvoxamine maleate cp24</i>	1	MO; *
<i>fluvoxamine maleate tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tabs</i>	1	MO; *
<i>paroxetine hcl tb24</i>	1	MO; *
PAXIL SUSP 10 MG/5ML	3	MO; +
PEXEVA TABS	3	ST; MO; +
<i>sertraline hcl conc or 20 mg/ml</i>	1	MO; *
<i>sertraline hcl tabs or 25 mg, 50 mg, 100 mg</i>	1	MO; *
Serotonin Modulators		
<i>nefazodone hcl tabs 50 mg, 100 mg, 150 mg, 200 mg, 250 mg</i>	1	MO; *
<i>trazodone hcl tabs or 50 mg, 100 mg, 150 mg, 300 mg</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 50 MG, 100 MG	3	ST; MO; +
<i>desvenlafaxine succinate tb24</i>	1	MO; *
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	MO; *
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily); MO; +
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	ST; QL(1 ea daily); MO; +
FETZIMA TITRATION PACK C4PK	3	ST; MO; +
KHEDEZLA TB24	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 or 25 mg, 50 mg, 75 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>desipramine hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	MO; *
<i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>doxepin hcl conc or 10 mg/ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</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 or 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; *
<i>nortriptyline hcl soln or 10 mg/5ml</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl tabs</i>	1	MO; *
<i>trimipramine maleate caps or 25 mg, 50 mg, 100 mg</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 15MG-1000MG	2	SL(2 ea daily); MO; +
ACTOPLUS MET XR TB24 30MG-1000MG	2	SL(1.5 ea daily); MO; +
<i>alogliptin-metformin hcl tabs</i>	3	PA; SL(2 ea daily); MO; +
<i>alogliptin-pioglitazone tabs 12.5mg-15mg</i>	3	PA; SL(2 ea daily); MO; +
<i>alogliptin-pioglitazone tabs 12.5mg-30mg</i>	3	PA; SL(1.5 ea daily); MO; +
<i>alogliptin-pioglitazone tabs 25mg-15mg, 25mg-30mg, 25mg-45mg, 12.5mg-45mg</i>	3	PA; SL(1 ea daily); MO; +
<i>glipizide-metformin hcl tabs 2.5mg-250mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide-metformin hcl tabs 5mg-500mg, 2.5mg-500mg</i>	1	SL(4 ea daily); MO; *
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glyburide-metformin tabs 5mg-500mg, 2.5mg-500mg</i>	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET TABS 150MG-500MG, 50MG-1000MG, 150MG-1000MG	2	SL(2 ea daily); MO; +
INVOKAMET TABS 50MG-500MG	2	SL(4 ea daily); MO; +
INVOKAMET XR TB24 150MG-500MG, 50MG-1000MG, 150MG-1000MG	2	SL(2 ea daily); MO; +
INVOKAMET XR TB24 50MG-500MG	2	SL(4 ea daily); MO; +
JANUMET TABS	2	SL(2 ea daily); MO; +
JANUMET XR TB24 100MG-1000MG	2	SL(1 ea daily); MO; +
JANUMET XR TB24 50MG-500MG, 50MG-1000MG	2	SL(2 ea daily); MO; +
JENTADUETO TABS	2	SL(2 ea daily); MO; +
JENTADUETO XR TB24 2.5MG-1000MG	2	SL(2 ea daily); MO; +
JENTADUETO XR TB24 5MG-1000MG	2	SL(1 ea daily); MO; +
KAZANO TABS	3	PA; SL(2 ea daily); MO; +
KOMBIGLYZE XR TB24 2.5MG-1000MG	3	PA; SL(2 ea daily); MO; +
KOMBIGLYZE XR TB24 5MG-500MG, 5MG-1000MG	3	PA; SL(1 ea daily); MO; +
OSENI TABS 12.5MG-15MG	3	PA; SL(2 ea daily); MO; +
OSENI TABS 12.5MG-30MG	3	PA; SL(1.5 ea daily); MO; +
OSENI TABS 25MG-15MG, 25MG-30MG, 25MG-45MG, 12.5MG-45MG	3	PA; 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; *
<i>repaglinide-metformin hcl tabs</i>	1	SL(5 ea daily); MO; *
SYNJARDY TABS 5MG-1000MG, 12.5MG-1000MG	2	SL(2 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABS 5MG-500MG, 12.5MG-500MG	2	SL(4 ea daily); MO; +
SYNJARDY XR TB24 25MG-1000MG	2	SL(1 ea daily); MO; +
SYNJARDY XR TB24 5MG-1000MG, 10MG-1000MG, 12.5MG-1000MG	2	SL(2 ea daily); MO; +
XIGDUO XR TB24 10MG-500MG, 10MG-1000MG	3	SL(1 ea daily); MO; +
XIGDUO XR TB24 5MG-500MG, 5MG-1000MG, 2.5MG-1000MG	3	SL(2 ea daily); MO; +
Biguanides		
<i>metformin hcl tabs or 1000 mg</i>	1	SL(2.55 ea daily); MO; *
<i>metformin hcl tabs or 500 mg</i>	1	SL(5.1 ea daily); MO; *
<i>metformin hcl tabs or 850 mg</i>	1	SL(3 ea daily); MO; *
<i>metformin hcl tb24 or 1000 mg</i>	1	(FORTAMET); SL(2.5 ea daily); MO; *
<i>metformin hcl tb24 or 500 mg</i>	1	(GLUCOPHAG E XR); SL(4 ea daily); MO; *
<i>metformin hcl tb24 or 500 mg</i>	1	(FORTAMET); SL(5 ea daily); MO; *
<i>metformin hcl tb24 or 750 mg</i>	1	(GLUCOPHAG E XR); SL(2.66 ea daily); MO; *
RIOMET SOLN	2	SL(25.5 ml daily); MO; +
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	2	MO; +
GLUCAGON EMERGENCY KIT KIT	2	MO; +
KORLYM TABS	3	PA; SL(4 ea daily); LA; MO; +
PROGLYCEM SUSP	3	MO; +
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs 12.5 mg</i>	3	PA; QL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate tabs 25 mg</i>	3	PA; QL(1 ea daily); MO; +
<i>alogliptin benzoate tabs 6.25 mg</i>	3	PA; QL(4 ea daily); MO; +
JANUVIA TABS 100 MG	2	QL(1 ea daily); MO; +
JANUVIA TABS 25 MG	2	QL(4 ea daily); MO; +
JANUVIA TABS 50 MG	2	QL(2 ea daily); MO; +
NESINA TABS 12.5 MG	3	PA; QL(2 ea daily); MO; +
NESINA TABS 25 MG	3	PA; QL(1 ea daily); MO; +
NESINA TABS 6.25 MG	3	PA; QL(4 ea daily); MO; +
ONGLYZA TABS 2.5 MG	3	PA; QL(2 ea daily); MO; +
ONGLYZA TABS 5 MG	3	PA; QL(1 ea daily); MO; +
TRADJENTA TABS	2	QL(1 ea daily); MO; +
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily); MO; +
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON BCISE AUIJ	2	ST; MO; +
BYDUREON PEN PEN	2	ST; MO; +
BYDUREON SRER	2	ST; MO; +
BYETTA SOPN	2	ST; MO; +
TANZEUM PEN	3	ST; MO; +
TRULICITY SOPN	3	ST; MO; +
VICTOZA SOPN	2	ST; MO; +
Insulin Sensitizing Agents		
AVANDIA TABS 2 MG	2	SL(4 ea daily); MO; +
AVANDIA TABS 4 MG	2	SL(2 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<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		
AFREZZA POWD 12 UNIT	5	QL(18 ea daily); MO; +
AFREZZA POWD 4 UNIT, 8 UNIT	3	QL(18 ea daily); MO; +
APIDRA SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
FIASP FLEXTOUCH SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
FIASP 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; +

Drug Name	Drug Tier	Requirements/Limits
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; +
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; +
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; +
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; +
NOVOLIN 70/30 FLEXPEN RELION SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN 70/30 FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +

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

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

Drug Name	Drug Tier	Requirements/Limits
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; +
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily); MO; *
<i>repaglinide tabs 0.5 mg</i>	1	SL(32 ea daily); MO; *
<i>repaglinide tabs 1 mg</i>	1	SL(16 ea daily); MO; *
<i>repaglinide tabs 2 mg</i>	1	SL(8 ea daily); MO; *
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	MO; +
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
Sulfonylureas		
<i>chlorpropamide tabs 100 mg</i>	1	AL(Up to 64 yrs old); SL(7.5 ea daily); MO; *
<i>chlorpropamide tabs 250 mg</i>	1	AL(Up to 64 yrs old); SL(3 ea daily); MO; *
<i>glimepiride tabs 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glimepiride tabs 2 mg</i>	1	SL(4 ea daily); MO; *
<i>glimepiride tabs 4 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tabs or 10 mg</i>	1	SL(4 ea daily); MO; *
<i>glipizide tabs or 5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 or 10 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tb24 or 2.5 mg</i>	1	SL(8 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide tb24 or 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 or 1.25 mg</i>	1	AL(Up to 64 yrs old); SL(16 ea daily); MO; *
<i>glyburide tabs or 2.5 mg</i>	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glyburide tabs or 5 mg</i>	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
<i>tolazamide tabs 500 mg</i>	1	SL(2 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; +
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Antiperistaltic Agents

<i>diphenoxylate w/ atropine tabs</i>	1	MO; *
<i>loperamide hcl caps or 2 mg</i>	1	RX/OTC; MO; *
MOTOFEN TABS	3	MO; +
<i>opium tincture tinc</i>	5	MO; +

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents

CHEMET CAPS	3	MO; +
EXJADE TBSO	5	LA; +

Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX TABS 500 MG	5	PA; LA; MO; +
JADENU SPRINKLE PACK	5	+
JADENU TABS	5	+

Antidotes and Specific Antagonists

VISTOGARD PACK	5	MO; +
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Opioid Antagonists

EVZIO SOAJ 2 MG/0.4ML	3	PA; MO; +
<i>naloxone hcl sosy ij 2 mg/2ml</i>	1	*
<i>naltrexone hcl tabs or</i>	1	MO; *
NARCAN LIQD	3	Limit 4 per month; QL(0.13 4 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 4 mg/2ml, 40 mg/20ml</i>	4	MO; +
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	B/D; MO; *
<i>ondansetron hcl tabs or 24 mg</i>	1	B/D; *
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	B/D; MO; *
<i>ondansetron tbdp</i>	1	B/D; MO; *
SANCUSO PTCH	5	MO; +

Antiemetics - Anticholinergic

<i>meclizine hcl tabs or 25 mg, 12.5 mg</i>	1	RX/OTC; MO; *
<i>scopolamine pt72</i>	1	MO; *
TIGAN SOLN IM 100 MG/ML	4	MO; +
TRANSDERM-SCOP PT72	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP PT72 (Scopolamine)	3	MO; +
trimethobenzamide hcl caps or	1	MO; *
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	B/D; MO; +
CESAMET CAPS	3	B/D; MO; +
dronabinol caps 10 mg	5	B/D; MO; +
dronabinol caps 5 mg, 2.5 mg	1	B/D; MO; *
SYNDROS SOLN	5	B/D; MO; +
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps 40 mg	1	PA; MO; *
aprepitant caps 80 mg, 125 mg	1	B/D; MO; *
VARUBI TABS OR 90 MG	3	B/D; +
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
ERAXIS SOLR 100 MG	4	+
MYCAMINE SOLR 100 MG	5	+
Antifungals		
ABELCET SUSP	4	PA; +
AMBISOME SUSR	4	PA; +
AMPHOTERICIN B SOLR IJ 50 MG	4	PA; MO; +
flucytosine caps 500 mg	1	MO; *
griseofulvin microsize susp	1	MO; *
griseofulvin microsize tabs	1	MO; *
griseofulvin ultramicrosize tabs	1	MO; *
nystatin tabs	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
terbinafine hcl tabs or	1	MO; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	MO; +
CRESEMBA SOLR IV 372 MG	5	+
fluconazole in dextrose soln 200mg/100ml-56mg/ml, 400mg/200ml-56mg/ml	4	+
FLUCONAZOLE IN DEXTROSE SOLN 400MG/200ML-56MG/ML	4	+
fluconazole in nacl soln 200mg/100ml-0.9%, 400mg/200ml-0.9%	4	+
fluconazole susr or 10 mg/ml, 40 mg/ml	1	MO; *
fluconazole tabs or 50 mg, 100 mg, 150 mg, 200 mg	1	MO; *
itraconazole caps or 100 mg	1	MO; *
itraconazole soln or 10 mg/ml	1	MO; *
ketoconazole tabs or	1	MO; *
NOXAFIL SOLN IV 300 MG/16.7ML	5	+
NOXAFIL SUSP OR 40 MG/ML	5	MO; +
NOXAFIL TBEC OR 100 MG	5	MO; +
SPORANOX SOLN 10 MG/ML (Itraconazole)	5	MO; +
voriconazole solr iv 200 mg	1	*
voriconazole susr or 40 mg/ml	1	MO; *
voriconazole tabs or 50 mg, 200 mg	5	MO; +
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate soln 4 mg/5ml	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 v.

Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate tabs 4 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>clemastine fumarate tabs or 2.68 mg</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</i>	1	MO; *
<i>desloratadine tbdp</i>	1	MO; *
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	RX/OTC; MO; *
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	RX/OTC; MO; *
Antihistamines - Phenothiazines		
<i>promethazine hcl soln ij 25 mg/ml, 50 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 25 mg, 12.5 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 25 mg, 50 mg, 12.5 mg</i>	1	AL(Up to 64 yrs old); MO; *
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp or 2 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>cyproheptadine hcl tabs or 4 mg</i>	1	AL(Up to 64 yrs old); MO; *
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs 10mg-10mg</i>	1	QL(8 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 10mg-20mg</i>	1	QL(4 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 40mg-10mg</i>	1	QL(2 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 80mg-10mg</i>	1	PA; QL(1 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	5	PA; LA; +
<i>omega-3-acid ethyl esters caps</i>	1	MO; *
VASCEPA CAPS	3	ST; MO; +
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	MO; *
<i>cholestyramine light powd</i>	1	MO; *
<i>cholestyramine pack or 4 gm</i>	1	MO; *
<i>cholestyramine powd or 4 gm/dose</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; *
WELCHOL PACK (Colesevelam HCl)	3	MO; +
WELCHOL TABS (Colesevelam HCl)	3	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; *
FENOFIBRATE CAPS 50 MG, 150 MG	3	MO; +
<i>fenofibrate micronized caps 130 mg</i>	1	SL(1 ea daily); MO; *
<i>fenofibrate micronized caps 43 mg</i>	1	SL(3.02 ea daily); MO; *
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 40 mg, 48 mg, 54 mg, 120 mg, 145 mg, 160 mg</i>	1	MO; *
FENOFIBRIC ACID TABS	3	MO; +
FIBRICOR TABS	3	MO; +
<i>gemfibrozil tabs or</i>	1	MO; *
LIPOFEN CAPS	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 or 5 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily); MO; *
<i>simvastatin tabs or 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; SL(6 ea daily); LA; MO; +
JUXTAPID CAPS 20 MG	5	PA; SL(3 ea daily); LA; MO; +

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPS 30 MG	5	PA; SL(2 ea daily); LA; MO; +
JUXTAPID CAPS 40 MG	5	PA; SL(1.5 ea daily); LA; MO; +
JUXTAPID CAPS 5 MG	5	PA; SL(12 ea daily); LA; MO; +
JUXTAPID CAPS 60 MG	5	PA; SL(1 ea daily); LA; MO; +
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	MO; *
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN 150 MG/ML	5	PA; Limit 2mls per 28 days;SL(0.08 ml daily); +
PRALUENT SOPN 75 MG/ML	5	PA; Limit 4mls per 28 days;SL(0.15 ml daily); +
PRALUENT SOSY 150 MG/ML	5	PA; Limit 2mls per 28 days;SL(0.08 ml daily); +
PRALUENT SOSY 75 MG/ML	5	PA; Limit 4mls per 28 days;SL(0.15 ml daily); +
REPATHA PUSHTRONEX SYSTEM SOCT	5	PA; +
REPATHA SOSY	5	PA; +
REPATHA SURECLICK SOAJ	5	PA; +
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl tabs or 5 mg, 10 mg, 20 mg, 40 mg</i>	1	MO; *
<i>captopril tabs or 25 mg, 50 mg, 100 mg, 12.5 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tabs or 10 mg</i>	1	SL(4 ea daily); MO; *
<i>enalapril maleate tabs or 2.5 mg</i>	1	SL(16 ea daily); MO; *
<i>enalapril maleate tabs or 20 mg</i>	1	SL(2 ea daily); MO; *
<i>enalapril maleate tabs or 5 mg</i>	1	SL(8 ea daily); MO; *
<i>fosinopril sodium tabs</i>	1	MO; *
<i>lisinopril tabs or 5 mg, 10 mg, 20 mg, 30 mg, 40 mg, 2.5 mg</i>	1	MO; *
LOTENSIN TABS 10 MG (Benazepril HCl)	3	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	5	MO; +
<i>phenoxybenzamine hcl caps or</i>	1	MO; *
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tabs</i>	1	MO; *
DIOVAN TABS (Valsartan)	3	MO; +
EDARBI TABS	3	MO; +
<i>eprosartan mesylate tabs</i>	1	MO; *
<i>irbesartan tabs</i>	1	MO; *
<i>losartan potassium tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<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 or 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO; *
<i>clonidine ptwk</i>	1	MO; *
<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</i>	1	MO; *
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>atenolol & chlorthalidone tabs</i>	1	MO; *
<i>benazepril & hydrochlorothiazide tabs</i>	1	MO; *
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	MO; *
BYVALSON TABS	3	MO; +
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	MO; *
<i>captopril & hydrochlorothiazide tabs</i>	1	MO; *
DIOVAN HCT TABS (Valsartan-Hydrochlorothiazide)	3	MO; +
EDARBYCLOR TABS	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	MO; *
EXFORGE HCT TABS (Amlodipine-Valsartan-Hydrochlorothiazide)	3	MO; +
EXFORGE TABS (Amlodipine Besylate-Valsartan)	3	MO; +
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	MO; *
<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 50mg-25mg, 100mg-25mg, 100mg-50mg</i>	1	MO; *
<i>moexipril-hydrochlorothiazide tabs</i>	1	MO; *
<i>nadolol & bendroflumethiazide tabs</i>	1	MO; *
<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 2mg-240mg, 4mg-240mg</i>	1	MO; *
<i>valsartan-hydrochlorothiazide tabs</i>	1	MO; *
Direct Renin Inhibitors		
TEKTURNA TABS	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	MO; *
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	MO; *
<i>minoxidil tabs or 10 mg, 2.5 mg</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 or 250 mg, 500 mg</i>	1	MO; *
DARAPRIM TABS	3	+
<i>hydroxychloroquine sulfate tabs or</i>	1	MO; *
<i>mefloquine hcl tabs</i>	1	MO; *
PRIMAQUINE PHOSPHATE TABS	3	MO; +
<i>primaquine phosphate tabs</i>	1	MO; *
<i>quinine sulfate caps or</i>	1	PA; MO; *
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	+
<i>pyridostigmine bromide tabs or 60 mg</i>	1	MO; *
<i>pyridostigmine bromide tbc or 180 mg</i>	1	MO; *
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
<i>isoniazid & rifampin caps</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
RIFATER TABS	3	MO; +
Antimycobacterial Agents		
<i>aminosalicylic acid pack or</i>	1	MO; *
CAPASTAT SULFATE SOLR	4	+
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	1	MO; *
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	MO; *
PRIFTIN TABS	3	MO; +
<i>pyrazinamide tabs or</i>	1	MO; *
<i>rifabutin caps</i>	1	MO; *
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO; *
<i>rifampin solr iv 600 mg</i>	4	+
SIRTURO TABS	5	LA; +
TRECTOR TABS	3	MO; +
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS OR 2 MG (<i>Melphalan</i>)	3	B/D; MO; +
BENDEKA SOLN	5	+
BICNU SOLR (<i>Carmustine</i>)	4	+
<i>busulfan soln</i>	4	+
<i>carboplatin soln</i>	1	*
<i>carmustine solr</i>	4	+
CISPLATIN SOLN 200 MG/200ML	4	+
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	+
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	B/D; MO; *

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (<i>Cyclophosphamide</i>)	2	B/D; MO; +
EVOMELA SOLR	5	+
GLEOSTINE CAPS 10 MG	3	+
GLEOSTINE CAPS 40 MG, 100 MG	3	MO; +
HEXALEN CAPS	5	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; *
MUSTARGEN SOLR	4	+
<i>oxaliplatin soln 100 mg/20ml</i>	1	*
<i>oxaliplatin soln 50 mg/10ml</i>	5	+
<i>oxaliplatin solr 50 mg, 100 mg</i>	5	+
TEMODAR SOLR IV 100 MG	5	+
<i>thiotepa solr ij</i>	5	+
TREANDA SOLR	5	+
YONDELIS SOLR	5	LA; +
ZANOSAR SOLR	4	MO; +
Antimetabolites		
ALIMTA SOLR	5	+
ARRANON SOLN	5	+

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

Drug Name	Drug Tier	Requirements/Limits
<i>azacitidine susr</i>	5	+
<i>cladribine soln</i>	4	PA; +
<i>clofarabine soln</i>	4	+
<i>cytarabine soln</i>	4	PA; +
<i>decitabine solr</i>	1	*
<i>fludarabine phosphate solr 50 mg</i>	1	*
<i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml, 500 gm/10ml</i>	4	PA; +
FOLOTYN SOLN	5	+
<i>gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	5	+
<i>gemcitabine hcl solr 1 gm, 2 gm</i>	1	*
<i>gemcitabine hcl solr 200 mg</i>	5	+
GEMCITABINE HYDROCHLORIDE SOLN 2 GM/20ML, 200 MG/2ML	3	+
<i>mercaptopurine tabs or</i>	1	MO; *
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	4	+
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	4	+
<i>methotrexate sodium solr ij 1 gm</i>	4	+
<i>methotrexate sodium tabs or 5 mg, 10 mg, 15 mg, 2.5 mg, 7.5 mg</i>	1	MO; *
PURIXAN SUSP	5	PA; +
TABLOID TABS	2	MO; +
XATMEP SOLN	5	PA; MO; +
Antineoplastic - Angiogenesis Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
AVASTIN SOLN	5	PA; +
CYRAMZA SOLN	5	LA; +
ZALTRAP SOLN	5	PA; +
Antineoplastic - Antibodies		
ARZERRA CONC	5	+
BAVENCIO SOLN	5	LA; +
BESPONSA SOLR	5	MO; +
BLINCYTO SOLR	5	+
CAMPATH SOLN	5	+
DARZALEX SOLN	5	LA; +
EMPLICITI SOLR	5	+
ERBITUX SOLN	5	+
GAZYVA SOLN	5	LA; +
HERCEPTIN SOLR	5	PA; +
IMFINZI SOLN	5	LA; +
KADCYLA SOLR	5	PA; +
KEYTRUDA SOLN	5	PA; +
LARTRUVO SOLN	5	LA; MO; +
MYLOTARG SOLR	5	MO; +
OPDIVO SOLN	5	+
PERJETA SOLN	5	+
PORTRAZZA SOLN	5	+
POTELIGEO SOLN	5	+
RITUXAN SOLN	5	PA; +
TECENTRIQ SOLN	5	PA; +

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

Drug Name	Drug Tier	Requirements/Limits
VECTIBIX SOLN	5	+
YERVOY SOLN	5	PA; +
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	PA; LA; MO; +
VENCLEXTA TABS	3	PA; LA; MO; +
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	5	LA; +
ODOMZO CAPS	5	PA; LA; +
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs or</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; +
<i>exemestane tabs</i>	1	MO; *
FARESTON TABS	5	MO; +
FASLODEX SOLN	5	+
FIRMAGON SOLR 120 MG	5	+
FIRMAGON SOLR 80 MG	4	+
<i>flutamide caps</i>	1	MO; *
HYDROXYPROGESTERONE CAPROATE SOLN IM 1.25 GM/5ML	5	+
<i>letrozole tabs</i>	1	MO; *
<i>leuprolide acetate kit ij</i>	4	+
LUPRON DEPOT (1-MONTH) KIT 3.75 MG	4	+

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH) KIT 7.5 MG	5	+
LUPRON DEPOT (3-MONTH) KIT	5	+
LUPRON DEPOT (4-MONTH) KIT	5	+
LUPRON DEPOT (6-MONTH) KIT	5	+
LYSODREN TABS	2	MO; +
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>nilutamide tabs</i>	1	MO; *
SOLTAMOX SOLN	3	MO; +
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	1	MO; *
TRELSTAR MIXJECT SUSR 22.5 MG	5	+
TRELSTAR MIXJECT SUSR 3.75 MG, 11.25 MG	4	+
TRELSTAR SUSR	4	+
VANTAS KIT	5	+
XTANDI CAPS	5	PA; LA; +
YONSA TABS	5	PA; +
ZOLADEX IMPL	3	+
ZYTIGA TABS	5	PA; +
Antineoplastic - Immunomodulators		
POMALYST CAPS	5	LA; +
Antineoplastic Antibiotics		
ADRIAMYCIN SOLR	4	+
<i>bleomycin sulfate solr</i>	4	PA; +
COSMEGEN SOLR (<i>Dactinomycin</i>)	4	+

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

Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin solr</i>	4	+
<i>daunorubicin hcl soln</i>	4	+
DAUNORUBICIN HYDROCHLORIDE SOLN	4	+
<i>doxorubicin hcl liposomal inj</i>	1	*
<i>doxorubicin hcl soln 2 mg/ml</i>	4	+
<i>doxorubicin hcl solr 50 mg</i>	4	+
<i>epirubicin hcl soln</i>	4	+
<i>idarubicin hcl soln</i>	4	+
<i>mitomycin solr iv 5 mg, 20 mg, 40 mg</i>	4	+
<i>mitoxantrone hcl conc</i>	1	*
VALSTAR SOLN	5	+
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPk	5	PA; +
KISQALI FEMARA 400 DOSE TBPk	5	PA; +
KISQALI FEMARA 600 DOSE TBPk	5	PA; +
LONSURF TABS	5	PA; +
RITUXAN HYCELA SOLN	5	+
VYXEOS SUSR	5	MO; +
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	5	PA; +
AFINITOR TABS	5	PA; +
ALECENSA CAPS	5	PA; LA; +
ALIQOPA SOLR	5	MO; +
ALUNBRIG TABS	5	PA; LA; +
ALUNBRIG TBPk	5	PA; LA; +

Drug Name	Drug Tier	Requirements/Limits
BELEODAQ SOLR	5	PA; +
BORTEZOMIB SOLR	5	+
BOSULIF TABS	5	PA; +
BRAFTOVI CAPS	5	PA; MO; +
CABOMETYX TABS	5	PA; +
CALQUENCE CAPS	5	PA; LA; MO; +
CAPRELSA TABS	5	PA; LA; MO; +
COMETRIQ KIT	5	PA; LA; MO; +
COTELLIC TABS	5	PA; LA; +
FARYDAK CAPS	5	PA; LA; +
GILOTRIF TABS	5	PA; LA; MO; +
IBRANCE CAPS	5	LA; +
ICLUSIG TABS	5	PA; LA; MO; +
IDHIFA TABS	5	PA; +
<i>imatinib mesylate tabs</i>	1	PA; *
IMBRUVICA CAPS 140 MG	5	PA; LA; MO; +
IMBRUVICA CAPS 70 MG	5	PA; LA; +
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	5	PA; LA; +
INLYTA TABS	5	PA; LA; +
IRESSA TABS	5	LA; MO; +
ISTODAX (<i>OVERFILL</i>) SOLR	5	+
JAKAFI TABS	5	PA; LA; +
KISQALI TABS	5	PA; +
KYPROLIS SOLR	5	+

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE CPPK	5	PA; MO; +
LENVIMA 12MG DAILY DOSE CPPK	5	PA; +
LENVIMA 14 MG DAILY DOSE CPPK	5	PA; MO; +
LENVIMA 18 MG DAILY DOSE CPPK	5	PA; MO; +
LENVIMA 20 MG DAILY DOSE CPPK	5	PA; MO; +
LENVIMA 24 MG DAILY DOSE CPPK	5	PA; MO; +
LENVIMA 4 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 8 MG DAILY DOSE CPPK	5	PA; MO; +
LYNPARZA CAPS	5	PA; LA; MO; +
LYNPARZA TABS	5	PA; LA; MO; +
MEKINIST TABS	5	PA; +
MEKTOVI TABS	5	PA; +
NERLYNX TABS	5	PA; LA; +
NEXAVAR TABS	5	LA; +
NINLARO CAPS	5	PA; +
ROMIDEPSIN SOLR	5	+
RUBRACA TABS	5	PA; LA; +
RYDAPT CAPS	5	PA; +
SPRYCEL TABS	5	PA; +
STIVARGA TABS	5	PA; LA; +
SUTENT CAPS	5	+
TAFINLAR CAPS	5	+
TAGRISSE TABS	5	PA; LA; +
TARCEVA TABS	2	PA; +

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS	5	PA; +
<i>temsirolimus soln</i>	5	+
TORISEL SOLN (<i>Temsirolimus</i>)	5	+
TYKERB TABS	5	+
VELCADE SOLR	5	+
VERZENIO TABS	5	PA; +
VOTRIENT TABS	5	PA; +
XALKORI CAPS	5	PA; +
ZEJULA CAPS	5	PA; LA; MO; +
ZELBORAF TABS	5	PA; LA; +
ZOLINZA CAPS	5	+
ZYDELIG TABS	5	PA; LA; +
ZYKADIA CAPS	5	PA; LA; +
Antineoplastic Enzymes		
ERWINAZE SOLR	5	MO; +
ONCASPAR SOLN	5	+
Antineoplastics Misc.		
ACTIMMUNE SOLN	5	LA; +
ARSENIC TRIOXIDE SOLN IV	4	+
<i>bexarotene caps</i>	5	+
DACARBAZINE SOLR 100 MG	4	+
<i>dacarbazine solr 200 mg</i>	4	+
<i>hydroxyurea caps or</i>	1	MO; *
INTRON A SOLN 10 MU/ML	5	+
INTRON A SOLN 6000000 UNIT/ML	4	+

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

Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLR 10 MU, 18 MU, 50 MU	5	+
MATULANE CAPS	5	LA; +
NIPENT SOLR	4	+
PROLEUKIN SOLR	5	+
SYLATRON KIT	5	+
SYNRIBO SOLR	5	MO; +
TICE BCG SUSR	5	+
<i>tretinoin (chemotherapy) caps</i>	5	MO; +
TRISENOX SOLN 10 MG/10ML	4	+
TRISENOX SOLN 12 MG/6ML	5	+
UVADEX SOLN	4	+
Chemotherapy Adjuncts		
ELITEK SOLR	5	+
KEPIVANCE SOLR	5	+
Chemotherapy Rescue/Antidote Agents		
<i>amifostine solr</i>	1	MO; *
<i>dexrazoxane solr</i>	4	+
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	4	+
<i>leucovorin calcium tabs or 5 mg, 10 mg, 15 mg, 25 mg</i>	1	MO; *
<i>levoleucovorin calcium soln 250 mg/25ml, 175 mg/17.5ml</i>	5	+
<i>levoleucovorin calcium solr 50 mg</i>	4	+
LEVOLEUCOVORIN SOLN 250 MG/25ML (Levoleucovorin Calcium)	5	+
LEVOLEUCOVORIN SOLR 175 MG	5	+

Drug Name	Drug Tier	Requirements/Limits
<i>mesna soln</i>	4	+
MESNEX TABS OR 400 MG	5	MO; +
TOTECT SOLR	4	+
Mitotic Inhibitors		
ABRAXANE SUSR	5	MO; +
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML	5	+
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	+
<i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	5	+
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	5	+
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (Docetaxel)	5	+
ETOPOPHOS SOLR	4	+
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	4	+
HALAVEN SOLN	5	+
IXEMPRA KIT SOLR	5	+
JEVTANA SOLN	5	+
MARQIBO SUSP	5	MO; +
PACLITAXEL CONC 150 MG/25ML	4	+
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 100 mg/16.7ml</i>	4	+
VINBLASTINE SULFATE SOLN	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; +

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

Drug Name	Drug Tier	Requirements/Limits
Topoisomerase I Inhibitors		
<i>irinotecan hcl soln</i>	1	*
ONIVYDE INJ	5	MO; +
<i>topotecan hcl soln 4 mg/4ml</i>	4	+
TOPOTECAN HCL SOLN 4 MG/4ML	4	+
<i>topotecan hcl solr 4 mg</i>	5	+
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs or</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 elix</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 or 100 mg</i>	1	MO; *
<i>amantadine hcl syrp or 50 mg/5ml</i>	1	MO; *
<i>amantadine hcl tabs or 100 mg</i>	1	MO; *
APOKYN SOCT	5	LA; +
<i>bromocriptine mesylate caps or 5 mg</i>	1	MO; *
<i>bromocriptine mesylate tabs or 2.5 mg</i>	1	MO; *
<i>carbidopa-levodopa tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa tbc</i>	1	MO; *
<i>carbidopa-levodopa tbdp</i>	1	MO; *
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	3	MO; +
DUOPA SUSP	3	B/D; MO; +
GOCOVRI CP24	5	PA; +
NEUPRO PT24	3	MO; +
OSMOLEX ER TB24	5	PA; SL(1 ea daily); +
<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	3	MO; +
STALEVO 125 TABS	3	MO; +
STALEVO 150 TABS	3	MO; +
STALEVO 200 TABS	3	MO; +
STALEVO 50 TABS	3	MO; +
STALEVO 75 TABS	3	MO; +
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate tabs</i>	1	MO; *
<i>selegiline hcl caps or</i>	1	MO; *
<i>selegiline hcl tabs or</i>	1	MO; *
ZELAPAR TBDP	3	MO; +
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		

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

Drug Name	Drug Tier	Requirements/ Limits
Antimanic Agents		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	1	MO; *
<i>lithium carbonate tabs or 300 mg</i>	1	MO; *
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	1	MO; *
LITHIUM SOLN	2	MO; +
Antipsychotics - Misc.		
EQUETRO CP12	3	MO; +
GEODON SOLR IM 20 MG	4	MO; +
LATUDA TABS 120 MG	5	PA; SL(1.33 ea daily); MO; +
LATUDA TABS 20 MG	5	PA; SL(8 ea daily); MO; +
LATUDA TABS 40 MG	5	PA; SL(4 ea daily); MO; +
LATUDA TABS 60 MG	5	PA; SL(2.67 ea daily); MO; +
LATUDA TABS 80 MG	5	PA; SL(2 ea daily); MO; +
NUPLAZID CAPS	5	PA; LA; +
NUPLAZID TABS	5	PA; LA; +
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; +
VRAYLAR CAPS 6 MG	3	PA; SL(1 ea daily); MO; +
VRAYLAR CPPK	3	PA; MO; +
<i>ziprasidone hcl caps</i>	1	MO; *
Benzisoxazoles		
FANAPT TABS 1 MG, 2 MG, 4 MG, 10 MG	3	MO; +
FANAPT TABS 6 MG, 8 MG, 12 MG	5	MO; +

Drug Name	Drug Tier	Requirements/ Limits
FANAPT TITRATION PACK TABS	3	MO; +
INVEGA SUSTENNA SUSP	4	MO; +
INVEGA TRINZA SUSP	4	+
<i>paliperidone tb24 1.5 mg</i>	5	SL(8 ea daily); MO; +
<i>paliperidone tb24 3 mg</i>	5	SL(4 ea daily); MO; +
<i>paliperidone tb24 6 mg</i>	5	SL(2 ea daily); MO; +
<i>paliperidone tb24 9 mg</i>	5	SL(1.33 ea daily); MO; +
RISPERDAL CONSTA SUSR 12.5 MG	4	Limit 8 vials per 28 days; SL(0.29 ea daily); MO; +
RISPERDAL CONSTA SUSR 25 MG	4	Limit 4 vials per 28 days; SL(0.15 ea daily); MO; +
RISPERDAL CONSTA SUSR 37.5 MG	5	Limit 4 vials per 42 days; SL(0.1 ea daily); MO; +
RISPERDAL CONSTA SUSR 50 MG	5	Limit 2 vials per 28 days; SL(0.08 ea daily); MO; +
<i>risperidone soln 1 mg/ml</i>	1	MO; *
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; *
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</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; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tabs</i>	1	MO; *
Dibenzapines		
CLOZAPINE ODT TBDP 150 MG, 12.5 MG	3	+
CLOZAPINE ODT TBDP 200 MG	5	+
<i>clozapine tabs</i>	1	*
<i>clozapine tbdp</i>	1	*
FAZACLO TBDP 12.5 MG (Clozapine)	3	+
FAZACLO TBDP 150 MG	3	+
FAZACLO TBDP 200 MG	5	+
<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 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	1	MO; *
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	PA; MO; *
SAPHRIS SUBL 10 MG	5	SL(2 ea daily); MO; +
SAPHRIS SUBL 2.5 MG	3	SL(8 ea daily); MO; +
SAPHRIS SUBL 5 MG	3	SL(4 ea daily); MO; +
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG, 300 MG (Quetiapine Fumarate)	3	PA; MO; +
VERSACLOZ SUSP	5	PA; SL(18 ml daily); +
ZYPREXA RELPREVV SUSR 210 MG	4	+
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl soln ij 50 mg/2ml</i>	4	+
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *
<i>fluphenazine decanoate soln ij</i>	4	MO; +
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	MO; *
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	4	MO; +
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	MO; *
<i>perphenazine tabs or 2 mg, 4 mg, 8 mg, 16 mg</i>	1	MO; *
<i>prochlorperazine edisylate soln ij</i>	4	MO; +
<i>prochlorperazine maleate tabs or 5 mg, 10 mg</i>	1	MO; *
<i>prochlorperazine supp</i>	1	MO; *
<i>thioridazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	MO; *
<i>trifluoperazine hcl tabs</i>	1	MO; *
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	5	MO; +
ABILIFY MAINTENA SRER	5	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>	5	SL(1.5 ea daily); MO; +
<i>aripiprazole tabs 30 mg</i>	5	SL(1 ea daily); MO; +
<i>aripiprazole tabs 5 mg</i>	1	SL(6 ea daily); MO; *
<i>aripiprazole tbdp 10 mg</i>	5	SL(3 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole tbdp 15 mg</i>	5	SL(2 ea daily); MO; +
ARISTADA INITIO PRSY	5	+
ARISTADA PRSY	5	+
REXULTI TABS 0.25 MG	5	PA; SL(16 ea daily); MO; +
REXULTI TABS 0.5 MG	5	PA; SL(8 ea daily); MO; +
REXULTI TABS 1 MG	5	PA; SL(4 ea daily); MO; +
REXULTI TABS 2 MG	5	PA; SL(2 ea daily); MO; +
REXULTI TABS 3 MG	5	PA; SL(1.33 ea daily); MO; +
REXULTI TABS 4 MG	5	PA; 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>	5	MO; +
<i>abacavir sulfate- lamivudine-zidovudine tabs</i>	5	MO; +
APTIVUS CAPS 250 MG	2	MO; +
APTIVUS SOLN 100 MG/ML	2	+
<i>atazanavir sulfate caps</i>	5	MO; +
ATRIPLA TABS	2	MO; +
BIKTARVY TABS	5	MO; +
CIMDUO TABS	5	MO; +
COMPLERA TABS	5	MO; +

Drug Name	Drug Tier	Requirements/ Limits
CRIXIVAN CAPS	3	MO; +
DELSTRIGO TABS	5	+
DESCOVY TABS	5	MO; +
<i>didanosine cpdr</i>	1	MO; *
EDURANT TABS	5	MO; +
<i>efavirenz caps</i>	1	MO; *
<i>efavirenz tabs</i>	1	MO; *
EMTRIVA CAPS	3	MO; +
EMTRIVA SOLN	3	MO; +
EVOTAZ TABS	5	MO; +
<i>fosamprenavir calcium tabs</i>	5	MO; +
FUZEON SOLR	5	+
GENVOYA TABS	5	MO; +
INTELENCE TABS 100 MG	2	MO; +
INTELENCE TABS 200 MG	5	MO; +
INTELENCE TABS 25 MG	3	+
INVIRASE CAPS	5	MO; +
INVIRASE TABS	5	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	MO; +
ISENTRESS PACK 100 MG	3	SL(2 ea daily); MO; +
ISENTRESS TABS 400 MG	5	MO; +
JULUCA TABS	5	+

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

Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 100MG-25MG	3	MO; +
KALETRA TABS 200MG-50MG	2	MO; +
<i>lamivudine soln</i>	1	MO; *
<i>lamivudine tabs</i>	1	MO; *
<i>lamivudine-zidovudine tabs</i>	1	MO; *
LEXIVA SUSP 50 MG/ML	2	MO; +
LEXIVA TABS 700 MG (<i>Fosamprenavir Calcium</i>)	5	MO; +
<i>lopinavir-ritonavir soln</i>	1	MO; *
<i>nevirapine susp</i>	1	MO; *
<i>nevirapine tabs</i>	1	MO; *
<i>nevirapine tb24</i>	1	MO; *
NORVIR CAPS 100 MG	2	+
NORVIR PACK 100 MG	3	MO; +
NORVIR SOLN 80 MG/ML	2	MO; +
NORVIR TABS 100 MG (<i>Ritonavir</i>)	2	MO; +
ODEFSEY TABS	5	MO; +
PIFELTRO TABS	5	+
PREZCOBIX TABS	5	MO; +
PREZISTA SUSP	5	MO; +
PREZISTA TABS	5	MO; +
RESCRIPTOR TABS 100 MG	2	MO; +
RESCRIPTOR TABS 200 MG	3	MO; +
RETROVIR IV INFUSION SOLN	4	+

Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAPS 150 MG, 200 MG, 300 MG (<i>Atazanavir Sulfate</i>)	5	MO; +
REYATAZ PACK 50 MG	5	MO; +
<i>ritonavir tabs</i>	1	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	MO; +
SUSTIVA CAPS 50 MG, 200 MG (<i>Efavirenz</i>)	3	MO; +
SUSTIVA TABS 600 MG (<i>Efavirenz</i>)	5	MO; +
SYMFI LO TABS	5	MO; +
SYMFI TABS	5	MO; +
SYMTUZA TABS	5	MO; +
<i>tenofovir disoproxil fumarate tabs</i>	5	MO; +
TIVICAY TABS 10 MG	3	MO; +
TIVICAY TABS 25 MG, 50 MG	5	MO; +
TRIUMEQ TABS	5	MO; +
TROGARZO SOLN	5	+
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	5	MO; +
TRUVADA TABS 300MG-200MG	2	MO; +
TYBOST TABS	3	MO; +
VIDEX EC CPDR 125 MG	3	MO; +
VIDEXPEDIATRIC SOLR	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS	5	MO; +
VIRAMUNE SUSP 50 MG/5ML (Nevirapine)	2	MO; +
VIREAD POWD 40 MG/GM	5	MO; +
VIREAD TABS 150 MG, 200 MG, 250 MG	5	MO; +
VIREAD TABS 300 MG (Tenofovir Disoproxil Fumarate)	5	MO; +
ZERIT SOLR 1 MG/ML	3	MO; +
ZIAGEN SOLN 20 MG/ML (Abacavir Sulfate)	2	MO; +
<i>zidovudine caps</i>	1	MO; *
<i>zidovudine syrp</i>	1	MO; *
<i>zidovudine tabs</i>	1	MO; *
CMV Agents		
<i>cidofovir soln</i>	5	+
<i>ganciclovir sodium solr</i>	1	PA; MO; *
PREVYMIS SOLN IV 240 MG/12ML, 480 MG/24ML	5	PA; +
PREVYMIS TABS OR 240 MG, 480 MG	5	PA; MO; +
<i>valganciclovir hcl solr</i>	5	MO; +
<i>valganciclovir hcl tabs</i>	5	MO; +
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	5	MO; +
BARACLUDE SOLN 0.05 MG/ML	2	MO; +
DAKLINZA TABS	5	PA; +
<i>entecavir tabs</i>	1	MO; *
EPCLUSA TABS	5	PA; +
EPIVIR HBV SOLN 5 MG/ML	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
HARVONI TABS	5	PA; +
<i>lamivudine (hbv) tabs</i>	1	MO; *
MAVYRET TABS	5	PA; +
PEG-INTRON REDIPEN KIT	5	+
PEGASYS PROCLICK SOLN	5	+
PEGASYS SOLN	5	+
PEGINTRON KIT	5	+
REBETOL SOLN 40 MG/ML	2	+
<i>ribavirin (hepatitis c) caps</i>	1	*
<i>ribavirin (hepatitis c) tabs</i>	1	*
<i>ribavirin (hepatitis c) tbpk</i>	1	*
SOVALDI TABS	5	PA; +
VEMLIDY TABS	5	ST; MO; +
VOSEVI TABS	5	PA; +
ZEPATIER TABS	5	PA; +
Herpes Agents		
<i>acyclovir caps or 200 mg</i>	1	MO; *
<i>acyclovir sodium soln 50 mg/ml</i>	4	PA; +
<i>acyclovir susp or 200 mg/5ml</i>	1	MO; *
<i>acyclovir tabs or 400 mg, 800 mg</i>	1	MO; *
<i>famciclovir tabs</i>	1	MO; *
<i>valacyclovir hcl tabs or 1 gm, 500 mg, 1000 mg</i>	1	MO; *
Influenza Agents		
<i>oseltamivir phosphate caps or 30 mg</i>	1	QL(4 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<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; *
TAMIFLU SUSR 6 MG/ML (Oseltamivir Phosphate)	3	MO; +
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr in</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; *
COREG CR CP24 (Carvedilol Phosphate)	3	MO; +
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	MO; *
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	MO; *
<i>atenolol tabs or 25 mg, 50 mg, 100 mg</i>	1	MO; *
<i>betaxolol hcl tabs</i>	1	MO; *
<i>bisoprolol fumarate tabs</i>	1	MO; *
BYSTOLIC TABS	3	MO; +
<i>metoprolol succinate tb24</i>	1	MO; *
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
METOPROLOL TARTRATE TABS OR 75 MG, 37.5 MG	3	MO; +
Beta Blockers Non-Selective		
HEMANGEOL SOLN	3	+
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *
<i>pindolol tabs</i>	1	MO; *
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 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, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; *
<i>sotalol hcl (afib/afI) tabs</i>	1	MO; *
<i>sotalol hcl tabs</i>	1	tabs; MO; *
SOTYLIZE SOLN	3	MO; +
<i>timolol maleate tabs or 10 mg</i>	1	SL(6 ea daily); MO; *
<i>timolol maleate tabs or 20 mg</i>	1	SL(3 ea daily); MO; *
<i>timolol maleate tabs or 5 mg</i>	1	SL(12 ea daily); MO; *
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs or 10 mg</i>	1	SL(1 ea daily); MO; *
<i>amlodipine besylate tabs or 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>amlodipine besylate tabs or 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; *

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

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 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 30 mg, 60 mg, 90 mg, 120 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 or 20 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>nifedipine tb24 or 30 mg, 60 mg, 90 mg</i>	1	MO; *
<i>nimodipine caps or 30mg, 30 mg</i>	1	MO; *
<i>nisoldipine tb24</i>	1	MO; *
NYMALIZE SOLN	5	+
<i>verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	MO; *
<i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i>	1	MO; *
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	1	MO; *
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	2	MO; +
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	MO; *
LANOXIN PEDIATRIC SOLN	4	+
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	3	MO; +
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<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 49 ea daily); MO; NT; +
CAVERJECT SOLR 40MCG, 20 MCG	2	Check plan for coverage; Limit 4 vials per month ;QL(0.14 49 ea daily); MO; NT; +
CIALIS TABS 10 MG, 20 MG (<i>Tadalafil</i>)	2	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
CIALIS TABS 5 MG, 2.5 MG (<i>Tadalafil</i>)	3	PA; Check plan for coverage;MO; +
EDEX KIT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +
LEVITRA TABS	3	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
MUSE PLLT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +
<i>sildenafil citrate tabs or 25 mg, 50 mg, 100 mg</i>	1	Check plan for coverage;QL(0.1449 ea daily); MO; NT; *

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

Drug Name	Drug Tier	Requirements/ Limits
STAXYN TBDP	3	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
<i>tadalafil tabs 10 mg, 20 mg</i>	1	Check plan for coverage;QL(0.1449 ea daily); MO; NT; *
<i>tadalafil tabs 5 mg, 2.5 mg</i>	1	PA; Check plan for coverage;MO; *
VIAGRA TABS 25 MG, 50 MG, 100 MG (<i>Sildenafil Citrate</i>)	2	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG	3	PA; +
ORENITRAM TBCR 0.25 MG, 1 MG, 5 MG, 2.5 MG	5	PA; +
REMODULIN SOLN	5	B/D; LA; +
TYVASO REFILL SOLN	5	B/D; LA; +
TYVASO SOLN	5	B/D; LA; +
TYVASO STARTER SOLN	5	B/D; LA; +
VENTAVIS SOLN 10 MCG/ML	2	B/D; LA; +
VENTAVIS SOLN 20 MCG/ML	5	B/D; LA; +
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	5	LA; +
OPSUMIT TABS	5	PA; +
TRACLEER TABS 125 MG, 62.5 MG	5	LA; +
TRACLEER TBSO 32 MG	5	+
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Tadalafil (Pulmonary Hypertension)</i>)	5	PA; +
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	5	PA; +

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	1	PA; *
<i>tadalafil (pulmonary hypertension) tabs</i>	5	PA; +
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	5	PA; LA; +
UPTRAVI TBPk	5	PA; LA; +
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG	5	PA; SL(15 ea daily); +
ADEMPAS TABS 1 MG	5	PA; SL(7.5 ea daily); +
ADEMPAS TABS 1.5 MG	5	PA; SL(5 ea daily); +
ADEMPAS TABS 2 MG	5	PA; SL(3.75 ea daily); +
ADEMPAS TABS 2.5 MG	5	PA; SL(3 ea daily); +
Sinus Node Inhibitors		
CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; +
CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; +
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps 500 mg</i>	1	MO; *
<i>cefadroxil susr 500 mg/5ml</i>	1	MO; *
<i>cefadroxil tabs 1 gm</i>	1	MO; *
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	4	MO; +
<i>cephalexin caps</i>	1	MO; *
<i>cephalexin susr</i>	1	MO; *
<i>cephalexin tabs</i>	1	MO; *
Cephalosporins - 2nd Generation		

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

Drug Name	Drug Tier	Requirements/Limits
<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 250 mg/5ml</i>	1	MO; *
<i>cefprozil tabs 250 mg, 500 mg</i>	1	MO; *
<i>cefuroxime axetil tabs</i>	1	MO; *
<i>cefuroxime sodium solr iv 1.5 gm</i>	4	+
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	MO; *
<i>cefdinir susr</i>	1	MO; *
<i>cefixime susr</i>	1	MO; *
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	1	MO; *
<i>cefpodoxime proxetil tabs 100 mg, 200 mg</i>	1	MO; *
<i>ceftazidime solr ij 1 gm, 2 gm</i>	4	MO; +
<i>ceftazidime solr ij 6 gm</i>	4	+
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE SOLN 20MG/ML	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; +

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CAPS 400 MG	3	MO; +
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	4	MO; +
CEFEPIME SOLN 2 GM/100ML	4	+
Cephalosporins - 5th Generation		
TEFLARO SOLR 600 MG	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; *
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	1	MO; *
<i>ethynodiol diacet & eth estrad tabs 1mg-35mcg</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	biphasic;MO; *
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	(QUARTETTE); MO; *
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	1	MO; *
LO LOESTRIN FE TABS	3	MO; +
<i>norethin acet & estrad-fe chew 75mg-20mcg-1mg</i>	1	MO; *
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	1	MO; *
<i>norethindrone & eth estradiol tabs</i>	1	MO; *
<i>norethindrone & ethinyl estradiol-fe chew</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	MO; *
SAFYRAL TABS (Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	3	MO; +
TAYTULLA CAPS	3	MO; +
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	1	MO; *
Combination Contraceptives - Vaginal		
NUVARING RING	2	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 or 3 mg</i>	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide tb24 or 9 mg</i>	5	MO; +
<i>cortisone acetate tabs or</i>	1	MO; *
DEPO-MEDROL SUSP 20 MG/ML	4	MO; +
<i>dexamethasone elix or 0.5 mg/5ml</i>	1	MO; *
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	4	Preservative Free;MO; +
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	4	+
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML (Dexamethasone Sodium Phosphate)	4	Preservative Free;MO; +
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml</i>	4	MO; +
<i>dexamethasone soln or 0.5 mg/5ml</i>	1	MO; *
<i>dexamethasone tabs or 0.75 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 6 mg, 1.5 mg</i>	1	MO; *
<i>dexamethasone tbpk or 1.5 mg</i>	1	MO; *
EMFLAZA SUSP	5	PA; LA; MO; +
EMFLAZA TABS	5	PA; LA; MO; +
<i>hydrocortisone tabs or 5 mg, 10 mg, 20 mg</i>	1	MO; *
KENALOG-10 SUSP	4	MO; +
KENALOG-40 SUSP (Triamcinolone Acetonide)	4	MO; +
MEDROL TABS 2 MG	2	MO; +
<i>methylprednisolone acetate susp ij 40 mg/ml, 80 mg/ml</i>	1	MO; *
<i>methylprednisolone sod succ solr</i>	1	MO; *
<i>methylprednisolone tabs or 4 mg, 8 mg, 16 mg, 32 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tbpk or 4 mg</i>	1	MO; *
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 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 or 15 mg/5ml</i>	1	MO; *
<i>prednisolone syrp or 15 mg/5ml</i>	1	MO; *
<i>prednisolone tabs or 5 mg</i>	1	MO; *
<i>prednisone conc or 5 mg/ml</i>	1	MO; *
<i>prednisone soln or 5 mg/5ml</i>	1	MO; *
<i>prednisone tabs or 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i>	1	MO; *
<i>prednisone tbpk or 5 mg, 10 mg</i>	1	MO; *
RAYOS TBEC 2 MG, 5 MG	5	MO; +
SOLU-CORTEF SOLR 100 MG, 250 MG	4	MO; +
SOLU-MEDROL SOLR 2 GM	4	+
<i>triamcinolone acetanide susp ij 40 mg/ml</i>	4	MO; +
UCERIS TB24 OR 9 MG (Budesonide)	5	MO; +
Mineralocorticoids		
<i>fludrocortisone acetate tabs or</i>	1	MO; *
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg, 150 mg, 200 mg</i>	1	MO; NT; *
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR TB12	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	AL(Up to 64 yrs old); MO; NT; *
<i>promethazine & phenylephrine soln</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine & phenylephrine syrp</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine-phenylephrine-codeine syrp</i>	1	AL(Up to 64 yrs old); MO; NT; *
<i>pseudoephed-cpm w/ hydrocod soln</i>	1	AL(Up to 64 yrs old); MO; NT; *
SEMPREX-D CAPS	3	MO; +
Mucolytics		
<i>acetylcysteine soln in 10 %, 20 %</i>	1	B/D; MO; *
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	+
ABSORICA CAPS 30 MG (Isotretinoin)	3	+
ACANYA GEL	3	MO; +
<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	3	MO; +
<i>clindamycin phosphate (topical) foam</i>	1	MO; *
<i>clindamycin phosphate (topical) gel</i>	1	MO; *
<i>clindamycin phosphate (topical) lotn</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) soln</i>	1	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; *
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL	3	MO; +
EPIDUO GEL (<i>Adapalene-Benzoyl Peroxide</i>)	3	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 or 10 mg, 20 mg, 30 mg, 40 mg</i>	1	*
RETIN-A MICRO PUMP GEL 0.08 %	3	MO; +
<i>sulfacetamide sodium (acne) lotn</i>	1	MO; *
<i>tretinoin crea ex 0.025 %, 0.05 %, 0.1 %</i>	1	MO; *
<i>tretinoin gel ex 0.025 %, 0.01 %, 0.05 %</i>	1	MO; *
<i>tretinoin microsphere gel</i>	1	MO; *
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel</i>	1	MO; *
<i>diclofenac sodium (topical) soln</i>	1	MO; *
FLECTOR PTCH	3	PA; MO; +
PENNSAID SOLN	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
Antibiotics - Topical		
CENTANY OINT	3	MO; +
CORTISPORIN CREA	2	MO; +
CORTISPORIN OINT	2	MO; +
<i>gentamicin sulfate (topical) crea</i>	1	MO; *
<i>mupirocin calcium (topical) crea</i>	1	MO; *
<i>mupirocin oint ex</i>	1	MO; *
Antifungals - Topical		
<i>ciclopirox gel 0.77 %</i>	1	MO; *
<i>ciclopirox olamine crea ex</i>	1	MO; *
<i>ciclopirox olamine susp ex</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	MO; *
ERTACZO CREA	3	MO; +
EXELDERM SOLN	3	MO; +
JUBLIA SOLN	3	PA; MO; +
KERYDIN SOLN	3	PA; MO; +
<i>ketoconazole (topical) crea</i>	1	MO; *
<i>ketoconazole (topical) foam</i>	1	MO; *
<i>ketoconazole (topical) sham</i>	1	MO; *
LULICONAZOLE CREA	3	MO; +
LUZU CREA	3	MO; +
MENTAX CREA	2	RX/OTC; MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl crea</i>	1	MO; *
NAFTIN GEL 1 %, 2 %	3	MO; +
<i>nystatin (topical) crea</i>	1	MO; *
<i>nystatin (topical) oint</i>	1	MO; *
<i>nystatin (topical) powd</i>	1	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; +
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	5	MO; +
<i>diclofenac sodium (actinic keratoses) gel</i>	5	MO; +
<i>fluorouracil (topical) crea</i>	1	MO; *
<i>fluorouracil (topical) soln</i>	1	MO; *
FLUOROURACIL CREA EX 0.5 %	5	MO; +
PANRETIN GEL	2	MO; +
PICATO GEL	5	MO; +
TARGRETIN GEL EX 1 %	5	+
VALCHLOR GEL	5	PA; MO; +
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	MO; +
PRUDOXIN CREA	3	MO; +
ZONALON CREA	3	MO; +
Antipsoriatics		
<i>acitretin caps</i>	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene crea</i>	1	MO; *
<i>calcipotriene oint</i>	1	MO; *
<i>calcipotriene soln</i>	1	MO; *
CALCITRIOL OINT EX 3 MCG/GM	3	MO; +
COSENTYX SENSOREADY PEN SOAJ	5	PA; LA; +
COSENTYX SOSY	5	PA; LA; +
<i>methoxsalen rapid caps</i>	5	MO; +
SILIQ SOSY	5	PA; +
SORILUX FOAM	3	MO; +
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	5	PA; +
TALTZ SOAJ	5	PA; +
TALTZ SOSY	5	PA; +
<i>tazarotene crea</i>	1	MO; *
TAZORAC CREA 0.05 %	2	MO; +
TAZORAC GEL 0.05 %, 0.1 %	2	MO; +
TREMFYA SOSY	5	PA; +
VECTICAL OINT	3	MO; +
Antiseborrheic Products		
<i>selenium sulfide lotn ex 2.5 %</i>	1	MO; *
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	MO; *
DENAVIR CREA	5	MO; +
XERESE CREA	3	MO; +
ZOVIRAX CREA EX 5 %	5	MO; +
Burn Products		

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

Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine crea ex</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; *
<i>betamethasone dipropionate augmented lotn</i>	1	MO; *
<i>betamethasone dipropionate augmented oint</i>	1	MO; *
<i>betamethasone valerate crea ex 0.1 %</i>	1	MO; *
<i>betamethasone valerate foam ex 0.12 %</i>	1	MO; *
<i>betamethasone valerate lotn ex 0.1 %</i>	1	MO; *
<i>betamethasone valerate oint ex 0.1 %</i>	1	MO; *
<i>calcipotriene-betamethasone dipropionate oint</i>	1	MO; *
CAPEX SHAM	3	MO; +
<i>clobetasol propionate crea ex</i>	1	MO; *
<i>clobetasol propionate emollient base crea</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate foam ex</i>	1	Non-emulsion;MO; *
<i>clobetasol propionate gel ex</i>	1	MO; *
<i>clobetasol propionate liqd ex</i>	1	MO; *
<i>clobetasol propionate lotn ex</i>	1	MO; *
<i>clobetasol propionate oint ex</i>	1	MO; *
<i>clobetasol propionate sham ex</i>	1	MO; *
<i>clobetasol propionate soln ex</i>	1	MO; *
CLOCORTOLONE PIVALATE CREA	3	MO; +
CLOCORTOLONE PIVALATE PUMP CREA	3	MO; +
CLODERM CREA	3	MO; +
CLODERM PUMP CREA	3	MO; +
CORDRAN TAPE 4 MCG/SQCM	3	MO; +
DESONATE GEL	3	MO; +
<i>desonide crea ex</i>	1	MO; *
<i>desonide lotn ex</i>	1	MO; *
<i>desonide oint ex</i>	1	MO; *
<i>desoximetasone crea ex 0.05 %, 0.25 %</i>	1	MO; *
<i>desoximetasone gel ex 0.05 %</i>	1	MO; *
<i>desoximetasone liqd ex 0.25 %</i>	1	MO; *
<i>desoximetasone oint ex 0.05 %, 0.25 %</i>	1	MO; *
<i>diflorasone diacetate crea</i>	1	MO; *
<i>diflorasone diacetate oint</i>	1	MO; *
ENSTILAR FOAM	5	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide crea ex 0.025 %, 0.01 %</i>	1	MO; *
<i>fluocinolone acetonide oil ex 0.01 %</i>	1	MO; *
<i>fluocinolone acetonide oint ex 0.025 %</i>	1	MO; *
<i>fluocinolone acetonide soln ex 0.01 %</i>	1	MO; *
<i>fluocinonide crea ex 0.05 %, 0.1 %</i>	1	MO; *
<i>fluocinonide emulsified base crea</i>	1	MO; *
<i>fluocinonide gel ex 0.05 %</i>	1	MO; *
<i>fluocinonide oint ex 0.05 %</i>	1	MO; *
<i>fluocinonide soln ex 0.05 %</i>	1	MO; *
<i>flurandrenolide crea</i>	1	MO; *
<i>flurandrenolide lotn</i>	1	MO; *
<i>fluticasone propionate crea ex 0.05 %</i>	1	MO; *
<i>fluticasone propionate lotn ex 0.05 %</i>	1	MO; *
<i>fluticasone propionate oint ex 0.005 %</i>	1	MO; *
<i>halobetasol propionate crea</i>	1	MO; *
<i>halobetasol propionate oint</i>	1	MO; *
HALOG CREA	3	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	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	MO; *
<i>hydrocortisone butyrate lotn</i>	1	MO; *
<i>hydrocortisone butyrate oint</i>	1	MO; *
<i>hydrocortisone butyrate soln</i>	1	MO; *
<i>hydrocortisone valerate crea</i>	1	MO; *
<i>hydrocortisone valerate oint</i>	1	MO; *
LOCOID LOTN (Hydrocortisone Butyrate)	3	MO; +
<i>mometasone furoate crea ex</i>	1	MO; *
<i>mometasone furoate oint ex</i>	1	MO; *
<i>mometasone furoate soln ex</i>	1	MO; *
<i>prednicarbate crea</i>	1	MO; *
TACLONEX SUSP	5	MO; +
TOPICORT LIQD 0.25 % (Desoximetasone)	3	MO; +
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	1	MO; *
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	MO; *
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	MO; *
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</i>	1	MO; *
ULTRAVATE LOTN	5	PA; MO; +
Emollients		
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC; MO; *
Enzymes - Topical		

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

Drug Name	Drug Tier	Requirements/Limits
SANTYL OINT	2	MO; +
Immunomodulating Agents - Topical		
<i>imiquimod crea ex</i>	1	MO; *
IMIQUIMOD PUMP CREA	5	MO; +
ZYCLARA CREA	5	MO; +
ZYCLARA PUMP CREA 2.5 %, 3.75 %	5	MO; +
Immunosuppressive Agents - Topical		
ELIDEL CREA	3	PA; MO; +
<i>tacrolimus (topical) oint</i>	1	PA; MO; *
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	3	MO; +
<i>podofilox soln ex</i>	1	MO; *
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC; MO; *
<i>lidocaine hcl soln ex 4 %</i>	1	MO; *
<i>lidocaine oint ex 5 %</i>	1	MO; *
<i>lidocaine ptch ex 5 %</i>	1	PA; MO; *
<i>lidocaine-prilocaine crea</i>	1	MO; *
Rosacea Agents		
DOXYCYCLINE CPDR	3	MO; +
FINACEA FOAM	3	MO; +
FINACEA GEL	3	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; +

Drug Name	Drug Tier	Requirements/Limits
NORITATE CREA	5	MO; +
ORACEA CPDR	3	MO; +
SOOLANTRA CREA	3	MO; +
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	MO; *
EURAX CREA	3	MO; +
EURAX LOTN (<i>Crotamiton</i>)	3	MO; +
<i>malathion lotn</i>	1	MO; *
<i>permethrin crea ex 5 %</i>	1	MO; *
Wound Care Products		
REGRANEX GEL	5	MO; +
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	MO; +
PANCREAZE CPEP	2	MO; +
PERTZYE CPEP	3	MO; +
SUCRAID SOLN	3	LA; +
VIOKACE TABS	3	MO; +
ZENPEP CPEP 10000UNIT-3000UNIT- 14000UNIT, 17000UNIT- 5000UNIT-24000UNIT, 32000UNIT-10000UNIT- 42000UNIT, 47000UNIT- 15000UNIT-63000UNIT, 63000UNIT-20000UNIT- 84000UNIT, 79000UNIT- 25000UNIT-105000UNIT	3	MO; +
ZENPEP CPEP 126000UNIT-40000UNIT- 168000UNIT	5	MO; +
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		

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

Drug Name	Drug Tier	Requirements/Limits
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 or 500 mg</i>	1	MO; *
<i>acetazolamide tabs or 250 mg</i>	1	MO; *
KEVEYIS TABS	5	PA; SL(4 ea daily); MO; +
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	MO; *
Diuretic Combinations		
ALDACTAZIDE TABS 50MG-50MG	2	MO; +
<i>amiloride & hydrochlorothiazide tabs</i>	1	MO; *
<i>spironolactone & hydrochlorothiazide tabs</i>	1	MO; *
<i>triamterene & hydrochlorothiazide caps 37.5mg-25mg</i>	1	MO; *
<i>triamterene & hydrochlorothiazide caps 50mg-25mg</i>	1	*
<i>triamterene & hydrochlorothiazide tabs 75mg-50mg, 37.5mg-25mg</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	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>toremide tabs</i>	1	MO; *
Potassium Sparing Diuretics		
<i>amiloride hcl tabs or</i>	1	MO; *
DYRENIUM CAPS	3	MO; +
<i>spironolactone tabs or 25 mg, 50 mg, 100 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs</i>	1	MO; *
<i>chlorthalidone tabs</i>	1	MO; *
<i>hydrochlorothiazide caps or 12.5 mg</i>	1	MO; *
<i>hydrochlorothiazide tabs or 25 mg, 50 mg, 12.5 mg</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 35 mg, 70 mg</i>	1	QL(0.15 ea daily); MO; *
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	MO; *
BONIVA SOLN IV 3 MG/3ML (<i>Ibandronate Sodium</i>)	4	QL(0.04 ml daily); MO; +
<i>calcitonin (salmon) soln</i>	1	MO; *
FORTEO SOLN	5	PA; 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(0.04 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 IJ 200 UNIT/ML	4	MO; +
NATPARA CART	5	PA; LA; +
PROLIA SOLN	2	PA; QL(0.01 ml daily); +
<i>risedronate sodium tabs 150 mg</i>	1	QL(0.04 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 35 mg</i>	1	QL(0.15 ea daily); MO; *
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	QL(1 ea daily); MO; *
<i>risedronate sodium tbec 35 mg</i>	1	QL(0.15 ea daily); MO; *
TYMLOS SOPN	5	PA; +
XGEVA SOLN	5	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	QL(0.28 ml daily); *
Corticotropin		
H.P. ACTHAR GEL	5	PA; LA; +
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR IM	4	PA; +
NOVAREL SOLR	4	PA; +
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; +
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	5	PA; LA; +
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	5	+
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; +
GENOTROPIN SOLR 5 MG	4	PA; +
HUMATROPE COMBO PACK SOLR	5	PA; +
HUMATROPE SOLR 12 MG, 24 MG	5	PA; +
HUMATROPE SOLR 6 MG	4	PA; +

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPOR SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; +
NUTROPIN AQ NUSPIN 20 SOLN	5	PA; +
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; +
SEROSTIM SOLR 4 MG, 6 MG	5	PA; +
ZOMACTON SOLR 5 MG	4	PA; +
Hormone Receptor Modulators		
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; *
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	LA; +
LHRH/GnRH Agonist Analog Pituitary		
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG, 11.25 MG	4	+
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	+
LUPRON DEPOT-PED (3-MONTH) KIT	5	+
SYNAREL SOLN	5	MO; +
TRIPTODUR SRER	5	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; +
CYSTADANE POWD	3	LA; MO; +
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO; *
FABRAZYME SOLR 35 MG	5	LA; +
KANUMA SOLN	5	LA; +
KUVAN PACK	5	PA; LA; +

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

Drug Name	Drug Tier	Requirements/Limits
KUVAN TBSO	5	PA; LA; +
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC; MO; *
LUMIZYME SOLR	5	LA; +
MYALEPT SOLR	5	LA; MO; +
NAGLAZYME SOLN	5	LA; +
ORFADIN CAPS 2 MG, 5 MG, 10 MG, 20 MG	2	LA; MO; +
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	MO; *
RAVICTI LIQD	3	LA; +
RAYALDEE CPCR	3	PA; MO; +
SENSIPAR TABS	2	+
STRENSIQ SOLN	5	PA; LA; MO; +
VIMIZIM SOLN	5	LA; +
XURIDEN PACK	5	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		
<i>cabergoline tabs</i>	1	MO; *
Somatostatic Agents		
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml</i>	4	+
SANDOSTATIN LAR DEPOT KIT 20 MG, 30 MG	5	+

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR SRER 10 MG	5	Limit 6 vials per 28 days; SL(0.21 ea daily); LA; MO; +
SIGNIFOR LAR SRER 20 MG	5	Limit 3 vials per 28 days; SL(0.11 ea daily); LA; MO; +
SIGNIFOR LAR SRER 30 MG	5	Limit 2 vials per 28 days; SL(0.07 ea daily); LA; MO; +
SIGNIFOR LAR SRER 40 MG	5	Limit 3 vials per 56 days; SL(0.054 ea daily); LA; MO; +
SIGNIFOR LAR SRER 60 MG	5	Limit 1 vial per 28 days; SL(0.036 ea daily); LA; MO; +
SIGNIFOR SOLN	5	LA; MO; +
SOMATULINE DEPOT SOLN	5	+
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	5	PA; LA; +
SAMSCA TABS	5	+
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; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tabs 2.5mcg-0.5mg</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 pttw</i>	1	AL(Up to 64 yrs old); MO; *
<i>estradiol ptwk</i>	1	AL(Up to 64 yrs old); MO; *
<i>estradiol tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>estradiol valerate oil im 20 mg/ml, 40 mg/ml</i>	4	MO; +
<i>estropipate tabs 0.75 mg, 1.5 mg</i>	1	AL(Up to 64 yrs old); MO; *
EVAMIST SOLN	3	AL(Up to 64 yrs old); MO; +
MENOSTAR PTWK	3	AL(Up to 64 yrs old); MO; +
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 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; +
BAXDELA TABS OR 450 MG	5	ST; +
<i>ciprofloxacin hcl tabs or 100 mg, 250 mg, 500 mg, 750 mg</i>	1	MO; *
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	4	+
<i>ciprofloxacin in d5w soln 400mg/200ml-5%</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	MO; *
<i>ciprofloxacin-ciprofloxacin hcl tb24</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	QL(1 ea daily); MO; *
<i>moxifloxacin hcl tabs or 400 mg</i>	1	MO; *
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG	5	PA; SL(1 ea daily); +
OCALIVA TABS 5 MG	5	PA; SL(2 ea daily); +
Gallstone Solubilizing Agents		
CHENODAL TABS	5	LA; +
<i>ursodiol caps or 300 mg</i>	1	MO; *
<i>ursodiol tabs or 250 mg, 500 mg</i>	1	MO; *
Gastrointestinal Antiallergy Agents		
<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 5 mg/5ml, 10 mg/10ml</i>	1	MO; *
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	MO; *
Inflammatory Bowel Agents		
APRISO CP24	2	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
ASACOL HD TBEC	2	MO; +
ASACOL HD TBEC (Mesalamine)	2	MO; +
<i>balsalazide disodium caps</i>	1	MO; *
CANASA SUPP	5	MO; +
CIMZIA KIT	5	PA; +
CIMZIA STARTER KIT KIT	5	PA; +
DELZICOL CPDR	2	MO; +
DIPENTUM CAPS	5	MO; +
ENTYVIO SOLR	5	PA; +
INFLECTRA SOLR	5	PA; +
LIALDA TBEC (Mesalamine)	2	MO; +
<i>mesalamine enem re 4 gm</i>	1	MO; *
<i>mesalamine tbec or 1.2 gm, 800 mg</i>	1	MO; *
<i>mesalamine w/ cleanser kit</i>	1	MO; *
PENTASA CPCR 250 MG	3	MO; +
PENTASA CPCR 500 MG	5	MO; +
REMICADE SOLR	5	PA; +
STELARA SOLN IV 130 MG/26ML	5	PA; +
<i>sulfasalazine tabs or</i>	1	MO; *
<i>sulfasalazine tbec or</i>	1	MO; *
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	MO; *
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	5	PA; MO; +
LINZESS CAPS	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
VIBERZI TABS	5	PA; MO; +
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS	3	MO; +
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	5	MO; +
RELISTOR TABS OR 150 MG	5	PA; MO; +
Phosphate Binder Agents		
AURYXIA TABS	5	MO; +
<i>calcium acetate (phosphate binder) caps</i>	1	MO; *
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC; MO; *
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Lanthanum Carbonate)	2	MO; +
<i>lanthanum carbonate chew</i>	1	MO; *
PHOSLYRA SOLN	3	MO; +
RENAGEL TABS 800 MG	5	MO; +
RENVELA TABS 800 MG (Sevelamer Carbonate)	5	MO; +
<i>sevelamer carbonate pack</i>	5	MO; +
<i>sevelamer carbonate tabs</i>	5	MO; +
VELPHORO CHEW	5	MO; +
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	5	PA; LA; +
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	5	PA; LA; MO; +
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 540 mg, 1080 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
Cystinosis Agents		
CYSTAGON CAPS	3	+
PROCYSBI CPDR	3	LA; MO; +
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 or</i>	1	MO; *
RAPAFLO CAPS	3	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 or 100 mg</i>	1	SL(8 ea daily); MO; *
<i>allopurinol tabs or 300 mg</i>	1	SL(2.66 ea daily); MO; *
COLCHICINE CAPS OR	3	MO; +
<i>colchicine tabs or</i>	2	MO; +
COLCRYS TABS	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
MITIGARE CAPS	3	MO; +
ULORIC TABS	2	MO; +
ZURAMPIC TABS	3	PA; SL(1 ea daily); MO; +
Uricosurics		
<i>probenecid tabs</i>	1	MO; *
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	5	PA; +
Complement Inhibitors		
BERINERT KIT	5	LA; +
CINRYZE SOLR	5	PA; LA; +
HAEGARDA SOLR	5	PA; +
RUCONEST SOLR	5	+
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	5	PA; +
Hematorheologic Agents		
<i>pentoxifylline tbcr or</i>	1	MO; *
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	5	+
Platelet Aggregation Inhibitors		
<i>anagrelide hcl caps</i>	1	MO; *
<i>aspirin-dipyridamole cp12</i>	1	MO; *
BRILINTA TABS	2	MO; +
<i>cilostazol tabs</i>	1	MO; *
<i>clopidogrel bisulfate tabs 300 mg</i>	1	*
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	1	AL(Up to 64 yrs old); MO; *
EFFIENT TABS (<i>Prasugrel HCl</i>)	2	MO; +
<i>prasugrel hcl tabs</i>	1	MO; *
ZONTIVITY TABS	2	MO; +
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	5	PA; +
CEREZYME SOLR	5	PA; LA; +
ELELYSO SOLR	5	+
<i>miglustat caps</i>	5	LA; MO; +
VPRIV SOLR	5	+
ZAVESCA CAPS (<i>Miglustat</i>)	5	LA; MO; +
Agents for Sickle Cell Anemia		
DROXIA CAPS	3	MO; +
ENDARI PACK	5	PA; MO; +
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	4	MO; NT; +
NASCOBAL SOLN	3	MO; NT; +
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC; MO; NT; *
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 200 MCG/ML, 300 MCG/ML	5	PA; +
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; +

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 25 MCG/0.42ML	4	PA; +
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	5	PA; +
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; +
GRANIX SOSY	5	PA; +
LEUKINE SOLR	5	PA; +
MIRCERA SOSY 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML	3	PA; MO; +
NEULASTA ONPRO KIT PSKT	5	PA; +
NEULASTA SOSY	5	PA; +
NEUPOGEN SOLN	5	PA; +
NEUPOGEN SOSY	5	PA; +
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML	2	PA; +
PROCRIT SOLN 20000 UNIT/ML, 40000 UNIT/ML	5	PA; +
PROMACTA TABS 12.5 MG	5	PA; SL(12 ea daily); LA; +
PROMACTA TABS 25 MG	5	PA; SL(6 ea daily); LA; +
PROMACTA TABS 50 MG	5	PA; SL(3 ea daily); LA; +

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 75 MG	5	PA; SL(2 ea daily); LA; +
ZARXIO SOSY	5	PA; +
Stem Cell Mobilizers		
MOZOBIL SOLN	5	PA; +
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	5	MO; +
AMICAR TABS 1000 MG	5	+
AMICAR TABS 500 MG	3	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		
BUTISOL SODIUM TABS	2	AL(Up to 64 yrs old); MO; +
<i>phenobarbital elix or 20 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>phenobarbital soln or 20 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>phenobarbital tabs or 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	AL(Up to 64 yrs old); MO; *
Hypnotics - Tricyclic Agents		
SILENOR TABS 3 MG	3	QL(2 ea daily); MO; +
SILENOR TABS 6 MG	3	QL(1 ea daily); MO; +
Non-Barbiturate Hypnotics		
EDLUAR SUBL 10 MG	3	AL(Up to 64 yrs old); SL(1 ea daily); MO; +
EDLUAR SUBL 5 MG	3	AL(Up to 64 yrs old); SL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>temazepam caps</i>	1	MO; *
<i>zaleplon caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>zolpidem tartrate subl sl 1.75 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
<i>zolpidem tartrate subl sl 3.5 mg</i>	1	AL(Up to 64 yrs old); SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 10 mg</i>	1	AL(Up to 64 yrs old); SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 5 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
<i>zolpidem tartrate tbcr or 12.5 mg</i>	1	AL(Up to 64 yrs old); SL(1 ea daily); MO; *
<i>zolpidem tartrate tbcr or 6.25 mg</i>	1	AL(Up to 64 yrs old); 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; MO; +
ROZEREM TABS	3	MO; +
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	1	*
CLENPIQ SOLN	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM- 2.82GM-6.36GM	3	MO; +
MOVIPREP SOLR	3	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; *
PREPOPIK PACK	3	MO; +
SUPREP BOWEL PREP KIT SOLN	3	MO; +
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	MO; *
<i>polyethylene glycol 3350 pack or</i>	1	RX/OTC; MO; *
<i>polyethylene glycol 3350 powd or</i>	1	RX/OTC; MO; *
Saline Laxatives		
OSMOPREP TABS	3	MO; +
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 1 %, 2 %</i>	4	+
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	2	MO; +
<i>azithromycin solr iv 500 mg</i>	4	MO; +
<i>azithromycin susr or 100 mg/5ml</i>	1	QL(3 ml daily); MO; *
<i>azithromycin susr or 200 mg/5ml</i>	1	QL(4.5 ml daily); MO; *
<i>azithromycin tabs or 250 mg</i>	1	QL(1.2 ea daily); MO; *
<i>azithromycin tabs or 500 mg</i>	1	QL(1 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs or 600 mg</i>	1	QL(0.29 ea daily); MO; *
ZITHROMAX PACK OR 1 GM	2	MO; +
Clarithromycin		
<i>clarithromycin susr or 250 mg/5ml</i>	1	MO; *
<i>clarithromycin tabs or 250 mg, 500 mg</i>	1	MO; *
<i>clarithromycin tb24 or 500 mg</i>	1	MO; *
Erythromycins		
ERYPED 400 SUSR	3	SL(50 ml daily); MO; +
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 or 200 mg/5ml</i>	1	SL(100 ml daily); MO; *
<i>erythromycin ethylsuccinate tabs or 400 mg</i>	1	SL(10 ea daily); MO; *
Fidaxomicin		
DIFICID TABS	5	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		

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

Drug Name	Drug Tier	Requirements/Limits
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 10MG-60MG	3	MO; +
TREXIMET TABS 85MG-500MG (<i>Sumatriptan-Naproxen Sodium</i>)	3	MO; +
Migraine Products - Monoclonal Antibodies		
AIMOVIG SOAJ	4	PA; MO; +
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	MO; +
<i>ergotamine tartrate subl sl</i>	1	*
MIGRANAL SOLN	5	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; *
RELPAK TABS (<i>Eletriptan Hydrobromide</i>)	3	QL(0.2 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; *

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan soln 20 mg/act</i>	1	Limit 12 inhalers per month; QL(0.4 ea daily); MO; *
<i>sumatriptan soln 5 mg/act</i>	1	Limit 18 inhalers per month; QL(0.6 ea daily); MO; *
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO; +
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	1	Limit 4mls per month; QL(0.14 ml daily); MO; *
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	4	Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; +
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	4	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; +
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	4	Limit 4mls per month; QL(0.14 ml daily); +
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(0.3 ea daily); MO; *
SUMAVEL DOSEPRO SOTJ 6 MG/0.5ML	4	Limit 4mls per month; QL(0.14 ml 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; +

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

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN NA 5 MG	3	SL(2 ea daily); MO; +
MINERALS & ELECTROLYTES		
Electrolyte Mixtures		
DEXTROSE 2.5%/NACL 0.45% SOLN	4	+
<i>dextrose in lactated ringers soln</i>	4	+
<i>dextrose w/ sodium chloride soln 0.45%-2.5%, 0.45%-5%</i>	4	+
<i>dextrose w/ sodium chloride soln 0.9%-5%</i>	4	MO; +
<i>lactated ringer's soln</i>	4	+
<i>parenteral electrolytes conc</i>	4	B/D; +
<i>potassium chloride in dextrose & sodium chloride soln 0.45%-20meq/l-5%</i>	4	+
TPN ELECTROLYTES SOLN	4	B/D; +
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	4	+
MAGNESIUM SULFATE SOLN IJ 50 %	4	+
Potassium		
K-TAB TBCR 8 MEQ, 20 MEQ	3	MO; +
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	MO; *
POTASSIUM CHLORIDE ER TBCR	3	MO; +
<i>potassium chloride microencapsulated crystals er tbc</i>	1	MO; *
<i>potassium chloride soln iv 2 meq/ml</i>	4	MO; +
POTASSIUM CHLORIDE SOLN IV 2 MEQ/ML	4	MO; +
<i>potassium chloride soln or 10 %, 20 %</i>	1	MO; *
<i>potassium chloride tbc</i> or 8 meq, 10 meq, 20 meq	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
Sodium		
<i>sodium chloride soln iv 0.45 %</i>	4	+
<i>sodium chloride soln iv 0.9 %</i>	4	MO; +
Zinc		
GALZIN CAPS 25 MG	3	MO; NT; +
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	3	MO; +
SYPRINE CAPS (<i>Trientine HCl</i>)	5	MO; +
<i>trientine hcl caps</i>	5	MO; +
Enzymes		
XIAFLEX SOLR	5	MO; +
Immunomodulators		
REVLIMID CAPS	5	PA; 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 50 mg, 75 mg, 100 mg</i>	1	B/D; MO; *
<i>cyclosporine caps or 25 mg, 100 mg</i>	1	B/D; MO; *
<i>cyclosporine modified (for microemulsion) caps 25 mg, 50 mg, 100 mg</i>	1	B/D; MO; *
<i>cyclosporine soln iv 50 mg/ml</i>	4	B/D; +
ENVARUSUS XR TB24	3	B/D; MO; +
<i>mycophenolate mofetil caps 250 mg</i>	1	B/D; MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil hcl solr</i>	4	B/D; +
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	B/D; 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; +
PROGRAF SOLN IV 5 MG/ML	4	B/D; +
RAPAMUNE SOLN 1 MG/ML	2	B/D; MO; +
SANDIMMUNE SOLN OR 100 MG/ML	3	B/D; MO; +
SIMULECT SOLR	5	B/D; +
<i>sirolimus tabs</i>	1	B/D; MO; *
<i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i>	1	B/D; MO; *
THYMOGLOBULIN SOLR	2	B/D; +
ZORTRESS TABS 0.25 MG	2	B/D; MO; +
ZORTRESS TABS 0.75 MG, 0.5 MG	5	B/D; MO; +
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	*
<i>water for irrigation, sterile soln</i>	1	MO; *
Potassium Removing Agents		
<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; +

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4 GM	3	ST; SL(3 ea daily); LA; MO; +
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	5	PA; +
BENLYSTA SOLR	5	PA; +
BENLYSTA SOSY	5	PA; +
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	MO; *
Anti-infectives - Throat		
<i>clotrimazole lozg mt</i>	1	MO; *
<i>clotrimazole troc mt</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		
<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		
AMRIX CP24	3	AL(Up to 64 yrs old); MO; +
<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; *
BACLOFEN TABS OR 5 MG	3	SL(16 ea daily); +

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

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol tabs or 250 mg, 350 mg</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 tabs or 5 mg, 10 mg, 7.5 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>metaxalone tabs</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 or 2 mg</i>	1	SL(18 ea daily); MO; *
<i>tizanidine hcl caps or 4 mg</i>	1	SL(9 ea daily); MO; *
<i>tizanidine hcl caps or 6 mg</i>	1	SL(6 ea daily); MO; *
<i>tizanidine hcl tabs or 2 mg</i>	1	SL(18 ea daily); MO; *
<i>tizanidine hcl tabs or 4 mg</i>	1	SL(9 ea daily); MO; *
Direct Muscle Relaxants		
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	MO; *
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>carisoprodol w/ aspirin 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		
DYMISTA SUSP	3	MO; +
Nasal Anti-infectives		
BACTROBAN NASAL OINT	3	MO; +
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	MO; *
<i>olopatadine hcl (nasal) soln</i>	1	MO; *
Nasal Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal) soln</i>	1	MO; *
Nasal Steroids		
BECONASE AQ SUSP	3	MO; +
<i>budesonide (nasal) susp</i>	1	RX/OTC; 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; +
<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC; MO; *
VERAMYST SUSP	3	RX/OTC; MO; +
ZETONNA AERS	3	MO; +
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA SOLN	5	PA; MO; +
<i>riluzole tabs</i>	1	MO; *
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	5	PA; 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		

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose soln iv 10 %</i>	4	B/D; +
<i>dextrose soln iv 5 %</i>	4	B/D; MO; +
Lipids		
<i>fat emulsion emul</i>	4	B/D; +
Proteins		
<i>amino acid infusion 15%</i>	4	B/D; +
CLINIMIX 2.75%/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; +
<i>carteolol hcl (ophth) soln</i>	1	MO; *
COMBIGAN SOLN	3	MO; +
COSOPT PF SOLN (Dorzolamide HCl-Timolol Maleate)	3	MO; +
<i>dorzolamide hcl-timolol maleate soln</i>	1	MO; *
ISTALOL SOLN	2	MO; +
ISTALOL SOLN (Timolol Maleate (Ophth))	2	MO; +
<i>levobunolol hcl soln</i>	1	MO; *
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	MO; *
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	MO; *
TIMOPTIC OCUDOSE SOLN	3	MO; +
Cycloplegic Mydriatics		

Drug Name	Drug Tier	Requirements/Limits
<i>cyclopentolate hcl soln op 1 %, 2 %</i>	1	MO; *
Miotics		
PHOSPHOLINE IODIDE SOLR	3	+
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	1	MO; *
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOLN	5	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	3	MO; +
Ophthalmic Anti-infectives		
AZASITE SOLN	3	MO; +
<i>bacitracin (ophthalmic) oint</i>	1	MO; *
<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	2	MO; +
<i>moxifloxacin hcl (ophth) soln</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
NATACYN SUSP	2	MO; +
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	MO; *
<i>neomycin-polymyxin-gramicidin soln</i>	1	MO; *
<i>ofloxacin (ophth) soln</i>	1	MO; *
<i>polymyxin b-trimethoprim soln</i>	1	MO; *
<i>sulfacetamide sodium (ophth) oint</i>	1	MO; *
<i>sulfacetamide sodium (ophth) soln</i>	1	MO; *
<i>tobramycin (ophth) soln</i>	1	MO; *
TOBREX OINT	3	MO; +
<i>trifluridine soln op</i>	1	MO; *
VIGAMOX SOLN (Moxifloxacin HCl (Ophth))	2	MO; +
ZIRGAN GEL	3	MO; +
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	MO; +
RESTASIS MULTIDOSE EMUL	2	MO; +
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln op</i>	1	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; *

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

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

Drug Name	Drug Tier	Requirements/Limits
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; *
LASTACAPT SOLN	3	MO; +
NEVANAC SUSP	2	MO; +
<i>olopatadine hcl soln</i>	1	MO; *
PROLENSA SOLN	3	MO; +
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	MO; *
<i>latanoprost soln</i>	1	MO; *
LUMIGAN SOLN	2	MO; +
TRAVATAN Z SOLN	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		
<i>ofloxacin (otic) soln</i>	1	MO; *
Otic Combinations		
CIPRO HC SUSP	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX SUSP	2	MO; +
COLY-MYCIN S SUSP	3	MO; +
<i>neomycin-polymyxin-hc (otic) soln</i>	1	MO; *
<i>neomycin-polymyxin-hc (otic) susp</i>	1	MO; *
Otic Steroids		
<i>fluocinolone acetonide (otic) oil</i>	1	MO; *
<i>hydrocortisone w/acetic acid soln</i>	1	MO; *
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	MO; *
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	5	B/D; +
CUVITRU SOLN 1 GM/5ML	3	B/D; +
CUVITRU SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; +
CUVITRU SOLN 8 GM/40ML	5	B/D; +
FLEBOGAMMA DIF SOLN 10 %	5	B/D; +
GAMASTAN INJ	4	B/D; +
GAMASTAN S/D INJ	4	B/D; +
GAMMAGARD LIQUID SOLN	5	B/D; +
GAMMAKED SOLN	5	B/D; +
GAMMAPLEX SOLN 5 GM/50ML, 10GM/100ML, 20 GM/200ML	5	B/D; +
GAMUNEX-C SOLN	5	B/D; +

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

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SOLN 1 GM/5ML	3	B/D; +
HIZENTRA SOLN 10 GM/50ML	5	B/D; +
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; +
HYPERRAB S/D SOLN	4	+
IMOGAM RABIES-HT SOLN 300 UNIT/2ML	4	+
KEDRAB SOLN	4	+
OCTAGAM SOLN 2 GM/20ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	5	B/D; +
PRIVIGEN SOLN	5	B/D; +
VARIZIG SOLN	5	+
Monoclonal Antibodies		
SYNAGIS SOLN	5	+
ZINPLAVA SOLN	5	PA; +
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5	B/D; +
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 250 mg</i>	1	*
<i>ampicillin caps 500 mg</i>	1	MO; *
<i>ampicillin sodium solr ij 1 gm, 2 gm</i>	4	MO; +
<i>ampicillin sodium solr iv 10 gm</i>	4	+
Natural Penicillins		

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A SUSP 1200000 UNIT/2ML, 2400000 UNIT/4ML	4	MO; +
<i>penicillin g potassium solr</i>	4	MO; +
<i>penicillin v potassium solr 250 mg/5ml</i>	1	MO; *
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	MO; *
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	MO; *
<i>amoxicillin & pot clavulanate susr</i>	1	MO; *
<i>amoxicillin & pot clavulanate tabs</i>	1	MO; *
<i>amoxicillin & pot clavulanate tb12</i>	1	MO; *
<i>ampicillin & sulbactam sodium solr ij 1gm-2gm</i>	4	MO; +
<i>ampicillin & sulbactam sodium solr ij 5gm-10gm</i>	4	+
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	4	+
<i>piperacillin sodium-tazobactam sodium solr</i>	4	+
PIPERACILLIN/TAZOBAC TAM SOLR	4	+
UNASYN BULK PACK SOLR (<i>Ampicillin & Sulbactam Sodium</i>)	4	+
ZOSYN SOLN 0.375GM/50ML-3GM/50ML-5%	4	+
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	MO; *
NAFCILLIN SODIUM SOLR IJ 10 GM	5	+
<i>nafcillin sodium solr ij 2 gm</i>	5	MO; +
<i>nafcillin sodium solr iv 10 gm</i>	5	+
PROGESTINS - Hormone Replacement/Modifying Drugs		

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

Drug Name	Drug Tier	Requirements/Limits
Progestins		
<i>medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	MO; *
<i>megestrol acetate (appetite) susp</i>	1	AL(Up to 64 yrs old); MO; *
<i>norethindrone acetate tabs or</i>	1	MO; *
<i>progesterone micronized caps</i>	1	MO; *
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	MO; *
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	MO; *
Anti-Cataleptic Agents		
XYREM SOLN	5	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; *

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl soln 2 mg/ml</i>	1	AL(At least 60 yrs old); MO; *
<i>memantine hcl tabs 5 mg, 10 mg</i>	1	MO; *
NAMENDA XR CP24 14 MG (<i>Memantine HCl</i>)	3	AL(At least 60 yrs old); SL(2 ea daily); MO; +
NAMENDA XR CP24 21 MG (<i>Memantine HCl</i>)	3	AL(At least 60 yrs old); SL(1.33 ea daily); MO; +
NAMENDA XR CP24 28 MG (<i>Memantine HCl</i>)	3	AL(At least 60 yrs old); SL(1 ea daily); MO; +
NAMENDA XR CP24 7 MG (<i>Memantine HCl</i>)	3	AL(At least 60 yrs old); SL(4 ea daily); MO; +
NAMENDA XR TITRATION PACK CP24	3	AL(At least 60 yrs old); MO; +
<i>rivastigmine pt24</i>	1	MO; *
<i>rivastigmine tartrate caps</i>	1	MO; *
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>olanzapine-fluoxetine hcl caps</i>	1	MO; *
<i>perphenazine-amitriptyline tabs</i>	1	AL(Up to 64 yrs old); MO; *
Fibromyalgia Agents		
SAVELLA TABS	3	PA; MO; +
SAVELLA TITRATION PACK MISC	3	PA; MO; +
Hypoactive Sexual Desire Disorder (HSDD)		
ADDYI TABS	5	PA; Check plan for coverage;NT; +
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG	5	SL(4 ea daily); LA; +

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 6 MG	5	SL(8 ea daily); LA; +
AUSTEDO TABS 9 MG	5	SL(5.33 ea daily); LA; +
INGREZZA CAPS	5	PA; LA; MO; +
<i>tetrabenazine tabs</i>	5	PA; +
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Dalfampridine</i>)	5	PA; +
AUBAGIO TABS	5	PA; +
AVONEX KIT	5	PA; +
AVONEX PEN AJKT	5	PA; +
AVONEX PSKT	5	PA; +
BETASERON KIT	5	PA; +
COPAXONE SOSY 40 MG/ML (<i>Glatiramer Acetate</i>)	5	PA; +
<i>dalfampridine tb12</i>	5	PA; +
EXTAVIA KIT	5	PA; +
GILENYA CAPS 0.5 MG	5	PA; +
<i>glatiramer acetate sosy</i>	5	PA; +
LEMTRADA SOLN	5	PA; LA; +
OCREVUS SOLN	5	PA; +
PLEGRIDY SOPN	5	PA; +
PLEGRIDY SOSY	5	PA; +
PLEGRIDY STARTER PACK SOPN	5	PA; +
PLEGRIDY STARTER PACK SOSY	5	PA; +
REBIF REBIDOSE SOAJ	5	PA; +
REBIF REBIDOSE TITRATIONPACK SOAJ	5	PA; +

Drug Name	Drug Tier	Requirements/Limits
REBIF SOSY	5	PA; +
REBIF TITRATION PACK SOSY	5	PA; +
TECFIDERA CPDR	5	PA; +
TECFIDERA STARTER PACK MISC	5	PA; +
TYSABRI CONC	5	PA; +
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE STARTER MISC	3	MO; +
GRALISE TABS	3	MO; +
Pseudobulbar Affect (PBA) Agents		
NUDEXTA CAPS	2	PA; MO; +
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs or</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	SL(16 ea daily); MO; +
NICOTROL NS SOLN	2	MO; +
Vasomotor Symptom Agents		
BRISDELLE CAPS (<i>Paroxetine Mesylate (Vasomotor)</i>)	3	MO; +
<i>paroxetine mesylate (vasomotor) caps</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	5	LA; MO; +
GLASSIA SOLN	4	LA; +
PROLASTIN-C SOLR 1000 MG	5	LA; MO; +
ZEMAIRA SOLR	5	LA; MO; +
Cystic Fibrosis Agents		
KALYDECO PACK	5	PA; MO; +
KALYDECO TABS	5	PA; MO; +
ORKAMBI TABS 100MG-125MG, 200MG-125MG	5	PA; LA; MO; +
PULMOZYME SOLN	2	B/D; +
SYMDEKO TBPK	5	PA; LA; +
Pulmonary Fibrosis Agents		
ESBRIET CAPS	5	PA; LA; +
ESBRIET TABS	5	PA; LA; +
OFEV CAPS	5	PA; LA; +
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs or</i>	1	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	MO; *
<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg</i>	1	MO; *
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) tabs 50 mg, 75 mg, 100 mg, 150 mg</i>	1	MO; *
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	MO; *
<i>doxycycline hyclate solr iv 100 mg</i>	4	MO; +
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	MO; *
<i>doxycycline hyclate tbec or 100 mg, 150 mg, 200 mg</i>	1	MO; *
<i>minocycline hcl caps or 50 mg, 75 mg, 100 mg</i>	1	MO; *
<i>minocycline hcl tabs or 50 mg, 100 mg</i>	1	MO; *
<i>tetracycline hcl caps or 250 mg, 500 mg</i>	1	MO; *
VIBRAMYCIN SYRP 50 MG/5ML	2	MO; +
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs or 5 mg, 10 mg</i>	1	MO; *
<i>propylthiouracil tabs or</i>	1	MO; *
Thyroid Hormones		
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	MO; *
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	1	MO; *
SYNTHROID TABS (Levothyroxine Sodium)	3	MO; +
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	4	+
BOOSTRIX SUSP	4	+
DAPTACEL SUSP	4	+

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

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	+
TENIVAC INJ	4	B/D; +
TETANUS/DIPHThERIA TOXOIDS-ADSORBED SUSP	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</i>	4	MO; +
<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 or 5 mg, 2.5 mg</i>	1	MO; *

H-2 Antagonists

<i>cimetidine tabs or 200 mg</i>	1	RX/OTC; MO; *
<i>cimetidine tabs or 300 mg, 400 mg, 800 mg</i>	1	MO; *
<i>famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</i>	4	+
<i>famotidine susr or 40 mg/5ml</i>	1	MO; *
<i>famotidine tabs or 20 mg</i>	1	RX/OTC; MO; *
<i>famotidine tabs or 40 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine caps 150 mg, 300 mg</i>	1	MO; *
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	MO; *
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	MO; *
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC; MO; *
<i>ranitidine hcl tabs or 300 mg</i>	1	MO; *
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	3	MO; +
<i>sucralfate tabs or</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 sodium solr 40 mg</i>	4	+
<i>lansoprazole cpdr or 15 mg</i>	1	RX/OTC; MO; *
<i>lansoprazole cpdr or 30 mg</i>	1	MO; *
<i>lansoprazole tbdp or 15 mg, 30 mg</i>	1	MO; *
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	3	ST; MO; +
<i>omeprazole cpdr or 10 mg, 40 mg</i>	1	MO; *
<i>omeprazole cpdr or 20 mg</i>	1	RX/OTC; MO; *
<i>pantoprazole sodium solr iv 40 mg</i>	1	*
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; *
PREVACID SOLUTAB TBDP (Lansoprazole)	3	MO; +
PROTONIX PACK OR 40 MG	3	QL(1 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
Ulcer Drugs - Prostaglandins		
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	1	MO; *
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	MO; *
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	1	RX/OTC; MO; *
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	1	MO; *
<i>omeprazole-sodium bicarbonate pack 20mg-1680mg</i>	1	ST; 20MG-1680 MG; MO; *
<i>omeprazole-sodium bicarbonate pack 40mg-1680mg</i>	1	MO; *
PYLERA CAPS	3	MO; +
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
<i>methenamine hippurate tabs</i>	1	MO; *
<i>nitrofurantoin macrocrystal caps or 25 mg, 50 mg, 100 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>nitrofurantoin monohyd macro caps</i>	1	MO; *
<i>nitrofurantoin susp or</i>	1	AL(Up to 64 yrs old); MO; *
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	MO; *
GELNIQUE GEL	3	MO; +
GELNIQUE PUMP GEL	3	MO; +
<i>oxybutynin chloride syrp</i>	1	MO; *
<i>oxybutynin chloride tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<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>tropium chloride cp24</i>	1	MO; *
<i>tropium chloride tabs</i>	1	MO; *
VESICARE TABS	2	MO; +
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	MO; +
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	MO; *
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	MO; *
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	4	+
BCG VACCINE INJ	4	+
BEXSERO SUSY	4	+
HIBERIX SOLR	4	+
MENACTRA INJ	4	+
MENOMUNE-A/C/Y/W-135 INJ	4	+
MENVEO SOLR	4	+
PEDVAX HIB SUSP	4	+
TRUMENBA SUSY	4	+
TYPHIM VI SOLN	4	+

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

Drug Name	Drug Tier	Requirements/Limits
Viral Vaccines		
ENGERIX-B SUSP IJ 20 MCG/ML, 10 MCG/0.5ML	4	B/D; +
GARDASIL 9 SUSP	4	+
GARDASIL 9 SUSY	4	+
GARDASIL SUSP	4	+
HAVRIX SUSP	4	+
IMOVAX RABIES (H.D.C.V.) INJ	4	B/D; +
IPOLO INACTIVATED IPV INJ	4	+
IXIARO SUSP	4	+
M-M-R II INJ	4	+
PROQUAD SUSR	4	+
RABAVERT SUSR	4	B/D; +
RECOMBIVAX HB SUSP	4	B/D; +
ROTARIX SUSR	3	+
ROTATEQ SOLN	2	+
SHINGRIX SUSR	4	+
STAMARIL SUSR	4	+
TWINRIX SUSP	4	+
VAQTA SUSP	4	+
VARIVAX INJ	4	+
YF-VAX INJ	4	+
ZOSTAVAX SUSR	4	+
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN SUPP VA 100 MG	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal crea</i>	1	MO; *
<i>metronidazole vaginal gel</i>	1	MO; *
<i>miconazole nitrate vaginal supp 200 mg</i>	1	MO; *
<i>terconazole vaginal crea</i>	1	MO; *
<i>terconazole vaginal supp</i>	1	MO; *
Vaginal Estrogens		
<i>estradiol vaginal tabs 10 mcg</i>	1	MO; *
ESTRING RING	3	MO; +
FEMRING RING	3	MO; +
PREMARIN CREA VA 0.625 MG/GM	2	MO; +
Vaginal Progestins		
CRINONE GEL	3	PA; MO; +
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj</i>	2	MO; +
EPIPEN 2-PAK SOAJ	2	MO; +
EPIPEN-JR 2-PAK SOAJ	2	MO; +
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 100 MG	5	PA; SL(18 ea daily); +
NORTHERA CAPS 200 MG	5	PA; SL(9 ea daily); +
NORTHERA CAPS 300 MG	5	PA; SL(6 ea daily); +
Vasopressors		
<i>dobutamine hcl soln</i>	4	+
<i>midodrine hcl tabs</i>	1	MO; *
VITAMINS		

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

Drug Name	Drug Tier	Requirements/Limits
Oil Soluble Vitamins		
<i>ergocalciferol caps or 50000 unit</i>	1	MO; NT; *
MEPHYTON TABS (<i>Phytonadione</i>)	3	MO; NT; +
<i>phytonadione tabs or 5 mg</i>	1	MO; NT; *

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

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clozapine	37	cyclopentolate hcl	65	DESCOVY	38
CLOZAPINE ODT	37	cyclophosphamide	29	desipramine hcl	18
COARTEM	28	CYCLOPHOSPHAMIDE	29	desloratadine	25
codeine sulfate	4	CYCLOSET	20	desmopressin acetate	54
COLCHICINE	57	cyclosporine	62	desmopressin acetate spray	54
colchicine	57	cyclosporine modified (for microemulsion)	62	desmopressin acetate spray refrigerated	54
colchicine w/ probenecid	57	cyproheptadine hcl	25	desogestrel & ethinyl estradiol	44
COLCRYS	57	CYRAMZA	30	desogestrel-ethinyl estradiol (biphasic)	44
colesevelam hcl	25	CYSTADANE	53	DESONATE	49
colestipol hcl	25	CYSTAGON	57	desonide	49
colistimethate sodium	8	CYSTARAN	67	desoximetasone	49
COLY-MYCIN S	67	cytarabine	30	DESVENLAFAXINE ER	18
COMBIGAN	65	DACARBAZINE	33	desvenlafaxine succinate	18
COMBIPATCH	54	dacarbazine	33	dexamethasone	45
COMBIVENT RESPIMAT	13	dactinomycin	32	dexamethasone sodium phosphate	45
COMETRIQ	32	DAKLINZA	40	DEXAMETHASONE SODIUM PHOSPHATE	45
COMPLERA	38	dalfampridine	70	dexamethasone sodium phosphate	45
CONDYLOX	51	DALIRESP	12	dexamethasone sodium phosphate (ophth)	66
COPAXONE	70	danazol	8	DEXILANT	72
CORDRAN	49	dantrolene sodium	64	dexmethylphenidate hcl	1
COREG CR	41	dapsone	9	dexrazoxane	34
CORLANOR	43	DAPTACEL	71	dextroamphetamine sulfate	1
CORTIFOAM	8	daptomycin	9	dextrose	65
cortisone acetate	45	DARAPRIM	28		
		darifenacin hydrobromide	73		
		DARZALEX	30		

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dextrose w/ sodium chloride.	62		
DIASTAT ACUDIAL.....	14		
DIASTAT PEDIATRIC.....	14		
diazepam.....	11		
DIAZEPAM.....	15		
diazepam (anticonvulsant)...	15		
DIAZEPAM RECTAL GEL...	15		
diclofenac potassium.....	3		
diclofenac sodium.....	3		
diclofenac sodium (actinic keratoses).....	48		
diclofenac sodium (ophth)...	67		
diclofenac sodium (topical)..	47		
diclofenac w/ misoprostol.....	3		
dicloxacillin sodium.....	68		
dicyclomine hcl.....	72		
didanosine.....	38		
DIFICID.....	60		
diflorasone diacetate.....	49		
diflunisal.....	4		
DIGOXIN.....	42		
digoxin.....	42		
dihydroergotamine mesylate.	61		
DILANTIN-125.....	16		
DILATRATE SR.....	10		
diltiazem hcl.....	42		
diltiazem hcl coated beads..	41		
diltiazem hcl extended release beads.....	42		
DIOVAN.....	27		
DIOVAN HCT.....	27		
DIPENTUM.....	56		
diphenhydramine hcl.....	25		
diphenoxylate w/ atropine.....	23		
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	72		
dipyridamole.....	58		
disopyramide phosphate.....	11		
disulfiram.....	69		
divalproex sodium.....	17		
DIVIGEL.....	55		
dobutamine hcl.....	74		
DOCETAXEL.....	34		
docetaxel.....	34		
DOCETAXEL.....	34		
dofetilide.....	11		
donepezil hydrochloride...	69		
DORIBAX.....	9		
DORIPENEM.....	9		
dorzolamide hcl.....	67		
dorzolamide hcl-timolol maleate.....	65		
doxazosin mesylate.....	27		
doxepin hcl.....	18		
doxepin hcl (antipruritic)...	48		
doxercalciferol.....	53		
doxorubicin hcl.....	32		
doxorubicin hcl liposomal..	32		
DOXYCYCLINE.....	51		
doxycycline (monohydrate)	71		
doxycycline hyclate.....	71		
dronabinol.....	24		
drospirenone-ethinyl estradiol.....	44		
drospirenone-ethinyl estradiol- levomefolate calcium.....	44		
DROXIA.....	58		
DUAVEE.....	54		
DUEXIS.....	3		
DULERA.....	13		
duloxetine hcl.....	18		
DUOPA.....	35		
DUREZOL.....	66		
dutasteride.....	57		
dutasteride-tamsulosin hcl.	57		
DYMISTA.....	64		
DYRENIUM.....	52		
econazole nitrate.....	47		
EDARBI.....	27		
EDARBYCLOR.....	27		
EDEX.....	42		
EDLUAR.....	59		
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EFFIENT.....	58		
EGRIFTA.....	53		
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ELESTRIN.....	55		
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ELIGARD.....	31		
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ELLA.....	45		
ELMIRON.....	57		
EMCYT.....	31		
EMFLAZA.....	45		
EMPLICITI.....	30		
EMSAM.....	17		
EMTRIVA.....	38		
enalapril maleate.....	27		
enalapril maleate & hydrochlorothiazide.....	28		
ENBREL.....	4		
ENBREL MINI.....	4		
ENBREL SURECLICK.....	4		
ENDARI.....	58		
ENGERIX-B.....	74		
enoxaparin sodium.....	14		
ENSTILAR.....	49		
entacapone.....	35		
entecavir.....	40		
ENTRESTO.....	42		
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ENVARSUS XR.....	62		
EPCLUSA.....	40		
EPIDUO.....	47		
epinastine hcl (ophth).....	67		
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EPIPEN 2-PAK.....	74		
EPIPEN-JR 2-PAK.....	74		
epirubicin hcl.....	32		
EPIVIR HBV.....	40		
eplerenone.....	28		
EPOGEN.....	58		
eprosartan mesylate.....	27		
EQUETRO.....	36		
ERAXIS.....	24		
ERBITUX.....	30		
ergocalciferol.....	75		
ergoloid mesylates.....	70		
ergotamine tartrate.....	61		
ergotamine w/ caffeine.....	61		
ERIVEDGE.....	31		
ERLEADA.....	31		
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ertapenem sodium.....	9	famotidine.....	72	flunisolide (nasal).....	64
ERWINAZE.....	33	FANAPT.....	36	fluocinolone acetonide.....	50
ERYPED 400.....	60	FANAPT TITRATION		fluocinolone acetonide (otic).....	67
ERYTHROCIN		PACK.....	36	fluocinonide.....	50
LACTOBIONATE.....	60	FARESTON.....	31	fluocinonide emulsified base.....	50
erythromycin (acne aid).....	47	FARXIGA.....	22	fluorometholone (ophth).....	66
erythromycin (ophth).....	65	FARYDAK.....	32	fluorouracil.....	30
erythromycin base.....	60	FASENRA.....	11	FLUOROURACIL.....	48
erythromycin ethylsuccinate.....	60	FASLODEX.....	31	fluorouracil (topical).....	48
ESBRIET.....	71	fat emulsion.....	65	fluoxetine hcl.....	17
escitalopram oxalate.....	17	FAZACLO.....	37	FLUOXETINE	
esomeprazole magnesium.....	72	felbamate.....	16	HYDROCHLORIDE.....	17
esomeprazole sodium.....	72	felodipine.....	42	fluoxymesterone.....	8
estradiol.....	55	FEMRING.....	74	fluphenazine decanoate.....	37
estradiol & norethindrone		FENOFIBRATE.....	25	fluphenazine hcl.....	37
acetate.....	54	fenofibrate.....	26	FLUPHENAZINE HCL.....	37
estradiol vaginal.....	74	fenofibrate micronized.....	25	fluphenazine hcl.....	37
estradiol valerate.....	55	FENOFIBRIC ACID.....	26	flurandrenolide.....	50
ESTRING.....	74	fentanyl.....	4	flurbiprofen.....	3
estropipate.....	55	fentanyl citrate.....	4	flurbiprofen sodium.....	67
eszopiclone.....	59	FENTORA.....	4	flutamide.....	31
ethacrynic acid.....	52	FERRIPROX.....	23	fluticasone propionate.....	50
ethambutol hcl.....	29	FETZIMA.....	18	fluticasone propionate	
ethosuximide.....	16	FETZIMA TITRATION		(nasal).....	64
ethynodiol diacet & eth		PACK.....	18	fluvastatin sodium.....	26
estrad.....	44	FIASP.....	21	fluvoxamine maleate.....	17
etodolac.....	3	FIASP FLEXTOUCH.....	21	FML.....	66
ETOPOPHOS.....	34	FIBRICOR.....	26	FML FORTE.....	66
etoposide.....	34	FINACEA.....	51	folic acid.....	58
EURAX.....	51	finasteride.....	57	FOLOTYN.....	30
EVAMIST.....	55	FIRAZYR.....	57	fondaparinux sodium.....	14
EVOMELA.....	29	FIRMAGON.....	31	FORFIVO XL.....	17
EVOTAZ.....	38	FLAREX.....	66	FORTEO.....	52
EVZIO.....	23	flavoxate hcl.....	73	FORTESTA.....	8
EXELDERM.....	47	FLEBOGAMMA DIF.....	67	FOSAMAX PLUS D.....	52
exemestane.....	31	flecainide acetate.....	11	fosamprenavir calcium.....	38
EXFORGE.....	28	FLECTOR.....	47	fosinopril sodium.....	27
EXFORGE HCT.....	28	FLOVENT DISKUS.....	12	fosinopril sodium &	
EXJADE.....	23	FLOVENT HFA.....	12	hydrochlorothiazide.....	28
EXONDYS 51.....	64	fluconazole.....	24	fosphenytoin sodium.....	16
EXTAVIA.....	70	fluconazole in dextrose.....	24	FOSRENOL.....	56
EYLEA.....	65	FLUCONAZOLE IN		FRAGMIN.....	14
ezetimibe.....	26	DEXTROSE.....	24	frovatriptan succinate.....	61
ezetimibe-simvastatin.....	25	fluconazole in nacl.....	24	furosemide.....	52
FABIOR.....	47	flucytosine.....	24	FUZEON.....	38
FABRAZYME.....	53	fludarabine phosphate.....	30	FYCOMPA.....	14
famciclovir.....	40	fludrocortisone acetate.....	46	gabapentin.....	15

GABITRIL.....	16	GOCOVRI.....	35	HUMIRA PEN-PS/UV	
galantamine hydrobromide..	69	GOLYTELY.....	60	STARTER.....	2
GALZIN.....	62	GRALISE.....	70	HUMULIN 70/30.....	21
GAMASTAN.....	67	GRALISE STARTER.....	70	HUMULIN 70/30 KWIKPEN..	21
GAMASTAN S/D.....	67	granisetron hcl.....	23	HUMULIN N.....	21
GAMMAGARD LIQUID.....	67	GRANIX.....	58	HUMULIN N KWIKPEN.....	21
GAMMAKED.....	67	griseofulvin microsize.....	24	HUMULIN R.....	21
GAMMAPLEX.....	67	griseofulvin ultramicrosize.	24	HUMULIN R U-500	
GAMUNEX-C.....	67	guanfacine hcl.....	27	(CONCENTRATED).....	21
ganciclovir sodium.....	40	guanfacine hcl (adhd).....	1	HUMULIN R U-500	
GARDASIL.....	74	GUANIDINE HCL.....	28	KWIKPEN.....	21
GARDASIL 9.....	74	H.P. ACTHAR.....	53	hydralazine hcl.....	28
gatifloxacin (ophth).....	65	HAEGARDA.....	57	hydrochlorothiazide.....	52
GATTEX.....	56	HALAVEN.....	34	hydrocodone polistirex-	
gauze pads 2" X 2".....	60	halobetasol propionate....	50	chlorpheniramine polistirex..	46
GAZYVA.....	30	HALOG.....	50	hydrocodone-acetaminophen.	6
GELNIQUE.....	73	haloperidol.....	37	hydrocodone-ibuprofen.....	7
GELNIQUE PUMP.....	73	haloperidol decanoate.....	36	hydrocortisone.....	45
gemcitabine hcl.....	30	haloperidol lactate.....	36	hydrocortisone (intrarectal)..	8
GEMCITABINE		HARVONI.....	40	hydrocortisone (rectal).....	8
HYDROCHLORIDE.....	30	HAVRIX.....	74	hydrocortisone (topical).....	50
gemfibrozil.....	26	HEMANGEOL.....	41	hydrocortisone butyrate.....	50
GENOTROPIN.....	53	heparin sodium (porcine)..	14	hydrocortisone butyrate	
GENOTROPIN MINIQUICK..	53	HERCEPTIN.....	30	hydrophilic lipo base.....	50
gentamicin in saline.....	2	HETLIOZ.....	59	hydrocortisone valerate.....	50
gentamicin sulfate.....	2	HEXALEN.....	29	hydrocortisone w/acetic acid.	67
gentamicin sulfate (ophth)..	65	HIBERIX.....	73	hydromorphone hcl.....	4
gentamicin sulfate (topical)..	47	HIZENTRA.....	68	HYDROMORPHONE	
GENTAMICIN SULFATE/0.9%		HORIZANT.....	70	HYDROCHLORIDE.....	4
SODIUM CHLORIDE.....	2	HUMALOG.....	21	hydroxychloroquine sulfate..	28
GENVOYA.....	38	HUMALOG JUNIOR		HYDROXYPROGESTERONE	
GEODON.....	36	KWIKPEN.....	21	CAPROATE.....	31
GILENYA.....	70	HUMALOG KWIKPEN.....	21	hydroxyurea.....	33
GILOTRIF.....	32	HUMALOG MIX 50/50.....	21	hydroxyzine hcl.....	10
GLASSIA.....	71	HUMALOG MIX 50/50		hydroxyzine pamoate.....	10
glatiramer acetate.....	70	KWIKPEN.....	21	HYPERRAB S/D.....	68
GLEOSTINE.....	29	HUMALOG MIX 75/25.....	21	HYQVIA.....	68
glimepiride.....	22	HUMALOG MIX 75/25		HYSINGLA ER.....	4,5
glipizide.....	22	KWIKPEN.....	21	ibandronate sodium.....	52
glipizide-metformin hcl.....	19	HUMATROPE.....	53	IBRANCE.....	32
GLUCAGEN HYPOKIT.....	20	HUMATROPE COMBO		ibuprofen.....	3
GLUCAGON EMERGENCY		PACK.....	53	ICLUSIG.....	32
KIT.....	20	HUMIRA.....	2	idarubicin hcl.....	32
glyburide.....	23	HUMIRA PEDIATRIC CROHNS		IDHIFA.....	32
glyburide micronized.....	23	DISEASE STARTER PACK.2		IFEX.....	29
glyburide-metformin.....	19	HUMIRA PEN.....	2	ifosfamide.....	29
glycopyrrolate.....	72	HUMIRA PEN-CD/UC/HS		IFOSFAMIDE.....	29
		STARTER.....	2	ILARIS.....	2
				ILEVRO.....	67

imatinib mesylate	32	ISORDIL TITRADOSE	10	KHEDEZLA	18
IMBRUVICA	32	isosorbide dinitrate	10	KINERET	2
IMFINZI	30	isosorbide mononitrate	10	KINRIX	72
imipenem-cilastatin	9	isotretinoin	47	KISQALI	32
imipramine hcl	18	ISTALOL	65	KISQALI FEMARA 200	
imipramine pamoate	18	ISTODAX (OVERFILL)	32	DOSE	32
imiquimod	51	itraconazole	24	KISQALI FEMARA 400	
IMIQUIMOD PUMP	51	ivermectin	8	DOSE	32
IMOGAM RABIES-HT	68	IXEMPRA KIT	34	KISQALI FEMARA 600	
IMOVAX RABIES (H.D.C.V.)	74	IXIARO	74	DOSE	32
IMPAVIDO	8	JADENU	23	KITABIS PAK	2
INCRELEX	53	JADENU SPRINKLE	23	KOMBIGLYZE XR	19
INCRUSE ELLIPTA	11	JAKAFI	32	KORLYM	20
indapamide	52	JANUMET	19	KUVAN	53
INDOCIN	3	JANUMET XR	19	KYNAMRO	25
indomethacin	3	JANUVIA	20	KYPROLIS	32
INFANRIX	72	JARDIANCE	22	labetalol hcl	41
INFLECTRA	56	JENTADUETO	19	lactated ringer's	62
INGREZZA	70	JENTADUETO XR	19	lactic acid (ammonium	
INLYTA	32	JEVTANA	34	lactate)	50
INSULIN SYRINGES AND PEN		JUBLIA	47	lactulose	60
NEEDLES	60	JULUCA	38	lactulose (encephalopathy)	56
INTELENCE	38	JUXTAPID	26	LAMICTAL STARTER/NOT	
INTRON A	33,34	JYNARQUE	54	TAKING CARBAMAZEPINE	15
INVANZ	9	K-TAB	62	LAMICTAL STARTER/TAKING	
INVEGA SUSTENNA	36	KADCYLA	30	CARBAMAZEPINE/NOT TAKING	
INVEGA TRINZA	36	KADIAN	5	VALPROATE	15
INVIRASE	38	KALBITOR	57	LAMICTAL STARTER/TAKING	
INVOKAMET	19	KALETRA	39	VALPROATE	15
INVOKAMET XR	19	KALYDECO	71	LAMICTAL XR	15
INVOKANA	22	KANUMA	53	lamivudine	39
IPOL INACTIVATED IPV	74	KAZANO	19	lamivudine (hbv)	40
ipratropium bromide	11	KEDRAB	68	lamivudine-zidovudine	39
ipratropium bromide (nasal)	64	KENALOG-10	45	lamotrigine	15
ipratropium-albuterol	13	KENALOG-40	45	LANOXIN	42
IPRIVASK	14	KEPIVANCE	34	LANOXIN PEDIATRIC	42
irbesartan	27	KERYDIN	47	lansoprazole	72
irbesartan-hydrochlorothiazide		ketoconazole	24	lanthanum carbonate	56
	28	ketoconazole (topical)	47	LANTUS	21
IRESSA	32	ketoprofen	3	LANTUS SOLOSTAR	21
irinotecan hcl	35	ketorolac tromethamine	3	LARTRUVO	30
irrigation solutions,		ketorolac tromethamine		LASTACFT	67
physiological	63	(ophth)	67	latanoprost	67
ISENTRESS	38	KEVEYIS	52	LATUDA	36
ISENTRESS HD	38	KEVZARA	2	LAZANDA	5
isoniazid	29	KEYTRUDA	30	leflunomide	3
isoniazid & rifampin	28			LEMTRADA	70
				LENVIMA 10 MG DAILY	
				DOSE	33

LENVIMA 12MG DAILY DOSE	33	lidocaine-prilocaine	51	maprotiline hcl	17
LENVIMA 14 MG DAILY DOSE	33	lincomycin hcl	10	MARPLAN	17
LENVIMA 18 MG DAILY DOSE	33	linezolid	10	MARQIBO	34
LENVIMA 20 MG DAILY DOSE	33	LINEZOLID	10	MATULANE	34
LENVIMA 24 MG DAILY DOSE	33	linezolid	10	MAVYRET	40
LENVIMA 4 MG DAILY DOSE	33	LINZESS	56	MAXIDEX	66
LENVIMA 8 MG DAILY DOSE	33	liothyronine sodium	71	meclizine hcl	23
LETAIRIS	43	LIPOFEN	26	meclofenamate sodium	3
letrozole	31	lisinopril	27	MEDROL	45
leucovorin calcium	34	lisinopril & hydrochlorothiazide	28	medroxyprogesterone acetate	69
LEUKERAN	29	LITHIUM	36	medroxyprogesterone acetate (contraceptive)	45
LEUKINE	58	lithium carbonate	36	mefenamic acid	3
leuprolide acetate	31	LIVALO	26	mefloquine hcl	28
levabuterol hcl	13	LO LOESTRIN FE	44	megestrol acetate	31
levabuterol tartrate	13	LOCOID	50	megestrol acetate (appetite)	69
LEVEMIR	21	LONSURF	32	MEKINIST	33
LEVEMIR FLEXTOUCH	21	loperamide hcl	23	MEKTOVI	33
levetiracetam	15	lopinavir-ritonavir	39	meloxicam	3
levetiracetam in sodium chloride	15	lorazepam	11	melphalan	29
LEVITRA	42	losartan potassium	27	melphalan hcl	29
levobunolol hcl	65	losartan potassium & hydrochlorothiazide	28	memantine hcl	69
levocarnitine (metabolic modifiers)	54	LOTEMAX	66	MENACTRA	73
levocetirizine dihydrochloride	25	LOTENSIN	27	MENOMUNE-A/C/Y/W-135	73
levofloxacin	55	lovastatin	26	MENOSTAR	55
levofloxacin (ophth)	65	loxapine succinate	37	MENTAX	47
levofloxacin in d5w	55	LULICONAZOLE	47	MENVEO	73
LEVOLEUCOVORIN	34	LUMIGAN	67	MEPHYTON	75
levoleucovorin calcium	34	LUMIZYME	54	meprobamate	10
levonorgestrel & eth estradiol	44	LUPRON DEPOT (1-MONTH)	31	mercaptopurine	30
levonorgestrel-eth estradiol (triphasic)	44	LUPRON DEPOT (3-MONTH)	31	meropenem	9
levonorgestrel-ethinyl estradiol (91-day)	44	LUPRON DEPOT (4-MONTH)	31	mesalamine	56
levonorgestrel-ethinyl estradiol (continuous)	44	LUPRON DEPOT (6-MONTH)	31	mesalamine w/ cleanser	56
levothyroxine sodium	71	LUPRON DEPOT-PED (1-MONTH)	53	mesna	34
LEXIVA	39	LUPRON DEPOT-PED (3-MONTH)	53	MESNEX	34
LIALDA	56	LUZU	47	metaproterenol sulfate	13
lidocaine	51	LYNPARZA	33	metaxalone	64
lidocaine hcl	51	LYRICA	15,16	metformin hcl	20
lidocaine hcl (local anesth.)	60	LYSODREN	31	methadone hcl	5
lidocaine hcl (mouth-throat)	63	M-M-R II	74	methazolamide	52
		magnesium sulfate	62	methenamine hippurate	73
		MAGNESIUM SULFATE	62	methimazole	71
		malathion	51	methocarbamol	64
				methotrexate sodium	30
				METHOTREXATE SODIUM	30
				methotrexate sodium	30

methoxsalen rapid	48	morphine sulfate beads	5	neomycin sulfate	2
methscopolamine bromide	72	MOTOFEN	23	neomycin-bacitracin zn-polymyxin	66
methyl dopa	27	MOVANTIK	56	neomycin-polymy-dexameth	66
methylergonovine maleate	67	MOVIPREP	60	neomycin-polymyxin-gramicidin	66
methylphenidate hcl	1	MOXEZA	65	neomycin-polymyxin-hc (otic)	67
methylprednisolone	45,46	moxifloxacin hcl	55	neomycin/polymyxin b gu	57
methylprednisolone acetate	45	moxifloxacin hcl (ophth)	65	NERLYNX	33
methylprednisolone sod succ	45	MOZOBIL	59	NESINA	20
methyltestosterone	8	MULTAQ	11	NEULASTA	58
metoclopramide hcl	55	mupirocin	47	NEULASTA ONPRO KIT	58
metolazone	52	mupirocin calcium (topical)	47	NEUPOGEN	58
metoprolol & hydrochlorothiazide	28	MUSE	42	NEUPRO	35
metoprolol succinate	41	MUSTARGEN	29	NEVANAC	67
metoprolol tartrate	41	MYALEPT	54	nevirapine	39
METOPROLOL TARTRATE	41	MYCAMINE	24	NEXAVAR	33
metronidazole	8,9	mycophenolate mofetil	62,63	NEXIUM	72
metronidazole (topical)	51	mycophenolate mofetil hcl	63	niacin (antihyperlipidemic)	26
metronidazole in nacl	9	mycophenolate sodium	63	nicardipine hcl	42
metronidazole vaginal	74	MYLOTARG	30	NICOTROL INHALER	70
mexiletine hcl	11	MYRBETRIQ	73	NICOTROL NS	70
MIACALCIN	52	MYTESI	23	nifedipine	42
miconazole nitrate vaginal	74	nabumetone	3	nilutamide	31
midodrine hcl	74	nadolol	41	nimodipine	42
miglitol	19	nadolol & bendroflumethiazide	28	NINLARO	33
miglustat	58	NAFCILLIN SODIUM	68	NIPENT	34
MIGRANAL	61	nafcillin sodium	68	nisoldipine	42
minocycline hcl	71	naftifine hcl	48	NITRO-DUR	10
minoxidil	28	NAFTIN	48	nitrofurantoin	73
MIRCERA	58	NAGLAZYME	54	nitrofurantoin macrocrystal	73
mirtazapine	17	naloxone hcl	23	nitrofurantoin monohyd macro	73
MIRVASO	51	naltrexone hcl	23	nitroglycerin	10
misoprostol	73	NAMENDA XR	69	NITROGLYCERIN LINGUAL	10
MITIGARE	57	NAMENDA XR TITRATION PACK	69	NITROSTAT	10
mitomycin	32	NAPRELAN	3	nizatidine	72
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NORTHERA	74	olmesartan medoxomil-amlodipine-hydrochlorothiazide	28	oxycodone-aspirin	7
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This formulary was updated on 11/01/2018. 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, October 1 - February 14, seven days a week, 8 a.m. to 8 p.m.; February 15 - September 30, Monday - Friday, 8 a.m. to 8 p.m., or visit www.healthnet.com.

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