



Health Net Seniority Plus Employer (HMO)

## **2019 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 19530, Version Number 25

This formulary was updated on 12/01/2019. For more recent information or other questions, please contact Health Net Seniority Plus Employer (HMO) at 1-800-275-4737 (UC Employees: 1-800-539-4072) or, for TTY users, 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays, or visit: [www.healthnet.com/GroupMedicareFormulary](http://www.healthnet.com/GroupMedicareFormulary).

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2019. 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, 2020, 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market (see bullets below for more information on changes that affect members currently taking the drug). 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Health Net Seniority Plus Employer (HMO)’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 12/01/2019. To get updated information about the drugs covered by Health Net Seniority Plus Employer (HMO), please contact us. Our contact information appears on the front and back cover pages. If we make any other negative changes to a drug you are taking, we will notify you via mail. We will also post the changes on our website.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

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

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, Health Net Seniority Plus Employer (HMO) 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 online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Net Seniority Plus Employer (HMO) formulary?" on page v for information about how to request an exception.

### **What if my drug is not on the Formulary?**

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

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

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

### **How do I request an exception to the Health Net Seniority Plus Employer (HMO) Formulary?**

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

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

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

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

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

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

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

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

### **Level of care changes**

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

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

## **For more information**

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

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

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

## **Health Net Seniority Plus Employer (HMO) Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

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

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

## Abbreviations

The abbreviations below may appear in the 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 – March 31, 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. Our contact information appears on the front and back covers. TTY users should call 711.
MO	Mail Order	This drug is available at our mail order pharmacy in addition to other network pharmacies.
NDS	Non-Extended Day Supply	This prescription drug may not be available for an extended day supply. Call Member Services to ask if the drug is available as an extended supply.
NT	Non-TrOOP	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 simvastatin 40 mg. This may be in addition to a standard one-month or three-month supply limit.

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



## 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 tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage stage) for a one-month supply of drugs in each tier. 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
Tier 1 (Preferred Generic Drugs)	Tier 1 copayment	Includes preferred generic drugs.
Tier 2 (Preferred Brand Drugs)	Tier 2 copayment	Includes preferred brand drugs.
Tier 3 (Non-Preferred Drugs)	Tier 3 copayment	Includes non-preferred brand drugs and may include some generic drugs.
Tier 4 (Injectable Drugs)	Tier 4 copayment	Includes injectable drugs that do not meet the CMS cost threshold required to be placed on Tier 5.
Tier 5 (Specialty Tier)	Tier 5 copayment or coinsurance	Includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

**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 Customer Contact Center at California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

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 above and telling them you need help filing a grievance; Health Net's Customer Contact Center 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>.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

FLY023053EK00 (8/18)

Section 1557 Non-Discrimination Language  
Multi-Language Interpreter Services

---

ARABIC	تتبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (مكبلا و مصلا فتاه مقر: 711).
ARMENIAN	ՈՒՇԱԴԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք: California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)。
CUSHITE	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711). पर कॉल करें।
HMONG	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援サービスをご利用い ただけます。California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711) にお電話ください。
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) 번으로 전화해 주십시오.

---

MON-KHMER  
CAMBODIAN

---

ចំណាប់អារម្មណ៍: បេសនអ្នកនយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គមានសវាបអ្នក។ សូម  
ទូរស័ព្ទទៅលេខ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) ។

---

PERSIAN

توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.  
لطفاً با شماره  
California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO)  
تماس بگیرید. (TTY:711)

---

PUNJABI

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ  
ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ California: 1-800-431-9007 (Jade,  
Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711)  
‘ਤੇ ਕਾਲ ਕਰੋ।

---

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență  
lingvistică, gratuit. Sunați la Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

---

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны  
бесплатные услуги перевода. Звоните California: 1-800-431-9007 (Jade, Sapphire,  
Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913  
(HMO and PPO) (TTY: 711).

---

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de  
asistencia lingüística. Llame al California: 1-800-431-9007 (Jade, Sapphire, Amber,  
and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and  
PPO) (TTY: 711).

---

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga  
serbisyo ng tulong sa wika nang walang bayad. Tumawag sa California:  
1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other  
HMO) (TTY: 711).

---

THAI

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร California:  
1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other  
HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

---

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до  
безкоштовної служби мовної підтримки. Телефонуйте за номером  
Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

---

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn  
phí dành cho quý vị. Xin gọi California: 1-800-431-9007 (Jade, Sapphire, Amber,  
and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and  
PPO) (TTY:711).

---

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
<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; +
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<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; *
<b>Stimulants - Misc.</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tabs</i>	1	PA; MO; *
DAYTRANA PTCH	3	MO; +
<i>dexmethylphenidate hcl cp24</i>	1	MO; *
<i>dexmethylphenidate hcl tabs</i>	1	MO; *
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO; *
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); MO; *
<i>methylphenidate hcl cpcr 20 mg</i>	1	QL(2 ea daily); MO; *
<i>methylphenidate hcl cpcr 30 mg</i>	1	MO; *
<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	1	QL(3 ea daily); MO; *
<i>methylphenidate hcl tb24 18 mg, 27 mg, 36 mg, 54 mg</i>	1	Non-Osmotic Release; *
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO; *
<i>methylphenidate hcl tbcr 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; *
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
ORALAIR SUBL	3	PA; MO; +
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate soln</i>	4	MO; +
ARIKAYCE SUSP	5	PA; NDS; MO; +
BETHKIS NEBU	5	B/D; NDS; +
GENTAMICIN SULFATE PEDIATRIC SOLN	4	MO; +

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

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24	5	PA; NDS; +
<b>Antirheumatic Antimetabolites</b>		
OTREXUP SOAJ	4	PA; +
RASUVO SOAJ	4	PA; +
<b>Gold Compounds</b>		
RIDAURA CAPS	5	NDS;MO; +
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR	5	NDS;LA; +
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SOSY	5	PA; NDS;MO; +
<b>Interleukin-1beta Blockers</b>		
ILARIS SOLN	5	PA; NDS;LA; +
ILARIS SOLR	5	PA; NDS;LA; +
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA SOLN	5	PA; NDS; +
ACTEMRA SOSY	5	PA; NDS; +
KEVZARA SOAJ	5	PA; NDS; +
KEVZARA SOSY	5	PA; NDS; +
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
<i>celecoxib caps</i>	1	MO; *
<i>diclofenac potassium tabs</i>	1	MO; *
<i>diclofenac sodium tb24</i>	1	MO; *
<i>diclofenac sodium tbec</i>	1	MO; *
<i>diclofenac w/ misoprostol tbec</i>	1	MO; *
DUEXIS TABS	5	PA; NDS;MO; +
<i>etodolac caps</i>	1	MO; *
<i>etodolac tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac tb24</i>	1	MO; *
<i>flurbiprofen tabs</i>	1	MO; *
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC; MO; *
<i>ibuprofen tabs 400 mg</i>	1	SL(8 ea daily); MO; *
<i>ibuprofen tabs 600 mg</i>	1	SL(5.33 ea daily); MO; *
<i>ibuprofen tabs 800 mg</i>	1	SL(4 ea daily); MO; *
INDOCIN SUSP OR 25 MG/5ML	3	AL(Up to 64 yrs old); MO; +
<i>indomethacin caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>indomethacin cpcr</i>	1	AL(Up to 64 yrs old); MO; *
<i>ketoprofen caps 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 100 mg</i>	1	MO; *
<i>mefenamic acid caps</i>	1	MO; *
<i>meloxicam tabs</i>	1	MO; *
<i>nabumetone tabs</i>	1	MO; *
NAPRELAN TB24 750 MG	3	MO; +
<i>naproxen sodium tabs</i>	1	MO; *
<i>naproxen sodium tb24</i>	1	MO; *
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	MO; *
<i>naproxen tbec 375 mg, 500 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin tabs</i>	1	MO; *
<i>piroxicam caps</i>	1	MO; *
<i>sulindac tabs</i>	1	MO; *
<i>tolmetin sodium caps 400 mg</i>	1	MO; *
<i>tolmetin sodium tabs 200 mg</i>	1	*
VIMOVO TBEC	5	PA; NDS; MO; +
ZIPSOR CAPS	3	MO; +
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	5	PA; NDS; +
OTEZLA TBPk	5	PA; NDS; +
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide tabs</i>	1	MO; *
<b>Selective Costimulation Modulators</b>		
ORENCIA CLICKJECT SOAJ	5	PA; NDS; +
ORENCIA SOLR	5	PA; NDS; +
ORENCIA SOSY	5	PA; NDS; +
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	5	PA; NDS; +
ENBREL SOLR	5	PA; NDS; +
ENBREL SOSY	5	PA; NDS; +
ENBREL SURECLICK SOAJ	5	PA; NDS; +
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Salicylates</b>		
<i>diflunisal tabs</i>	1	MO; *
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		

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

Drug Name	Drug Tier	Requirements/Limits
ABSTRAL SUBL 100 MCG	3	PA; QL(16 ea daily); +
ABSTRAL SUBL 200 MCG	5	PA; NDS;QL(8 ea daily); +
ABSTRAL SUBL 300 MCG	5	PA; NDS;QL(5.34 ea daily); +
ABSTRAL SUBL 400 MCG, 600 MCG, 800 MCG	5	PA; NDS;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; NDS;QL(8 ea daily); MO; +
<i>fentanyl citrate lpop bu 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA; NDS;QL(4 ea daily); MO; +
FENTANYL CITRATE TABS BU 100 MCG	5	PA; NDS;QL(16 ea daily); MO; +
FENTANYL CITRATE TABS BU 200 MCG	5	PA; NDS;QL(8 ea daily); MO; +
FENTANYL CITRATE TABS BU 400 MCG, 600 MCG, 800 MCG	5	PA; NDS;QL(4 ea daily); MO; +
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	Limit 10 patches per month;QL(0.34 ea daily); MO; *
FENTORA TABS 100 MCG	5	PA; NDS;QL(16 ea daily); MO; +
FENTORA TABS 200 MCG	5	PA; NDS;QL(8 ea daily); MO; +
FENTORA TABS 400 MCG, 600 MCG, 800 MCG	5	PA; NDS;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 1 mg/ml, 2 mg/ml</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	+
<i>hydromorphone hcl soln ij 2 mg/ml</i>	4	Preservative Free; +
HYDROMORPHONE HCL SOLN IJ 4 MG/ML	4	MO; +
<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 8 mg</i>	1	QL(6.27 ea daily); MO; *
<i>hydromorphone hcl tabs or 2 mg, 4 mg</i>	1	QL(9 ea daily); MO; *
<i>hydromorphone hcl tabs or 8 mg</i>	1	QL(6.25 ea daily); MO; *
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 20 MG, 30 MG, 40 MG, 60 MG	3	PA; QL(2 ea daily); MO; +
HYSINGLA ER T24A 80 MG, 100 MG, 120 MG	3	PA; QL(1 ea daily); MO; +
KADIAN CP24 200 MG	3	PA; QL(1 ea daily); MO; +
KADIAN CP24 40 MG ( <i>Morphine Sulfate</i> )	3	PA; QL(3 ea daily); MO; +
LAZANDA SOLN 100 MCG/ACT	5	PA; NDS;QL(1 ea daily); MO; +
LAZANDA SOLN 300 MCG/ACT	5	PA; NDS; Limit 15 boxes per month ;QL(0.5 ea daily); MO; +

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



Drug Name	Drug Tier	Requirements/Limits
LAZANDA SOLN 400 MCG/ACT	5	PA; NDS; Limit 8 bottles per month; QL(0.27 ea daily); MO; +
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(6.67 ml daily); MO; *
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(33.34 ml daily); MO; *
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(15 ml daily); MO; *
<i>methadone hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily); MO; *
<i>morphine sulfate beads cp24 120 mg</i>	1	QL(1.67 ea daily); MO; *
<i>morphine sulfate beads cp24 30 mg</i>	1	QL(6.67 ea daily); MO; *
<i>morphine sulfate beads cp24 45 mg</i>	1	QL(4.44 ea daily); MO; *
<i>morphine sulfate beads cp24 60 mg</i>	1	QL(3.34 ea daily); MO; *
<i>morphine sulfate beads cp24 75 mg</i>	1	QL(2.67 ea daily); MO; *
<i>morphine sulfate beads cp24 90 mg</i>	1	QL(2.24 ea daily); MO; *
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg</i>	1	QL(3 ea daily); MO; *
<i>morphine sulfate cp24 or 100 mg</i>	5	NDS; QL(2 ea daily); MO; +
<i>morphine sulfate cp24 or 40 mg</i>	1	PA; QL(3 ea daily); MO; *
<i>morphine sulfate cp24 or 60 mg</i>	1	QL(3.34 ea daily); MO; *
<i>morphine sulfate cp24 or 80 mg</i>	1	QL(2.5 ea daily); MO; *
<i>morphine sulfate soln ij 0.5 mg/ml</i>	4	+
<i>morphine sulfate soln ij 1 mg/ml</i>	4	MO; +
<i>morphine sulfate soln or 10 mg/5ml</i>	1	QL(100 ml daily); MO; *
<i>morphine sulfate soln or 20 mg/5ml</i>	1	QL(50 ml daily); MO; *
<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	1	QL(10 ml daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tabs or 15 mg</i>	1	QL(13.34 ea daily); MO; *
MORPHINE SULFATE TABS OR 15 MG ( <i>Morphine Sulfate</i> )	3	QL(13.34 ea daily); MO; +
<i>morphine sulfate tabs or 30 mg</i>	1	QL(6.67 ea daily); MO; *
MORPHINE SULFATE TABS OR 30 MG ( <i>Morphine Sulfate</i> )	3	QL(6.67 ea daily); MO; +
<i>morphine sulfate tbc or 100 mg, 200 mg</i>	1	QL(2 ea daily); MO; *
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg</i>	1	QL(3 ea daily); MO; *
NUCYNTA ER TB12 100 MG	2	QL(6.67 ea daily); MO; +
NUCYNTA ER TB12 150 MG	2	QL(4.44 ea daily); MO; +
NUCYNTA ER TB12 200 MG	2	QL(3.34 ea daily); MO; +
NUCYNTA ER TB12 250 MG	2	QL(2 ea daily); MO; +
NUCYNTA ER TB12 50 MG	2	QL(13.34 ea daily); MO; +
NUCYNTA TABS 100 MG	3	QL(6.67 ea daily); MO; +
NUCYNTA TABS 50 MG	3	QL(13.34 ea daily); MO; +
NUCYNTA TABS 75 MG	3	QL(8.88 ea daily); MO; +
<i>oxycodone hcl caps 5 mg</i>	1	QL(6 ea daily); MO; *
<i>oxycodone hcl conc 100 mg/5ml</i>	1	QL(6 ml daily); MO; *
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4.44 ea daily); MO; *
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	1	QL(6 ea daily); MO; *
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	1	QL(6 ea daily); MO; *
<i>oxymorphone hcl tb12 10 mg</i>	1	QL(3 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; *

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxymorphone hcl tb12 30 mg</i>	1	QL(2.22 ea daily); MO; *
<i>oxymorphone hcl tb12 40 mg</i>	1	QL(2 ea daily); MO; *
<i>oxymorphone hcl tb12 5 mg</i>	1	QL(13.34 ea daily); MO; *
<i>oxymorphone hcl tb12 7.5 mg</i>	1	QL(8.89 ea daily); MO; *
SUBSYS LIQD 100 MCG	5	PA; NDS; QL(16 ea daily); MO; +
SUBSYS LIQD 1200 MCG	5	PA; NDS; QL(2 ea daily); +
SUBSYS LIQD 200 MCG	5	PA; NDS; QL(8 ea daily); MO; +
SUBSYS LIQD 400 MCG, 600 MCG, 800 MCG, 1600 MCG	5	PA; NDS; QL(4 ea daily); MO; +
<i>tramadol hcl tabs 50 mg</i>	1	SL(8 ea daily); MO; *
<i>tramadol hcl tb24 100 mg</i>	1	SL(3 ea daily); MO; *
<i>tramadol hcl tb24 200 mg</i>	1	SL(1.5 ea daily); MO; *
<i>tramadol hcl tb24 300 mg</i>	1	SL(1 ea daily); MO; *
ZOHYDRO ER C12A 10 MG, 15 MG	3	PA; QL(3 ea daily); MO; +
ZOHYDRO ER C12A 20 MG, 30 MG, 40 MG, 50 MG	3	PA; QL(2 ea daily); MO; +
<b>Opioid Combinations</b>		
<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; *

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate sublingual 8mg-2mg</i>	1	QL(4 ea daily); MO; *
<i>buprenorphine ptwk 10 mcg/hr</i>	1	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; *
<i>buprenorphine ptwk 15 mcg/hr</i>	1	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; *
<i>buprenorphine ptwk 20 mcg/hr</i>	1	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; *
<i>buprenorphine ptwk 5 mcg/hr</i>	1	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; *
BUPRENORPHINE PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
<i>butorphanol tartrate soln inj 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 ( <i>Buprenorphine</i> )	2	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; +
BUTRANS PTWK 15 MCG/HR ( <i>Buprenorphine</i> )	2	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; +
BUTRANS PTWK 20 MCG/HR ( <i>Buprenorphine</i> )	2	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; +
BUTRANS PTWK 5 MCG/HR ( <i>Buprenorphine</i> )	2	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
BUTRANS PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
SUBOXONE FILM 8MG-2MG ( <i>Buprenorphine HCl-Naloxone HCl Dihydrate</i> )	3	QL(3 ea daily); MO; +
ZUBSOLV SUBL 0.7MG-0.18MG	3	MO; +
ZUBSOLV SUBL 1.4MG-0.36MG, 11.4MG-2.9MG, 2.9MG-0.71MG	3	QL(1 ea daily); MO; +
ZUBSOLV SUBL 5.7MG-1.4MG	3	QL(3 ea daily); MO; +
ZUBSOLV SUBL 8.6MG-2.1MG	3	QL(2 ea daily); MO; +
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS	5	NDS;MO; +
<i>oxandrolone tabs 10 mg</i>	5	NDS;MO; +
<i>oxandrolone tabs 2.5 mg</i>	1	MO; *
<b>Androgens</b>		
AVEED SOLN	3	LA; +
<i>danazol caps</i>	1	MO; *
<i>methyltestosterone caps</i>	1	MO; *
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	4	MO; +
<i>testosterone enanthate soln im</i>	4	MO; +
<i>testosterone gel td 1 %, 1.62 %, 50 mg/5gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	MO; *
<i>testosterone soln td 30 mg/act</i>	1	MO; *
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intra-rectal Steroids</b>		

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

Drug Name	Drug Tier	Requirements/Limits
CORTIFOAM FOAM	3	MO; +
<i>hydrocortisone (intrarectal) enem</i>	1	MO; *
UCERIS FOAM RE 2 MG/ACT	3	MO; +
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) crea</i>	1	MO; *
<b>Vasodilating Agents</b>		
RECTIV OINT	3	MO; +
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	1	MO; *
ALBENZA TABS ( <i>Albendazole</i> )	3	MO; +
BILTRICIDE TABS ( <i>Praziquantel</i> )	2	MO; +
<i>ivermectin tabs</i>	1	MO; *
<i>praziquantel tabs</i>	1	MO; *
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
IMPAVIDO CAPS	5	NDS;MO; +
<i>metronidazole caps or 375 mg</i>	1	SL(10.6 ea daily); MO; *
<i>metronidazole in nacl soln 0.79%-500mg/100ml, 0.79%-5mg/ml</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 ( <i>Pentamidine Isethionate</i> )	4	MO; +
<i>pentamidine isethionate solr</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole tabs</i>	1	MO; *
<i>trimethoprim tabs</i>	1	MO; *
XIFAXAN TABS 200 MG	5	NDS;MO; +
XIFAXAN TABS 550 MG	5	NDS;QL(3 ea daily); MO; +
<b>Anti-infective Misc. - Combinations</b>		
<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; *
<b>Antiprotozoal Agents</b>		
ALINIA TABS 500 MG	3	MO; +
<i>atovaquone susp</i>	5	NDS;MO; +
<b>Carbapenems</b>		
DORIBAX SOLR	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; +
<i>meropenem solr 500 mg</i>	1	*
VABOMERE SOLR	4	+
<b>Chloramphenicols</b>		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	+
<b>Cyclic Lipopeptides</b>		
<i>daptomycin solr 500 mg</i>	5	NDS; +

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

Drug Name	Drug Tier	Requirements/Limits
<b>Glycopeptides</b>		
FIRVANQ SOLR	3	MO; +
ORBACTIV SOLR	5	NDS; +
vancomycin hcl caps or 125 mg	3	PA; MO; +
vancomycin hcl caps or 250 mg	5	PA; NDS;MO; +
vancomycin hcl solr iv 1 gm, 5 gm, 10 gm, 750 mg, 1000 mg	4	+
vancomycin hcl solr iv 500 mg	4	MO; +
VANCOMYCIN HYDROCHLORIDE SOLR IV 750 MG	4	+
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	3	MO; +
VANCOMYCIN HYDROCHLORIDE/DEXT ROSE SOLN 5%-1GM/200ML, 5%-500MG/100ML, 5%-750MG/150ML	4	+
<b>Leprostatics</b>		
dapsone tabs	1	MO; *
<b>Lincosamides</b>		
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	4	+
clindamycin hcl caps	1	MO; *
clindamycin palmitate hydrochloride solr	1	MO; *
clindamycin phosphate in d5w soln	4	+
clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml	4	MO; +
clindamycin phosphate soln ij 9 gm/60ml, 300 mg/2ml, 9000 mg/60ml	4	+

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	+
lincomycin hcl soln	4	MO; +
<b>Monobactams</b>		
aztreonam solr	4	MO; +
CAYSTON SOLR	5	PA; NDS;LA; +
<b>Oxazolidinones</b>		
linezolid soln iv 600 mg/300ml	5	NDS; +
LINEZOLID SOLN IV 600MG/300ML-0.9%	5	NDS; +
linezolid susr or 100 mg/5ml	5	NDS;MO; +
linezolid tabs or 600 mg	5	NDS;MO; +
SIVEXTRO SOLR IV	5	NDS; +
SIVEXTRO TABS OR	5	NDS;MO; +
ZYVOX SOLN IV 200 MG/100ML	5	NDS; +
<b>Polymyxins</b>		
colistimethate sodium solr	4	MO; +
polymyxin b sulfate solr	4	+
<b>Streptogramins</b>		
SYNERCID SOLR	4	+
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
ranolazine tb12	1	MO; *
<b>Nitrates</b>		
DILATRATE SR CPR	3	MO; +
ISORDIL TITRADOSE TABS 40 MG	5	NDS;MO; +
isosorbide dinitrate tabs	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tbc</i>	1	MO; *
<i>isosorbide mononitrate tabs</i>	1	MO; *
<i>isosorbide mononitrate tb24</i>	1	MO; *
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	3	MO; +
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; +
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl tabs</i>	1	MO; *
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *
HYDROXYZINE HYDROCHLORIDE SOLN	4	AL(Up to 64 yrs old); MO; +
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>meprobamate tabs</i>	1	AL(Up to 64 yrs old); MO; *
<b>Benzodiazepines</b>		
<i>alprazolam tabs</i>	1	MO; *
<i>alprazolam tb24</i>	1	MO; *
<i>alprazolam tbdp</i>	1	MO; *
<i>clorazepate dipotassium tabs</i>	1	MO; *
<i>diazepam conc or 5 mg/ml</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	MO; *
<i>lorazepam soln</i>	1	MO; *
<i>lorazepam tabs</i>	1	MO; *
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<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 tbc or 324 mg</i>	1	MO; *
<i>quinidine sulfate tabs</i>	1	MO; *
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	1	MO; *
<b>Antiarrhythmics Type I-C</b>		
<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; *
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	MO; *
<i>dofetilide caps</i>	1	*
MULTAQ TABS	2	MO; +
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1	B/D; MO; *
<b>Antiasthmatic - Monoclonal Antibodies</b>		
CINQAIR SOLN	5	PA; NDS;LA; +
FASENRA SOSY	5	PA; NDS; +
NUCALA SOLR 100 MG	5	PA; NDS;LA; +
XOLAIR SOLR	5	PA; NDS;LA; +
XOLAIR SOSY	5	PA; NDS;LA; +
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	3	Limit 2 inhalers per month;QL(0.86 gm daily); MO; +
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily); MO; +
<i>ipratropium bromide soln</i>	1	B/D; MO; *
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; +
<b>Leukotriene Modulators</b>		
<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; *

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tabs</i>	1	MO; *
<i>zileuton tb12</i>	5	NDS;SL(4 ea daily); MO; +
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP TABS	3	QL(1 ea daily); MO; +
<b>Steroid Inhalants</b>		
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; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	2	Limit 8 inhalers per month;SL(0.27 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
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 35 inhalers per month;SL(1.17 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; +
PULMICORT FLEXHALER AEPB 90 MCG/ACT	3	Limit 8 inhalers per month;QL(0.27 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
QVAR AERS	2	Limit 3 inhalers per month;QL(0.87 gm daily); MO; +
<b>Sympathomimetics</b>		
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 3 inhalers per 2 months;SL(0.2 gm daily); MO; +
DULERA AERO	2	QL(4 gm daily); MO; +
<i>fluticasone-salmeterol aepb</i>	1	QL(2 ea daily); MO; *
<i>ipratropium-albuterol soln</i>	1	B/D; MO; *
<i>levalbuterol hcl nebu</i>	1	B/D; MO; *
<i>levalbuterol tartrate aero</i>	3	MO; +

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



Drug Name	Drug Tier	Requirements/Limits
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; +
VENTOLIN HFA AERS	3	MO; +
<b>Xanthines</b>		
<i>aminophylline soln</i>	4	+
<i>theophylline tb12 300 mg, 450 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; *
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS ( <i>Warfarin Sodium</i> )	3	MO; +
<i>warfarin sodium tabs</i>	1	MO; *
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS 40 MG	3	QL(1 ea daily); +
BEVYXXA CAPS 80 MG	3	QL(1 ea daily); MO; +
ELIQUIS STARTER PACK TABS	3	MO; +
ELIQUIS TABS	3	MO; +
SAVAYSA TABS	3	MO; +
XARELTO STARTER PACK TBPK	2	MO; +
XARELTO TABS	2	MO; +
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	MO; +
<i>enoxaparin sodium soln sc 100 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml, 120 mg/0.8ml</i>	1	MO; *
<i>enoxaparin sodium soln sc 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml</i>	4	MO; +
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	MO; +
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	1	MO; *
<i>fondaparinux sodium soln 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NDS;MO; +
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
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	NDS;MO; +
<i>heparin sodium (porcine) soln</i>	4	MO; +
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	4	+
<b>Thrombin Inhibitors</b>		
<i>argatroban soln 250 mg/2.5ml</i>	4	+
ARGATROBAN SOLN 250 MG/2.5ML	4	+
PRADAXA CAPS	2	MO; +
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	3	MO; +
FYCOMPA TABS	3	MO; +
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp 2.5 mg/ml</i>	1	MO; *
<i>clobazam tabs 10 mg</i>	1	MO; *
<i>clobazam tabs 20 mg</i>	5	NDS;MO; +
<i>clonazepam tabs 0.5 mg</i>	1	SL(40 ea daily); MO; *
<i>clonazepam tabs 1 mg</i>	1	SL(20 ea daily); MO; *
<i>clonazepam tabs 2 mg</i>	1	SL(10 ea daily); MO; *
<i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
DIASTAT ACUDIAL GEL	3	MO; +
DIASTAT PEDIATRIC GEL	3	MO; +
<i>diazepam (anticonvulsant) gel</i>	3	MO; +

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine susp</i>	1	MO; *
<i>carbamazepine tabs</i>	1	MO; *
<i>carbamazepine tb12</i>	1	MO; *
CARBATROL CP12 (Carbamazepine)	3	MO; +
EPIDIOLEX SOLN	5	PA; NDS; +
<i>gabapentin caps</i>	1	MO; *
<i>gabapentin soln</i>	1	MO; *
<i>gabapentin tabs</i>	1	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; *
<i>oxcarbazepine susp</i>	1	MO; *
<i>oxcarbazepine tabs</i>	1	MO; *
<i>pregabalin caps 150 mg, 200 mg, 225 mg</i>	1	QL(2 ea daily); MO; *
<i>pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 300 mg</i>	1	SL(2 ea daily); MO; *
<i>pregabalin soln 20 mg/ml</i>	1	SL(30 ml daily); MO; *
<i>primidone tabs</i>	1	MO; *
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 (Carbamazepine)	3	MO; +
TEGRETOL TABS (Carbamazepine)	3	MO; +
TEGRETOL-XR TB12 (Carbamazepine)	3	MO; +
<i>topiramate cpsp</i>	1	MO; *
<i>topiramate tabs</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; *
<b>Carbamates</b>		
<i>felbamate susp</i>	1	MO; *
<i>felbamate tabs</i>	1	MO; *
<b>GABA Modulators</b>		
<i>tiagabine hcl tabs</i>	1	MO; *
<i>vigabatrin pack</i>	5	NDS;LA; MO; +
<i>vigabatrin tabs</i>	5	NDS;LA; +
<b>Hydantoins</b>		

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

Drug Name	Drug Tier	Requirements/Limits
DILANTIN-125 SUSP (Phenytoin)	3	MO; +
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	4	+
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	4	MO; +
PEGANONE TABS	3	MO; +
<i>phenytoin chew</i>	1	MO; *
<i>phenytoin sodium extended caps 30 mg, 100 mg, 200 mg, 300 mg</i>	1	MO; *
<i>phenytoin sodium soln</i>	4	+
<i>phenytoin susp</i>	1	MO; *
<b>Succinimides</b>		
CELONTIN CAPS	3	MO; +
<i>ethosuximide caps</i>	1	MO; *
<i>ethosuximide soln</i>	1	MO; *
<b>Valproic Acid</b>		
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; *
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tabs</i>	1	MO; *
<i>mirtazapine tbdp</i>	1	MO; *
<b>Antidepressants - Misc.</b>		
APLENZIN TB24 174 MG	3	ST; SL(3 ea daily); MO; +
APLENZIN TB24 348 MG	3	ST; SL(1.5 ea daily); MO; +
APLENZIN TB24 522 MG	3	ST; SL(1 ea daily); MO; +
<i>bupropion hcl tabs 100 mg</i>	1	SL(4.5 ea daily); MO; *
<i>bupropion hcl tabs 75 mg</i>	1	SL(6 ea daily); MO; *
<i>bupropion hcl tb12 100 mg</i>	1	SL(4 ea daily); MO; *
<i>bupropion hcl tb12 150 mg</i>	1	SL(2.66 ea daily); MO; *
<i>bupropion hcl tb12 200 mg</i>	1	SL(2 ea daily); MO; *
<i>bupropion hcl tb24 150 mg</i>	1	SL(3 ea daily); MO; *
<i>bupropion hcl tb24 300 mg</i>	1	SL(1.5 ea daily); MO; *
BUPROPION HYDROCHLORIDE ER (XL) TB24	3	ST; MO; +
FORFIVO XL TB24	3	ST; MO; +
<i>maprotiline hcl tabs</i>	1	MO; *
<b>GABA Receptor Modulator - Neuroactive Steroid</b>		
ZULRESSO SOLN	5	PA; NDS; +
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24	5	NDS;MO; +
MARPLAN TABS	3	MO; +
<i>phenelzine sulfate tabs</i>	1	MO; *
<i>tranylcypromine sulfate tabs</i>	1	MO; *
<b>N-Methyl-D-aspartic acid (NMDA) Receptor</b>		

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

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 56MG DOSE SOPK	5	PA; NDS;MO; +
SPRAVATO 84MG DOSE SOPK	5	PA; NDS;MO; +
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	SL(20 ml daily); MO; *
<i>citalopram hydrobromide tabs 10 mg</i>	1	SL(4 ea daily); MO; *
<i>citalopram hydrobromide tabs 20 mg</i>	1	SL(2 ea daily); MO; *
<i>citalopram hydrobromide tabs 40 mg</i>	1	SL(1 ea daily); MO; *
<i>escitalopram oxalate soln</i>	1	MO; *
<i>escitalopram oxalate tabs</i>	1	MO; *
<i>fluoxetine hcl caps</i>	1	MO; *
<i>fluoxetine hcl cpdr</i>	1	MO; *
<i>fluoxetine hcl soln</i>	1	MO; *
<i>fluoxetine hcl tabs</i>	1	MO; *
<i>fluvoxamine maleate cp24</i>	1	MO; *
<i>fluvoxamine maleate tabs</i>	1	MO; *
<i>paroxetine hcl tabs</i>	1	MO; *
<i>paroxetine hcl tb24</i>	1	MO; *
PAXIL SUSP 10 MG/5ML	3	MO; +
PEXEVA TABS	3	ST; MO; +
<i>sertraline hcl conc</i>	1	MO; *
<i>sertraline hcl tabs</i>	1	MO; *
<b>Serotonin Modulators</b>		
<i>nefazodone hcl tabs 50 mg, 100 mg, 150 mg, 200 mg, 250 mg</i>	1	MO; *
<i>trazodone hcl tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
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; +
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
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; *
<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; *

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

Drug Name	Drug Tier	Requirements/ Limits
<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; *
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>amoxapine tabs</i>	1	MO; *
<i>clomipramine hcl caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>desipramine hcl tabs</i>	1	MO; *
<i>doxepin hcl caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>doxepin hcl conc</i>	1	AL(Up to 64 yrs old); MO; *
<i>imipramine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>imipramine pamoate caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; *
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	MO; *
<i>protriptyline hcl tabs</i>	1	MO; *
<i>trimipramine maleate caps</i>	1	AL(Up to 64 yrs old); MO; *
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	1	QL(3 ea daily); MO; *
<i>miglitol tabs</i>	1	QL(3 ea daily); MO; *
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 60 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; +
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET XR TB24 15MG-1000MG	2	SL(2 ea daily); +
ACTOPLUS MET XR TB24 30MG-1000MG	2	SL(1.5 ea daily); +
<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; *
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; +

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

Drug Name	Drug Tier	Requirements/Limits
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; +
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; +
<b>Biguanides</b>		
<i>metformin hcl tabs 1000 mg</i>	1	SL(2.55 ea daily); MO; *
<i>metformin hcl tabs 500 mg</i>	1	SL(5.1 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tabs 850 mg</i>	1	SL(3 ea daily); MO; *
<i>metformin hcl tb24 500 mg</i>	1	(GLUCOPHAG E XR);SL(4 ea daily); MO; *
<i>metformin hcl tb24 750 mg</i>	1	(GLUCOPHAG E XR);SL(2.66 ea daily); MO; *
RIOMET SOLN	2	SL(25.5 ml daily); MO; +
<b>Diabetic Other</b>		
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; +
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tabs 12.5 mg</i>	3	PA; QL(2 ea daily); MO; +
<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; +

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

Drug Name	Drug Tier	Requirements/Limits
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS	3	QL(6 ea daily); MO; +
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
BYDUREON BCISE AUJ	2	ST; MO; +
BYDUREON PEN PEN	2	ST; MO; +
BYDUREON SRER	2	ST; +
BYETTA SOPN	2	ST; MO; +
TANZEUM PEN	3	ST; +
TRULICITY SOPN	5	ST; NDS; MO; +
VICTOZA SOPN	2	ST; MO; +
<b>Insulin Sensitizing Agents</b>		
AVANDIA TABS 2 MG	2	SL(4 ea daily); MO; +
AVANDIA TABS 4 MG	2	SL(2 ea daily); MO; +
<i>pioglitazone hcl tabs 15 mg</i>	1	SL(3 ea daily); MO; *
<i>pioglitazone hcl tabs 30 mg</i>	1	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl tabs 45 mg</i>	1	SL(1 ea daily); MO; *
<b>Insulin</b>		
AFREZZA POWD 12 UNIT	5	NDS; QL(18 ea daily); MO; +
AFREZZA POWD 4 UNIT, 8 UNIT	3	QL(18 ea daily); MO; +
APIDRA SOLN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
FIASP FLEXTOUCH SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
FIASP SOLN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 SUSP	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
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; +

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



Drug Name	Drug Tier	Requirements/Limits
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; +
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; +

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
TOUJEO MAX SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; +
TOUJEO SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; +
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; +
<b>Meglitinide Analogues</b>		
<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; *
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA TABS	3	MO; +
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
<b>Sulfonylureas</b>		
<i>glimepiride tabs 1 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 vii.

Drug Name	Drug Tier	Requirements/Limits
<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 10 mg</i>	1	SL(4 ea daily); MO; *
<i>glipizide tabs 5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 10 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tb24 2.5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 5 mg</i>	1	SL(4 ea daily); MO; *
<i>glyburide micronized tabs 1.5 mg</i>	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glyburide micronized tabs 3 mg</i>	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
<i>glyburide micronized tabs 6 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
<i>glyburide tabs 1.25 mg</i>	1	AL(Up to 64 yrs old); SL(16 ea daily); MO; *
<i>glyburide tabs 2.5 mg</i>	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glyburide tabs 5 mg</i>	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
<i>tolazamide tabs 500 mg</i>	1	SL(2 ea daily); MO; *
<i>tolbutamide tabs</i>	1	SL(6 ea daily); MO; *
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
MYTESI TBEC	3	PA; QL(2 ea daily); MO; +
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine tabs</i>	1	MO; *
<i>loperamide hcl caps</i>	1	RX/OTC; MO; *

Drug Name	Drug Tier	Requirements/Limits
MOTOFEN TABS	3	MO; +
<i>opium tincture tinc</i>	5	NDS;MO; +
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	3	MO; +
<i>deferasirox tbso</i>	5	NDS; +
FERRIPROX TABS 500 MG, 1000 MG	5	PA; NDS;LA; MO; +
JADENU SPRINKLE PACK	5	NDS; +
JADENU TABS	5	NDS; +
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD PACK	5	NDS;MO; +
<b>Opioid Antagonists</b>		
EVZIO SOAJ 2 MG/0.4ML	3	PA; MO; +
<i>naloxone hcl sosy 2 mg/2ml</i>	1	*
<i>naltrexone hcl tabs</i>	1	MO; *
NARCAN LIQD	3	Limit 4 per month;QL(0.13 4 ea daily); MO; +
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<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; *

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

Drug Name	Drug Tier	Requirements/Limits
SANCUSO PTCH	5	NDS;MO; +
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl tabs</i>	1	RX/OTC; MO; *
<i>scopolamine pt72</i>	1	MO; *
TIGAN SOLN IM 100 MG/ML	4	MO; +
TRANSDERM SCOP PT72 ( <i>Scopolamine</i> )	3	MO; +
TRANSDERM-SCOP PT72 ( <i>Scopolamine</i> )	3	MO; +
<i>trimethobenzamide hcl caps</i>	1	MO; *
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO CAPS OR 300MG-0.5MG	3	B/D; MO; +
CESAMET CAPS	3	B/D; MO; +
<i>dronabinol caps 10 mg</i>	5	B/D; NDS;MO; +
<i>dronabinol caps 5 mg, 2.5 mg</i>	1	B/D; MO; *
SYNDROS SOLN	5	B/D; NDS;MO; +
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps 40 mg</i>	1	PA; MO; *
<i>aprepitant caps 80 mg, 125 mg</i>	1	B/D; MO; *
VARUBI TABS OR 90 MG	3	B/D; +
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
ERAXIS SOLR	4	+
MYCAMINE SOLR 100 MG	5	NDS; +
MYCAMINE SOLR 50 MG	5	NDS;MO; +
<b>Antifungals</b>		
ABELCET SUSP	4	PA; +

Drug Name	Drug Tier	Requirements/Limits
AMBISOME SUSR	4	PA; +
AMPHOTERICIN B SOLR	4	PA; MO; +
<i>flucytosine caps</i>	1	MO; *
<i>griseofulvin microsize susp</i>	1	MO; *
<i>griseofulvin microsize tabs</i>	1	MO; *
<i>griseofulvin ultramicrosize tabs</i>	1	MO; *
<i>nystatin tabs</i>	1	MO; *
<i>terbinafine hcl tabs</i>	1	MO; *
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS OR 186 MG	5	NDS;MO; +
CRESEMBA SOLR IV 372 MG	5	NDS; +
<i>fluconazole in dextrose soln</i>	4	+
<i>fluconazole in nacl soln 200mg/100ml-0.9%, 400mg/200ml-0.9%</i>	4	+
<i>fluconazole susr</i>	1	MO; *
<i>fluconazole tabs</i>	1	MO; *
<i>itraconazole caps 100 mg</i>	1	MO; *
<i>itraconazole soln 10 mg/ml</i>	5	NDS;MO; +
<i>ketoconazole tabs</i>	1	MO; *
NOXAFIL SOLN IV 300 MG/16.7ML	5	NDS; +
NOXAFIL SUSP OR 40 MG/ML	5	NDS;MO; +
NOXAFIL TBEC OR 100 MG ( <i>Posaconazole</i> )	5	NDS;MO; +
<i>posaconazole tbec</i>	5	NDS;MO; +
SPORANOX SOLN 10 MG/ML ( <i>Itraconazole</i> )	5	NDS;MO; +
<i>voriconazole solr iv 200 mg</i>	1	*

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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole susr or 40 mg/ml</i>	1	MO; *
<i>voriconazole tabs or 50 mg, 200 mg</i>	5	NDS;MO; +
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>carbinoxamine maleate tabs 4 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>clemastine fumarate tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	4	MO; +
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl soln 1 mg/ml</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; *
<b>Antihistamines - Phenothiazines</b>		
<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 syrpf 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; *
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrpf</i>	1	AL(Up to 64 yrs old); MO; *
<i>cyproheptadine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
<b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Antihyperlipidemics - Combinations</b>		
<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	QL(1 ea daily); MO; *
<b>Antihyperlipidemics - Misc.</b>		
KYNAMRO SOSY	5	PA; NDS;LA; +
<i>omega-3-acid ethyl esters caps</i>	1	MO; *
VASCEPA CAPS	3	ST; MO; +
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light pack</i>	1	MO; *
<i>cholestyramine light powd</i>	1	MO; *
<i>cholestyramine pack</i>	1	MO; *
<i>cholestyramine powd</i>	1	MO; *
<i>colesevelam hcl pack</i>	1	MO; *
<i>colesevelam hcl tabs</i>	1	MO; *
<i>colestipol hcl gran</i>	1	MO; *
<i>colestipol hcl pack</i>	1	MO; *
<i>colestipol hcl tabs</i>	1	MO; *
WELCHOL PACK 3.75 GM (Colesevelam HCl)	3	MO; +
<b>Fibric Acid Derivatives</b>		
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; +

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

Drug Name	Drug Tier	Requirements/Limits
<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; *
<i>fenofibrate tabs 40 mg, 48 mg, 54 mg, 120 mg, 145 mg, 160 mg</i>	1	MO; *
FENOFIBRIC ACID TABS	3	+
FIBRICOR TABS 35 MG, 105 MG	3	+
<i>gemfibrozil tabs</i>	1	MO; *
LIPOFEN CAPS	3	MO; +
<b>HMG CoA Reductase Inhibitors</b>		
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 5 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily); MO; *
<i>simvastatin tabs 80 mg</i>	1	SL(1 ea daily); MO; *
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1	QL(1 ea daily); MO; *
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPS 10 MG	5	PA; NDS;SL(6 ea daily); LA; MO; +
JUXTAPID CAPS 20 MG	5	PA; NDS;SL(3 ea daily); LA; MO; +
JUXTAPID CAPS 30 MG	5	PA; NDS;SL(2 ea daily); LA; MO; +
JUXTAPID CAPS 40 MG	5	PA; NDS;SL(1.5 ea daily); LA; MO; +
JUXTAPID CAPS 5 MG	5	PA; NDS;SL(12 ea daily); LA; MO; +
JUXTAPID CAPS 60 MG	5	PA; NDS;SL(1 ea daily); LA; MO; +
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbcr</i>	1	MO; *
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
PRALUENT SOAJ 150 MG/ML	5	PA; NDS; Limit 2mls per 28 days;SL(0.08 ml daily); MO; +
PRALUENT SOAJ 75 MG/ML	5	PA; NDS; Limit 4mls per 28 days;SL(0.15 ml daily); MO; +
REPATHA PUSHTRONEX SYSTEM SOCT	5	PA; NDS;MO; +
REPATHA SOSY	5	PA; NDS;MO; +
REPATHA SURECLICK SOAJ	5	PA; NDS;MO; +
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
<i>benazepril hcl tabs</i>	1	MO; *
<i>captopril tabs</i>	1	MO; *
<i>enalapril maleate tabs 10 mg</i>	1	SL(4 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tabs 2.5 mg</i>	1	SL(16 ea daily); MO; *
<i>enalapril maleate tabs 20 mg</i>	1	SL(2 ea daily); MO; *
<i>enalapril maleate tabs 5 mg</i>	1	SL(8 ea daily); MO; *
<i>fosinopril sodium tabs</i>	1	MO; *
<i>lisinopril tabs</i>	1	MO; *
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; *
<b>Agents for Pheochromocytoma</b>		
DEMSER CAPS	5	NDS;MO; +
<i>phenoxybenzamine hcl caps</i>	1	MO; *
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil tabs</i>	1	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; *
<i>olmesartan medoxomil tabs</i>	1	MO; *
<i>telmisartan tabs</i>	1	MO; *
<i>valsartan tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<b>Antiadrenergic Antihypertensives</b>		
<i>clonidine hcl tabs</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; *
<b>Antihypertensive Combinations</b>		
<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 &amp; chlorthalidone tabs</i>	1	MO; *
<i>benazepril &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	MO; *
<i>captopril &amp; hydrochlorothiazide tabs</i>	1	MO; *
EDARBYCLOR TABS	3	MO; +
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>irbesartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>moexipril-hydrochlorothiazide tabs 15mg-12.5mg</i>	1	MO; *
<i>moexipril-hydrochlorothiazide tabs 15mg-25mg</i>	1	*
<i>nadolol &amp; bendroflumethiazide tabs</i>	1	*
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; *
<i>propranolol &amp; 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; *
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate tabs</i>	1	MO; *
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1	MO; *
<b>Vasodilators</b>		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	MO; *
<i>minoxidil tabs</i>	1	MO; *
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
COARTEM TABS	3	MO; +
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs</i>	1	MO; *
DARAPRIM TABS	3	+
<i>hydroxychloroquine sulfate tabs</i>	1	MO; *
KRINTAFEL TABS	3	QL(0.067 ea daily); +
<i>mefloquine hcl tabs</i>	1	MO; *
<i>primaquine phosphate tabs</i>	1	MO; *
PRIMAQUINE PHOSPHATE TABS (Primaquine Phosphate)	3	MO; +
<i>quinine sulfate caps</i>	1	PA; MO; *
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE TABS	5	PA; NDS; SL(8 ea daily); LA; MO; +
GUANIDINE HCL TABS	2	+
<i>pyridostigmine bromide tabs 60 mg</i>	1	MO; *
<i>pyridostigmine bromide tbc 180 mg</i>	1	MO; *
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
<i>isoniazid &amp; rifampin caps</i>	1	MO; *
RIFATER TABS	3	MO; +
<b>Antimycobacterial Agents</b>		
<i>aminosalicylic acid pack</i>	1	MO; *
CAPASTAT SULFATE SOLR	4	+
<i>ethambutol hcl tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	MO; *
PRIFTIN TABS	3	MO; +
<i>pyrazinamide tabs</i>	1	MO; *
<i>rifabutin caps</i>	5	NDS;MO; +
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO; *
<i>rifampin solr iv 600 mg</i>	4	+
SIRTURO TABS	5	NDS;LA; +
TRECTOR TABS	3	MO; +
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
BENDEKA SOLN	5	NDS; +
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; *
EVOMELA SOLR	5	NDS; +
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG	3	MO; +
HEXALEN CAPS	5	NDS;MO; +
IFEX SOLR 3 GM	4	+
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	+
<i>ifosfamide solr 1 gm</i>	4	+

Drug Name	Drug Tier	Requirements/Limits
IFOSFAMIDE SOLR 3 GM	4	+
LEUKERAN TABS	3	MO; +
<i>melfhalan hcl solr</i>	4	+
<i>melfhalan tabs</i>	1	B/D; MO; *
<i>oxaliplatin soln 100 mg/20ml</i>	1	*
<i>oxaliplatin soln 50 mg/10ml</i>	5	NDS; +
<i>oxaliplatin solr 50 mg, 100 mg</i>	5	NDS; +
TEMODAR SOLR	5	NDS; +
<i>thiotepa solr</i>	5	NDS; +
TREANDA SOLR	5	NDS; +
YONDELIS SOLR	5	NDS;LA; +
ZANOSAR SOLR	4	MO; +
<b>Antimetabolites</b>		
ALIMTA SOLR	5	NDS; +
ARRANON SOLN	5	NDS; +
<i>azacitidine susr</i>	5	NDS; +
<i>cladribine soln</i>	4	PA; +
<i>clofarabine soln</i>	4	+
<i>cytarabine soln</i>	4	PA; +
<i>decitabine solr</i>	1	*
<i>fludarabine phosphate solr 50 mg</i>	1	*
<i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml, 500 mg/10ml</i>	4	PA; +
FOLOTYN SOLN	5	NDS; +
<i>gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	5	NDS; +

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



Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl solr 1 gm, 2 gm</i>	1	*
<i>gemcitabine hcl solr 200 mg</i>	5	NDS; +
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML	3	+
GEMCITABINE SOLN ( <i>Gemcitabine HCl</i> )	5	NDS; +
INFUGEM SOLN	5	NDS; +
<i>mercaptopurine tabs</i>	1	MO; *
<i>methotrexate sodium soln ij 1 gm/40ml, 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; NDS; +
TABLOID TABS	2	MO; +
XATMEP SOLN	5	PA; NDS;MO; +
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
AVASTIN SOLN	5	PA; NDS; +
CYRAMZA SOLN	5	NDS;LA; +
MVASI SOLN	5	NDS; +
ZALTRAP SOLN	5	PA; NDS; +
<b>Antineoplastic - Antibodies</b>		
ARZERRA CONC	5	NDS; +
BAVENCIO SOLN	5	NDS;LA; +
BESPONSA SOLR	5	NDS;MO; +

Drug Name	Drug Tier	Requirements/Limits
BLINCYTO SOLR	5	NDS; +
CAMPATH SOLN	5	NDS; +
DARZALEX SOLN	5	NDS;LA; +
EMPLICITI SOLR	5	NDS; +
ERBITUX SOLN	5	NDS; +
GAZYVA SOLN	5	NDS;LA; +
HERCEPTIN SOLR	5	PA; NDS; +
IMFINZI SOLN	5	NDS;LA; +
KADCYLA SOLR	5	PA; NDS; +
KANJINTI SOLR 420 MG	5	NDS; +
KEYTRUDA SOLN	5	PA; NDS; +
LARTRUVO SOLN	5	NDS;LA; MO; +
LIBTAYO SOLN	5	NDS;LA; MO; +
LUMOXITI SOLR	5	NDS;LA; +
MYLOTARG SOLR	5	NDS;MO; +
OPDIVO SOLN	5	NDS; +
PERJETA SOLN	5	NDS; +
POLIVY SOLR	5	NDS; +
PORTRAZZA SOLN	5	NDS; +
POTELIGEO SOLN	5	NDS; +
RITUXAN SOLN	5	PA; NDS; +
TECENTRIQ SOLN	5	PA; NDS; +
VECTIBIX SOLN	5	NDS; +
YERVOY SOLN	5	PA; NDS; +
<b>Antineoplastic - BCL-2 Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK TBPK	3	PA; LA; MO; +
VENCLEXTA TABS	3	PA; LA; MO; +
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS	5	PA; NDS; +
ERIVEDGE CAPS	5	NDS;LA; +
ODOMZO CAPS	5	PA; NDS;LA; +
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs</i>	5	PA; NDS; +
<i>anastrozole tabs</i>	1	MO; *
<i>bicalutamide tabs</i>	1	MO; *
DEPO-PROVERA SUSP	4	MO; +
ELIGARD KIT	4	+
EMCYT CAPS	3	MO; +
ERLEADA TABS	5	PA; NDS; +
<i>exemestane tabs</i>	1	MO; *
FIRMAGON SOLR 120 MG	5	NDS; +
FIRMAGON SOLR 80 MG	4	+
<i>flutamide caps</i>	1	MO; *
<i>fulvestrant soln</i>	5	NDS;MO; +
FULVESTRANT SOLN	5	NDS;MO; +
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	5	NDS; +
<i>letrozole tabs</i>	1	MO; *
<i>leuprolide acetate kit</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	NDS; +
LUPRON DEPOT (3-MONTH) KIT	5	NDS; +
LUPRON DEPOT (4-MONTH) KIT	5	NDS; +
LUPRON DEPOT (6-MONTH) KIT	5	NDS; +
LYSODREN TABS	2	+
<i>megestrol acetate susp</i>	1	AL(Up to 64 yrs old); MO; *
<i>megestrol acetate tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>nilutamide tabs</i>	1	MO; *
NUBEQA TABS	5	PA; NDS; +
SOLTAMOX SOLN	3	MO; +
<i>tamoxifen citrate tabs</i>	1	MO; *
<i>toremifene citrate tabs</i>	5	NDS;MO; +
TRELSTAR MIXJECT SUSR 22.5 MG	5	NDS; +
TRELSTAR MIXJECT SUSR 3.75 MG, 11.25 MG	4	+
VANTAS KIT	5	NDS; +
XTANDI CAPS	5	PA; NDS;LA; +
YONSA TABS	5	PA; NDS; +
ZOLADEX IMPL	3	+
ZYTIGA TABS 500 MG	5	PA; NDS; +
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	5	NDS;LA; +
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +
XPOVIO 60 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +

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

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO 80 MG ONCE WEEKLY TBPk	5	PA; NDS;MO; +
XPOVIO 80 MG TWICE WEEKLY TBPk	5	PA; NDS;MO; +
<b>Antineoplastic Antibiotics</b>		
ADRIAMYCIN SOLR	4	+
<i>bleomycin sulfate solr</i>	4	PA; +
<i>dactinomycin solr</i>	4	+
DAUNORUBICIN HCL SOLN	5	NDS; +
<i>daunorubicin hcl soln</i>	5	NDS; +
DAUNORUBICIN HYDROCHLORIDE SOLN	5	NDS; +
<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</i>	4	+
<i>mitoxantrone hcl conc</i>	1	*
<i>valrubicin soln</i>	5	NDS; +
<b>Antineoplastic Combinations</b>		
HERCEPTIN HYLECTA SOLN	5	NDS; +
KISQALI FEMARA 200 DOSE TBPk	5	PA; NDS; +
KISQALI FEMARA 400 DOSE TBPk	5	PA; NDS; +
KISQALI FEMARA 600 DOSE TBPk	5	PA; NDS; +
LONSURF TABS	5	PA; NDS; +
RITUXAN HYCELA SOLN	5	NDS; +

Drug Name	Drug Tier	Requirements/ Limits
VYXEOS SUSR	5	NDS;MO; +
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ TBSO	5	PA; NDS; +
AFINITOR TABS	5	PA; NDS; +
ALECENSA CAPS	5	PA; NDS;LA; +
ALIQOPA SOLR	5	NDS;MO; +
ALUNBRIG TABS	5	PA; NDS;LA; +
ALUNBRIG TBPk	5	PA; NDS;LA; +
BALVERSA TABS	5	PA; NDS;LA; MO; +
BELEODAQ SOLR	5	PA; NDS; +
BORTEZOMIB SOLR	5	NDS; +
BOSULIF TABS	5	PA; NDS; +
BRAFTOVI CAPS 75 MG	5	PA; NDS;MO; +
CABOMETYX TABS	5	PA; NDS; +
CALQUENCE CAPS	5	PA; NDS;LA; MO; +
CAPRELSA TABS	5	PA; NDS;LA; MO; +
COMETRIQ KIT	5	PA; NDS;LA; +
COPIKTRA CAPS	5	PA; NDS;MO; +
COTELLIC TABS	5	PA; NDS;LA; +
<i>erlotinib hcl tabs 100 mg, 150 mg</i>	1	PA; *
<i>erlotinib hcl tabs 25 mg</i>	1	PA; MO; *
FARYDAK CAPS	5	PA; NDS;LA; +
GILOTRIF TABS	5	PA; NDS;LA; MO; +
IBRANCE CAPS	5	NDS;LA; +

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

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABS	5	PA; NDS;LA; MO; +
IDHIFA TABS	5	PA; NDS; +
<i>imatinib mesylate tabs</i>	1	PA; *
IMBRUVICA CAPS	5	PA; NDS;LA; MO; +
IMBRUVICA TABS	5	PA; NDS;LA; MO; +
INLYTA TABS	5	PA; NDS;LA; +
INREBIC CAPS	5	PA; NDS;LA; +
IRESSA TABS	5	NDS;LA; MO; +
ISTODAX (OVERFILL) SOLR	5	NDS; +
JAKAFI TABS	5	PA; NDS;LA; +
KISQALI TBPK	5	PA; NDS; +
KYPROLIS SOLR	5	NDS; +
LENVIMA 10 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 12MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 14 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 18 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 20 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 24 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 4 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 8 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LORBRENA TABS	5	PA; NDS; +
LYNPARZA CAPS	5	PA; NDS;LA; +
LYNPARZA TABS	5	PA; NDS;LA; +
MEKINIST TABS	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI TABS	5	PA; NDS; +
NERLYNX TABS	5	PA; NDS;LA; +
NEXAVAR TABS	5	NDS;LA; +
NINLARO CAPS	5	PA; NDS; +
PIQRAY 200MG DAILY DOSE TBPK	5	PA; NDS; +
PIQRAY 250MG DAILY DOSE TBPK	5	PA; NDS; +
PIQRAY 300MG DAILY DOSE TBPK	5	PA; NDS; +
ROMIDEPSIN SOLR	5	NDS; +
ROZLYTREK CAPS	5	PA; NDS; +
RUBRACA TABS	5	PA; NDS;LA; +
RYDAPT CAPS	5	PA; NDS; +
SPRYCEL TABS	5	PA; NDS; +
STIVARGA TABS	5	PA; NDS;LA; +
SUTENT CAPS	5	NDS; +
TAFINLAR CAPS	5	NDS; +
TAGRISSE TABS	5	PA; NDS;LA; +
TALZENNA CAPS	5	PA; NDS; +
TASIGNA CAPS	5	PA; NDS; +
<i>temsirolimus soln</i>	5	NDS; +
TIBSOVO TABS	5	PA; NDS;LA; +
TORISEL SOLN ( <i>Temsirolimus</i> )	5	NDS; +
TURALIO CAPS	5	PA; NDS;LA; MO; +
TYKERB TABS	5	NDS; +
VELCADE SOLR	5	NDS; +

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

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS	5	PA; NDS; +
VITRAKVI CAPS	5	PA; NDS; +
VITRAKVI SOLN	5	PA; NDS; +
VIZIMPRO TABS	5	PA; NDS; +
VOTRIENT TABS	5	PA; NDS; +
XALKORI CAPS	5	PA; NDS; +
XOSPATA TABS	5	PA; NDS;LA; MO; +
ZEJULA CAPS	5	PA; NDS;LA; MO; +
ZELBORAF TABS	5	PA; NDS;LA; +
ZOLINZA CAPS	5	NDS; +
ZYDELIG TABS	5	PA; NDS;LA; +
ZYKADIA CAPS	5	PA; NDS;LA; +
ZYKADIA TABS	5	PA; NDS;LA; +
<b>Antineoplastic Enzymes</b>		
ERWINAZE SOLR	5	NDS;MO; +
ONCASPAR SOLN	5	NDS; +
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN	5	NDS;LA; +
<i>arsenic trioxide soln</i>	5	NDS; +
<i>bexarotene caps</i>	5	NDS; +
DACARBAZINE SOLR 100 MG	4	+
<i>dacarbazine solr 200 mg</i>	4	+
<i>hydroxyurea caps</i>	1	MO; *
INTRON A SOLN 10 MU/ML	5	NDS; +
INTRON A SOLN 6000000 UNIT/ML	4	+

Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLR 10 MU, 18 MU, 50 MU	5	NDS; +
MATULANE CAPS	5	NDS;LA; +
NIPENT SOLR	4	+
PROLEUKIN SOLR	5	NDS; +
SYLATRON KIT	5	NDS; +
SYNRIBO SOLR	5	NDS;MO; +
TICE BCG SUSR	5	NDS; +
<i>tretinoin (chemotherapy) caps</i>	5	NDS;MO; +
TRISENOX SOLN 10 MG/10ML	5	NDS; +
UVADEX SOLN	4	+
<b>Chemotherapy Adjuncts</b>		
ELITEK SOLR	5	NDS; +
KEPIVANCE SOLR	5	NDS; +
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>dexrazoxane hcl solr</i>	4	+
KHAPZORY SOLR	5	NDS; +
<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	NDS; +
<i>levoleucovorin calcium solr 50 mg</i>	4	+
<i>mesna soln</i>	4	+
MESNEX TABS OR 400 MG	5	NDS;MO; +
TOTECT SOLR	4	+
<b>Mitotic Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements/Limits
ABRAXANE SUSR	5	NDS;MO; +
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	NDS; +
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML	5	NDS; +
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	5	NDS; +
<i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	5	NDS; +
ETOPOPHOS SOLR	4	+
<i>etoposide soln</i>	4	+
HALAVEN SOLN	5	NDS; +
IXEMPRA KIT SOLR	5	NDS; +
JEVTANA SOLN	5	NDS; +
MARQIBO SUSP	5	NDS;MO; +
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; +
VINCRISTINE 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; +
<b>Topoisomerase I Inhibitors</b>		
<i>irinotecan hcl soln</i>	1	*
ONIVYDE INJ	5	NDS;MO; +
<i>topotecan hcl solr 4 mg</i>	5	NDS; +
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa tabs</i>	1	MO; *
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln ij 1 mg/ml</i>	4	MO; +
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>trihexyphenidyl hcl soln</i>	1	AL(Up to 64 yrs old); MO; *
<i>trihexyphenidyl hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
<b>Antiparkinson COMT Inhibitors</b>		
<i>entacapone tabs</i>	1	SL(8 ea daily); MO; *
<i>tolcapone tabs</i>	1	MO; *
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps</i>	1	MO; *
<i>amantadine hcl syrp</i>	1	MO; *
<i>amantadine hcl tabs</i>	1	MO; *
APOKYN SOCT	5	NDS;LA; +
<i>bromocriptine mesylate caps</i>	1	MO; *
<i>bromocriptine mesylate tabs</i>	1	MO; *
<i>carbidopa-levodopa tabs</i>	1	MO; *
<i>carbidopa-levodopa 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; NDS;MO; +
NEUPRO PT24	3	MO; +
OSMOLEX ER TB24	3	PA; SL(1 ea daily); +

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

Drug Name	Drug Tier	Requirements/Limits
<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; +
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate tabs</i>	1	MO; *
<i>selegiline hcl caps</i>	1	MO; *
<i>selegiline hcl tabs</i>	1	MO; *
ZELAPAR TBDP	3	MO; +
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	1	MO; *
<i>lithium carbonate tabs 300 mg</i>	1	MO; *
<i>lithium carbonate tbc 300 mg, 450 mg</i>	1	MO; *
LITHIUM SOLN	2	MO; +
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12	3	MO; +
GEODON SOLR IM 20 MG	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
LATUDA TABS 120 MG	5	PA; NDS;SL(1.33 ea daily); MO; +
LATUDA TABS 20 MG	5	PA; NDS;SL(8 ea daily); MO; +
LATUDA TABS 40 MG	5	PA; NDS;SL(4 ea daily); MO; +
LATUDA TABS 60 MG	5	PA; NDS;SL(2.67 ea daily); MO; +
LATUDA TABS 80 MG	5	PA; NDS;SL(2 ea daily); MO; +
NUPLAZID CAPS	5	PA; NDS;LA; +
NUPLAZID TABS	5	PA; NDS;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; *
<b>Benzisoxazoles</b>		
FANAPT TABS 1 MG, 2 MG, 4 MG, 10 MG	3	MO; +
FANAPT TABS 6 MG, 8 MG, 12 MG	5	NDS;MO; +
FANAPT TITRATION PACK TABS	3	MO; +
INVEGA SUSTENNA SUSY	4	MO; +
INVEGA TRINZA SUSY	4	+
<i>paliperidone tb24 1.5 mg</i>	5	NDS;SL(8 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tb24 3 mg</i>	5	NDS;SL(4 ea daily); MO; +
<i>paliperidone tb24 6 mg</i>	5	NDS;SL(2 ea daily); MO; +
<i>paliperidone tb24 9 mg</i>	5	NDS;SL(1.33 ea daily); MO; +
PERSERIS PRSY	5	PA; NDS; +
RISPERDAL CONSTA SRER 12.5 MG	4	Limit 8 vials per 28 days;SL(0.29 ea daily); MO; +
RISPERDAL CONSTA SRER 25 MG	4	Limit 4 vials per 28 days;SL(0.15 ea daily); MO; +
RISPERDAL CONSTA SRER 37.5 MG	5	NDS; Limit 4 vials per 42 days;SL(0.1 ea daily); MO; +
RISPERDAL CONSTA SRER 50 MG	5	NDS; Limit 2 vials per 28 days;SL(0.08 ea daily); MO; +
<i>risperidone soln</i>	1	MO; *
<i>risperidone tabs</i>	1	MO; *
<i>risperidone tbdp</i>	1	MO; *
<b>Butyrophenones</b>		
<i>haloperidol decanoate soln</i>	1	MO; *
<i>haloperidol lactate conc</i>	1	MO; *
<i>haloperidol lactate soln</i>	1	MO; *
<i>haloperidol tabs</i>	1	MO; *
<b>Dibenzapines</b>		
CLOZAPINE ODT TBDP 150 MG	3	+
CLOZAPINE ODT TBDP 200 MG	5	NDS; +

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	*
CLOZAPINE TABS 50 MG ( <i>Clozapine</i> )	3	+
<i>clozapine tbdp 25 mg, 100 mg, 12.5 mg</i>	1	*
FAZACLO TBDP 12.5 MG ( <i>Clozapine</i> )	3	+
FAZACLO TBDP 150 MG	3	+
FAZACLO TBDP 200 MG	5	NDS; +
<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	NDS;SL(2 ea daily); MO; +
SAPHRIS SUBL 2.5 MG	3	SL(8 ea daily); MO; +
SAPHRIS SUBL 5 MG	3	SL(4 ea daily); MO; +
VERSACLOZ SUSP	5	PA; NDS;SL(18 ml daily); +
ZYPREXA RELPREVV SUSR	4	+
<b>Dihydroindolones</b>		
<i>molindone hcl tabs</i>	1	*
<b>Phenothiazines</b>		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	4	MO; +
<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; *

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



Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate soln</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</i>	1	MO; *
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	4	MO; +
PROCHLORPERAZINE EDISYLATE SOLN 50 MG/10ML	4	+
<i>prochlorperazine maleate tabs</i>	1	MO; *
<i>prochlorperazine supp</i>	1	MO; *
<i>thioridazine hcl tabs</i>	1	MO; *
<i>trifluoperazine hcl tabs</i>	1	MO; *
<b>Quinolinone Derivatives</b>		
ABILIFY MAINTENA PRSY	5	NDS;MO; +
ABILIFY MAINTENA SRER	5	NDS;MO; +
<i>aripiprazole soln 1 mg/ml</i>	1	SL(30 ml daily); MO; *
<i>aripiprazole tabs 10 mg</i>	1	SL(3 ea daily); MO; *
<i>aripiprazole tabs 15 mg</i>	1	SL(2 ea daily); MO; *
<i>aripiprazole tabs 2 mg</i>	1	SL(15 ea daily); MO; *
<i>aripiprazole tabs 20 mg</i>	3	SL(1.5 ea daily); MO; +
<i>aripiprazole tabs 30 mg</i>	3	SL(1 ea daily); MO; +
<i>aripiprazole tabs 5 mg</i>	1	SL(6 ea daily); MO; *
<i>aripiprazole tbdp 10 mg</i>	5	NDS;SL(3 ea daily); MO; +
<i>aripiprazole tbdp 15 mg</i>	5	NDS;SL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO PRSY	5	NDS; +
ARISTADA PRSY	5	NDS; +
REXULTI TABS 0.25 MG	5	PA; NDS;SL(16 ea daily); MO; +
REXULTI TABS 0.5 MG	5	PA; NDS;SL(8 ea daily); MO; +
REXULTI TABS 1 MG	5	PA; NDS;SL(4 ea daily); MO; +
REXULTI TABS 2 MG	5	PA; NDS;SL(2 ea daily); MO; +
REXULTI TABS 3 MG	5	PA; NDS;SL(1.33 ea daily); MO; +
REXULTI TABS 4 MG	5	PA; NDS;SL(1 ea daily); MO; +
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	MO; *
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln</i>	1	MO; *
<i>abacavir sulfate tabs</i>	1	MO; *
<i>abacavir sulfate-lamivudine tabs</i>	5	NDS;MO; +
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	5	NDS;MO; +
APTIVUS CAPS 250 MG	2	MO; +
APTIVUS SOLN 100 MG/ML	2	+
<i>atazanavir sulfate caps</i>	5	NDS;MO; +
ATRIPLA TABS	2	MO; +
BIKTARVY TABS	5	NDS;MO; +

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

Drug Name	Drug Tier	Requirements/Limits
CIMDUO TABS	5	NDS;MO; +
COMPLERA TABS	5	NDS;MO; +
CRIXIVAN CAPS	3	MO; +
DELSTRIGO TABS	5	NDS;MO; +
DESCOVY TABS	5	NDS;MO; +
<i>didanosine cpdr 200 mg, 250 mg, 400 mg</i>	1	MO; *
DOVATO TABS	5	NDS;MO; +
EDURANT TABS	5	NDS;MO; +
<i>efavirenz caps</i>	1	MO; *
<i>efavirenz tabs</i>	1	MO; *
EMTRIVA CAPS	3	MO; +
EMTRIVA SOLN	3	MO; +
EVOTAZ TABS	5	NDS;MO; +
<i>fosamprenavir calcium tabs</i>	5	NDS;MO; +
FUZEON SOLR	5	NDS; +
GENVOYA TABS	5	NDS;MO; +
INTELENCE TABS 100 MG	2	MO; +
INTELENCE TABS 200 MG	5	NDS;MO; +
INTELENCE TABS 25 MG	3	+
INVIRASE CAPS	5	NDS;MO; +
INVIRASE TABS	5	NDS;MO; +
ISENTRESS CHEW 100 MG	2	SL(6 ea daily); MO; +
ISENTRESS CHEW 25 MG	2	SL(24 ea daily); MO; +
ISENTRESS HD TABS	5	NDS;MO; +

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK 100 MG	3	SL(2 ea daily); MO; +
ISENTRESS TABS 400 MG	5	NDS;MO; +
JULUCA TABS	5	NDS;MO; +
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; +
<i>lopinavir-ritonavir soln</i>	1	MO; *
<i>nevirapine susp 50 mg/5ml</i>	1	MO; *
<i>nevirapine tabs 200 mg</i>	1	MO; *
<i>nevirapine tb24 100 mg</i>	1	*
<i>nevirapine tb24 400 mg</i>	1	MO; *
NORVIR PACK 100 MG	3	MO; +
NORVIR SOLN 80 MG/ML	2	MO; +
ODEFSEY TABS	5	NDS;MO; +
PIFELTRO TABS	5	NDS;MO; +
PREZCOBIX TABS	5	NDS;MO; +
PREZISTA SUSP	5	NDS;MO; +
PREZISTA TABS	5	NDS;MO; +
RESCRIPTOR TABS 200 MG	3	MO; +
RETROVIR IV INFUSION SOLN	4	+
REYATAZ PACK 50 MG	5	NDS;MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<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	NDS;MO; +
SYMFI LO TABS	5	NDS;MO; +
SYMFI TABS	5	NDS;MO; +
SYMITUZA TABS	5	NDS;MO; +
TEMIXYS TABS	5	NDS;MO; +
<i>tenofovir disoproxil fumarate tabs</i>	5	NDS;MO; +
TIVICAY TABS 10 MG	3	MO; +
TIVICAY TABS 25 MG, 50 MG	5	NDS;MO; +
TRIUMEQ TABS	5	NDS;MO; +
TROGARZO SOLN	5	NDS; +
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	5	NDS;MO; +
TRUVADA TABS 300MG-200MG	2	MO; +
TYBOST TABS	3	MO; +
VIDEX EC CPDR 125 MG	3	MO; +
VIDEXPEDIATRIC SOLR	3	MO; +
VIRACEPT TABS	5	NDS;MO; +
VIRAMUNE SUSP 50 MG/5ML ( <i>Nevirapine</i> )	2	MO; +
VIREAD POWD 40 MG/GM	5	NDS;MO; +

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 150 MG, 200 MG, 250 MG	5	NDS;MO; +
<i>zidovudine caps</i>	1	MO; *
<i>zidovudine syrp</i>	1	MO; *
<i>zidovudine tabs</i>	1	MO; *
<b>CMV Agents</b>		
<i>cidofovir soln</i>	5	NDS; +
<i>ganciclovir sodium solr</i>	1	PA; MO; *
PREVYMIS TABS OR 240 MG, 480 MG	5	PA; NDS;MO; +
<i>valganciclovir hcl solr</i>	5	NDS;MO; +
<i>valganciclovir hcl tabs</i>	5	NDS;MO; +
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil tabs</i>	5	NDS;MO; +
BARACLUDE SOLN 0.05 MG/ML	2	MO; +
DAKLINZA TABS 30 MG, 60 MG	5	PA; NDS; +
<i>entecavir tabs</i>	1	MO; *
EPCLUSA TABS	5	PA; NDS; +
EPIVIR HBV SOLN 5 MG/ML	2	MO; +
HARVONI TABS 200MG-45MG, 400MG-90MG	5	PA; NDS; +
<i>lamivudine (hbv) tabs</i>	1	MO; *
LEDIPASVIR/SOFOSBUVIR TABS	5	PA; NDS; +
MAVYRET TABS	5	PA; NDS; +
PEGASYS PROCLICK SOLN 180 MCG/0.5ML	5	NDS; +
PEGASYS SOLN	5	NDS; +
PEGINTRON KIT	5	NDS; +

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

Drug Name	Drug Tier	Requirements/Limits
REBETOL SOLN 40 MG/ML	2	+
RIBASPHERE RIBAPAK TBP 600 MG,400-600 MG	3	+
RIBASPHERE TABS 600 MG	3	+
<i>ribavirin (hepatitis c) caps</i>	1	*
<i>ribavirin (hepatitis c) tabs</i>	1	*
SOFOSBUVIR/VELPATAS VIR TABS	5	PA; NDS; +
SOVALDI TABS	5	PA; NDS; +
VEMLIDY TABS	5	ST; NDS;MO; +
VOSEVI TABS	5	PA; NDS; +
ZEPATIER TABS	5	PA; NDS; +
<b>Herpes Agents</b>		
<i>acyclovir caps</i>	1	MO; *
<i>acyclovir sodium soln 50 mg/ml</i>	4	PA; +
<i>acyclovir susp</i>	1	MO; *
<i>acyclovir tabs</i>	1	MO; *
<i>famciclovir tabs</i>	1	MO; *
<i>valacyclovir hcl tabs</i>	1	MO; *
<b>Influenza Agents</b>		
<i>oseltamivir phosphate caps 30 mg</i>	1	QL(4 ea daily); MO; *
<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	1	MO; *
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	MO; *
RELENZA DISKHALER AEPB	3	MO; +
<i>rimantadine hydrochloride tabs</i>	1	MO; *
<b>Respiratory Syncytial Virus (RSV) Agents</b>		
<i>ribavirin solr</i>	1	*

Drug Name	Drug Tier	Requirements/Limits
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate cp24</i>	1	MO; *
<i>carvedilol tabs 12.5 mg</i>	1	SL(8 ea daily); MO; *
<i>carvedilol tabs 25 mg</i>	1	SL(4 ea daily); MO; *
<i>carvedilol tabs 3.125 mg</i>	1	SL(32 ea daily); MO; *
<i>carvedilol tabs 6.25 mg</i>	1	SL(16 ea daily); MO; *
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	MO; *
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	1	MO; *
<i>atenolol tabs</i>	1	MO; *
<i>betaxolol hcl tabs</i>	1	MO; *
<i>bisoprolol fumarate tabs 5 mg, 10 mg</i>	1	MO; *
BYSTOLIC TABS	3	MO; +
<i>metoprolol succinate tb24</i>	1	MO; *
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	MO; *
<b>Beta Blockers Non-Selective</b>		
HEMANGEOL SOLN	3	+
<i>nadolol tabs</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; *

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl (afib/afl) tabs</i>	1	MO; *
<i>sotalol hcl tabs</i>	1	tabs;MO; *
SOTYLIZE SOLN	3	MO; +
<i>timolol maleate tabs 10 mg</i>	1	SL(6 ea daily); MO; *
<i>timolol maleate tabs 20 mg</i>	1	SL(3 ea daily); MO; *
<i>timolol maleate tabs 5 mg</i>	1	SL(12 ea daily); MO; *
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate tabs 10 mg</i>	1	SL(1 ea daily); MO; *
<i>amlodipine besylate tabs 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>amlodipine besylate tabs 5 mg</i>	1	SL(2 ea daily); MO; *
CARDIZEM LA TB24 120 MG	2	MO; +
<i>diltiazem hcl coated beads cp24</i>	1	MO; *
<i>diltiazem hcl coated beads tb24</i>	1	MO; *
<i>diltiazem hcl cp12 or 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 20 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>	1	MO; *
<i>nimodipine caps</i>	1	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>nisoldipine tb24</i>	1	MO; *
NYMALIZE SOLN	5	NDS; +
<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 tbcr or 120 mg, 180 mg, 240 mg</i>	1	MO; *
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin soln or 0.05 mg/ml</i>	1	MO; *
DIGOXIN SOLN OR 0.05 MG/ML ( <i>Digoxin</i> )	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	3	MO; +
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	MO; *
BIDIL TABS	3	MO; +
ENTRESTO TABS	3	PA; MO; +
<b>Impotence Agents</b>		
CAVERJECT IMPULSE KIT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +

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

Drug Name	Drug Tier	Requirements/ Limits
CAVERJECT SOLR	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 ( <i>Vardenafil HC</i> )	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</i>	1	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; *
<i>vardenafil hcl tabs</i>	1	Check plan for coverage;QL(0.1449 ea daily); MO; NT; *
<i>vardenafil hcl tbdp</i>	1	Check plan for coverage;QL(0.1449 ea daily); MO; NT; *

Drug Name	Drug Tier	Requirements/ Limits
<b>Prostaglandin Vasodilators</b>		
ORENITRAM TBCR 0.125 MG	3	PA; +
ORENITRAM TBCR 0.25 MG, 1 MG, 5 MG, 2.5 MG	5	PA; NDS; +
<i>treprostinil soln</i>	5	B/D; NDS;LA; +
TYVASO REFILL SOLN	5	B/D; NDS;LA; +
TYVASO SOLN	5	B/D; NDS;LA; +
TYVASO STARTER SOLN	5	B/D; NDS;LA; +
VENTAVIS SOLN 10 MCG/ML	2	B/D; LA; +
VENTAVIS SOLN 20 MCG/ML	5	B/D; NDS;LA; +
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<i>ambrisentan tabs</i>	5	NDS;LA; +
<i>bosentan tabs 125 mg</i>	5	NDS;LA; +
<i>bosentan tabs 62.5 mg</i>	5	NDS;LA; MO; +
OPSUMIT TABS	5	PA; NDS; +
TRACLEER TBSO 32 MG	5	NDS;LA; +
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA TABS ( <i>Tadalafil (Pulmonary Hypertension)</i> )	5	PA; NDS; +
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	5	PA; NDS; +
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	1	PA; *
<i>tadalafil (pulmonary hypertension) tabs</i>	5	PA; NDS; +
<b>Pulmonary Hypertension - Prostacyclin Receptor</b>		
UPTRAVI TABS	5	PA; NDS;LA; +
UPTRAVI TBPK	5	PA; NDS;LA; +
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		

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

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 0.5 MG	5	PA; NDS;SL(15 ea daily); +
ADEMPAS TABS 1 MG	5	PA; NDS;SL(7.5 ea daily); +
ADEMPAS TABS 1.5 MG	5	PA; NDS;SL(5 ea daily); +
ADEMPAS TABS 2 MG	5	PA; NDS;SL(3.75 ea daily); +
ADEMPAS TABS 2.5 MG	5	PA; NDS;SL(3 ea daily); +
<b>Sinus Node Inhibitors</b>		
CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; +
CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; +
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1	MO; *
<i>cefadroxil susr</i>	1	MO; *
<i>cefadroxil tabs</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; *
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO; *
<i>cefaclor monohydrate tb12</i>	1	MO; *
<i>cefoxitin sodium solr ij 10 gm</i>	4	+
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	4	+
<i>cefprozil susr</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil tabs</i>	1	MO; *
<i>cefuroxime axetil tabs</i>	1	MO; *
<i>cefuroxime sodium solr ij 7.5 gm</i>	4	+
<i>cefuroxime sodium solr ij 750 mg</i>	4	MO; +
<i>cefuroxime sodium solr iv 1.5 gm</i>	4	+
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	1	MO; *
<i>cefdinir susr</i>	1	MO; *
<i>cefixime caps</i>	1	MO; *
<i>cefixime susr</i>	1	MO; *
<i>cefpodoxime proxetil susr</i>	1	MO; *
<i>cefpodoxime proxetil tabs</i>	1	MO; *
<i>ceftazidime solr 1 gm, 2 gm</i>	4	MO; +
<i>ceftazidime solr 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; +
<i>ceftriaxone sodium solr iv 2 gm</i>	4	SL(2 ea daily); MO; +
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl solr</i>	4	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
CEFEPIME SOLN	4	+
<b>Cephalosporins - 5th Generation</b>		
TEFLARO SOLR	4	+
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
<i>desogestrel &amp; 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 &amp; eth estrad tabs</i>	1	MO; *
<i>levonorgestrel &amp; 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 &amp; estrad-fe chew</i>	1	MO; *
<i>norethin acet &amp; estrad-fe tabs</i>	1	MO; *
<i>norethindrone &amp; eth estradiol tabs</i>	1	MO; *
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	1	MO; *
<i>norethindrone acet &amp; eth estra tabs</i>	1	MO; *
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol tabs</i>	1	MO; *
<i>norgestrel &amp; ethinyl estradiol tabs</i>	1	MO; *
TAYTULLA CAPS	3	MO; +
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	1	MO; *
<b>Combination Contraceptives - Vaginal</b>		
NUVARING RING	2	MO; +
<b>Emergency Contraceptives</b>		
ELLA TABS	2	+
<b>Progestin Contraceptives - Injectable</b>		
DEPO-SUBQ PROVERA 104 SUSY	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susp</i>	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susy</i>	4	MO; +
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	1	MO; *
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>betamethasone sod phosphate &amp; acetate susp</i>	4	MO; +
<i>budesonide cpep</i>	5	NDS;MO; +
<i>budesonide tb24</i>	5	NDS;MO; +
<i>cortisone acetate tabs</i>	1	MO; *
DEPO-MEDROL SUSP 20 MG/ML	4	MO; +
<i>dexamethasone elix</i>	1	MO; *
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	4	Preservative Free;MO; +

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



Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	4	+
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML (Dexamethasone Sodium Phosphate)	4	Preservative Free;MO; +
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml	4	MO; +
dexamethasone soln	1	MO; *
dexamethasone tabs	1	MO; *
dexamethasone tbpk	1	MO; *
EMFLAZA SUSP	5	PA; NDS;LA; MO; +
EMFLAZA TABS	5	PA; NDS;LA; MO; +
hydrocortisone tabs	1	MO; *
KENALOG-10 SUSP	4	MO; +
MEDROL TABS 2 MG	2	MO; +
methylprednisolone acetate susp 40 mg/ml, 80 mg/ml	1	MO; *
methylprednisolone sod succ solr	1	MO; *
methylprednisolone tabs	1	MO; *
methylprednisolone tbpk	1	MO; *
prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml, 25 mg/5ml	1	MO; *
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	1	MO; *
prednisolone soln 15 mg/5ml	1	MO; *
prednisolone tabs 5 mg	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
prednisone conc 5 mg/ml	1	MO; *
prednisone soln 5 mg/5ml	1	MO; *
prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg	1	MO; *
prednisone tbpk 5 mg, 10 mg	1	MO; *
SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG	4	MO; +
SOLU-CORTEF SOLR 1000 MG	4	+
SOLU-MEDROL SOLR 2 GM	4	+
triamcinolone acetonide susp 40 mg/ml	4	MO; +
<b>Mineralocorticoids</b>		
fludrocortisone acetate tabs	1	MO; *
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
benzonatate caps 100 mg, 150 mg, 200 mg	1	MO; NT; *
<b>Cough/Cold/Allergy Combinations</b>		
CLARINEX-D 12 HOUR TB12	3	MO; +
hydrocodone polistirex-chlorpheniramine polistirex suer	1	AL(Up to 64 yrs old); MO; NT; *
promethazine & phenylephrine soln	1	AL(Up to 64 yrs old); MO; *
promethazine & phenylephrine syrp	1	AL(Up to 64 yrs old); MO; *
promethazine-phenylephrine-codeine syrp	1	AL(Up to 64 yrs old); MO; NT; *
pseudoephed-cpm w/ hydrocod soln	1	AL(Up to 64 yrs old); NT; *
SEMPREX-D CAPS	3	MO; +
<b>Mucolytics</b>		
acetylcysteine soln	1	B/D; MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA CAPS 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	+
ABSORICA CAPS 30 MG (Isotretinoin)	3	+
ACANYA GEL (Clindamycin Phosphate-Benzoyl Peroxide)	3	MO; +
adapalene crea 0.1 %	1	MO; *
adapalene gel 0.1 %	1	RX/OTC; MO; *
adapalene gel 0.3 %	1	MO; *
adapalene-benzoyl peroxide gel	1	MO; *
AZELEX CREA	3	MO; +
benzoyl peroxide-erythromycin gel	1	MO; *
CLINDAGEL GEL	3	MO; +
clindamycin phosphate (topical) foam	1	MO; *
clindamycin phosphate (topical) gel	1	MO; *
clindamycin phosphate (topical) lotn	1	MO; *
clindamycin phosphate (topical) soln	1	MO; *
clindamycin phosphate (topical) swab	1	MO; *
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	MO; *
clindamycin phosphate-benzoyl peroxide gel	1	MO; *
clindamycin phosphate-tretinoin gel	1	MO; *
erythromycin (acne aid) gel	1	MO; *
erythromycin (acne aid) soln	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
FABIOR FOAM	3	Limit 100gms per month; QL(3.34 gm daily); MO; +
isotretinoin caps	1	*
RETIN-A MICRO PUMP GEL 0.08 %	3	MO; +
sulfacetamide sodium (acne) lotn	1	MO; *
tretinoin crea	1	MO; *
tretinoin gel	1	MO; *
tretinoin microsphere gel	1	MO; *
<b>Anti-inflammatory Agents - Topical</b>		
DICLOFENAC EPOLAMINE PTCH	3	PA; MO; +
diclofenac sodium (topical) gel	1	MO; *
diclofenac sodium (topical) soln	1	MO; *
FLECTOR PTCH	3	PA; MO; +
PENNSAID SOLN	5	NDS; MO; +
<b>Antibiotics - Topical</b>		
CENTANY OINT	3	MO; +
CORTISPORIN CREA	2	MO; +
CORTISPORIN OINT	2	MO; +
gentamicin sulfate (topical) crea	1	MO; *
mupirocin calcium (topical) crea	1	MO; *
mupirocin oint	1	MO; *
<b>Antifungals - Topical</b>		
ciclopirox gel 0.77 %	1	MO; *
ciclopirox olamine crea	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine susp</i>	1	MO; *
<i>ciclopirox sham 1 %</i>	1	MO; *
<i>clotrimazole (topical) crea</i>	1	RX/OTC; MO; *
<i>clotrimazole (topical) soln</i>	1	RX/OTC; MO; *
<i>econazole nitrate crea</i>	1	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; +
<i>naftifine hcl crea</i>	1	MO; *
<i>naftifine hcl gel</i>	1	MO; *
NAFTIN GEL 1 % ( <i>Naftifine HCl</i> )	3	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; *

Drug Name	Drug Tier	Requirements/Limits
<i>oxiconazole nitrate crea</i>	1	MO; *
OXISTAT LOTN	3	MO; +
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA	5	NDS;MO; +
<i>diclofenac sodium (actinic keratoses) gel</i>	5	NDS;MO; +
<i>fluorouracil (topical) crea</i>	1	MO; *
<i>fluorouracil (topical) soln</i>	1	MO; *
FLUOROURACIL CREA EX 0.5 %	5	NDS;MO; +
PANRETIN GEL	2	MO; +
PICATO GEL	5	NDS;MO; +
TARGRETIN GEL EX 1 %	5	NDS; +
VALCHLOR GEL	5	PA; NDS;MO; +
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic) crea</i>	3	MO; +
PRUDOXIN CREA	3	MO; +
ZONALON CREA	3	MO; +
<b>Antipsoriatics</b>		
<i>acitretin caps</i>	5	NDS;MO; +
<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; NDS;LA; +
COSENTYX SOSY	5	PA; NDS;LA; +
ILUMYA SOSY	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methoxsalen rapid caps</i>	5	NDS;MO; +
SILIQ SOSY	5	PA; NDS; +
SORILUX FOAM	3	MO; +
STELARA SOLN	5	PA; NDS; +
STELARA SOSY	5	PA; NDS; +
TALTZ SOAJ	5	PA; NDs; +
TALTZ SOSY	5	PA; NDS; +
<i>tazarotene crea</i>	1	MO; *
TAZORAC CREA 0.05 %	2	MO; +
TAZORAC GEL 0.05 %, 0.1 %	2	MO; +
TREMFYA SOSY	5	PA; NDS; +
VECTICAL OINT	3	MO; +
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotn 2.5 %</i>	1	MO; *
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	5	NDS;MO; +
<i>acyclovir topical oint</i>	1	MO; *
DENAVIR CREA	5	NDS;MO; +
XERESE CREA	3	MO; +
<b>Burn Products</b>		
<i>silver sulfadiazine crea</i>	1	MO; *
SULFAMYLON CREA 85 MG/GM	3	MO; +
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate crea</i>	1	MO; *
<i>alclometasone dipropionate oint</i>	1	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	1	MO; *
<i>betamethasone valerate foam</i>	1	MO; *
<i>betamethasone valerate lotn</i>	1	MO; *
<i>betamethasone valerate oint</i>	1	MO; *
<i>calcipotriene-betamethasone dipropionate oint</i>	1	MO; *
CAPEX SHAM	3	MO; +
<i>clobetasol propionate crea</i>	1	MO; *
<i>clobetasol propionate emollient base crea</i>	1	MO; *
<i>clobetasol propionate foam</i>	1	Non-emulsion;MO; *
<i>clobetasol propionate gel</i>	1	MO; *
<i>clobetasol propionate liqd</i>	1	MO; *
<i>clobetasol propionate lotn</i>	1	MO; *
<i>clobetasol propionate oint</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate sham</i>	1	MO; *
<i>clobetasol propionate soln</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</i>	1	MO; *
<i>desonide lotn</i>	1	MO; *
<i>desonide oint</i>	1	MO; *
<i>desoximetasone crea</i>	1	MO; *
<i>desoximetasone gel</i>	1	MO; *
<i>desoximetasone liqd</i>	1	MO; *
<i>desoximetasone oint</i>	1	MO; *
<i>diflorasone diacetate crea</i>	1	MO; *
<i>diflorasone diacetate oint</i>	1	MO; *
ENSTILAR FOAM	5	NDS;MO; +
<i>fluocinolone acetonide crea</i>	1	MO; *
<i>fluocinolone acetonide oil</i>	1	MO; *
<i>fluocinolone acetonide oint</i>	1	MO; *
<i>fluocinolone acetonide soln</i>	1	MO; *
<i>fluocinonide crea</i>	1	MO; *
<i>fluocinonide emulsified base crea</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide gel</i>	1	MO; *
<i>fluocinonide oint</i>	1	MO; *
<i>fluocinonide soln</i>	1	MO; *
<i>flurandrenolide crea</i>	1	MO; *
<i>flurandrenolide lotn</i>	1	MO; *
<i>fluticasone propionate crea</i>	1	MO; *
<i>fluticasone propionate lotn</i>	1	MO; *
<i>fluticasone propionate oint</i>	1	MO; *
<i>halcinonide crea</i>	1	MO; *
<i>halobetasol propionate crea</i>	1	MO; *
<i>halobetasol propionate oint</i>	1	MO; *
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) crea 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) oint 2.5 %</i>	1	MO; *
<i>hydrocortisone butyrate crea</i>	1	MO; *
<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; *
<i>mometasone furoate crea</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate oint</i>	1	MO; *
<i>mometasone furoate soln</i>	1	MO; *
<i>prednicarbate crea</i>	1	MO; *
TACLONEX SUSP	5	NDS;MO; +
TOPICORT LIQD 0.25 % (Desoximetasone)	3	MO; +
<i>triamcinolone acetonide (topical) aers</i>	1	MO; *
<i>triamcinolone acetonide (topical) crea</i>	1	MO; *
<i>triamcinolone acetonide (topical) lotn</i>	1	MO; *
<i>triamcinolone acetonide (topical) oint</i>	1	MO; *
ULTRAVATE LOTN	5	PA; NDS;MO; +
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn</i>	1	RX/OTC; MO; *
<b>Enzymes - Topical</b>		
SANTYL OINT	3	MO; +
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod crea</i>	1	MO; *
IMIQUIMOD PUMP CREA	5	NDS;MO; +
ZYCLARA CREA	5	NDS;MO; +
ZYCLARA PUMP CREA 2.5 %, 3.75 %	5	NDS;MO; +
<b>Immunosuppressive Agents - Topical</b>		
<i>pimecrolimus crea</i>	1	PA; MO; *
<i>tacrolimus (topical) oint</i>	1	PA; MO; *
<b>Keratolytic/Antimitotic Agents</b>		
CONDYLOX GEL	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox soln</i>	1	MO; *
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl gel ex 2 %</i>	1	MO; *
<i>lidocaine hcl prsy ex 2 %</i>	1	MO; *
<i>lidocaine hcl soln ex 4 %</i>	1	MO; *
<i>lidocaine oint</i>	1	MO; *
<i>lidocaine ptch</i>	1	PA; MO; *
<i>lidocaine-prilocaine crea</i>	1	MO; *
<b>Rosacea Agents</b>		
<i>azelaic acid gel</i>	1	MO; *
DOXYCYCLINE CPDR	3	MO; +
FINACEA FOAM	3	MO; +
<i>ivermectin (rosacea) crea</i>	1	MO; *
<i>metronidazole (topical) crea</i>	1	MO; *
<i>metronidazole (topical) gel</i>	1	MO; *
<i>metronidazole (topical) lotn</i>	1	MO; *
MIRVASO GEL	3	PA; MO; +
NORITATE CREA	5	NDS;MO; +
ORACEA CPDR	3	MO; +
SOOLANTRA CREA (Ivermectin (Rosacea))	3	MO; +
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn</i>	1	MO; *
EURAX CREA	3	MO; +
EURAX LOTN (Crotamiton)	3	MO; +
<i>malathion lotn</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin crea</i>	1	MO; *
<b>Wound Care Products</b>		
REGRANEX GEL	5	NDS;MO; +
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP 76000UNIT-24000UNIT- 120000UNIT	3	MO; +
CREON CPEP 9500UNIT- 3000UNIT-15000UNIT, 19000UNIT-6000UNIT- 30000UNIT, 38000UNIT- 12000UNIT-60000UNIT, 114000UNIT-36000UNIT- 180000UNIT	2	MO; +
PANCREAZE CPEP	2	MO; +
PERTZYE CPEP	3	MO; +
SUCRAID SOLN	3	LA; +
VIKACE 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	NDS;MO; +
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12</i>	1	MO; *
<i>acetazolamide tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
KEVEYIS TABS	5	PA; NDS;SL(4 ea daily); MO; +
<i>methazolamide tabs</i>	1	MO; *
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 50MG-50MG	2	MO; +
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>triamterene &amp; hydrochlorothiazide caps</i>	1	MO; *
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	MO; *
<b>Loop Diuretics</b>		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
<i>ethacrynic acid tabs</i>	5	NDS;MO; +
<i>furosemide soln ij 10 mg/ml</i>	4	MO; +
<i>furosemide soln or 10 mg/ml</i>	1	MO; *
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *
<i>toremide tabs</i>	1	MO; *
<b>Potassium Sparing Diuretics</b>		
<i>amiloride hcl tabs</i>	1	MO; *
<i>spironolactone tabs</i>	1	MO; *
<i>triamterene caps</i>	1	MO; *
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorothiazide tabs 250 mg, 500 mg</i>	1	MO; *
<i>chlorthalidone tabs</i>	1	MO; *
<i>hydrochlorothiazide caps</i>	1	MO; *
<i>hydrochlorothiazide tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tabs</i>	1	MO; *
<i>metolazone tabs</i>	1	MO; *
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
<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; *
<i>calcitonin (salmon) soln</i>	1	MO; *
FORTEO SOLN	5	PA; NDS; Limit 2.4mls per 28 days;QL(0.09 ml daily); +
FOSAMAX PLUS D TABS	3	QL(0.15 ea daily); MO; +
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	QL(0.036 ml daily); MO; +
<i>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tab per 28 days (3 per 84);QL(0.036 ea daily); MO; *
MIACALCIN SOLN	4	MO; +
NATPARA CART	5	PA; NDS;LA; +
PROLIA SOSY	2	PA; QL(0.006 ml daily); +
<i>risedronate sodium tabs 150 mg</i>	1	QL(0.04 ea daily); MO; *
<i>risedronate sodium tabs 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; NDS; +
XGEVA SOLN	5	NDS; Limit 6.8mls per 28 days;QL(0.243 ml daily); +

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid conc 4 mg/5ml</i>	4	+
<i>zoledronic acid soln 5 mg/100ml</i>	1	QL(0.28 ml daily); *
<b>Corticotropin</b>		
ACTHAR GEL	5	PA; NDS;LA; +
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN SOLR	4	PA; +
NOVAREL SOLR	4	PA; +
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; +
<b>GnRH/LHRH Antagonists</b>		
ORLISSA TABS	5	PA; NDS;MO; +
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR	5	PA; NDS;LA; +
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA SOLR	5	NDS; +
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; +
GENOTROPIN SOLR 5 MG	4	PA; +
HUMATROPE COMBO PACK SOLR	5	PA; NDS; +
HUMATROPE SOLR 12 MG, 24 MG	5	PA; NDS; +
HUMATROPE SOLR 6 MG	4	PA; +
NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; NDS; +
NUTROPIN AQ NUSPIN 20 SOLN	5	PA; NDS; +
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; NDS; +
SEROSTIM SOLR 4 MG, 6 MG	5	PA; NDS; +

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



Drug Name	Drug Tier	Requirements/Limits
ZOMACTON SOLR 5 MG	4	PA; +
<b>Hormone Receptor Modulators</b>		
OSPHENA TABS	3	MO; +
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; *
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	4	LA; +
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
LUPANETA PACK KIT	5	NDS; +
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG, 11.25 MG	4	+
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	NDS; +
LUPRON DEPOT-PED (3-MONTH) KIT	5	NDS; +
SYNAREL SOLN	5	NDS;MO; +
TRIPTODUR SRER	5	NDS;MO; +
<b>Metabolic Modifiers</b>		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	MO; *
<i>calcitriol soln or 1 mcg/ml</i>	1	MO; *
CARBAGLU TABS	3	LA; MO; +
<i>cinacalcet hcl tabs</i>	1	*
CRYSVITA SOLN	5	PA; NDS;LA; +
CYSTADANE POWD	3	LA; MO; +
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO; *
FABRAZYME SOLR	5	NDS;LA; +
GALAFOLD CAPS	5	PA; NDS;LA; +
KANUMA SOLN	5	NDS;LA; +
KUVAN PACK	5	PA; NDS;LA; +

Drug Name	Drug Tier	Requirements/Limits
KUVAN TBSO	5	PA; NDS;LA; +
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC; MO; *
LUMIZYME SOLR	5	NDS;LA; +
MYALEPT SOLR	5	NDS;LA; MO; +
NAGLAZYME SOLN	5	NDS;LA; +
<i>nitisinone caps</i>	1	LA; MO; *
ORFADIN CAPS 2 MG, 5 MG, 10 MG ( <i>Nitisinone</i> )	2	LA; MO; +
ORFADIN CAPS 20 MG	2	LA; MO; +
PALYNZIQ SOSY	5	PA; NDS;LA; +
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	MO; *
RAVICTI LIQD	3	LA; +
RAYALDEE CPCR	3	PA; MO; +
REVCOVI SOLN	5	PA; NDS;LA; MO; +
STRENSIQ SOLN	5	PA; NDS;LA; MO; +
VIMIZIM SOLN	5	NDS;LA; +
XURIDEN PACK	5	NDS;SL(4 ea daily); MO; +
<b>Posterior Pituitary Hormones</b>		
<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	+
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	MO; *
<b>Somatostatic Agents</b>		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 1000 mcg/5ml</i>	4	+
SANDOSTATIN LAR DEPOT KIT	5	NDS; +
SIGNIFOR LAR SRER 10 MG	5	NDS; Limit 6 vials per 28 days ;SL(0.22 ea daily); LA; MO; +
SIGNIFOR LAR SRER 20 MG	5	NDS; Limit 3 vials per 28 days;SL(0.11 ea daily); LA; MO; +
SIGNIFOR LAR SRER 30 MG	5	NDS; Limit 2 vials per 28 days;SL(0.08 ea daily); LA; MO; +
SIGNIFOR LAR SRER 40 MG	5	NDS; Limit 3 vials per 56 days;SL(0.054 ea daily); LA; MO; +
SIGNIFOR LAR SRER 60 MG	5	NDS; Limit 1 vial per 28 days;SL(0.036 ea daily); LA; MO; +
SIGNIFOR SOLN	5	NDS;LA; MO; +
SOMATULINE DEPOT SOLN	5	NDS; +
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS 15 MG, 30 MG	5	NDS;MO; +
JYNARQUE TBPK	5	PA; NDS;LA; +
SAMSCA TABS	5	NDS;MO; +
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO PTWK	3	AL(Up to 64 yrs old); MO; +

Drug Name	Drug Tier	Requirements/ Limits
COMBIPATCH PTTW	3	AL(Up to 64 yrs old); MO; +
DUAVEE TABS	3	AL(Up to 64 yrs old); MO; +
<i>estradiol &amp; norethindrone acetate tabs</i>	1	AL(Up to 64 yrs old); MO; *
<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; +
<b>Estrogens</b>		
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</i>	4	MO; +
<i>estropipate tabs 0.75 mg, 1.5 mg</i>	1	AL(Up to 64 yrs old); *
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; +
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
BAXDELA SOLR IV 300 MG	5	PA; NDS; +
BAXDELA TABS OR 450 MG	5	ST; NDS;MO; +

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

Drug Name	Drug Tier	Requirements/Limits
CIPRO SUSR 5 GM/100ML	3	MO; +
CIPRO SUSR 500 MG/5ML (Ciprofloxacin)	3	MO; +
<i>ciprofloxacin hcl tabs</i>	1	MO; *
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	4	+
<i>ciprofloxacin in d5w soln 400mg/200ml-5%</i>	4	MO; +
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</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, 750 mg</i>	1	QL(1 ea daily); MO; *
<i>levofloxacin tabs or 500 mg</i>	1	MO; *
<i>moxifloxacin hcl tabs or 400 mg</i>	1	MO; *
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA TABS 10 MG	5	PA; NDS;SL(1 ea daily); +
OCALIVA TABS 5 MG	5	PA; NDS;SL(2 ea daily); +
<b>Gallstone Solubilizing Agents</b>		
CHENODAL TABS	5	NDS;LA; +
<i>ursodiol caps</i>	1	MO; *
<i>ursodiol tabs</i>	1	MO; *
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium (mastocytosis) conc</i>	1	MO; *
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS	2	MO; +
<b>Gastrointestinal Stimulants</b>		

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1	MO; *
CARDURA XL TB24	3	MO; +
<i>dutasteride caps</i>	1	MO; *
<i>dutasteride-tamsulosin hcl caps</i>	1	MO; *
<i>finasteride tabs</i>	1	MO; *
<i>silodosin caps</i>	1	MO; *
<i>tamsulosin hcl caps</i>	1	MO; *
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	MO; *
DUZALLO TABS 200MG-300MG	3	SL(1 ea daily); MO; +
<b>Gout Agents</b>		
<i>allopurinol tabs 100 mg</i>	1	SL(8 ea daily); MO; *
<i>allopurinol tabs 300 mg</i>	1	SL(2.66 ea daily); MO; *
<i>colchicine tabs</i>	2	MO; +
<i>febuxostat tabs</i>	1	MO; *
ZURAMPIC TABS	3	PA; SL(1 ea daily); MO; +
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	MO; *
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant acetate soln</i>	5	PA; NDS; +
<b>Complement Inhibitors</b>		
BERINERT KIT	5	NDS;LA; +
CINRYZE SOLR	5	PA; NDS;LA; +

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Agents for Sickle Cell Anemia</b>		
DROXIA CAPS	3	MO; +
ENDARI PACK	5	PA; NDS;MO; +
<b>Cobalamins</b>		
<i>cyanocobalamin soln</i>	4	MO; NT; +
NASCOBAL SOLN	3	MO; NT; +
<b>Folic Acid/Folates</b>		
<i>folic acid tabs</i>	1	RX/OTC; MO; NT; *
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 200 MCG/ML, 300 MCG/ML	5	PA; NDS; +
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; +
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; NDS; +
DOPTELET TABS	5	PA; NDS;LA; +
EPOGEN SOLN 10000 UNIT/ML	3	PA; +
EPOGEN SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; +
EPOGEN SOLN 20000 UNIT/ML	5	PA; NDS; +
GRANIX SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS; +
LEUKINE SOLR	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/Limits
MULPLETA TABS	5	PA; NDS; +
NEULASTA ONPRO KIT PSKT	5	PA; NDS; +
NEULASTA SOSY	5	PA; NDS; +
NEUPOGEN SOLN	5	PA; NDS; +
NEUPOGEN SOSY	5	PA; NDS; +
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS; +
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML	2	PA; +
PROCRIT SOLN 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NDS; +
PROMACTA PACK 12.5 MG	5	PA; NDS;SL(12 ea daily); LA; +
PROMACTA TABS 12.5 MG	5	PA; NDS;SL(12 ea daily); LA; +
PROMACTA TABS 25 MG	5	PA; NDS;SL(6 ea daily); LA; +
PROMACTA TABS 50 MG	5	PA; NDS;SL(3 ea daily); LA; +
PROMACTA TABS 75 MG	5	PA; NDS;SL(2 ea daily); LA; +
RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA; +
ZARXIO SOSY	5	PA; NDS; +
<b>Stem Cell Mobilizers</b>		
MOZOBIL SOLN	5	PA; NDS; +
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<i>aminocaproic acid soln or 0.25 gm/ml</i>	5	NDS;MO; +
<i>aminocaproic acid tabs or 1000 mg</i>	5	NDS;MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid tabs or 500 mg</i>	1	MO; *
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	*
<i>tranexamic acid tabs or 650 mg</i>	1	MO; *
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
BUTISOL SODIUM TABS	2	AL(Up to 64 yrs old); MO; +
<i>phenobarbital elix</i>	1	AL(Up to 64 yrs old); MO; *
<i>phenobarbital soln</i>	1	AL(Up to 64 yrs old); MO; *
<i>phenobarbital tabs</i>	1	AL(Up to 64 yrs old); MO; *
<b>Hypnotics - Tricyclic Agents</b>		
SILENOR TABS 3 MG	3	QL(2 ea daily); MO; +
SILENOR TABS 6 MG	3	QL(1 ea daily); MO; +
<b>Non-Barbiturate Hypnotics</b>		
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; +
<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; *

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

Drug Name	Drug Tier	Requirements/Limits
<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; *
<b>Orexin Receptor Antagonists</b>		
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; +
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	5	PA; NDS;MO; +
<i>ramelteon tabs</i>	1	MO; *
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Laxative Combinations</b>		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	1	*
CLENPIQ SOLN	3	MO; +
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; *
PLENVU SOLR	3	MO; +
PREPOPIK PACK	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT SOLN	3	MO; +
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	MO; *
<i>polyethylene glycol 3350 pack</i>	1	RX/OTC; MO; *
<i>polyethylene glycol 3350 powd</i>	1	RX/OTC; MO; *
<b>Saline Laxatives</b>		
OSMOPREP TABS	3	MO; +
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) soln</i>	4	+
LIDOCAINE HCL SOLN IJ 4 %	4	+
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
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; *
<i>azithromycin tabs or 600 mg</i>	1	QL(0.29 ea daily); MO; *
ZITHROMAX PACK OR 1 GM	2	MO; +
<b>Clarithromycin</b>		
<i>clarithromycin susr 250 mg/5ml</i>	1	MO; *
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tb24 500 mg</i>	1	MO; *
<b>Erythromycins</b>		
ERYTHROCIN LACTOBIONATE SOLR	4	SL(8 ea daily); +
<i>erythromycin base cpep 250 mg</i>	1	SL(16 ea daily); MO; *
<i>erythromycin base tabs 250 mg</i>	1	SL(16 ea daily); MO; *
<i>erythromycin base tabs 500 mg</i>	1	SL(8 ea daily); MO; *
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	1	SL(100 ml daily); MO; *
<i>erythromycin ethylsuccinate susr 400 mg/5ml</i>	1	SL(50 ml daily); MO; *
<i>erythromycin ethylsuccinate tabs 400 mg</i>	1	SL(10 ea daily); MO; *
<b>Fidaxomicin</b>		
DIFICID TABS	5	NDS;MO; +
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO; *
<b>Misc. Devices</b>		
ALCOHOL PADS	2	RX/OTC; MO; +
<b>Parenteral Therapy Supplies</b>		
INSULIN SYRINGES AND PEN NEEDLES	2	RX/OTC; MO; +
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
<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	+

Drug Name	Drug Tier	Requirements/Limits
<b>Migraine Products - Monoclonal Antibodies</b>		
AIMOVIG SOAJ	4	PA; MO; +
AJOVY SOSY	4	PA; MO; +
EMGALITY SOAJ 120 MG/ML	4	PA; MO; +
EMGALITY SOSY 100 MG/ML	5	PA; NDS; +
EMGALITY SOSY 120 MG/ML	4	PA; MO; +
<b>Migraine Products - NSAIDs</b>		
CAMBIA PACK	3	MO; +
<b>Migraine Products</b>		
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	MO; *
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	5	NDS;MO; +
<i>ergotamine tartrate subl</i>	1	*
MIGRANAL SOLN	5	NDS;MO; +
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs</i>	1	QL(0.4 ea daily); MO; *
<i>eletriptan hydrobromide tabs</i>	1	QL(0.2 ea daily); MO; *
<i>frovatriptan succinate tabs</i>	1	QL(0.6 ea daily); MO; *
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); MO; *
<i>rizatriptan benzoate tabs</i>	1	QL(0.4 ea daily); MO; *
<i>rizatriptan benzoate tbdp</i>	1	QL(0.4 ea daily); MO; *
<i>sumatriptan soln 20 mg/act</i>	1	QL(0.4 ea daily); MO; *
<i>sumatriptan soln 5 mg/act</i>	1	QL(0.6 ea daily); MO; *
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month;QL(0.14 ml daily); MO; +

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



Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	4	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	4	Limit 4mls per month;QL(0.14 ml daily); +
ZEMBRACE SYMTOUCH SOAJ	4	SL(2 ml daily); MO; +
<i>zolmitriptan tabs 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>zolmitriptan tabs 5 mg</i>	1	SL(2 ea daily); MO; *
<i>zolmitriptan tbdp 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>zolmitriptan tbdp 5 mg</i>	1	SL(2 ea daily); MO; *
ZOMIG SOLN NA 2.5 MG	3	SL(4 ea daily); MO; +
ZOMIG SOLN NA 5 MG	3	SL(2 ea daily); MO; +
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Electrolyte Mixtures</b>		
DEXTROSE 2.5%/NACL 0.45% SOLN	4	+
<i>dextrose in lactated ringers soln</i>	4	+

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose w/ sodium chloride soln 0.33%-5%, 0.45%-5%, 0.2%-5%</i>	4	+
<i>dextrose w/ sodium chloride soln 0.9%-5%</i>	4	MO; +
<i>lactated ringer's soln</i>	4	+
LACTATED RINGERS SOLN	4	+
LACTATED RINGERS VIAFLEX SOLN ( <i>Lactated Ringer's</i> )	4	+
<i>parenteral electrolytes conc</i>	4	B/D; +
<i>potassium chloride in dextrose &amp; sodium chloride soln 0.45%-20meq/l-5%</i>	4	+
TPN ELECTROLYTES SOLN	4	B/D; +
<b>Magnesium</b>		
<i>magnesium sulfate soln ij 50 %</i>	4	+
<b>Potassium</b>		
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 tbcr</i>	1	MO; *
<i>potassium chloride soln iv 2 meq/ml</i>	4	MO; +
<i>potassium chloride soln or 10 %, 20 %</i>	1	MO; *
<i>potassium chloride tbcr or 8 meq, 10 meq</i>	1	MO; *
<b>Sodium</b>		
<i>sodium chloride soln iv 0.45 %</i>	4	+
<i>sodium chloride soln iv 0.9 %, 3 %, 5 %</i>	4	MO; +
<b>Zinc</b>		

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

Drug Name	Drug Tier	Requirements/Limits
GALZIN CAPS	3	MO; NT; +
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
DEPEN TITRATABS TABS	3	MO; +
<i>trientine hcl caps</i>	5	NDS;MO; +
<b>Enzymes</b>		
XIAFLEX SOLR	5	NDS;MO; +
<b>Immunomodulators</b>		
REVLIMID CAPS	5	PA; NDS;LA; +
THALOMID CAPS	2	+
<b>Immunosuppressive Agents</b>		
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; *
<i>mycophenolate mofetil hcl solr</i>	4	B/D; +
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	B/D; NDS;MO; +
<i>mycophenolate mofetil tabs 500 mg</i>	1	B/D; MO; *
<i>mycophenolate sodium tbec</i>	1	B/D; MO; *

Drug Name	Drug Tier	Requirements/Limits
NULOJIX SOLR	5	B/D; NDS; +
PROGRAF PACK OR 0.2 MG	5	B/D; NDS;MO; +
PROGRAF PACK OR 1 MG	3	B/D; MO; +
PROGRAF SOLN IV 5 MG/ML	4	B/D; +
SANDIMMUNE SOLN OR 100 MG/ML	3	B/D; MO; +
SIMULECT SOLR	5	B/D; NDS; +
<i>sirolimus soln</i>	1	B/D; MO; *
<i>sirolimus tabs</i>	1	B/D; MO; *
<i>tacrolimus caps</i>	1	B/D; MO; *
THYMOGLOBULIN SOLR	2	B/D; +
ZORTRESS TABS 0.25 MG	2	B/D; MO; +
ZORTRESS TABS 0.75 MG, 0.5 MG, 1 MG	5	B/D; NDS;MO; +
<b>Irrigation Solutions</b>		
<i>irrigation solutions, physiological soln</i>	1	*
<i>water for irrigation, sterile soln</i>	1	MO; *
<b>Potassium Removing Agents</b>		
LOKELMA PACK	3	ST; MO; +
<i>sodium polystyrene sulfonate powd or</i>	1	MO; *
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	MO; *
VELTASSA PACK 16.8 GM	3	ST; SL(1.5 ea daily); LA; MO; +
VELTASSA PACK 25.2 GM	3	ST; SL(1 ea daily); LA; MO; +
VELTASSA PACK 8.4 GM	5	ST; NDS;SL(3 ea daily); LA; MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOAJ	5	PA; NDS; +
BENLYSTA SOLR	5	PA; NDS; +
BENLYSTA SOSY	5	PA; NDS; +
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) soln</i>	1	MO; *
<b>Anti-infectives - Throat</b>		
<i>clotrimazole lozg</i>	1	MO; *
<i>clotrimazole troc</i>	1	MO; *
<i>nystatin (mouth-throat) susp</i>	1	MO; *
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; *
<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth) pste</i>	1	MO; *
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl caps</i>	1	MO; *
<i>pilocarpine hcl (oral) tabs</i>	1	MO; *
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
<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); MO; +
<i>carisoprodol tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>chlorzoxazone tabs 500 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>cyclobenzaprine hcl cp24</i>	1	AL(Up to 64 yrs old); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tabs</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 2 mg</i>	1	SL(18 ea daily); MO; *
<i>tizanidine hcl caps 4 mg</i>	1	SL(9 ea daily); MO; *
<i>tizanidine hcl caps 6 mg</i>	1	SL(6 ea daily); MO; *
<i>tizanidine hcl tabs 2 mg</i>	1	SL(18 ea daily); MO; *
<i>tizanidine hcl tabs 4 mg</i>	1	SL(9 ea daily); MO; *
<b>Direct Muscle Relaxants</b>		
<i>dantrolene sodium caps</i>	1	MO; *
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin &amp; 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; *
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
DYMISTA SUSP	3	MO; +
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL OINT	3	MO; +
<b>Nasal Antiallergy</b>		
<i>azelastine hcl soln</i>	1	MO; *
<i>olopatadine hcl (nasal) soln</i>	1	MO; *
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln</i>	1	MO; *
<b>Nasal Steroids</b>		

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

Drug Name	Drug Tier	Requirements/Limits
BECONASE AQ SUSP	3	MO; +
<i>flunisolide (nasal) soln</i>	1	MO; *
<i>fluticasone propionate (nasal) susp</i>	1	RX/OTC; MO; *
<i>mometasone furoate (nasal) susp</i>	1	MO; *
OMNARIS SUSP	3	MO; +
QNASL AERS	3	MO; +
QNASL CHILDRENS AERS	3	MO; +
ZETONNA AERS	3	MO; +
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RADICAVA SOLN	5	PA; NDS;MO; +
<i>riluzole tabs</i>	1	MO; *
<b>Muscular Dystrophy Agents</b>		
EXONDYS 51 SOLN	5	PA; NDS;LA; MO; +
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR 100 UNIT	4	PA; MO; +
BOTOX SOLR 200 UNIT	3	PA; MO; +
XEOMIN SOLR	4	PA; MO; +
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
<i>dextrose soln 10 %, 50 %, 70 %</i>	4	B/D; +
<i>dextrose soln 5 %</i>	4	B/D; MO; +
<b>Lipids</b>		
CLINOLIPID EMUL	4	B/D; +
INTRALIPID EMUL 20 GM/100ML	4	B/D; +

Drug Name	Drug Tier	Requirements/Limits
NUTRILIPID EMUL	4	B/D; +
<b>Proteins</b>		
<i>amino acid infusion 15%</i>	4	B/D; +
CLINIMIX 4.25%/DEXTROSE 5% SOLN	4	B/D; +
PROSOL SOLN	4	B/D; +
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		
<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 ( <i>Dorzolamide HCl-Timolol Maleate</i> )	3	MO; +
<i>dorzolamide hcl-timolol maleate soln</i>	1	MO; *
<i>levobunolol hcl soln</i>	1	MO; *
<i>timolol maleate (ophth) solg</i>	1	MO; *
<i>timolol maleate (ophth) soln</i>	1	MO; *
TIMOPTIC OCUDOSE SOLN	3	MO; +
<b>Cycloplegic Mydriatics</b>		
<i>cyclopentolate hcl soln</i>	1	MO; *
<b>Miotics</b>		
PHOSPHOLINE IODIDE SOLR	3	+
<i>pilocarpine hcl soln</i>	1	MO; *
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
EYLEA SOLN	5	NDS;LA; +

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

Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Adrenergic Agents</b>		
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; +
<b>Ophthalmic Anti-infectives</b>		
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; *
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; *

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (ophth) oint</i>	1	MO; *
<i>sulfacetamide sodium (ophth) soln</i>	1	MO; *
<i>tobramycin (ophth) soln</i>	1	MO; *
TOBEX OINT	3	MO; +
<i>trifluridine soln</i>	1	MO; *
ZIRGAN GEL	3	MO; +
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL	2	PA; MO; +
RESTASIS MULTIDOSE EMUL	2	PA; MO; +
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine hcl soln</i>	1	MO; *
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLN	5	PA; NDS; MO; +
<b>Ophthalmic Steroids</b>		
ALREX SUSP	3	MO; +
<i>bacitracin-poly-neomycin-hc oint</i>	1	MO; *
BLEPHAMIDE SUSP	3	MO; +
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; *
DUREZOL EMUL	2	MO; +
FLAREX SUSP	2	MO; +
<i>fluorometholone (ophth) susp</i>	1	MO; *
FML FORTE SUSP	2	MO; +
FML OINT	2	MO; +
LOTEMAX GEL	3	MO; +
LOTEMAX OINT	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate susp</i>	1	MO; *
MAXIDEX SUSP	3	MO; +
<i>neomycin-polymyx-dexameth oint</i>	1	MO; *
<i>neomycin-polymyx-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; +
<b>Ophthalmics - Misc.</b>		
ACUVAIL SOLN	3	MO; +
ALOCRIAL SOLN	3	MO; +
ALOMIDE SOLN	3	MO; +
<i>azelastine hcl (ophth) soln</i>	1	MO; *
AZOPT SUSP	2	MO; +
BEPREVE SOLN	3	MO; +
<i>bromfenac sodium (ophth) soln</i>	1	Once daily dosing; MO; *
<i>cromolyn sodium (ophth) soln</i>	1	MO; *
CYSTARAN SOLN	3	Limit 60mls per 28 days; QL(2.15 ml daily); LA; MO; +
<i>diclofenac sodium (ophth) soln</i>	1	MO; *
<i>dorzolamide hcl soln</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<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; +
<b>Prostaglandins - Ophthalmic</b>		
<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; +
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1	MO; *
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN	3	MO; +
CIPROFLOXACIN SOLN OT 0.2 %	3	MO; +
<i>ofloxacin (otic) soln</i>	1	MO; *
<b>Otic Combinations</b>		
CIPRO HC SUSP	3	MO; +
CIPRODEX SUSP	2	MO; +
COLY-MYCIN S SUSP	3	MO; +
CORTISPORIN-TC SUSP	3	MO; +

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

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

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SOLN 10 GM/50ML	5	B/D; NDS; +
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; LA; +
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, 30 GM/300ML	5	B/D; NDS; +
PRIVIGEN SOLN	5	B/D; NDS; +
VARIZIG SOLN	5	NDS; +
<b>Monoclonal Antibodies</b>		
SYNAGIS SOLN	5	NDS; +
ZINPLAVA SOLN	5	PA; NDS; +
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT	5	B/D; NDS; +
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	1	MO; *
<i>amoxicillin chew</i>	1	MO; *
<i>amoxicillin susr</i>	1	MO; *
<i>amoxicillin tabs</i>	1	MO; *
<i>ampicillin caps</i>	1	MO; *
<i>ampicillin sodium solr ij 1 gm, 2 gm, 500 mg</i>	4	MO; +
<i>ampicillin sodium solr ij 250 mg</i>	4	+
<i>ampicillin sodium solr iv 2 gm, 10 gm</i>	4	+
<b>Natural Penicillins</b>		

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

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A SUSP	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; *
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew</i>	1	MO; *
<i>amoxicillin &amp; pot clavulanate susr</i>	1	MO; *
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	MO; *
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	MO; *
<i>ampicillin &amp; sulbactam sodium solr ij 0.5gm-1gm</i>	4	+
<i>ampicillin &amp; sulbactam sodium solr ij 1gm-2gm</i>	4	MO; +
<i>ampicillin &amp; sulbactam sodium solr iv 5gm-10gm</i>	4	+
<i>piperacillin sodium-tazobactam sodium solr</i>	4	+
UNASYN BULK PACK SOLR (Ampicillin & Sulbactam Sodium)	4	+
ZOSYN SOLN 0.375GM/50ML- 3GM/50ML-5%, 0.5GM/100ML- 4GM/100ML-5%, 0.25GM/50ML-2GM/50ML- 5%	4	+
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	1	MO; *
<i>nafcillin sodium solr ij 1 gm</i>	4	+
NAFCILLIN SODIUM SOLR IJ 10 GM	5	NDS; +
<i>nafcillin sodium solr ij 2 gm</i>	4	MO; +
<i>nafcillin sodium solr iv 10 gm</i>	5	NDS; +

Drug Name	Drug Tier	Requirements/Limits
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate tabs</i>	1	MO; *
<i>megestrol acetate (appetite) susp</i>	1	AL(Up to 64 yrs old); MO; *
<i>norethindrone acetate tabs</i>	1	MO; *
<i>progesterone micronized caps</i>	1	MO; *
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	1	MO; *
<i>disulfiram tabs</i>	1	MO; *
LUCEMYRA TABS	5	PA; NDS;SL(16 ea daily); MO; +
<b>Anti-Cataleptic Agents</b>		
XYREM SOLN	5	NDS;LA; MO; +
<b>Antidementia Agents</b>		
<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; *

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



Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl cp24 28 mg</i>	1	AL(At least 60 yrs old); SL(1 ea daily); MO; *
<i>memantine hcl cp24 7 mg</i>	1	AL(At least 60 yrs old); SL(4 ea daily); MO; *
<i>memantine hcl soln 2 mg/ml, 10 mg/5ml</i>	1	AL(At least 60 yrs old); MO; *
<i>memantine hcl tabs 5 mg, 10 mg</i>	1	MO; *
NAMENDA XR TITRATION PACK CP24	3	AL(At least 60 yrs old); MO; +
<i>rivastigmine pt24</i>	1	MO; *
<i>rivastigmine tartrate caps</i>	1	MO; *
<b>Combination Psychotherapeutics</b>		
<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; *
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	3	PA; MO; +
SAVELLA TITRATION PACK MISC	3	PA; MO; +
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS 12 MG	5	PA; NDS;SL(4 ea daily); LA; +
AUSTEDO TABS 6 MG	5	PA; NDS;SL(8 ea daily); LA; +
AUSTEDO TABS 9 MG	5	PA; NDS;SL(5.33 ea daily); LA; +
INGREZZA CAPS	5	PA; NDS;LA; MO; +
INGREZZA CPPK	5	PA; NDS;LA; MO; +
<i>tetrabenazine tabs</i>	5	PA; NDS; +
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12 ( <i>Dalfampridine</i> )	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/ Limits
AUBAGIO TABS 14 MG	5	PA; NDS;MO; +
AUBAGIO TABS 7 MG	5	PA; NDS; +
AVONEX KIT	5	PA; NDS; +
AVONEX PEN AJKT	5	PA; NDS; Limited to 1 box per 28 days;QL(0.036 ea daily); +
AVONEX PSKT	5	PA; NDS; +
BETASERON KIT	5	PA; NDS; +
<i>dalfampridine tb12</i>	5	PA; NDS; +
EXTAVIA KIT	5	PA; NDS; +
GILENYA CAPS 0.5 MG	5	PA; NDS; +
<i>glatiramer acetate sosy</i>	5	PA; NDS; +
LEMTRADA SOLN	5	PA; NDS;LA; +
MAVENCLAD TBPK	5	PA; NDS;LA; +
OCREVUS SOLN	5	PA; NDS; +
PLEGRIDY SOPN	5	PA; NDS; +
PLEGRIDY SOSY	5	PA; NDS; +
PLEGRIDY STARTER PACK SOPN	5	PA; NDS; +
PLEGRIDY STARTER PACK SOSY	5	PA; NDS; +
REBIF REBIDOSE SOAJ	5	PA; NDS; +
REBIF REBIDOSE TITRATIONPACK SOAJ	5	PA; NDS; +
REBIF SOSY	5	PA; NDS; +
REBIF TITRATION PACK SOSY	5	PA; NDS; +
TECFIDERA CPDR	5	PA; NDS; +
TECFIDERA STARTER PACK MISC	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/ Limits
TYSABRI CONC	5	PA; NDS; +
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain</b>		
GRALISE STARTER MISC	3	MO; +
GRALISE TABS	3	MO; +
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS	3	PA; MO; +
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>pimozide tabs</i>	1	MO; *
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	3	MO; +
<b>Smoking Deterrents</b>		
<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(17 ea daily); MO; +
NICOTROL NS SOLN	2	MO; +
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI SOSY	5	PA; NDS;LA; MO; +
<b>Vasomotor Symptom Agents</b>		
<i>paroxetine mesylate (vasomotor) caps</i>	1	MO; *
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 1000 MG	5	NDS;LA; MO; +
ARALAST NP SOLR 500 MG	5	NDS;LA; +

Drug Name	Drug Tier	Requirements/ Limits
GLASSIA SOLN	4	LA; +
PROLASTIN-C SOLN 1000 MG/20ML	5	PA; NDS;LA; MO; +
PROLASTIN-C SOLR 1000 MG	5	NDS;LA; MO; +
ZEMAIRA SOLR	5	NDS;LA; MO; +
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK	5	PA; NDS;MO; +
KALYDECO TABS	5	PA; NDS;MO; +
ORKAMBI PACK	5	PA; NDS;LA; MO; +
ORKAMBI TABS	5	PA; NDS;LA; MO; +
PULMOZYME SOLN	2	B/D; +
SYMDEKO TBPB	5	PA; NDS;LA; +
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	5	PA; NDS;LA; +
ESBRIET TABS	5	PA; NDS;LA; +
OFEV CAPS	5	PA; NDS;LA; +
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	1	MO; *
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Aminomethylcyclines</b>		
NUZYRA TABS OR 150 MG	5	PA; NDS;MO; +
<b>Glycylcyclines</b>		
<i>tigecycline solr</i>	5	NDS; +
TIGECYCLINE SOLR	5	NDS; +
<b>Tetracyclines</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl tabs</i>	1	MO; *
<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg, 150 mg</i>	1	MO; *
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	MO; *
<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 50 mg, 75 mg, 100 mg</i>	1	MO; *
<i>minocycline hcl tabs 50 mg, 75 mg, 100 mg</i>	1	MO; *
<i>tetracycline hcl caps</i>	1	MO; *
VIBRAMYCIN SYRP 50 MG/5ML	2	MO; +
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	1	MO; *
<i>propylthiouracil tabs</i>	1	MO; *
<b>Thyroid Hormones</b>		
<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; +
<b>TOXOIDS</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Toxoid Combinations</b>		
ADACEL SUSP	1	*
BOOSTRIX SUSP	1	*
DAPTACEL SUSP	4	+
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	B/D; +
INFANRIX SUSP	4	+
KINRIX SUSP	4	+
PEDIARIX SUSP	4	+
PENTACEL SUSR	4	+
QUADRACEL SUSP	4	+
TDVAX SUSP	4	B/D; +
TENIVAC INJ	4	B/D; +
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>dicyclomine hcl caps or 10 mg</i>	1	MO; *
<i>dicyclomine hcl tabs or 20 mg</i>	1	MO; *
<i>glycopyrrolate soln ij 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml</i>	4	MO; +
<i>glycopyrrolate soln ij 0.4 mg/2ml</i>	4	+
<i>glycopyrrolate tabs or 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glycopyrrolate tabs or 2 mg</i>	1	SL(4 ea daily); MO; *
<i>methscopolamine bromide tabs</i>	1	MO; *
<b>H-2 Antagonists</b>		
<i>cimetidine tabs 200 mg</i>	1	RX/OTC; MO; *
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<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; *
<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; *
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML	3	MO; +
<i>sucralfate tabs</i>	1	MO; *
<b>Proton Pump Inhibitors</b>		
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 15 mg</i>	1	RX/OTC; MO; *
<i>lansoprazole cpdr 30 mg</i>	1	MO; *
<i>lansoprazole tbdd 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 10 mg, 40 mg</i>	1	MO; *
<i>omeprazole cpdr 20 mg</i>	1	RX/OTC; MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium solr iv 40 mg</i>	1	*
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; *
PROTONIX PACK OR 40 MG	3	QL(1 ea daily); MO; +
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol tabs</i>	1	MO; *
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	3	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; +
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
<i>methenamine hippurate tabs</i>	1	MO; *
<i>nitrofurantoin macrocrystal caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>nitrofurantoin monohyd macro caps</i>	1	MO; *
<i>nitrofurantoin susp</i>	1	AL(Up to 64 yrs old); MO; *
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	1	MO; *
GELNIQUE GEL	3	MO; +

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

Drug Name	Drug Tier	Requirements/ Limits
GELNIQUE PUMP GEL	3	MO; +
<i>oxybutynin chloride syrup</i>	1	MO; *
<i>oxybutynin chloride tabs</i>	1	MO; *
<i>oxybutynin chloride tb24</i>	1	MO; *
OXYTROL PTTW	3	RX/OTC; MO; +
<i>solifenacin succinate tabs</i>	1	MO; *
<i>tolterodine tartrate cp24</i>	1	MO; *
<i>tolterodine tartrate tabs</i>	1	MO; *
TOVIAZ TB24	2	MO; +
<i>trosipium chloride cp24</i>	1	MO; *
<i>trosipium chloride tabs</i>	1	MO; *
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ TB24	3	MO; +
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs</i>	1	MO; *
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	MO; *
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLR	4	+
BCG VACCINE INJ	4	+
BEXSERO SUSY	4	+
HIBERIX SOLR	4	+
MENACTRA INJ	4	+
MENVEO SOLR	4	+
PEDVAX HIB SUSP	4	+

Drug Name	Drug Tier	Requirements/ Limits
TRUMENBA SUSY	4	+
TYPHIM VI SOLN	4	+
<b>Viral Vaccines</b>		
ENGERIX-B SUSP IJ 20 MCG/ML, 10 MCG/0.5ML	4	B/D; +
GARDASIL 9 SUSP	4	+
GARDASIL 9 SUSY	4	+
HAVRIX SUSP	4	+
IMOVAX RABIES (H.D.C.V.) INJ	4	B/D; +
IPOL INACTIVATED IPV INJ	4	+
IXIARO SUSP	4	+
M-M-R II SOLR	4	+
PROQUAD SUSR	4	+
RABAVERT SUSR	4	B/D; +
RECOMBIVAX HB SUSP	4	B/D; +
ROTARIX SUSR	3	+
ROTATEQ SOLN	2	+
SHINGRIX SUSR	2	+
TWINRIX SUSP	4	+
TWINRIX SUSY	4	+
VAQTA SUSP	4	+
VARIVAX INJ	4	+
YF-VAX INJ	4	+
ZOSTAVAX SUSR	2	+
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Vaginal Anti-infectives</b>		

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

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN SUPP VA 100 MG	3	MO; +
<i>clindamycin phosphate vaginal crea</i>	1	MO; *
<i>metronidazole vaginal gel</i>	1	MO; *
<i>miconazole nitrate vaginal supp</i>	1	MO; *
<i>terconazole vaginal crea 0.4 %, 0.8 %</i>	1	MO; *
<i>terconazole vaginal supp 80 mg</i>	1	MO; *
<b>Vaginal Estrogens</b>		
<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; +
<b>Vaginal Progestins</b>		
CRINONE GEL	3	PA; MO; +
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj</i>	2	MO; +
EIPEN 2-PAK SOAJ ( <i>Epinephrine (Anaphylaxis)</i> )	2	MO; +
EIPEN-JR 2-PAK SOAJ ( <i>Epinephrine (Anaphylaxis)</i> )	2	MO; +
<b>Neurogenic Orthostatic Hypotension (NOH) -</b>		
NORTHERA CAPS 100 MG	5	PA; NDS;SL(18 ea daily); +
NORTHERA CAPS 200 MG	5	PA; NDS;SL(9 ea daily); +
NORTHERA CAPS 300 MG	5	PA; NDS;SL(6 ea daily); +
<b>Vasopressors</b>		
<i>dobutamine hcl soln</i>	4	+

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl tabs</i>	1	MO; *
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>ergocalciferol caps 1.25 mg, 50000 unit</i>	1	MO; NT; *
MEPHYTON TABS ( <i>Phytonadione</i> )	3	MO; NT; +
<i>phytonadione tabs</i>	1	MO; NT; *

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

## Index

abacavir sulfate	37	alclometasone dipropionate	48	amlodipine-valsartan-hydrochlorothiazide	26
abacavir sulfate-lamivudine	37	ALCOHOL PADS	60	amoxapine	18
abacavir sulfate-lamivudine-zidovudine	37	ALDACTAZIDE	51	amoxicillin	67
ABELCET	23	ALECENSA	31	amoxicillin & pot clavulanate	68
ABILIFY MAINTENA	37	alendronate sodium	52	amoxicillin-clarithromycin w/ lansoprazole	72
abiraterone acetate	30	alfuzosin hcl	56	amphetamine-dextroamphetamine	1
ABRAXANE	34	ALIMTA	28	AMPHOTERICIN B	23
ABSORICA	46	ALINIA	8	ampicillin	67
ABSTRAL	4	ALIQOPA	31	ampicillin & sulbactam sodium	68
acamprosate calcium	68	aliskiren fumarate	27	ampicillin sodium	67
ACANYA	46	allopurinol	56	AMPYRA	69
acarbose	18	almotriptan malate	60	ANADROL-50	7
acebutolol hcl	40	ALOCRIAL	66	anagrelide hcl	57
acetaminophen w/ codeine	6	alogliptin benzoate	19	anastrozole	30
acetazolamide	51	alogliptin-metformin hcl	18	ANORO ELLIPTA	12
acetic acid	56	alogliptin-pioglitazone	18	ANTARA	24
acetic acid (otic)	66	ALOMIDE	66	APIDRA	20
acetylcysteine	45	alose tron hcl	55	APIDRA SOLOSTAR	20
acitretin	47	ALPHAGAN P	65	APLENZIN	16
ACTEMRA	2	alprazolam	10	APOKYN	34
ACTHAR	52	ALREX	65	apraclonidine hcl	65
ACTHIB	73	ALTOPREV	25	aprepitant	23
ACTIMMUNE	33	ALUNBRIG	31	APTIOM	14
ACTOPLUS MET XR	18	ALVESCO	11	APTIVUS	37
ACUVAIL	66	amantadine hcl	34	ARALAST NP	70
acyclovir	40	AMBISOME	23	ARANESP ALBUMIN FREE	57
acyclovir sodium	40	ambrisentan	42	ARCALYST	2
acyclovir topical	48	amcinonide	48	ARCAPTA NEOHALER	12
ADACEL	71	amikacin sulfate	1	argatroban	14
adapalene	46	amiloride & hydrochlorothiazide	51	ARGATROBAN	14
adapalene-benzoyl peroxide	46	amiloride hcl	51	ARIKAYCE	1
ADCIRCA	42	amino acid infusion 15%	64	aripiprazole	37
adefovir dipivoxil	39	aminocaproic acid	58	ARISTADA	37
ADEMPAS	43	aminophylline	13	ARISTADA INITIO	37
ADRIAMYCIN	31	aminosalicylic acid	27	armodafinil	1
ADVAIR HFA	12	amiodarone hcl	10	ARNUIITY ELLIPTA	11
AFINITOR	31	AMITIZA	55	ARRANON	28
AFINITOR DISPERZ	31	amitriptyline hcl	18	arsenic trioxide	33
AFREZZA	20	amlodipine besylate	41	ARZERRA	29
AIMOVIG	60	amlodipine besylate-atorvastatin calcium	41	ASMANEX HFA	11
AJOVY	60	amlodipine besylate-benazepril hcl	26	ASMANEX TWISTHALER 120 METERED DOSES	11
AKYNZEO	23	amlodipine besylate-olmesartan medoxomil	26	ASMANEX TWISTHALER 14 METERED DOSES	11
albendazole	8	amlodipine besylate-valsartan	26		
ALBENZA	8				
albuterol sulfate	12				

ASMANEX TWISTHALER 30 METERED DOSES . . . . .	11,12	BAVENCIO . . . . .	29	BIVIGAM . . . . .	67
ASMANEX TWISTHALER 60 METERED DOSES . . . . .	12	BAXDELA . . . . .	54	bleomycin sulfate . . . . .	31
ASMANEX TWISTHALER 7 METERED DOSES . . . . .	12	BCG VACCINE . . . . .	73	BLEPHAMIDE . . . . .	65
aspirin-dipyridamole . . . . .	57	BECONASE AQ . . . . .	64	BLINCYTO . . . . .	29
ASTAGRAF XL . . . . .	62	BELEODAQ . . . . .	31	BOOSTRIX . . . . .	71
atazanavir sulfate . . . . .	37	BELSOMRA . . . . .	59	BORTEZOMIB . . . . .	31
atenolol . . . . .	40	benazepril & hydrochlorothiazide . . . . .	26	bosentan . . . . .	42
atenolol & chlorthalidone . . . . .	26	benazepril hcl . . . . .	25	BOSULIF . . . . .	31
ATGAM . . . . .	62	BENDEKA . . . . .	28	BOTOX . . . . .	64
atomoxetine hcl . . . . .	1	BENLYSTA . . . . .	63	BRAFTOVI . . . . .	31
atorvastatin calcium . . . . .	25	benzonatate . . . . .	45	BREO ELLIPTA . . . . .	12
atovaquone . . . . .	8	benzoyl peroxide- erythromycin . . . . .	46	BRILINTA . . . . .	57
atovaquone-proguanil hcl . . . . .	27	benztropine mesylate . . . . .	34	brimonidine tartrate . . . . .	65
ATRIPLA . . . . .	37	BEPREVE . . . . .	66	BRIVIACT . . . . .	14
ATROVENT HFA . . . . .	11	BERINERT . . . . .	56	bromfenac sodium (ophth) . . . . .	66
AUBAGIO . . . . .	69	BESIVANCE . . . . .	65	bromocriptine mesylate . . . . .	34
AUSTEDO . . . . .	69	BESPONSA . . . . .	29	BROVANA . . . . .	12
AVANDIA . . . . .	20	betamethasone dipropionate (topical) . . . . .	48	budesonide . . . . .	44
AVASTIN . . . . .	29	betamethasone dipropionate augmented . . . . .	48	budesonide (inhalation) . . . . .	12
AVEED . . . . .	7	betamethasone sod phosphate & acetate . . . . .	44	bumetanide . . . . .	51
AVONEX . . . . .	69	betamethasone valerate . . . . .	48	BUNAVAIL . . . . .	6
AVONEX PEN . . . . .	69	BETASERON . . . . .	69	buprenorphine . . . . .	7
azacitidine . . . . .	28	betaxolol hcl . . . . .	40	BUPRENORPHINE . . . . .	7
AZASITE . . . . .	65	betaxolol hcl (ophth) . . . . .	64	buprenorphine hcl . . . . .	6
AZATHIOPRINE . . . . .	62	bethanechol chloride . . . . .	73	buprenorphine hcl-naloxone hcl dihydrate . . . . .	6,7
azathioprine . . . . .	62	BETHKIS . . . . .	1	bupropion hcl . . . . .	16
azelaic acid . . . . .	50	BETIMOL . . . . .	64	bupropion hcl (smoking deterrent) . . . . .	70
azelastine hcl . . . . .	63	BETOPTIC-S . . . . .	64	BUPROPION HYDROCHLORIDE ER (XL) . . . . .	16
azelastine hcl (ophth) . . . . .	66	BEVYXXA . . . . .	13	bupirone hcl . . . . .	10
AZELEX . . . . .	46	bexarotene . . . . .	33	busulfan . . . . .	28
AZITHROMYCIN . . . . .	59	BEXSERO . . . . .	73	butalbital-acetaminophen- caffeine w/ codeine . . . . .	6
azithromycin . . . . .	59	bicalutamide . . . . .	30	butalbital-aspirin-caffeine w/cod . . . . .	6
AZOPT . . . . .	66	BICILLIN L-A . . . . .	68	BUTISOL SODIUM . . . . .	58
aztreonam . . . . .	9	BICNU . . . . .	28	butorphanol tartrate . . . . .	7
bacitracin (ophthalmic) . . . . .	65	BIDIL . . . . .	41	BUTRANS . . . . .	7
bacitracin-poly-neomycin-hc (ophth) . . . . .	65	BIKTARVY . . . . .	37	BYDUREON . . . . .	20
baclofen . . . . .	63	BILTRICIDE . . . . .	8	BYDUREON BCISE . . . . .	20
BACLOFEN . . . . .	63	bimatoprost . . . . .	66	BYDUREON PEN . . . . .	20
BACTROBAN NASAL . . . . .	63	bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride . . . . .	59	BYETTA . . . . .	20
balsalazide disodium . . . . .	55	bisoprolol & hydrochlorothiazide . . . . .	26	BYSTOLIC . . . . .	40
BALVERSA . . . . .	31	bisoprolol fumarate . . . . .	40	cabergoline . . . . .	53
BANZEL . . . . .	14			CABLIVI . . . . .	57
BARACLUDE . . . . .	39			CABOMETYX . . . . .	31



calcipotriene	47	CEFEPIME	44	cidofovir	39
calcipotriene-betamethasone dipropionate	48	cefepime hcl	43	cilostazol	57
calcitonin (salmon)	52	cefixime	43	CILOXAN	65
CALCITRIOL	47	cefoxitin sodium	43	CIMDUO	38
calcitriol	53	cefpodoxime proxetil	43	cimetidine	71
calcium acetate (phosphate binder)	56	cefprozil	43	CIMZIA	55
CALQUENCE	31	ceftazidime	43	CIMZIA STARTER KIT	55
CAMBIA	60	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	43	cinacalcet hcl	53
CAMPATH	29	ceftriaxone sodium	43	CINQAIR	11
candesartan cilexetil	26	cefuroxime axetil	43	CINRYZE	56
candesartan cilexetil-hydrochlorothiazide	26	cefuroxime sodium	43	CIPRO	55
CAPASTAT SULFATE	27	celecoxib	2	CIPRO HC	66
CAPEX	48	CELONTIN	16	CIPRODEX	66
CAPRELSA	31	CENTANY	46	ciprofloxacin	55
captopril	25	cephalexin	43	CIPROFLOXACIN	66
captopril & hydrochlorothiazide	26	CERDELGA	57	ciprofloxacin hcl	55
CARAC	47	CEREZYME	57	ciprofloxacin hcl (ophth)	65
CARAFATE	72	CESAMET	23	ciprofloxacin in d5w	55
CARBAGLU	53	cetirizine hcl	24	CISPLATIN	28
carbamazepine	14	CETRAXAL	66	cisplatin	28
CARBATROL	15	cevimeline hcl	63	citalopram hydrobromide	17
carbidopa	34	CHANTIX	70	cladribine	28
carbidopa-levodopa	34	CHANTIX CONTINUING MONTHPAK	70	CLARINEX-D 12 HOUR	45
CARBIDOPA/LEVODOPA/ENTA	34	CHANTIX STARTING MONTH PAK	70	clarithromycin	59,60
CAPONE	34	CHEMET	22	clemastine fumarate	24
carbinoxamine maleate	24	CHENODAL	55	CLENPIQ	59
carboplatin	28	CHLORAMPHENICOL SODIUM SUCCINATE	8	CLEOCIN	74
CARDIZEM LA	41	chlordiazepoxide-amitriptyline	69	CLEOCIN PHOSPHATE	9
CARDURA XL	56	chlorhexidine gluconate (mouth-throat)	63	CLIMARA PRO	54
carisoprodol	63	chloroquine phosphate	27	CLINDAGEL	46
carisoprodol w/ aspirin	63	chlorothiazide	51	clindamycin hcl	9
carisoprodol w/ aspirin & codeine	63	CHLORPROMAZINE HCL	36	clindamycin palmitate hydrochloride	9
carmustine	28	chlorpromazine hcl	36	clindamycin phosphate	9
carteolol hcl (ophth)	64	chlorthalidone	51	clindamycin phosphate (topical)	46
carvedilol	40	chlorzoxazone	63	clindamycin phosphate in d5w9	9
carvedilol phosphate	40	cholestyramine	24	clindamycin phosphate vaginal	74
CAVERJECT	42	cholestyramine light	24	clindamycin phosphate-benzoyl peroxide	46
CAVERJECT IMPULSE	41	choline fenofibrate	24	clindamycin phosphate-benzoyl peroxide (refrigerate)	46
CAYSTON	9	CHORIONIC GONADOTROPIN	52	clindamycin phosphate-tretinoin	46
cefaclor	43	CIALIS	42	CLINIMIX 4.25%/DEXTROSE 5%	64
cefaclor monohydrate	43	ciclopirox	46,47	CLINOLIPID	64
cefadroxil	43	ciclopirox olamine	46	clobazam	14
cefazolin sodium	43				
cefdinir	43				

clobetasol propionate.....	48	COUMADIN.....	13	deferasirox.....	22
clobetasol propionate emollient base.....	48	CREON.....	51	DELESTROGEN.....	54
CLOCORTOLONE PIVALATE.....	49	CRESEMBA.....	23	DELSTRIGO.....	38
CLOCORTOLONE PIVALATE PUMP.....	49	CRINONE.....	74	demeclocycline hcl.....	71
CLODERM.....	49	CRIXIVAN.....	38	DEM SER.....	26
CLODERM PUMP.....	49	cromolyn sodium.....	11	DENAVIR.....	48
clofarabine.....	28	cromolyn sodium (mastocytosis).....	55	DEPAKOTE.....	16
clomipramine hcl.....	18	cromolyn sodium (ophth).....	66	DEPAKOTE ER.....	16
clonazepam.....	14	crotamiton.....	50	DEPAKOTE SPRINKLES.....	16
clonidine.....	26	CRYSVITA.....	53	DEPEN TITRATABS.....	62
clonidine hcl.....	26	CUVITRU.....	67	DEPO-MEDROL.....	44
clopidogrel bisulfate.....	57	cyanocobalamin.....	57	DEPO-PROVERA.....	30
clorazepate dipotassium.....	10	cyclobenzaprine hcl.....	63	DEPO-SUBQ PROVERA 104.....	44
clotrimazole.....	63	cyclopentolate hcl.....	64	DESCOVY.....	38
clotrimazole (topical).....	47	cyclophosphamide.....	28	desipramine hcl.....	18
clozapine.....	36	CYCLOSET.....	20	desloratadine.....	24
CLOZAPINE.....	36	cyclosporine.....	62	desmopressin acetate.....	53
clozapine.....	36	cyclosporine modified (for microemulsion).....	62	desmopressin acetate spray.....	53
CLOZAPINE ODT.....	36	cyproheptadine hcl.....	24	desmopressin acetate spray refrigerated.....	53
COARTEM.....	27	CYRAMZA.....	29	desogestrel & ethinyl estradiol.....	44
codeine sulfate.....	4	CYSTADANE.....	53	desogestrel-ethinyl estradiol (biphasic).....	44
colchicine.....	56	CYSTARAN.....	56	DESONATE.....	49
colchicine w/ probenecid.....	56	cytarabine.....	28	desonide.....	49
colesevelam hcl.....	24	DACARBAZINE.....	33	desoximetasone.....	49
colestipol hcl.....	24	dacarbazine.....	33	DESVENLAFAXINE ER.....	17
colistimethate sodium.....	9	dactinomycin.....	31	desvenlafaxine succinate.....	17
COLY-MYCIN S.....	66	DAKLINZA.....	39	dexamethasone.....	44
COMBIGAN.....	64	dalfampridine.....	69	dexamethasone sodium phosphate.....	44
COMBIPATCH.....	54	DALIRESP.....	11	DEXAMETHASONE SODIUM PHOSPHATE.....	45
COMBIVENT RESPIMAT.....	12	danazol.....	7	dexamethasone sodium phosphate.....	45
COMETRIQ.....	31	dantrolene sodium.....	63	dexamethasone sodium phosphate (ophth).....	65
COMPLERA.....	38	dapsone.....	9	DEXILANT.....	72
CONDYLOX.....	50	DAPTACEL.....	71	dexmethylphenidate hcl.....	1
COPIKTRA.....	31	daptomycin.....	8	dexrazoxane hcl.....	33
CORDRAN.....	49	DARAPRIM.....	27	dextroamphetamine sulfate.....	1
CORLANOR.....	43	darifenacin hydrobromide.....	72	dextrose.....	64
CORTIFOAM.....	8	DARZALEX.....	29	DEXTROSE 2.5%/NACL 0.45%.....	61
cortisone acetate.....	44	DAUNORUBICIN HCL.....	31	dextrose in lactated ringers.....	61
CORTISPORIN.....	46	daunorubicin hcl.....	31	dextrose w/ sodium chloride.....	61
CORTISPORIN-TC.....	66	DAUNORUBICIN HYDROCHLORIDE.....	31	DIASTAT ACUDIAL.....	14
COSENTYX.....	47	DAURISMO.....	30	DIASTAT PEDIATRIC.....	14
COSENTYX SENSOREADY PEN.....	47	DAYTRANA.....	1		
COSOPT PF.....	64	decitabine.....	28		
COTELLIC.....	31				

diazepam.....	10	dorzolamide hcl-timolol maleate.....	64	EMGALITY.....	60
diazepam (anticonvulsant)...	14	DOVATO.....	38	EMPLICITI.....	29
DIAZEPAM RECTAL GEL...	14	doxazosin mesylate.....	26	EMSAM.....	16
DICLOFENAC EPOLAMINE.....	46	doxepin hcl.....	18	EMTRIVA.....	38
diclofenac potassium.....	2	doxepin hcl (antipruritic)...	47	enalapril maleate.....	25,26
diclofenac sodium.....	2	doxercalciferol.....	53	enalapril maleate & hydrochlorothiazide.....	26
diclofenac sodium (actinic keratoses).....	47	doxorubicin hcl.....	31	ENBREL.....	3
diclofenac sodium (ophth)...	66	doxorubicin hcl liposomal...	31	ENBREL MINI.....	3
diclofenac sodium (topical)...	46	DOXYCYCLINE.....	50	ENBREL SURECLICK.....	3
diclofenac w/ misoprostol.....	2	doxycycline (monohydrate)...	71	ENDARI.....	57
dicloxacillin sodium.....	68	doxycycline hyclate.....	71	ENGERIX-B.....	73
dicyclomine hcl.....	71	dronabinol.....	23	enoxaparin sodium.....	13
didanosine.....	38	drosiprenone-ethinyl estradiol.....	44	ENSTILAR.....	49
DIFICID.....	60	drosiprenone-ethinyl estradiol- levomefolate calcium.....	44	entacapone.....	34
diflorasone diacetate.....	49	DROXIA.....	57	entecavir.....	39
diflunisal.....	3	DUAVEE.....	54	ENTRESTO.....	41
digoxin.....	41	DUEXIS.....	2	ENTYVIO.....	55
DIGOXIN.....	41	DULERA.....	12	ENVARSUS XR.....	62
digoxin.....	41	duloxetine hcl.....	17	EPCLUSA.....	39
dihydroergotamine mesylate.....	60	DUOPA.....	34	EPIDIOLEX.....	15
DILANTIN-125.....	16	DUREZOL.....	65	epinastine hcl (ophth).....	66
DILATRATE SR.....	9	dutasteride.....	56	epinephrine (anaphylaxis)...	74
diltiazem hcl.....	41	dutasteride-tamsulosin hcl.....	56	EPIPEN 2-PAK.....	74
diltiazem hcl coated beads...	41	DUZALLO.....	56	EPIPEN-JR 2-PAK.....	74
diltiazem hcl extended release beads.....	41	DYMISTA.....	63	epirubicin hcl.....	31
DIPENTUM.....	55	econazole nitrate.....	47	EPIVIR HBV.....	39
diphenhydramine hcl.....	24	EDARBI.....	26	eplerenone.....	27
diphenoxylate w/ atropine.....	22	EDARBYCLOR.....	26	EPOGEN.....	57
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	71	EDEX.....	42	eprosartan mesylate.....	26
dipyridamole.....	57	EDLUAR.....	58	EQUETRO.....	35
disopyramide phosphate.....	10	EDURANT.....	38	ERAXIS.....	23
disulfiram.....	68	efavirenz.....	38	ERBITUX.....	29
divalproex sodium.....	16	EGRIFTA.....	52	ergocalciferol.....	74
DIVIGEL.....	54	ELELYSO.....	57	ergoloid mesylates.....	70
dobutamine hcl.....	74	ELESTRIN.....	54	ergotamine tartrate.....	60
docetaxel.....	34	eletriptan hydrobromide.....	60	ergotamine w/ caffeine.....	60
DOCETAXEL.....	34	ELIGARD.....	30	ERIVEDGE.....	30
docetaxel.....	34	ELIQUIS.....	13	ERLEADA.....	30
dofetilide.....	10	ELIQUIS STARTER PACK.....	13	erlotinib hcl.....	31
donepezil hydrochloride.....	68	ELITEK.....	33	ERTACZO.....	47
DOPTLET.....	57	ELLA.....	44	ertapenem sodium.....	8
DORIBAX.....	8	ELMIRON.....	56	ERWINAZE.....	33
DORIPENEM.....	8	EMCYT.....	30	ERYTHROCIN LACTOBIONATE.....	60
dorzolamide hcl.....	66	EMFLAZA.....	45	erythromycin (acne aid).....	46
				erythromycin (ophth).....	65

erythromycin base	60	FEMRING	74	fluphenazine hcl	37
erythromycin ethylsuccinate	60	FENOFIBRATE	24	FLUPHENAZINE HCL	37
ESBRIET	70	fenofibrate	25	fluphenazine hcl	37
escitalopram oxalate	17	fenofibrate micronized	25	flurandrenolide	49
esomeprazole magnesium	72	FENOFIBRIC ACID	25	flurbiprofen	3
esomeprazole sodium	72	fentanyl	4	flurbiprofen sodium	66
estradiol	54	fentanyl citrate	4	flutamide	30
estradiol & norethindrone acetate	54	FENTANYL CITRATE	4	fluticasone propionate	49
estradiol vaginal	74	FENTORA	4	fluticasone propionate (nasal)	64
estradiol valerate	54	FERRIPROX	22	fluticasone-salmeterol	12
ESTRING	74	FETZIMA	17	fluvastatin sodium	25
estropipate	54	FETZIMA TITRATION PACK	17	fluvoxamine maleate	17
eszopiclone	58	FIASP	20	FML	65
ethacrynic acid	51	FIASP FLEXTOUCH	20	FML FORTE	65
ethambutol hcl	27	FIBRICOR	25	folic acid	57
ethosuximide	16	FINACEA	50	FOLOTYN	28
ethynodiol diacet & eth estrad	44	finasteride	56	fondaparinux sodium	13
etodolac	2	FIRDAPSE	27	FORFIVO XL	16
ETOPOPHOS	34	FIRMAGON	30	FORTEO	52
etoposide	34	FIRVANQ	9	FOSAMAX PLUS D	52
EURAX	50	FLAREX	65	fosamprenavir calcium	38
EVAMIST	54	flavoxate hcl	73	fosinopril sodium	26
EVOMELA	28	FLEBOGAMMA DIF	67	fosinopril sodium & hydrochlorothiazide	26
EVOTAZ	38	flecainide acetate	10	fosphenytoin sodium	16
EVZIO	22	FLECTOR	46	FRAGMIN	13,14
EXELDERM	47	FLOVENT DISKUS	12	frovatriptan succinate	60
exemestane	30	FLOVENT HFA	12	fulvestrant	30
EXONDYS 51	64	fluconazole	23	FULVESTRANT	30
EXTAVIA	69	fluconazole in dextrose	23	furosemide	51
EYLEA	64	fluconazole in nacl	23	FUZEON	38
ezetimibe	25	flucytosine	23	FYCOMPA	14
ezetimibe-simvastatin	24	fludarabine phosphate	28	gabapentin	15
FABIOR	46	fludrocortisone acetate	45	GALAFOLD	53
FABRAZYME	53	flunisolide (nasal)	64	galantamine hydrobromide	68
famciclovir	40	fluocinolone acetonide	49	GALZIN	62
famotidine	72	fluocinolone acetonide (otic)	67	GAMASTAN	67
FANAPT	35	fluocinonide	49	GAMASTAN S/D	67
FANAPT TITRATION PACK	35	fluocinonide emulsified base	49	GAMMAGARD LIQUID	67
FARXIGA	21	fluorometholone (ophth)	65	GAMMAKED	67
FARYDAK	31	fluorouracil	28	GAMMAPLEX	67
FASENRA	11	FLUOROURACIL	47	GAMUNEX-C	67
FAZACLO	36	fluorouracil (topical)	47	ganciclovir sodium	39
febuxostat	56	fluoxetine hcl	17	GARDASIL 9	73
felbamate	15	fluphenazine decanoate	37	gatifloxacin (ophth)	65
felodipine	41			GATTEX	56

gauze pads 2" X 2".....	60	halcinonide.....	49	hydrocodone polistirex-	
GAZYVA.....	29	halobetasol propionate.....	49	chlorpheniramine polistirex..	45
GELNIQUE.....	72	haloperidol.....	36	hydrocodone-acetaminophen.	6
GELNIQUE PUMP.....	73	haloperidol decanoate.....	36	hydrocodone-ibuprofen.....	6
GEMCITABINE.....	29	haloperidol lactate.....	36	hydrocortisone.....	45
gemcitabine hcl.....	28,29	HARVONI.....	39	hydrocortisone (intrarectal)...	8
GEMCITABINE		HAVRIX.....	73	hydrocortisone (rectal).....	8
HYDROCHLORIDE.....	29	HEMANGEOL.....	40	hydrocortisone (topical).....	49
gemfibrozil.....	25	HEPARIN SODIUM.....	14	hydrocortisone butyrate.....	49
GENOTROPIN.....	52	heparin sodium (porcine)...	14	hydrocortisone butyrate	
GENOTROPIN MINIQUICK.	52	HERCEPTIN.....	29	hydrophilic lipo base.....	49
gentamicin sulfate.....	2	HERCEPTIN HYLECTA... 31		hydrocortisone valerate.....	49
gentamicin sulfate (ophth)...	65	HETLIOZ.....	59	hydrocortisone w/acetic acid.	67
gentamicin sulfate (topical)...	46	HEXALEN.....	28	hydromorphone hcl.....	4
GENTAMICIN SULFATE		HIBERIX.....	73	HYDROMORPHONE HCL... 4	
PEDIATRIC.....	1	HIZENTRA.....	67	hydromorphone hcl.....	4
GENTAMICIN SULFATE/0.9%		HORIZANT.....	70	HYDROMORPHONE	
SODIUM CHLORIDE.....	2	HUMALOG.....	20	HYDROCHLORIDE.....	4
GENVOYA.....	38	HUMALOG JUNIOR		hydroxychloroquine sulfate..	27
GEODON.....	35	KWIKPEN.....	20	HYDROXYPROGESTERONE	
GILENYA.....	69	HUMALOG KWIKPEN.....	20	CAPROATE.....	30
GILOTRIF.....	31	HUMALOG MIX 50/50.....	20	hydroxyurea.....	33
GLASSIA.....	70	HUMALOG MIX 50/50		hydroxyzine hcl.....	10
glatiramer acetate.....	69	KWIKPEN.....	20	HYDROXYZINE	
GLEOSTINE.....	28	HUMALOG MIX 75/25.....	20	HYDROCHLORIDE.....	10
glimepiride.....	21,22	KWIKPEN.....	20	hydroxyzine pamoate.....	10
glipizide.....	22	HUMALOG MIX 75/25		HYPERRAB S/D.....	67
glipizide-metformin hcl.....	18	KWIKPEN.....	20	HYQVIA.....	67
GLUCAGEN HYPOKIT.....	19	HUMATROPE.....	52	HYSINGLA ER.....	4
GLUCAGON EMERGENCY		HUMATROPE COMBO		ibandronate sodium.....	52
KIT.....	19	PACK.....	52	IBRANCE.....	31
glyburide.....	22	HUMIRA.....	2	ibuprofen.....	3
glyburide micronized.....	22	HUMIRA PEDIATRIC CROHNS		icatibant acetate.....	56
glyburide-metformin.....	18	DISEASE STARTER PACK 2		ICLUSIG.....	32
glycopyrrolate.....	71	HUMIRA PEN.....	2	idarubicin hcl.....	31
GOCOVRI.....	34	HUMIRA PEN-CD/UC/HS		IDHIFA.....	32
GOLYTELY.....	59	STARTER.....	2	IFEX.....	28
GRALISE.....	70	HUMIRA PEN-PS/UV		ifosfamide.....	28
GRALISE STARTER.....	70	STARTER.....	2	IFOSFAMIDE.....	28
granisetron hcl.....	22	HUMULIN 70/30.....	20	ILARIS.....	2
GRANIX.....	57	HUMULIN 70/30		ILEVRO.....	66
griseofulvin microsize.....	23	KWIKPEN.....	20	ILUMYA.....	47
griseofulvin ultramicrosize...	23	HUMULIN N.....	20	imatinib mesylate.....	32
guanfacine hcl.....	26	HUMULIN N KWIKPEN... 20		IMBRUVICA.....	32
guanfacine hcl (adhd).....	1	HUMULIN R.....	20	IMFINZI.....	29
GUANIDINE HCL.....	27	HUMULIN R U-500		imipenem-cilastatin.....	8
HAEGARDA.....	57	(CONCENTRATED).....	20	imipramine hcl.....	18
HALAVEN.....	34	HUMULIN R U-500		imipramine pamoate.....	18
		KWIKPEN.....	20		
		hydralazine hcl.....	27		
		hydrochlorothiazide.....	51		

imiquimod.....	50	ISTODAX (OVERFILL).....	32	KISQALI.....	32
IMIQUIMOD PUMP.....	50	itraconazole.....	23	KISQALI FEMARA 200 DOSE.....	31
IMOGAM RABIES-HT.....	67	ivermectin.....	8	KISQALI FEMARA 400 DOSE.....	31
IMOVAX RABIES (H.D.C.V.)	73	ivermectin (rosacea).....	50	KISQALI FEMARA 600 DOSE.....	31
IMPAVIDO.....	8	IXEMPRA KIT.....	34	KITABIS PAK.....	2
INCRELEX.....	53	IXIARO.....	73	KOMBIGLYZE XR.....	19
INCRUSE ELLIPTA.....	11	JADENU.....	22	KORLYM.....	19
indapamide.....	52	JADENU SPRINKLE.....	22	KRINTAFEL.....	27
INDOCIN.....	3	JAKAFI.....	32	KUVAN.....	53
indomethacin.....	3	JANUMET.....	18	KYNAMRO.....	24
INFANRIX.....	71	JANUMET XR.....	18	KYPROLIS.....	32
INFLECTRA.....	55	JANUVIA.....	19	labetalol hcl.....	40
INFUGEM.....	29	JARDIANCE.....	21	lactated ringer's.....	61
INGREZZA.....	69	JENTADUETO.....	19	LACTATED RINGERS.....	61
INLYTA.....	32	JENTADUETO XR.....	19	LACTATED RINGERS VIAFLEX.....	61
INREBIC.....	32	JEVTANA.....	34	lactic acid (ammonium lactate).....	50
INSULIN SYRINGES AND PEN NEEDLES.....	60	JUBLIA.....	47	lactulose.....	59
INTELENCE.....	38	JULUCA.....	38	lactulose (encephalopathy) ..	55
INTRALIPID.....	64	JUXTAPID.....	25	LAMICTAL XR.....	15
INTRON A.....	33	JYNARQUE.....	54	lamivudine.....	38
INVANZ.....	8	K-TAB.....	61	lamivudine (hbv).....	39
INVEGA SUSTENNA.....	35	KADCYLA.....	29	lamivudine-zidovudine.....	38
INVEGA TRINZA.....	35	KADIAN.....	4	lamotrigine.....	15
INVIRASE.....	38	KALBITOR.....	57	LANOXIN.....	41
INVOKAMET.....	18	KALETRA.....	38	LANOXIN PEDIATRIC.....	41
INVOKAMET XR.....	18	KALYDECO.....	70	lansoprazole.....	72
INVOKANA.....	21	KANJINTI.....	29	lanthanum carbonate.....	56
IPOL INACTIVATED IPV.....	73	KANUMA.....	53	LANTUS.....	21
ipratropium bromide.....	11	KAZANO.....	19	LANTUS SOLOSTAR.....	21
ipratropium bromide (nasal).....	63	KEDRAB.....	67	LARTRUVO.....	29
ipratropium-albuterol.....	12	KENALOG-10.....	45	LASTACFT.....	66
irbesartan.....	26	KEPIVANCE.....	33	latanoprost.....	66
irbesartan-hydrochlorothiazide .....	26	KERYDIN.....	47	LATUDA.....	35
IRESSA.....	32	ketoconazole.....	23	LAZANDA.....	4,5
irinotecan hcl.....	34	ketoconazole (topical).....	47	LEDIPASVIR/SOFOSBUVIR .....	39
irrigation solutions, physiological.....	62	ketoprofen.....	3	leflunomide.....	3
ISENTRESS.....	38	ketorolac tromethamine.....	3	LEMTRADA.....	69
ISENTRESS HD.....	38	ketorolac tromethamine (ophth).....	66	LENVIMA 10 MG DAILY DOSE.....	32
isoniazid.....	28	KEVEYIS.....	51	LENVIMA 12MG DAILY DOSE.....	32
isoniazid & rifampin.....	27	KEVZARA.....	2	LENVIMA 14 MG DAILY DOSE.....	32
ISORDIL TITRADOSE.....	9	KEYTRUDA.....	29		
isosorbide dinitrate.....	9	KHAPZORY.....	33		
isosorbide mononitrate.....	10	KHEDEZLA.....	17		
isotretinoin.....	46	KINERET.....	2		
		KINRIX.....	71		

LENVIMA 18 MG DAILY DOSE	32	linezolid	9	MARPLAN	16
LENVIMA 20 MG DAILY DOSE	32	LINZESS	55	MARQIBO	34
LENVIMA 24 MG DAILY DOSE	32	liothyronine sodium	71	MATULANE	33
LENVIMA 4 MG DAILY DOSE	32	LIPOFEN	25	MAVENCLAD	69
LENVIMA 8 MG DAILY DOSE	32	lisinopril	26	MAVYRET	39
letrozole	30	lisinopril & hydrochlorothiazide	26	MAXIDEX	66
leucovorin calcium	33	LITHIUM	35	meclizine hcl	23
LEUKERAN	28	lithium carbonate	35	meclofenamate sodium	3
LEUKINE	57	LIVALO	25	MEDROL	45
leuprolide acetate	30	LO LOESTRIN FE	44	medroxyprogesterone acetate	68
levabuterol hcl	12	LOKELMA	62	medroxyprogesterone acetate (contraceptive)	44
levabuterol tartrate	12	LONSURF	31	mefenamic acid	3
LEVEMIR	21	loperamide hcl	22	mefloquine hcl	27
LEVEMIR FLEXTOUCH	21	lopinavir-ritonavir	38	megestrol acetate	30
levetiracetam	15	lorazepam	10	megestrol acetate (appetite)	68
levetiracetam in sodium chloride	15	LORBRENA	32	MEKINIST	32
LEVITRA	42	losartan potassium	26	MEKTOVI	32
levobunolol hcl	64	losartan potassium & hydrochlorothiazide	26	meloxicam	3
levocarnitine (metabolic modifiers)	53	LOTEMAX	65	melphalan	28
levocetirizine dihydrochloride	24	LOTENSIN	26	melphalan hcl	28
levofloxacin	55	loteprednol etabonate	66	memantine hcl	68,69
levofloxacin (ophth)	65	lovastatin	25	MENACTRA	73
levofloxacin in d5w	55	loxapine succinate	36	MENOSTAR	54
levoleucovorin calcium	33	LUCEMYRA	68	MENTAX	47
levonorgestrel & eth estradiol	44	LULICONAZOLE	47	MENVEO	73
levonorgestrel-eth estradiol (triphasic)	44	LUMIGAN	66	MEPHYTON	74
levonorgestrel-ethinyl estradiol (91-day)	44	LUMIZYME	53	meprobamate	10
levonorgestrel-ethinyl estradiol (continuous)	44	LUMOXITI	29	mercaptopurine	29
levothyroxine sodium	71	LUPANETA PACK	53	meropenem	8
LEXIVA	38	LUPRON DEPOT (1-MONTH)	30	mesalamine	55
LIBTAYO	29	LUPRON DEPOT (3-MONTH)	30	mesalamine w/ cleanser	55
lidocaine	50	LUPRON DEPOT (4-MONTH)	30	mesna	33
lidocaine hcl	50	LUPRON DEPOT (6-MONTH)	30	MESNEX	33
LIDOCAINE HCL	59	LUPRON DEPOT-PED (1-MONTH)	53	metaxalone	63
lidocaine hcl (local anesth.)	59	LUPRON DEPOT-PED (3-MONTH)	53	metformin hcl	19
lidocaine hcl (mouth-throat)	63	LUZU	47	methadone hcl	5
lidocaine-prilocaine	50	LYNPARZA	32	methazolamide	51
lincomycin hcl	9	LYSODREN	30	methenamine hippurate	72
linezolid	9	M-M-R II	73	methimazole	71
LINEZOLID	9	magnesium sulfate	61	methocarbamol	63
		malathion	50	methotrexate sodium	29
		maprotiline hcl	16	METHOTREXATE SODIUM	29
				methotrexate sodium	29
				methoxsalen rapid	48
				methscopolamine bromide	71

methyldopa	26	MOVANTIK	56	neomycin-bacitracin zn-	
methylergonovine maleate	67	MOVIPREP	59	polymyxin	65
methylphenidate hcl	1	MOXEZA	65	neomycin-polymy-dexameth	66
methylprednisolone	45	moxifloxacin hcl	55	neomycin-polymyxin-gramicidin	65
methylprednisolone acetate	45	moxifloxacin hcl (ophth)	65	neomycin-polymyxin-hc	
methylprednisolone sod		MOZOBIL	58	(otic)	67
succ	45	MULPLETA	58	neomycin/polymyxin b gu	56
methyltestosterone	7	MULTAQ	10	NERLYNX	32
metoclopramide hcl	55	mupirocin	46	NESINA	19
metolazone	52	mupirocin calcium (topical)	46	NEULASTA	58
metoprolol &		MUSE	42	NEULASTA ONPRO KIT	58
hydrochlorothiazide	27	MVASI	29	NEUPOGEN	58
metoprolol succinate	40	MYALEPT	53	NEUPRO	34
metoprolol tartrate	40	MYCAMINE	23	NEVANAC	66
metronidazole	8	mycophenolate mofetil	62	nevirapine	38
metronidazole (topical)	50	mycophenolate mofetil hcl	62	NEXAVAR	32
metronidazole in nacl	8	mycophenolate sodium	62	NEXIUM	72
metronidazole vaginal	74	MYLOTARG	29	niacin (antihyperlipidemic)	25
mexiletine hcl	10	MYRBETRIQ	73	nicardipine hcl	41
MIACALCIN	52	MYTESI	22	NICOTROL INHALER	70
miconazole nitrate vaginal	74	nabumetone	3	NICOTROL NS	70
midodrine hcl	74	nadolol	40	nifedipine	41
miglitol	18	nadolol &		nilutamide	30
miglustat	57	bendroflumethiazide	27	nimodipine	41
MIGRANAL	60	nafcillin sodium	68	NINLARO	32
minocycline hcl	71	NAFCILLIN SODIUM	68	NIPENT	33
minoxidil	27	nafcillin sodium	68	nisoldipine	41
mirtazapine	16	naftifine hcl	47	nitisinone	53
MIRVASO	50	NAFTIN	47	NITRO-DUR	10
misoprostol	72	NAGLAZYME	53	nitrofurantoin	72
mitomycin	31	naloxone hcl	22	nitrofurantoin macrocrystal	72
mitoxantrone hcl	31	naltrexone hcl	22	nitrofurantoin monohyd	
modafinil	1	NAMENDA XR TITRATION		macro	72
moexipril hcl	26	PACK	69	nitroglycerin	10
moexipril-hydrochlorothiazide		NAPRELAN	3	NITROGLYCERIN LINGUAL	10
	27	naproxen	3	NITROSTAT	10
molindone hcl	36	naproxen sodium	3	NIVESTYM	58
mometasone furoate	49	naratriptan hcl	60	nizatidine	72
mometasone furoate (nasal)	64	NARCAN	22	NORDITROPIN FLEXPRO	52
montelukast sodium	11	NASCOBAL	57	norelgestromin-ethinyl	
morphine sulfate	5	NATACYN	65	estradiol	44
MORPHINE SULFATE	5	nateglinide	21	norethin acet & estrad-fe	44
morphine sulfate	5	NATPARA	52	norethindrone & eth estradiol	44
MORPHINE SULFATE	5	NEBUPENT	8	norethindrone & ethinyl estradiol-	
morphine sulfate	5	nefazodone hcl	17	fe	44
morphine sulfate beads	5	neomycin sulfate	2	norethindrone	
MOTOFEN	22			(contraceptive)	44
				norethindrone acet & eth	
				estra	44



norethindrone acetate	68	OCREVUS	69	OSPHERA	53
norethindrone acetate-ethinyl estradiol	54	OCTAGAM	67	OTEZLA	3
norethindrone-eth estradiol (triphasic)	44	octreotide acetate	54	OTREXUP	2
norgestimate-ethinyl estradiol	44	ODEFSEY	38	oxaliplatin	28
norgestimate-ethinyl estradiol (triphasic)	44	ODOMZO	30	oxandrolone	7
norgestrel & ethinyl estradiol	44	OFEV	70	oxaprozin	3
NORITATE	50	ofloxacin (ophth)	65	oxcarbazepine	15
NORPACE CR	10	ofloxacin (otic)	66	OXERVATE	65
NORTHERA	74	olanzapine	36	oxiconazole nitrate	47
nortriptyline hcl	18	olanzapine-fluoxetine hcl	69	OXISTAT	47
NORVIR	38	olmesartan medoxomil	26	oxybutynin chloride	73
NOVAREL	52	olmesartan medoxomil-amlodipine-hydrochlorothiazide	27	oxycodone hcl	5
NOVOLIN 70/30	21	olmesartan medoxomil-hydrochlorothiazide	27	oxycodone w/ acetaminophen	6
NOVOLIN 70/30 FLEXPEN	21	olopatadine hcl	66	oxycodone-aspirin	6
NOVOLIN 70/30 FLEXPEN RELION	21	olopatadine hcl (nasal)	63	oxymorphone hcl	5,6
NOVOLIN 70/30 RELION	21	OLUMIANT	2	OXYTROL	73
NOVOLIN N	21	omega-3-acid ethyl esters	24	PACLITAXEL	34
NOVOLIN N RELION	21	omeprazole	72	paclitaxel	34
NOVOLIN R	21	omeprazole-sodium bicarbonate	72	paliperidone	35,36
NOVOLIN R RELION	21	OMNARIS	64	PALYNZIQ	53
NOVOLOG	21	OMNITROPE	52	PANCREAZE	51
NOVOLOG FLEXPEN	21	ONCASPAS	33	PANRETIN	47
NOVOLOG MIX 70/30	21	ondansetron	22	pantoprazole sodium	72
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	21	ondansetron hcl	22	parenteral electrolytes	61
NOVOLOG PENFILL	21	ONFI	14	paricalcitol	53
NOXAFIL	23	ONGLYZA	19	paromomycin sulfate	2
NUBEQA	30	ONIVYDE	34	paroxetine hcl	17
NUCALA	11	OPDIVO	29	paroxetine mesylate (vasomotor)	70
NUCYNTA	5	opium tincture	22	PAXIL	17
NUCYNTA ER	5	OPSUMIT	42	PEDIARIX	71
NUDEXTA	70	ORACEA	50	PEDVAX HIB	73
NULOJIX	62	ORALAIR	1	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	59
NUPLAZID	35	ORBACTIV	9	peg 3350-potassium chloride-sod bicarbonate-sod chloride	59
NUTRILIPID	64	ORENCIA	3	PEGANONE	16
NUTROPIN AQ NUSPIN 20	52	ORENCIA CLICKJECT	3	PEGASYS	39
NUVARING	44	ORENITRAM	42	PEGASYS PROCLICK	39
NUZYRA	70	ORFADIN	53	PEGINTRON	39
NYMALIZE	41	ORLISSA	52	penicillin g potassium	68
nystatin	23	ORKAMBI	70	penicillin v potassium	68
nystatin (mouth-throat)	63	orphenadrine citrate	63	PENNSAID	46
nystatin (topical)	47	oseltamivir phosphate	40	PENTACEL	71
nystatin-triamcinolone	47	OSENI	19	PENTAM 300	8
OICALIVA	55	OSMOLEX ER	34	pentamidine isethionate	8
		OSMOPREP	59	pentoxifylline	57

PERFOROMIST	13	potassium chloride	61	PROCRIT	58
perindopril erbumine	26	POTASSIUM CHLORIDE		PROCYSBI	56
PERJETA	29	ER	61	progesterone micronized	68
permethrin	51	potassium chloride in dextrose	61	PROGLYCEM	19
perphenazine	37	& sodium chloride	61	PROGRAF	62
perphenazine-amitriptyline	69	potassium chloride		PROLASTIN-C	70
PERSERIS	36	microencapsulated crystals		PROLENSA	66
PERTZYE	51	er	61	PROLEUKIN	33
PEXEVA	17	potassium citrate		PROLIA	52
phenelzine sulfate	16	(alkalinizer)	56	PROMACTA	58
phenobarbital	58	POTELIGEO	29	promethazine &	
phenoxybenzamine hcl	26	PRADAXA	14	phenylephrine	45
phenytoin	16	PRALUENT	25	promethazine hcl	24
phenytoin sodium	16	pramipexole		promethazine-phenylephrine-	
phenytoin sodium extended	16	dihydrochloride	35	codeine	45
PHOSPHOLINE IODIDE	64	prasugrel hcl	57	propafenone hcl	10
phytonadione	74	pravastatin sodium	25	proparacaine hcl	65
PICATO	47	praziquantel	8	propranolol &	
PIFELTRO	38	prazosin hcl	26	hydrochlorothiazide	27
pilocarpine hcl	64	PRED MILD	66	propranolol hcl	40
pilocarpine hcl (oral)	63	prednicarbate	50	propylthiouracil	71
pimecrolimus	50	prednisolone	45	PROQUAD	73
pimozide	70	prednisolone acetate		PROSOL	64
pindolol	40	(ophth)	66	PROTONIX	72
pioglitazone hcl	20	prednisolone sodium		protriptyline hcl	18
pioglitazone hcl-glimepiride	19	phosphate	45	PROVENTIL HFA	13
pioglitazone hcl-metformin		prednisone	45	PRUDOXIN	47
hcl	19	pregabalin	15	pseudoephed-cpm w/	
piperacillin sodium-tazobactam		PREGNYL W/DILUENT		hydrocod	45
sodium	68	BENZYLALCOHOL/NACL	52	PULMICORT FLEXHALER	12
PIQRAY 200MG DAILY		PREMARIN	54,74	PULMOZYME	70
DOSE	32	PREMPHASE	54	PURIXAN	29
PIQRAY 250MG DAILY		PREMPRO	54	PYLERA	72
DOSE	32	PREPOPIK	59	pyrazinamide	28
PIQRAY 300MG DAILY		PREVYMIS	39	pyridostigmine bromide	27
DOSE	32	PREZCOBIX	38	QNASL	64
piroxicam	3	PREZISTA	38	QNASL CHILDRENS	64
PLEGRIDY	69	PRIFTIN	28	QUADRACEL	71
PLEGRIDY STARTER		primaquine phosphate	27	quetiapine fumarate	36
PACK	69	PRIMAQUINE		quinapril hcl	26
PLENVU	59	PHOSPHATE	27	quinapril-hydrochlorothiazide	
podofilox	50	primidone	15		27
POLIVY	29	PRIVIGEN	67	quinidine gluconate	10
polyethylene glycol 3350	59	PROAIR HFA	13	quinidine sulfate	10
polymyxin b sulfate	9	PROAIR RESPICLICK	13	quinine sulfate	27
polymyxin b-trimethoprim	65	probenecid	56	QVAR	12
POMALYST	30	prochlorperazine	37	RABAVERT	73
PORTRAZZA	29	prochlorperazine edisylate	37	RADICAVA	64
posaconazole	23	PROCHLORPERAZINE			
		EDISYLATE	37		
		prochlorperazine maleate	37		

raloxifene hcl.....	53	RIOMET.....	19	SILIQ.....	48
ramelteon.....	59	risedronate sodium.....	52	silodosin.....	56
ramipril.....	26	RISPERDAL CONSTA.....	36	silver sulfadiazine.....	48
ranitidine hcl.....	72	risperidone.....	36	SIMBRINZA.....	65
ranolazine.....	9	ritonavir.....	39	SIMPONI.....	2
rasagiline mesylate.....	35	RITUXAN.....	29	SIMPONI ARIA.....	2
RASUVO.....	2	RITUXAN HYCELA.....	31	SIMULECT.....	62
RAVICTI.....	53	rivastigmine.....	69	simvastatin.....	25
RAYALDEE.....	53	rivastigmine tartrate.....	69	sirolimus.....	62
REBETOL.....	40	rizatriptan benzoate.....	60	SIRTURO.....	28
REBIF.....	69	ROMIDEPSIN.....	32	SIVEXTRO.....	9
REBIF REBIDOSE.....	69	ropinirole hydrochloride.....	35	sodium chloride.....	61
REBIF REBIDOSE TITRATIONPACK.....	69	rosuvastatin calcium.....	25	sodium chloride (gu irrigant).....	56
REBIF TITRATION PACK.....	69	ROTARIX.....	73	sodium polystyrene sulfonate.....	62
RECOMBIVAX HB.....	73	ROTATEQ.....	73	SOFOSBUVIR/VELPATASVIR .....	40
RECTIV.....	8	ROZLYTREK.....	32	solifenacin succinate.....	73
REGRANEX.....	51	RUBRACA.....	32	SOLTAMOX.....	30
RELENZA DISKHALER.....	40	RUCONEST.....	57	SOLU-CORTEF.....	45
RELISTOR.....	56	RYDAPT.....	32	SOLU-MEDROL.....	45
REMICADE.....	55	RYTARY.....	35	SOMATULINE DEPOT.....	54
repaglinide.....	21	SAMSCA.....	54	SOMAVERT.....	52
repaglinide-metformin hcl.....	19	SANCUSO.....	23	SOOLANTRA.....	50
REPATHA.....	25	SANDIMMUNE.....	62	SORILUX.....	48
REPATHA PUSHTRONEX SYSTEM.....	25	SANDOSTATIN LAR DEPOT.....	54	sotalol hcl.....	41
REPATHA SURECLICK.....	25	SANTYL.....	50	sotalol hcl (afib/af).....	41
RESCRIPTOR.....	38	SAPHRIS.....	36	SOTYLIZE.....	41
RESTASIS.....	65	SAVAYSA.....	13	SOVALDI.....	40
RESTASIS MULTIDOSE.....	65	SAVELLA.....	69	SPIRIVA HANDIHALER.....	11
RETACRIT.....	58	SAVELLA TITRATION PACK.....	69	SPIRIVA RESPIMAT.....	11
RETIN-A MICRO PUMP.....	46	scopolamine.....	23	spironolactone.....	51
RETROVIR IV INFUSION.....	38	selegiline hcl.....	35	spironolactone & hydrochlorothiazide.....	51
REVCovi.....	53	selenium sulfide.....	48	SPORANOX.....	23
REVLIMID.....	62	SELZENTRY.....	39	SPRAVATO 56MG DOSE.....	17
REXULTI.....	37	SEMPREX-D.....	45	SPRAVATO 84MG DOSE.....	17
REYATAZ.....	38	SEREVENT DISKUS.....	13	SPRITAM.....	15
RIBASPHERE.....	40	SEROSTIM.....	52	SPRYCEL.....	32
RIBASPHERE RIBAPAK.....	40	sertraline hcl.....	17	STALEVO 100.....	35
ribavirin.....	40	sevelamer carbonate.....	56	STALEVO 125.....	35
ribavirin (hepatitis c).....	40	SHINGRIX.....	73	STALEVO 150.....	35
RIDAURA.....	2	SIGNIFOR.....	54	STALEVO 200.....	35
rifabutin.....	28	SIGNIFOR LAR.....	54	STALEVO 50.....	35
rifampin.....	28	sildenafil citrate.....	42	STALEVO 75.....	35
RIFATER.....	27	sildenafil citrate (pulmonary hypertension).....	42	stavudine.....	39
riluzole.....	64	SILENOR.....	58	STELARA.....	48
rimantadine hydrochloride.....	40				

STIMATE	53	TABLOID	29	testosterone enanthate	7
STIOLTO RESPIMAT	13	TACLONEX	50	tetrabenazine	69
STIVARGA	32	tacrolimus	62	tetracycline hcl	71
STRENSIQ	53	tacrolimus (topical)	50	THALOMID	62
STRIBILD	39	tadalafil	42	theophylline	13
STRIVERDI RESPIMAT	13	tadalafil (pulmonary hypertension)	42	thioridazine hcl	37
SUBOXONE	7	TAFINLAR	32	thiotepa	28
SUBSYS	6	TAGRISSO	32	thiothixene	37
SUCRAID	51	TAKHZYRO	57	THYMOGLOBULIN	62
sucralfate	72	TALTZ	48	tiagabine hcl	15
sulfacetamide sod- prednisolone	66	TALZENNA	32	TIBSOVO	32
sulfacetamide sodium (acne)	46	tamoxifen citrate	30	TICE BCG	33
sulfacetamide sodium (ophth)	65	tamsulosin hcl	56	TIGAN	23
sulfadiazine	70	TANZEUM	20	tigecycline	70
sulfamethoxazole- trimethoprim	8	TARGRETIN	47	TIGECYCLINE	70
SULFAMYLON	48	TASIGNA	32	timolol maleate	41
sulfasalazine	55	TAVALISSE	57	timolol maleate (ophth)	64
sulindac	3	TAYTULLA	44	TIMOPTIC OCUDOSE	64
sumatriptan	60	tazarotene	48	tinidazole	8
sumatriptan succinate	60,61	TAZORAC	48	TIVICAY	39
SUMATRIPTAN SUCCINATE	61	TDVAX	71	tizanidine hcl	63
sumatriptan succinate	61	TECENTRIQ	29	TOBI PODHALER	2
sumatriptan-naproxen sodium	60	TECFIDERA	69	TOBRADEX	66
SUMAVEL DOSEPRO	61	TECFIDERA STARTER PACK	69	TOBRADEX ST	66
SUPREP BOWEL PREP KIT	59	TEFLARO	44	tobramycin	2
SUTENT	32	TEGRETOL	15	tobramycin (ophth)	65
SYLATRON	33	TEGRETOL-XR	15	tobramycin sulfate	2
SYMBICORT	13	TEGSEDI	70	tobramycin-dexamethasone	66
SYMDEKO	70	TEKTURNA HCT	27	TOBREX	65
SYMFI	39	telmisartan	26	tolazamide	22
SYMFI LO	39	telmisartan-amlodipine	27	tolbutamide	22
SYMLINPEN 120	18	telmisartan-hydrochlorothiazide	27	tolcapone	34
SYMLINPEN 60	18	temazepam	58	tolmetin sodium	3
SYMPAZAN	14	TEMIXYS	39	tolterodine tartrate	73
SYMTUZA	39	TEMODAR	28	TOPICORT	50
SYNAGIS	67	temsirolimus	32	topiramate	15
SYNAREL	53	TENIVAC	71	topotecan hcl	34
SYNDROS	23	tenofovir disoproxil fumarate	39	toremifene citrate	30
SYNERCID	9	terazosin hcl	26	TORISEL	32
SYNJARDY	19	terbinafine hcl	23	torsemide	51
SYNJARDY XR	19	terbutaline sulfate	13	TOTECT	33
SYNRIBO	33	terconazole vaginal	74	TOUJEO MAX SOLOSTAR	21
SYNTHROID	71	testosterone	7	TOUJEO SOLOSTAR	21
		testosterone cypionate	7	TOVIAZ	73
				TPN ELECTROLYTES	61
				TRACLEER	42

TRADJENTA.....	19	TURALIO.....	32	VENTAVIS.....	42
tramadol hcl.....	6	TWINRIX.....	73	VENTOLIN HFA.....	13
tramadol-acetaminophen.....	6	TYBOST.....	39	verapamil hcl.....	41
trandolapril.....	26	TYKERB.....	32	VERSACLOZ.....	36
trandolapril-verapamil hcl.....	27	TYMLOS.....	52	VERZENIO.....	33
tranexamic acid.....	58	TYPHIM VI.....	73	VIBERZI.....	55
TRANSDERM SCOP.....	23	TYSABRI.....	70	VIBRAMYCIN.....	71
TRANSDERM-SCOP.....	23	TYVASO.....	42	VICTOZA.....	20
tranylcypromine sulfate.....	16	TYVASO REFILL.....	42	VIDEX EC.....	39
TRAVATAN Z.....	66	TYVASO STARTER.....	42	VIDEXPEDIATRIC.....	39
trazodone hcl.....	17	UCERIS.....	8	vigabatrin.....	15
TREANDA.....	28	ULTRAVATE.....	50	VIIBRYD.....	17
TRECATOR.....	28	UNASYN BULK PACK.....	68	VIIBRYD STARTER PACK.....	17
TRELEGY ELLIPTA.....	13	UPTRAVI.....	42	VIMIZIM.....	53
TRELSTAR MIXJECT.....	30	ursodiol.....	55	VIMOVO.....	3
TREMFYA.....	48	UVADEX.....	33	VIMPAT.....	15
treprostinil.....	42	VABOMERE.....	8	VINBLASTINE SULFATE.....	34
TRESIBA FLEXTOUCH.....	21	valacyclovir hcl.....	40	VINCRISTINE SULFATE.....	34
tretinoin.....	46	VALCHLOR.....	47	vincristine sulfate.....	34
tretinoin (chemotherapy).....	33	valganciclovir hcl.....	39	vinorelbine tartrate.....	34
tretinoin microsphere.....	46	valproate sodium.....	16	VIOKACE.....	51
TREXIMET.....	60	valproic acid.....	16	VIRACEPT.....	39
triamcinolone acetonide.....	45	valrubicin.....	31	VIRAMUNE.....	39
triamcinolone acetonide (mouth).....	63	valsartan.....	26	VIREAD.....	39
triamcinolone acetonide (topical).....	50	valsartan-hydrochlorothiazide .....	27	VISTOGARD.....	22
triamterene.....	51	vancomycin hcl.....	9	VITRAKVI.....	33
triamterene & hydrochlorothiazide.....	51	VANCOMYCIN HYDROCHLORIDE.....	9	VIZIMPRO.....	33
trientine hcl.....	62	VANCOMYCIN HYDROCHLORIDE/DEXTROS E.....	9	voriconazole.....	23,24
trifluoperazine hcl.....	37	VANTAS.....	30	VOSEVI.....	40
trifluridine.....	65	VAQTA.....	73	VOTRIENT.....	33
trihexyphenidyl hcl.....	34	vardenafil hcl.....	42	VPRIV.....	57
trimethobenzamide hcl.....	23	VARIVAX.....	73	VRAYLAR.....	35
trimethoprim.....	8	VARIZIG.....	67	VYVANSE.....	1
trimipramine maleate.....	18	VARUBI.....	23	VYXEOS.....	31
TRINTELLIX.....	17	VASCEPA.....	24	warfarin sodium.....	13
TRIPTODUR.....	53	VECTIBIX.....	29	water for irrigation, sterile.....	62
TRISENOX.....	33	VECTICAL.....	48	WELCHOL.....	24
TRIUMEQ.....	39	VELCADE.....	32	XALKORI.....	33
TROGARZO.....	39	VELTASSA.....	62	XARELTO.....	13
tropium chloride.....	73	VEMLIDY.....	40	XARELTO STARTER PACK.....	13
TRULICITY.....	20	VENCLEXTA.....	30	XATMEP.....	29
TRUMENBA.....	73	VENCLEXTA STARTING PACK.....	30	XELJANZ.....	2
TRUVADA.....	39	venlafaxine hcl.....	17	XELJANZ XR.....	2
TUDORZA PRESSAIR.....	11			XEOMIN.....	64
				XERESE.....	48
				XERMELO.....	56

XGEVA.....	52	ZOMACTON.....	53
XIAFLEX.....	62	ZOMIG.....	61
XIFAXAN.....	8	ZONALON.....	47
XIGDUO XR.....	19	zonisamide.....	15
XOLAIR.....	11	ZONTIVITY.....	57
XOSPATA.....	33	ZORTRESS.....	62
XPOVIO 100 MG ONCE		ZOSTAVAX.....	73
WEEKLY.....	30	ZOSYN.....	68
XPOVIO 60 MG ONCE		ZUBSOLV.....	7
WEEKLY.....	30	ZULRESSO.....	16
XPOVIO 80 MG ONCE		ZURAMPIC.....	56
WEEKLY.....	31	ZYCLARA.....	50
XPOVIO 80 MG TWICE		ZYCLARA PUMP.....	50
WEEKLY.....	31	ZYDELIG.....	33
XTANDI.....	30	ZYKADIA.....	33
XURIDEN.....	53	ZYLET.....	66
XYREM.....	68	ZYPREXA RELPREVV.....	36
YERVOY.....	29	ZYTIGA.....	30
YF-VAX.....	73	ZYVOX.....	9
YONDELIS.....	28		
YONSA.....	30		
zafirlukast.....	11		
zaleplon.....	58		
ZALTRAP.....	29		
ZANOSAR.....	28		
ZARXIO.....	58		
ZEJULA.....	33		
ZELAPAR.....	35		
ZELBORAF.....	33		
ZEMAIRA.....	70		
ZEMBRACE SYMTOUCH.....	61		
ZENPEP.....	51		
ZEPATIER.....	40		
ZETONNA.....	64		
zidovudine.....	39		
zileuton.....	11		
ZINPLAVA.....	67		
ZIOPTAN.....	66		
ziprasidone hcl.....	35		
ZIPSOR.....	3		
ZIRGAN.....	65		
ZITHROMAX.....	59		
ZOHYDRO ER.....	6		
ZOLADEX.....	30		
zoledronic acid.....	52		
ZOLINZA.....	33		
zolmitriptan.....	61		
zolpidem tartrate.....	58,59		

This formulary was updated on 12/01/2019. For more recent information or other questions, please contact Health Net Seniority Plus Employer (HMO) at 1-800-275-4737 (UC Employees: 1-800-539-4072) or, for TTY users, 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays, or visit: [www.healthnet.com/GroupMedicareFormulary](http://www.healthnet.com/GroupMedicareFormulary).

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Health Net Seniority Plus Employer (HMO) 1-800-275-4737 (UC Employees: 1-800-539-4072) (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Health Net Seniority Plus Employer (HMO) 1-800-275-4737 (UC Employees: 1-800-539-4072) (TTY: 711).

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 Health Net Seniority Plus Employer (HMO) 1-800-275-4737 (UC Employees: 1-800-539-4072) (TTY: 711)。

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

DIR037067ET00 (12/19)