



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 11

This formulary was updated on 03/01/2019. 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 seven 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. or visit 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 03/01/2019. 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 03/01/2019. 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.
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.
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.

Abbreviation	Definition	Description
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	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. 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.
*	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	Only for some Health Net Seniority Plus (Employer HMO) plans: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.

Formulary tier descriptions

Prescription drugs are grouped into one of five tiers. To find out which tier your drug is in, look in the Drug Tier column of the formulary that begins on page 1. The table below 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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine-dextroamphetamine cp24</i>	1	MO; *
<i>amphetamine-dextroamphetamine tabs</i>	1	MO; *
<i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i>	1	MO; *
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg, 2.5 mg, 7.5 mg</i>	1	MO; *
VYVANSE CAPS 10 MG	3	SL(7 ea daily); MO; +
VYVANSE CAPS 20 MG	3	SL(3.5 ea daily); MO; +
VYVANSE CAPS 30 MG	3	SL(2.33 ea daily); MO; +
VYVANSE CAPS 40 MG	3	SL(1.75 ea daily); MO; +
VYVANSE CAPS 50 MG	3	SL(1.4 ea daily); MO; +
VYVANSE CAPS 60 MG	3	SL(1.16 ea daily); MO; +
VYVANSE CAPS 70 MG	3	SL(1 ea daily); MO; +
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg</i>	1	SL(10 ea daily); MO; *
<i>atomoxetine hcl caps 100 mg</i>	1	SL(1 ea daily); MO; *
<i>atomoxetine hcl caps 18 mg</i>	1	SL(5.55 ea daily); MO; *
<i>atomoxetine hcl caps 25 mg</i>	1	SL(4 ea daily); MO; *
<i>atomoxetine hcl caps 40 mg</i>	1	SL(2.5 ea daily); MO; *
<i>atomoxetine hcl caps 60 mg</i>	1	SL(1.66 ea daily); MO; *
<i>atomoxetine hcl caps 80 mg</i>	1	SL(1.25 ea daily); MO; *
<i>guanfacine hcl (adhd) tb24</i>	1	AL(Up to 64 yrs old); MO; *
Stimulants - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tabs</i>	1	PA; MO; *
DAYTRANA PTCH	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 tbc 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO; *
<i>methylphenidate hcl tbc 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; *
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	3	PA; MO; +
Biologicals Misc		
ADAGEN SOLN	5	NDS;LA; MO; +
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	4	MO; +
BETHKIS NEBU	5	B/D; 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>gentamicin in saline soln 0.9%-1mg/ml</i>	4	+
GENTAMICIN SULFATE PEDIATRIC SOLN	4	MO; +
<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	+

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Anti-TNF-alpha - Monoclonal Antibodies

HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; NDS; +
HUMIRA PEN PNKT	5	PA; NDS; +
HUMIRA PEN-CD/UC/HS STARTER PNKT	5	PA; NDS; +
HUMIRA PEN-PS/UV STARTER PNKT	5	PA; NDS; +
HUMIRA PSKT	5	PA; NDS; +
SIMPONI ARIA SOLN	5	PA; NDS; +
SIMPONI SOAJ	5	PA; NDS; +
SIMPONI SOSY	5	PA; NDS; +

Antirheumatic - Enzyme Inhibitors

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

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>diclofenac potassium tabs</i>	1	MO; *
<i>diclofenac sodium tb24</i>	1	MO; *
<i>diclofenac sodium tbec</i>	1	MO; *
<i>diclofenac w/ misoprostol tbec</i>	1	MO; *
DUEXIS TABS	5	PA; NDS;MO; +
<i>etodolac caps</i>	1	MO; *
<i>etodolac tabs</i>	1	MO; *
<i>etodolac tb24</i>	1	MO; *
<i>flurbiprofen tabs</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; *

Drug Name	Drug Tier	Requirements/Limits
<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; *
<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; +
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	5	PA; NDS; +
OTEZLA TBPk	5	PA; NDS; +
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tabs</i>	1	MO; *
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	5	PA; NDS; +
ORENCIA SOLR	5	PA; NDS; +
ORENCIA SOSY	5	PA; NDS; +
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	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
ENBREL SOLR	5	PA; NDS; +
ENBREL SOSY	5	PA; NDS; +
ENBREL SURECLICK SOAJ	5	PA; NDS; +
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Salicylates		
<i>diflunisal tabs</i>	1	MO; *
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL 100 MCG	3	PA; QL(16 ea daily); +
ABSTRAL SUBL 200 MCG	5	PA; NDS; QL(8 ea daily); +
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 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; +
<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; +

Drug Name	Drug Tier	Requirements/Limits
<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; +
<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 8mg, 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; 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; 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
MORPHINE SULFATE TABS OR 15 MG	3	QL(13.34 ea daily); MO; +
MORPHINE SULFATE TABS OR 30 MG	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; +
OPANA ER (CRUSH RESISTANT) T12A 40 MG	5	NDS; QL(2 ea daily); +
<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; *
<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; *

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 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; +
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	Limit 4500mls per month;SL(150 ml daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	SL(13.3 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	SL(12 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	SL(6 ea daily); MO; *
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 10mg/15ml-325mg/15ml, 7.5mg/15ml-325mg/15ml</i>	1	Limit 5535mls per month;SL(184.5 ml daily); MO; *
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg</i>	1	SL(13.3 ea daily); MO; *
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	SL(12.3 ea daily); MO; *
<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; *
Opioid Partial Agonists		
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; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg</i>	1	QL(4 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine ptwk 10 mcg/hr</i>	1	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; *
BUPRENORPHINE PTWK 10 MCG/HR	2	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; +
BUPRENORPHINE PTWK 15 MCG/HR	2	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; +
<i>buprenorphine ptwk 15 mcg/hr</i>	1	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; *
BUPRENORPHINE PTWK 20 MCG/HR	2	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; +
<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 5 MCG/HR	2	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 ij 2 mg/ml</i>	4	MO; +
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	Limit 210mls per month;QL(7 ml daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
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; +
BUTRANS PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
SUBOXONE FILM 12MG-3MG (<i>Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	3	QL(2 ea daily); MO; +
SUBOXONE FILM 4MG-1MG, 8MG-2MG, 2MG-0.5MG (<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; +
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 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
<i>oxandrolone tabs 10 mg</i>	5	NDS;MO; +
<i>oxandrolone tabs 2.5 mg</i>	1	MO; *
Androgens		
AVEED SOLN	3	LA; +
<i>danazol caps</i>	1	MO; *
<i>fluoxymesterone tabs</i>	1	MO; *
<i>methyltestosterone caps</i>	1	MO; *
<i>testosterone cypionate soln 100 mg/ml, 200 mg/ml</i>	4	MO; +
<i>testosterone enanthate soln</i>	4	MO; +
<i>testosterone gel 1 %, 1.62 %, 50 mg/5gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	MO; *
<i>testosterone soln 30 mg/act</i>	1	MO; *
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTIFOAM FOAM	3	MO; +
<i>hydrocortisone (intrarectal) enem</i>	1	MO; *
UCERIS FOAM RE 2 MG/ACT	3	MO; +
Rectal Steroids		
<i>hydrocortisone (rectal) crea</i>	1	MO; *
Vasodilating Agents		
RECTIV OINT	3	MO; +
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	MO; *
ALBENZA TABS (<i>Albendazole</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
BILTRICIDE TABS (<i>Praziquantel</i>)	2	MO; +
<i>ivermectin tabs</i>	1	MO; *
<i>praziquantel tabs</i>	1	MO; *
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>colistimethate sodium solr</i>	4	MO; +
IMPAVIDO CAPS	5	NDS;MO; +
<i>metronidazole caps or 375 mg</i>	1	SL(10.6 ea daily); MO; *
<i>metronidazole in nacl soln</i>	4	+
<i>metronidazole tabs or 250 mg</i>	1	SL(16 ea daily); MO; *
<i>metronidazole tabs or 500 mg</i>	1	SL(8 ea daily); MO; *
NEBUPENT SOLR	2	B/D; MO; +
PENTAM 300 SOLR	4	MO; +
<i>tinidazole tabs</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; +
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim soln iv 80mg/5ml-400mg/5ml</i>	4	MO; +
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	MO; *
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	1	MO; *
Antiprotozoal Agents		
ALINIA TABS 500 MG	3	MO; +

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>atovaquone susp</i>	5	NDS;MO; +
Carbapenems		
DORIBAX SOLR	4	+
DORIPENEM SOLR	4	+
<i>ertapenem sodium solr</i>	4	MO; +
<i>imipenem-cilastatin solr</i>	1	MO; *
INVANZ SOLR IJ (Ertapenem Sodium)	4	MO; +
INVANZ SOLR IV	4	+
<i>meropenem solr 1 gm</i>	4	MO; +
<i>meropenem solr 500 mg</i>	1	*
VABOMERE SOLR	4	+
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	+
Cyclic Lipopeptides		
<i>daptomycin solr 500 mg</i>	5	NDS; +
Glycopeptides		
ORBACTIV SOLR	5	NDS; +
<i>vancomycin hcl caps or 125 mg</i>	3	PA; MO; +
<i>vancomycin hcl caps or 250 mg</i>	5	PA; NDS;MO; +
VANCOMYCIN HCL IN DEXTROSE SOLN 5%- 1GM/200ML, 5%- 500MG/100ML, 5%- 750MG/150ML	4	+
<i>vancomycin hcl solr iv 1 gm, 5 gm, 10 gm, 750 mg, 1000 mg</i>	4	+
<i>vancomycin hcl solr iv 500 mg</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE SOLR 750 MG	4	+
Glycylcyclines		
TIGECYCLINE SOLR	5	NDS; +
<i>tigecycline solr</i>	5	NDS; +
Leprostatics		
<i>dapsone tabs</i>	1	MO; *
Lincosamides		
<i>clindamycin hcl caps</i>	1	MO; *
<i>clindamycin palmitate hydrochloride solr</i>	1	MO; *
<i>clindamycin phosphate in d5w soln</i>	4	+
<i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i>	4	MO; +
<i>clindamycin phosphate soln ij 9 gm/60ml, 300 mg/2ml, 9000 mg/60ml</i>	4	+
<i>clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	+
<i>lincomycin hcl soln</i>	4	MO; +
Monobactams		
<i>aztreonam solr</i>	4	MO; +
CAYSTON SOLR	5	PA; NDS;LA; +
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	5	NDS; +
LINEZOLID SOLN IV 600MG/300ML-0.9%	5	NDS; +
<i>linezolid susr or 100 mg/5ml</i>	5	NDS;MO; +
<i>linezolid tabs or 600 mg</i>	5	NDS;MO; +
SIVEXTRO SOLR IV	5	NDS; +
SIVEXTRO TABS OR	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
ZYVOX SOLN IV 200 MG/100ML	5	NDS; +
Polymyxins		
<i>polymyxin b sulfate solr</i>	4	+
Streptogramins		
SYNERCID SOLR	4	+
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12	3	PA; MO; +
Nitrates		
DILATRATE SR CPCR	3	MO; +
ISORDIL TITRADOSE TABS 40 MG	5	NDS;MO; +
<i>isosorbide dinitrate tabs</i>	1	MO; *
<i>isosorbide dinitrate tbc</i>	1	MO; *
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	1	MO; *
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	1	MO; *
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	3	MO; +
NITROGLYCERIN LINGUAL AERS	3	MO; +
<i>nitroglycerin oint td 2 %</i>	1	MO; *
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; *
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	MO; *
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO; *
NITROSTAT SUBL (<i>Nitroglycerin</i>)	2	MO; +
ANTIANGINAL AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

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

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily); MO; +
SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO; +
TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month (60 actuations);QL(0.04 ea daily); MO; +
TUDORZA PRESSAIR AEPB	2	Limit 2 inhalers per month (30 actuations);QL(0.07 ea daily); MO; +
Leukotriene Modulators		
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily); MO; *
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily); MO; *
<i>zafirlukast tabs</i>	1	MO; *
<i>zileuton tb12</i>	5	NDS;SL(4 ea daily); MO; +
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	QL(1 ea daily); MO; +
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month (120 actuations);SL(0.6 gm daily); +
ALVESCO AERS 160 MCG/ACT	3	Limit 2 inhalers per month;SL(0.41 gm daily); MO; +
ALVESCO AERS 80 MCG/ACT	3	Limit 4 inhalers per month;SL(0.82 gm daily); MO; +
ARNUITY ELLIPTA AEPB	2	SL(1 ea daily); MO; +

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 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 1 inhaler per month; SL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	2	Limit 4 inhalers per month; SL(0.14 ea daily); MO; +
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 2 inhalers per month; SL(0.07 ea daily); MO; +
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 4 inhalers per month; SL(0.15 ea daily); MO; +
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	B/D; QL(8 ml daily); MO; *
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	B/D; QL(4 ml daily); MO; *
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	B/D; QL(2 ml daily); MO; *
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	SL(20 ea daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
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; +
QVAR AERS	2	Limit 3 inhalers per month; QL(0.87 gm daily); MO; +
Sympathomimetics		
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 syrj 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; +

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
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	2	Limit 1 inhaler per month;SL(2 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; +
BROVANA NEBU	3	B/D; MO; +
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month;SL(0.2 gm daily); MO; +
DULERA AERO	2	QL(4 gm daily); MO; +
<i>fluticasone-salmeterol aepb 50mcg/dose-100mcg/dose, 50mcg/dose-250mcg/dose, 50mcg/dose-500mcg/dose</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; +
<i>metaproterenol sulfate tabs 10 mg, 20 mg</i>	1	MO; *
PERFOROMIST NEBU	3	B/D; QL(4 ml daily); MO; +
PROAIR HFA AERS	2	MO; +
PROAIR RESPICLICK AEPB	2	MO; +
PROVENTIL HFA AERS	2	MO; +
SEREVENT DISKUS AEPB	2	QL(2 ea daily); MO; +
STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;SL(0.14 gm daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
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; +
Xanthines		
<i>aminophylline soln</i>	4	+
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO; *
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; *
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Warfarin Sodium</i>)	3	MO; +
<i>warfarin sodium tabs</i>	1	MO; *
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(1 ea daily); +
ELIQUIS STARTER PACK TABS	3	MO; +

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
ELIQUIS TABS	3	MO; +
SAVAYSA TABS	3	MO; +
XARELTO STARTER PACK TBPB	2	MO; +
XARELTO TABS	2	MO; +
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	MO; +
<i>enoxaparin sodium soln sc 100 mg/ml, 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; +
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; +
Thrombin Inhibitors		
ARGATROBAN SOLN 250 MG/2.5ML	4	+
<i>argatroban soln 250 mg/2.5ml</i>	4	+
PRADAXA CAPS	2	MO; +
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP	3	MO; +
FYCOMPA TABS	3	MO; +
Anticonvulsants - Benzodiazepines		
<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; +
DIAZEPAM GEL RE 20 MG, 2.5 MG	3	MO; +
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; +
Anticonvulsants - Misc.		
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; +

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
BRIVIACT SOLN IV 50 MG/5ML	5	NDS;SL(20 ml daily); +
BRIVIACT SOLN OR 10 MG/ML	5	PA; NDS;SL(20 ml daily); MO; +
BRIVIACT TABS OR 10 MG	5	PA; NDS;SL(20 ea daily); MO; +
BRIVIACT TABS OR 100 MG	5	PA; NDS;SL(2 ea daily); MO; +
BRIVIACT TABS OR 25 MG	5	PA; NDS;SL(8 ea daily); MO; +
BRIVIACT TABS OR 50 MG	5	PA; NDS;SL(4 ea daily); MO; +
BRIVIACT TABS OR 75 MG	5	PA; NDS;SL(2.67 ea daily); MO; +
<i>carbamazepine chew</i>	1	MO; *
<i>carbamazepine cp12</i>	1	MO; *
<i>carbamazepine susp</i>	1	MO; *
<i>carbamazepine tabs</i>	1	MO; *
<i>carbamazepine tb12</i>	1	MO; *
CARBATROL CP12 (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; *

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	MO; *
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	1	MO; *
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *
<i>levetiracetam in sodium chloride soln</i>	4	+
<i>levetiracetam soln iv 500 mg/5ml</i>	4	MO; +
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	MO; *
<i>levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	MO; *
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	MO; *
LYRICA CAPS 150 MG, 200 MG, 225 MG	2	QL(2 ea daily); MO; +
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG	2	QL(3 ea daily); MO; +
LYRICA CAPS 300 MG	2	SL(2 ea daily); MO; +
LYRICA SOLN 20 MG/ML	2	SL(30 ml daily); MO; +
<i>oxcarbazepine susp</i>	1	MO; *
<i>oxcarbazepine tabs</i>	1	MO; *
POTIGA TABS 200 MG	5	NDS;SL(6 ea daily); MO; +
POTIGA TABS 400 MG	3	SL(3 ea daily); MO; +
POTIGA TABS 50 MG	3	SL(24 ea daily); MO; +
<i>primidone tabs</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; +

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
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; *
Carbamates		
<i>felbamate susp</i>	1	MO; *
<i>felbamate tabs</i>	1	MO; *
GABA Modulators		
SABRIL TABS (<i>Vigabatrin</i>)	5	NDS;LA; +
<i>tiagabine hcl tabs</i>	1	MO; *
<i>vigabatrin pack</i>	5	NDS;LA; +
<i>vigabatrin tabs</i>	5	NDS;LA; +
Hydantoins		
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 50 mg</i>	1	MO; *
<i>phenytoin sodium extended caps 30 mg, 100 mg, 200 mg, 300 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium soln</i>	4	+
<i>phenytoin susp 125 mg/5ml</i>	1	MO; *
Succinimides		
CELONTIN CAPS	3	MO; +
<i>ethosuximide caps</i>	1	MO; *
<i>ethosuximide soln</i>	1	MO; *
Valproic Acid		
DEPAKENE CAPS (Valproic Acid)	3	MO; +
DEPAKENE SOLN (Valproate Sodium)	3	MO; +
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 or</i>	1	MO; *
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	MO; *
<i>mirtazapine tbdp</i>	1	MO; *
Antidepressants - Misc.		
APLENZIN TB24 174 MG	3	ST; SL(3 ea daily); MO; +
APLENZIN TB24 348 MG	3	ST; SL(1.5 ea daily); MO; +

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
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; *
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	5	NDS;MO; +
MARPLAN TABS	3	MO; +
<i>phenelzine sulfate tabs</i>	1	MO; *
<i>tranylcypromine sulfate tabs</i>	1	MO; *
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	SL(20 ml daily); MO; *
<i>citalopram hydrobromide tabs 10 mg</i>	1	SL(4 ea daily); MO; *
<i>citalopram hydrobromide tabs 20 mg</i>	1	SL(2 ea daily); MO; *
<i>citalopram hydrobromide tabs 40 mg</i>	1	SL(1 ea daily); MO; *
<i>escitalopram oxalate soln</i>	1	MO; *
<i>escitalopram oxalate tabs</i>	1	MO; *
<i>fluoxetine hcl caps</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<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; *
Serotonin Modulators		
<i>nefazodone hcl tabs 50 mg, 100 mg, 150 mg, 200 mg, 250 mg</i>	1	MO; *
<i>trazodone hcl tabs</i>	1	MO; *
TRINTELLIX TABS 10 MG	3	ST; QL(2 ea daily); MO; +
TRINTELLIX TABS 20 MG	3	ST; QL(1 ea daily); MO; +
TRINTELLIX TABS 5 MG	3	ST; QL(4 ea daily); MO; +
VIIBRYD STARTER PACK KIT	3	ST; MO; +
VIIBRYD TABS	3	ST; MO; +
Serotonin-Norepinephrine Reuptake Inhibitors		
DESVENLAFAXINE ER TB24 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; +

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
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; *
<i>venlafaxine hcl tb24 37.5 mg</i>	1	SL(6 ea daily); MO; *
<i>venlafaxine hcl tb24 75 mg</i>	1	SL(3 ea daily); MO; *
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>amoxapine tabs</i>	1	MO; *
<i>clomipramine hcl caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>desipramine hcl tabs</i>	1	MO; *
<i>doxepin hcl caps</i>	1	AL(Up to 64 yrs old); MO; *
<i>doxepin hcl conc</i>	1	AL(Up to 64 yrs old); MO; *
<i>imipramine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *

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

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>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; +
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; *

Drug Name	Drug Tier	Requirements/Limits
<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; +
Biguanides		
<i>metformin hcl tabs 1000 mg</i>	1	SL(2.55 ea daily); MO; *
<i>metformin hcl tabs 500 mg</i>	1	SL(5.1 ea daily); MO; *
<i>metformin hcl tabs 850 mg</i>	1	SL(3 ea daily); MO; *
<i>metformin hcl tb24 500 mg</i>	1	(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; +
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	2	MO; +
GLUCAGON EMERGENCY KIT KIT	2	MO; +
KORLYM TABS	3	PA; SL(4 ea daily); LA; MO; +
PROGLYCEM SUSP	3	MO; +
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs 12.5 mg</i>	3	PA; QL(2 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tabs 15 mg</i>	1	SL(3 ea daily); MO; *
<i>pioglitazone hcl tabs 30 mg</i>	1	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl tabs 45 mg</i>	1	SL(1 ea daily); MO; *
Insulin		
AFREZZA POWD	5	NDS; QL(18 ea daily); +
AFREZZA POWD 12 UNIT	5	NDS; QL(18 ea daily); MO; +
AFREZZA POWD 4 UNIT, 8 UNIT	3	QL(18 ea daily); MO; +
APIDRA SOLN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
FIASP FLEXTOUCH SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
FIASP SOLN	3	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 SUSP	2	Limit 45mls per month; QL(1.5 ml daily); MO; +
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily); MO; +

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

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN 70/30 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN N SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R U-500 (CONCENTRATED) SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R U-500 KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
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; +

Drug Name	Drug Tier	Requirements/ Limits
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; +
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; +

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
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month; QL(0.9 ml daily); MO; +
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily); MO; *
<i>repaglinide tabs 0.5 mg</i>	1	SL(32 ea daily); MO; *
<i>repaglinide tabs 1 mg</i>	1	SL(16 ea daily); MO; *
<i>repaglinide tabs 2 mg</i>	1	SL(8 ea daily); MO; *
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	MO; +
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
Sulfonylureas		
<i>chlorpropamide tabs 100 mg</i>	1	AL(Up to 64 yrs old); SL(7.5 ea daily); MO; *
<i>chlorpropamide tabs 250 mg</i>	1	AL(Up to 64 yrs old); SL(3 ea daily); MO; *
<i>glimepiride tabs 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glimepiride tabs 2 mg</i>	1	SL(4 ea daily); MO; *
<i>glimepiride tabs 4 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tabs 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; *

Drug Name	Drug Tier	Requirements/Limits
<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; *
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC	3	PA; QL(2 ea daily); MO; +
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	MO; *
<i>loperamide hcl caps</i>	1	RX/OTC; MO; *
MOTOFEN TABS	3	MO; +
<i>opium tincture tinc</i>	5	NDS; MO; +
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	MO; +
EXJADE TBSO	5	NDS; LA; +
FERRIPROX TABS 500 MG	5	PA; NDS; LA; MO; +
JADENU SPRINKLE PACK	5	NDS; +
JADENU TABS	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
Antidotes and Specific Antagonists		
VISTOGARD PACK	5	NDS;MO; +
Opioid Antagonists		
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; +
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl tabs or 1 mg</i>	1	B/D; MO; *
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	4	MO; +
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	B/D; MO; *
<i>ondansetron hcl tabs or 24 mg</i>	1	B/D; *
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	B/D; MO; *
<i>ondansetron tbdp</i>	1	B/D; MO; *
SANCUSO PTCH	5	NDS;MO; +
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs</i>	1	RX/OTC; MO; *
<i>scopolamine pt72</i>	1	MO; *
TIGAN SOLN IM 100 MG/ML	4	MO; +
<i>trimethobenzamide hcl caps</i>	1	MO; *
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	B/D; MO; +
CESAMET CAPS	3	B/D; MO; +

Drug Name	Drug Tier	Requirements/Limits
<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; +
Substance P/Neurokinin 1 (NK1) Receptor		
<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; +
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
ERAXIS SOLR	4	+
MYCAMINE SOLR 100 MG	5	NDS; +
MYCAMINE SOLR 50 MG	5	NDS;MO; +
Antifungals		
ABELCET SUSP	4	PA; +
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; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	NDS;MO; +
CRESEMBA SOLR IV 372 MG	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>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	5	NDS;MO; +
SPORANOX SOLN 10 MG/ML (<i>Itraconazole</i>)	5	NDS;MO; +
<i>voriconazole solr iv 200 mg</i>	1	*
<i>voriconazole susr or 40 mg/ml</i>	1	MO; *
<i>voriconazole tabs or 50 mg, 200 mg</i>	5	NDS;MO; +
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>carbinoxamine maleate tabs 4 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>clemastine fumarate tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	4	MO; +
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	RX/OTC; MO; *
<i>desloratadine tabs</i>	1	MO; *
<i>desloratadine tbdp</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	RX/OTC; MO; *
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	RX/OTC; MO; *
Antihistamines - Phenothiazines		
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	4	AL(Up to 64 yrs old); MO; +
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine hcl supp re 25 mg, 12.5 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	AL(Up to 64 yrs old); MO; *
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup</i>	1	AL(Up to 64 yrs old); MO; *
<i>cyproheptadine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs 10mg-10mg</i>	1	QL(8 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 10mg-20mg</i>	1	QL(4 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 40mg-10mg</i>	1	QL(2 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 80mg-10mg</i>	1	PA; QL(1 ea daily); MO; *
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	5	PA; NDS;LA; +
<i>omega-3-acid ethyl esters caps</i>	1	MO; *
VASCEPA CAPS	3	ST; MO; +
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	MO; *
<i>cholestyramine light powd</i>	1	MO; *

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>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; +
Fibric Acid Derivatives		
ANTARA CAPS 30 MG	3	SL(4.33 ea daily); MO; +
ANTARA CAPS 90 MG	3	SL(1.44 ea daily); MO; +
<i>choline fenofibrate cpdr</i>	1	MO; *
FENOFIBRATE CAPS 50 MG, 150 MG	3	MO; +
<i>fenofibrate micronized caps 130 mg</i>	1	SL(1 ea daily); MO; *
<i>fenofibrate micronized caps 43 mg</i>	1	SL(3.02 ea daily); MO; *
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	MO; *
<i>fenofibrate tabs 40 mg, 48 mg, 54 mg, 120 mg, 145 mg, 160 mg</i>	1	MO; *
FENOFIBRIC ACID TABS	3	MO; +
FIBRICOR TABS	3	MO; +
<i>gemfibrozil tabs</i>	1	MO; *
LIPOFEN CAPS	3	MO; +
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	MO; +
<i>atorvastatin calcium tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<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; *
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily); MO; *
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG	5	PA; NDS; SL(6 ea daily); LA; MO; +
JUXTAPID CAPS 20 MG	5	PA; NDS; SL(3 ea daily); LA; MO; +
JUXTAPID CAPS 30 MG	5	PA; NDS; SL(2 ea daily); LA; MO; +
JUXTAPID CAPS 40 MG	5	PA; NDS; SL(1.5 ea daily); LA; MO; +
JUXTAPID CAPS 5 MG	5	PA; NDS; SL(12 ea daily); LA; MO; +
JUXTAPID CAPS 60 MG	5	PA; NDS; SL(1 ea daily); LA; MO; +
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</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
Protein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN 150 MG/ML	5	PA; NDS; Limit 2mls per 28 days;SL(0.08 ml daily); +
PRALUENT SOPN 75 MG/ML	5	PA; NDS; Limit 4mls per 28 days;SL(0.15 ml daily); +
PRALUENT SOSY 75 MG/ML	5	PA; NDS; Limit 4mls per 28 days;SL(0.15 ml daily); +
REPATHA PUSHTRONEX SYSTEM SOCT	5	PA; NDS; +
REPATHA SOSY	5	PA; NDS; +
REPATHA SURECLICK SOAJ	5	PA; NDS; +
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl tabs</i>	1	MO; *
<i>captopril tabs</i>	1	MO; *
<i>enalapril maleate tabs 10 mg</i>	1	SL(4 ea daily); MO; *
<i>enalapril maleate tabs 2.5 mg</i>	1	SL(16 ea daily); MO; *
<i>enalapril maleate tabs 20 mg</i>	1	SL(2 ea daily); MO; *
<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; *

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine tabs 8 mg</i>	1	SL(2 ea daily); MO; *
<i>quinapril hcl tabs</i>	1	MO; *
<i>ramipril caps</i>	1	MO; *
<i>trandolapril tabs</i>	1	MO; *
Agents for Pheochromocytoma		
DEMSER CAPS	5	NDS;MO; +
<i>phenoxybenzamine hcl caps</i>	1	MO; *
Angiotensin II Receptor Antagonists		
<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; *
Antiadrenergic Antihypertensives		
<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; *
Antihypertensive Combinations		

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>amlodipine besylate-benazepril hcl caps</i>	1	MO; *
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	MO; *
<i>amlodipine besylate-valsartan tabs</i>	1	MO; *
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>atenolol & chlorthalidone tabs</i>	1	MO; *
<i>benazepril & hydrochlorothiazide tabs</i>	1	MO; *
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	MO; *
BYVALSON TABS	3	MO; +
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	MO; *
<i>captopril & hydrochlorothiazide tabs</i>	1	MO; *
EDARBYCLOR TABS	3	MO; +
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	MO; *
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	MO; *
<i>irbesartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>lisinopril & hydrochlorothiazide tabs</i>	1	MO; *
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	MO; *
<i>metoprolol & hydrochlorothiazide tabs 50mg-25mg, 100mg-25mg, 100mg-50mg</i>	1	MO; *
<i>moexipril-hydrochlorothiazide tabs</i>	1	MO; *
<i>nadolol & bendroflumethiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol & hydrochlorothiazide tabs</i>	1	MO; *
<i>quinapril-hydrochlorothiazide tabs</i>	1	MO; *
TEKTURNA HCT TABS	2	MO; +
<i>telmisartan-amlodipine tabs</i>	1	MO; *
<i>telmisartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>trandolapril-verapamil hcl tbc 2mg-240mg, 4mg-240mg</i>	1	MO; *
<i>valsartan-hydrochlorothiazide tabs</i>	1	MO; *
Direct Renin Inhibitors		
TEKTURNA TABS	2	MO; +
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	MO; *
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	MO; *
<i>minoxidil tabs</i>	1	MO; *
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	MO; *
COARTEM TABS	3	MO; +
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	MO; *
DARAPRIM TABS	3	+
<i>hydroxychloroquine sulfate tabs</i>	1	MO; *
<i>mefloquine hcl tabs</i>	1	MO; *
<i>primaquine phosphate 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
PRIMAQUINE PHOSPHATE TABS (Primaquine Phosphate)	3	MO; +
<i>quinine sulfate caps</i>	1	PA; MO; *
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	+
<i>pyridostigmine bromide tabs</i>	1	MO; *
<i>pyridostigmine bromide tbc</i>	1	MO; *
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
<i>isoniazid & rifampin caps</i>	1	MO; *
RIFATER TABS	3	MO; +
Antimycobacterial Agents		
<i>aminosalicylic acid pack</i>	1	MO; *
CAPASTAT SULFATE SOLR	4	+
<i>ethambutol hcl tabs</i>	1	MO; *
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	MO; *
PRIFTIN TABS	3	MO; +
<i>pyrazinamide tabs</i>	1	MO; *
<i>rifabutin caps</i>	5	NDS;MO; +
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO; *
<i>rifampin solr iv 600 mg</i>	4	+
SIRTURO TABS	5	NDS;LA; +
TRECTOR TABS	3	MO; +
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		

Drug Name	Drug Tier	Requirements/Limits
Alkylating Agents		
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	3	+
GLEOSTINE CAPS 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	+
IFOSFAMIDE SOLR 3 GM	4	+
LEUKERAN TABS	3	MO; +
<i>melfalan hcl solr</i>	4	+
<i>melfalan tabs</i>	1	B/D; MO; *
MUSTARGEN SOLR	4	+
<i>oxaliplatin soln 100 mg/20ml</i>	1	*
<i>oxaliplatin soln 50 mg/10ml</i>	5	NDS; +
<i>oxaliplatin solr 50 mg, 100 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
TEMODAR SOLR	5	NDS; +
<i>thiotepa solr</i>	5	NDS; +
TREANDA SOLR	5	NDS; +
YONDELIS SOLR	5	NDS;LA; +
ZANOSAR SOLR	4	MO; +
Antimetabolites		
ALIMTA SOLR	5	NDS; +
ARRANON SOLN	5	NDS; +
<i>azacitidine susr</i>	5	NDS; +
<i>cladribine soln</i>	4	PA; +
<i>clofarabine soln</i>	4	+
<i>cytarabine soln</i>	4	PA; +
<i>decitabine solr</i>	1	*
<i>fludarabine phosphate solr 50 mg</i>	1	*
<i>fluorouracil soln 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; +
<i>gemcitabine hcl solr 1 gm, 2 gm</i>	1	*
<i>gemcitabine hcl solr 200 mg</i>	5	NDS; +
GEMCITABINE HYDROCHLORIDE SOLN 2 GM/20ML, 200 MG/2ML	3	+
<i>mercaptopurine tabs</i>	1	MO; *
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	4	+

Drug Name	Drug Tier	Requirements/Limits
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; +
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	5	PA; NDS; +
CYRAMZA SOLN	5	NDS;LA; +
ZALTRAP SOLN	5	PA; NDS; +
Antineoplastic - Antibodies		
ARZERRA CONC	5	NDS; +
BAVENCIO SOLN	5	NDS;LA; +
BESPOUSA SOLR	5	NDS;MO; +
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; +
KEYTRUDA SOLN	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
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; +
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; +
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	PA; LA; MO; +
VENCLEXTA TABS	3	PA; LA; MO; +
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	5	NDS;LA; +
ODOMZO CAPS	5	PA; NDS;LA; +
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	5	PA; NDS; +
<i>anastrozole tabs</i>	1	MO; *
<i>bicalutamide tabs</i>	1	MO; *
DEPO-PROVERA SUSP	4	MO; +
ELIGARD KIT	4	+
EMCYT CAPS	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS	5	PA; NDS; +
<i>exemestane tabs</i>	1	MO; *
FARESTON TABS (<i>Toremifene Citrate</i>)	5	NDS;MO; +
FASLODEX SOLN	5	NDS; +
FIRMAGON SOLR 120 MG	5	NDS; +
FIRMAGON SOLR 80 MG	4	+
<i>flutamide caps</i>	1	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	+
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; *
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; +

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
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; +
Antineoplastic - Immunomodulators		
POMALYST CAPS	5	NDS;LA; +
Antineoplastic Antibiotics		
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	*
VALSTAR SOLN	5	NDS; +
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPB	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA 400 DOSE TBPB	5	PA; NDS; +
KISQALI FEMARA 600 DOSE TBPB	5	PA; NDS; +
LONSURF TABS	5	PA; NDS; +
RITUXAN HYCELA SOLN	5	NDS; +
VYXEOS SUSR	5	NDS;MO; +
Antineoplastic Enzyme Inhibitors		
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 TBPB	5	PA; NDS;LA; +
BELEODAQ SOLR	5	PA; NDS; +
BORTEZOMIB SOLR	5	NDS; +
BOSULIF TABS	5	PA; NDS; +
BRAFTOVI CAPS	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; MO; +
COPIKTRA CAPS	5	PA; NDS;MO; +
COTELLIC TABS	5	PA; NDS;LA; +
FARYDAK CAPS	5	PA; NDS;LA; +
GILOTRIF TABS	5	PA; NDS;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
IBRANCE CAPS	5	NDS;LA; +
ICLUSIG TABS	5	PA; NDS;LA; MO; +
IDHIFA TABS	5	PA; NDS; +
<i>imatinib mesylate tabs</i>	1	PA; *
IMBRUVICA CAPS 140 MG	5	PA; NDS;LA; MO; +
IMBRUVICA CAPS 70 MG	5	PA; NDS;LA; +
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NDS;LA; +
INLYTA TABS	5	PA; NDS;LA; +
IRESSA TABS	5	NDS;LA; MO; +
ISTODAX (OVERFILL) SOLR	5	NDS; +
JAKAFI TABS	5	PA; NDS;LA; +
KISQALI TABS	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; MO; +

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABS	5	PA; NDS;LA; MO; +
MEKINIST TABS	5	PA; NDS; +
MEKTOVI TABS	5	PA; NDS; +
NERLYNX TABS	5	PA; NDS;LA; +
NEXAVAR TABS	5	NDS;LA; +
NINLARO CAPS	5	PA; NDS; +
ROMIDEPSIN SOLR	5	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; +
TAGRISSO TABS	5	PA; NDS;LA; +
TALZENNA CAPS	5	PA; NDS; +
TARCEVA TABS	2	PA; +
TASIGNA CAPS	5	PA; NDS; +
<i>temsirolimus soln</i>	5	NDS; +
TIBSOVO TABS	5	PA; NDS;LA; +
TORISEL SOLN (<i>Temsirolimus</i>)	5	NDS; +
TYKERB TABS	5	NDS; +
VELCADE SOLR	5	NDS; +
VERZENIO TABS	5	PA; NDS; +
VIZIMPRO TABS	5	PA; NDS; +
VOTRIENT TABS	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
XALKORI CAPS	5	PA; NDS; +
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; +
Antineoplastic Enzymes		
ERWINAZE SOLR	5	NDS;MO; +
ONCASPAR SOLN	5	NDS; +
Antineoplastics Misc.		
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	+
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; +

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin (chemotherapy) caps</i>	5	NDS;MO; +
TRISENOX SOLN	5	NDS; +
UVADEX SOLN	4	+
Chemotherapy Adjuncts		
ELITEK SOLR	5	NDS; +
KEPIVANCE SOLR	5	NDS; +
Chemotherapy Rescue/Antidote Agents		
<i>dexrazoxane 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	+
LEVOLEUCOVORIN SOLN 250 MG/25ML (Levoleucovorin Calcium)	5	NDS; +
LEVOLEUCOVORIN SOLR 175 MG	5	NDS; +
<i>mesna soln</i>	4	+
MESNEX TABS OR 400 MG	5	NDS;MO; +
TOTECT SOLR	4	+
Mitotic Inhibitors		
ABRAXANE SUSR	5	NDS;MO; +
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML	5	NDS; +
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	NDS; +
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	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>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; +
<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; +
Topoisomerase I Inhibitors		
<i>irinotecan hcl soln</i>	1	*
ONIVYDE INJ	5	NDS;MO; +
<i>topotecan hcl solr 4 mg</i>	5	NDS; +
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	1	MO; *
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	4	MO; +
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>trihexyphenidyl hcl elix</i>	1	AL(Up to 64 yrs old); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl tabs</i>	1	AL(Up to 64 yrs old); MO; *
Antiparkinson COMT Inhibitors		
<i>entacapone tabs</i>	1	SL(8 ea daily); MO; *
<i>tolcapone tabs</i>	1	MO; *
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	MO; *
<i>amantadine hcl syrp</i>	1	MO; *
<i>amantadine hcl tabs</i>	1	MO; *
APOKYN SOCT	5	NDS;LA; +
<i>bromocriptine mesylate caps</i>	1	MO; *
<i>bromocriptine mesylate tabs</i>	1	MO; *
<i>carbidopa-levodopa tabs</i>	1	MO; *
<i>carbidopa-levodopa tbcr</i>	1	MO; *
<i>carbidopa-levodopa tbdp</i>	1	MO; *
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	3	MO; +
DUOPA SUSP	3	B/D; MO; +
GOCOVRI CP24	5	PA; NDS; +
NEUPRO PT24	3	MO; +
OSMOLEX ER TB24	3	PA; SL(1 ea daily); +
<i>pramipexole dihydrochloride tabs</i>	1	MO; *
<i>pramipexole dihydrochloride tb24</i>	1	MO; *
<i>ropinirole hydrochloride tabs</i>	1	MO; *
<i>ropinirole hydrochloride tb24</i>	1	MO; *
RYTARY CPCR	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
STALEVO 100 TABS	3	MO; +
STALEVO 125 TABS	3	MO; +
STALEVO 150 TABS	3	MO; +
STALEVO 200 TABS	3	MO; +
STALEVO 50 TABS	3	MO; +
STALEVO 75 TABS	3	MO; +
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate tabs</i>	1	MO; *
<i>selegiline hcl caps</i>	1	MO; *
<i>selegiline hcl tabs</i>	1	MO; *
ZELAPAR TBDP	3	MO; +
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<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 tbcr 300 mg, 450 mg</i>	1	MO; *
LITHIUM SOLN	2	MO; +
Antipsychotics - Misc.		
EQUETRO CP12	3	MO; +
GEODON SOLR IM 20 MG	4	MO; +
LATUDA TABS 120 MG	5	PA; 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; +

Drug Name	Drug Tier	Requirements/Limits
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; *
Benzisoxazoles		
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 SUSP	4	MO; +
INVEGA TRINZA SUSP	4	+
<i>paliperidone tb24 1.5 mg</i>	5	NDS;SL(8 ea daily); MO; +
<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; +

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
RISPERDAL CONSTA SUSR 12.5 MG	4	Limit 8 vials per 28 days; SL(0.29 ea daily); MO; +
RISPERDAL CONSTA SUSR 25 MG	4	Limit 4 vials per 28 days; SL(0.15 ea daily); MO; +
RISPERDAL CONSTA SUSR 37.5 MG	5	NDS; Limit 4 vials per 42 days; SL(0.1 ea daily); MO; +
RISPERDAL CONSTA SUSR 50 MG	5	NDS; Limit 2 vials per 28 days; SL(0.08 ea daily); MO; +
<i>risperidone soln 1 mg/ml</i>	1	MO; *
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; *
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; *
Butyrophenones		
<i>haloperidol decanoate soln</i>	1	MO; *
<i>haloperidol lactate conc</i>	1	MO; *
<i>haloperidol lactate soln</i>	1	MO; *
<i>haloperidol tabs</i>	1	MO; *
Dibenzapines		
CLOZAPINE ODT TBDP 150 MG, 12.5 MG	3	+
CLOZAPINE ODT TBDP 200 MG	5	NDS; +
<i>clozapine tabs</i>	1	*
<i>clozapine tbdp</i>	1	*
FAZACLO TBDP 12.5 MG (<i>Clozapine</i>)	3	+

Drug Name	Drug Tier	Requirements/ Limits
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	+
Dihydroindolones		
<i>molindone hcl tabs</i>	1	*
Phenothiazines		
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; *
<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; *

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>perphenazine tabs</i>	1	MO; *
<i>prochlorperazine edisylate soln</i>	4	MO; +
<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; *
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	5	NDS;MO; +
ABILIFY MAINTENA SRER	5	NDS;MO; +
<i>aripiprazole soln 1 mg/ml</i>	1	SL(30 ml daily); MO; *
<i>aripiprazole tabs 10 mg</i>	1	SL(3 ea daily); MO; *
<i>aripiprazole tabs 15 mg</i>	1	SL(2 ea daily); MO; *
<i>aripiprazole tabs 2 mg</i>	1	SL(15 ea daily); MO; *
<i>aripiprazole tabs 20 mg</i>	3	SL(1.5 ea daily); MO; +
<i>aripiprazole tabs 30 mg</i>	3	SL(1 ea daily); MO; +
<i>aripiprazole tabs 5 mg</i>	1	SL(6 ea daily); MO; *
<i>aripiprazole tbdp 10 mg</i>	5	NDS;SL(3 ea daily); MO; +
<i>aripiprazole tbdp 15 mg</i>	5	NDS;SL(2 ea daily); MO; +
ARISTADA INITIO PRSY	5	NDS; +
ARISTADA PRSY	5	NDS; +
REXULTI TABS 0.25 MG	5	PA; NDS;SL(16 ea daily); MO; +
REXULTI TABS 0.5 MG	5	PA; NDS;SL(8 ea daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
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; +
Thioxanthenes		
<i>thiothixene caps</i>	1	MO; *
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1	MO; *
<i>abacavir sulfate tabs</i>	1	MO; *
<i>abacavir sulfate-lamivudine tabs</i>	5	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; +
CIMDUO TABS	5	NDS;MO; +
COMPLERA TABS	5	NDS;MO; +
CRIXIVAN CAPS	3	MO; +
DELSTRIGO TABS	5	NDS;MO; +
DESCOVY 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
<i>didanosine cpdr</i>	1	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; +
ISENTRESS PACK 100 MG	3	SL(2 ea daily); MO; +
ISENTRESS TABS 400 MG	5	NDS;MO; +
JULUCA TABS	5	NDS; +
KALETRA TABS 100MG-25MG	3	MO; +
KALETRA TABS 200MG-50MG	2	MO; +
<i>lamivudine soln</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	MO; *
<i>nevirapine tabs</i>	1	MO; *
<i>nevirapine tb24</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 100 MG	2	MO; +
RESCRIPTOR TABS 200 MG	3	MO; +
RETROVIR IV INFUSION SOLN	4	+
REYATAZ PACK 50 MG	5	NDS;MO; +
<i>ritonavir tabs</i>	1	MO; *
SELZENTRY SOLN 20 MG/ML	2	+
SELZENTRY TABS 150 MG, 300 MG	2	MO; +
SELZENTRY TABS 25 MG, 75 MG	2	+
<i>stavudine caps</i>	1	MO; *
STRIBILD TABS	5	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
SYMFI LO TABS	5	NDS;MO; +
SYMFI TABS	5	NDS;MO; +
SYMTUZA 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; +
VIREAD TABS 150 MG, 200 MG, 250 MG	5	NDS;MO; +
ZERIT SOLR 1 MG/ML	3	MO; +
<i>zidovudine caps</i>	1	MO; *
<i>zidovudine syrp</i>	1	MO; *
<i>zidovudine tabs</i>	1	MO; *
CMV Agents		
<i>cidofovir soln</i>	5	NDS; +
<i>ganciclovir sodium solr</i>	1	PA; MO; *

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS OR 240 MG, 480 MG	5	PA; NDS;MO; +
<i>valganciclovir hcl solr</i>	5	NDS;MO; +
<i>valganciclovir hcl tabs</i>	5	NDS;MO; +
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	5	NDS;MO; +
BARACLUDE SOLN 0.05 MG/ML	2	MO; +
DAKLINZA TABS	5	PA; NDS; +
<i>entecavir tabs</i>	1	MO; *
EPCLUSA TABS	5	PA; NDS; +
EPIVIR HBV SOLN 5 MG/ML	2	MO; +
HARVONI TABS	5	PA; NDS; +
<i>lamivudine (hbv) tabs</i>	1	MO; *
LEDIPASVIR/SOFOSBUVIR TABS	5	PA; NDS; +
MAVYRET TABS	5	PA; NDS; +
MODERIBA 1200 DOSE PACK TABS	3	+
MODERIBA 800 DOSE PACK TABS	3	+
MODERIBA TBPK	3	+
PEG-INTRON REDIPEN KIT	5	NDS; +
PEGASYS PROCLICK SOLN 180 MCG/0.5ML	5	NDS; +
PEGASYS SOLN	5	NDS; +
PEGINTRON KIT	5	NDS; +
REBETOL SOLN 40 MG/ML	2	+
RIBASPHERE RIBAPAK TABS 400 MG, 600 MG	3	+
RIBASPHERE RIBAPAK TBPK	3	+

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
RIBASPHERE TABS 400 MG, 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; +
Herpes Agents		
<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; *
Influenza Agents		
<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; *
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	1	*
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		

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

Drug Name	Drug Tier	Requirements/Limits
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; *
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	2	MO; +
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	MO; *
LANOXIN PEDIATRIC SOLN	4	+
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	3	MO; +
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	MO; *
BIDIL TABS	3	MO; +
ENTRESTO TABS	3	PA; MO; +
Impotence Agents		
CAVERJECT IMPULSE KIT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +
CAVERJECT SOLR 20 MCG, 40 MCG	2	Check plan for coverage; Limit 4 vials 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
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(0.1449 ea daily); MO; NT; +
LEVITRA TABS (<i>Vardenafil HCl</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(0.1449 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; *
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG	3	PA; +
ORENITRAM TBCR 0.25 MG, 1 MG, 5 MG, 2.5 MG	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/Limits
REMODULIN SOLN	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; +
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	5	NDS;LA; +
OPSUMIT TABS	5	PA; NDS; +
TRACLEER TABS	5	NDS;LA; +
TRACLEER TBSO	5	NDS;LA; +
Pulmonary Hypertension - Phosphodiesterase		
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; +
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	5	PA; NDS;LA; +
UPTRAVI TBPK	5	PA; NDS;LA; +
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG	5	PA; NDS;SL(15 ea daily); +
ADEMPAS TABS 1 MG	5	PA; NDS;SL(7.5 ea daily); +
ADEMPAS TABS 1.5 MG	5	PA; NDS;SL(5 ea daily); +

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 2 MG	5	PA; NDS;SL(3.75 ea daily); +
ADEMPAS TABS 2.5 MG	5	PA; NDS;SL(3 ea daily); +
Sinus Node Inhibitors		
CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; +
CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; +
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</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; *
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO; *
<i>cefaclor monohydrate tb12</i>	1	MO; *
<i>cefoxitin sodium solr ij 10 gm</i>	4	+
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	4	+
<i>cefprozil susr</i>	1	MO; *
<i>cefprozil tabs</i>	1	MO; *
<i>cefuroxime axetil tabs</i>	1	MO; *
<i>cefuroxime sodium solr ij 7.5 gm</i>	4	+
<i>cefuroxime sodium solr ij 750 mg</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium solr iv 1.5 gm</i>	4	+
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	MO; *
<i>cefdinir susr</i>	1	MO; *
<i>cefixime susr</i>	1	MO; *
<i>cefpodoxime proxetil susr</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; +
SUPRAX CAPS 400 MG	3	MO; +
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	4	MO; +
CEFEPIME SOLN	4	+
Cephalosporins - 5th Generation		
TEFLARO SOLR	4	+
CONTRACEPTIVES - Drugs to Prevent Pregnancy		

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
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol tabs</i>	1	MO; *
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	MO; *
<i>drospirenone-ethinyl estradiol tabs</i>	1	MO; *
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	1	MO; *
<i>ethynodiol diacet & eth estrad tabs</i>	1	MO; *
<i>levonorgestrel & eth estradiol tabs</i>	1	MO; *
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	(QUARTETTE); MO; *
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	biphasic;MO; *
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	1	MO; *
LO LOESTRIN FE TABS	3	MO; +
<i>norethin acet & estrad-fe chew</i>	1	MO; *
<i>norethin acet & estrad-fe tabs</i>	1	MO; *
<i>norethindrone & eth estradiol tabs</i>	1	MO; *
<i>norethindrone & ethinyl estradiol-fe chew</i>	1	MO; *
<i>norethindrone acet & eth estra tabs</i>	1	MO; *
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	MO; *
<i>norgestimate-ethinyl estradiol tabs</i>	1	MO; *
<i>norgestrel & ethinyl estradiol tabs</i>	1	MO; *
TAYTULLA CAPS	3	MO; +
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethinyl estradiol ptwk</i>	1	MO; *
Combination Contraceptives - Vaginal		
NUVARING RING	2	MO; +
Emergency Contraceptives		
ELLA TABS	2	+
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susp</i>	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susy</i>	4	MO; +
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	1	MO; *
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>betamethasone sod phosphate & acetate susp</i>	4	MO; +
<i>budesonide cpep</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; *
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	4	+
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	4	Preservative Free;MO; +
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML (<i>Dexamethasone Sodium Phosphate</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
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml</i>	4	MO; +
<i>dexamethasone soln</i>	1	MO; *
<i>dexamethasone tabs</i>	1	MO; *
<i>dexamethasone tbpk</i>	1	MO; *
EMFLAZA SUSP	5	PA; NDS;LA; MO; +
EMFLAZA TABS	5	PA; NDS;LA; MO; +
<i>hydrocortisone tabs</i>	1	MO; *
KENALOG-10 SUSP	4	MO; +
MEDROL TABS 2 MG	2	MO; +
<i>methylprednisolone acetate susp 40 mg/ml, 80 mg/ml</i>	1	MO; *
<i>methylprednisolone sod succ solr</i>	1	MO; *
<i>methylprednisolone tabs</i>	1	MO; *
<i>methylprednisolone tbpk</i>	1	MO; *
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml, 25 mg/5ml</i>	1	MO; *
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	MO; *
<i>prednisolone soln 15 mg/5ml</i>	1	MO; *
<i>prednisolone syrpf 15 mg/5ml</i>	1	MO; *
<i>prednisolone tabs 5 mg</i>	1	MO; *
<i>prednisone conc</i>	1	MO; *
<i>prednisone soln</i>	1	MO; *
<i>prednisone tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tbpk</i>	1	MO; *
SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG	4	MO; +
SOLU-CORTEF SOLR 1000 MG	4	+
SOLU-MEDROL SOLR 2 GM	4	+
<i>triamcinolone acetamide susp 40 mg/ml</i>	4	MO; +
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	MO; *
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg, 150 mg, 200 mg</i>	1	MO; NT; *
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR TB12	3	MO; +
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	AL(Up to 64 yrs old); MO; NT; *
<i>promethazine & phenylephrine soln</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine & phenylephrine syrpf</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine-phenylephrine-codeine syrpf</i>	1	AL(Up to 64 yrs old); MO; NT; *
<i>pseudoephed-cpm w/ hydrocod soln</i>	1	AL(Up to 64 yrs old); MO; NT; *
SEMPREX-D CAPS	3	MO; +
Mucolytics		
<i>acetylcysteine soln</i>	1	B/D; MO; *
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	+
ABSORICA CAPS 30 MG (<i>Isotretinoin</i>)	3	+

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
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; *
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; +

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne) lotn	1	MO; *
tretinoin crea	1	MO; *
tretinoin gel	1	MO; *
tretinoin microsphere gel	1	MO; *
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel	1	MO; *
diclofenac sodium (topical) soln	1	MO; *
FLECTOR PTCH	3	PA; MO; +
PENNSAID SOLN	5	NDS; MO; +
Antibiotics - Topical		
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; *
Antifungals - Topical		
ciclopirox gel 0.77 %	1	MO; *
ciclopirox olamine crea	1	MO; *
ciclopirox olamine susp	1	MO; *
ciclopirox sham 1 %	1	MO; *
clotrimazole (topical) crea	1	RX/OTC; MO; *
clotrimazole (topical) soln	1	RX/OTC; MO; *
econazole nitrate crea	1	MO; *
ERTACZO CREA	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
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; *
NAFTIN GEL 1 %, 2 %	3	MO; +
<i>nystatin (topical) crea</i>	1	MO; *
<i>nystatin (topical) oint</i>	1	MO; *
<i>nystatin (topical) powd</i>	1	MO; *
<i>nystatin-triamcinolone crea</i>	1	MO; *
<i>nystatin-triamcinolone oint</i>	1	MO; *
<i>oxiconazole nitrate crea</i>	1	MO; *
OXISTAT LOTN	3	MO; +
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	5	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; +

Drug Name	Drug Tier	Requirements/Limits
PICATO GEL	5	NDS;MO; +
TARGRETIN GEL EX 1 %	5	NDS; +
VALCHLOR GEL	5	PA; NDS;MO; +
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	MO; +
PRUDOXIN CREA	3	MO; +
ZONALON CREA	3	MO; +
Antipsoriatics		
<i>acitretin caps</i>	5	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; +
<i>methoxsalen rapid caps</i>	5	NDS;MO; +
SILIQ SOSY	5	PA; NDS; +
SORILUX FOAM	3	MO; +
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	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; +

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

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

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>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; *
<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>halobetasol propionate crea</i>	1	MO; *
<i>halobetasol propionate oint</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
HALOG CREA	3	MO; +
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) crea 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) oint 2.5 %</i>	1	MO; *
<i>hydrocortisone butyrate crea</i>	1	MO; *
<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; *
<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; *

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
ULTRAVATE LOTN	5	PA; NDS;MO; +
Emollients		
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn</i>	1	RX/OTC; MO; *
Enzymes - Topical		
SANTYL OINT	3	MO; +
Immunomodulating Agents - Topical		
<i>imiquimod crea</i>	1	MO; *
IMIQUIMOD PUMP CREA	5	NDS;MO; +
ZYCLARA CREA	5	NDS;MO; +
ZYCLARA PUMP CREA 2.5 %, 3.75 %	5	NDS;MO; +
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Pimecrolimus</i>)	3	PA; MO; +
<i>pimecrolimus crea</i>	1	PA; MO; *
<i>tacrolimus (topical) oint</i>	1	PA; MO; *
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	3	MO; +
<i>podofilox soln</i>	1	MO; *
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC; 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; *
Rosacea Agents		
<i>azelaic acid gel</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
DOXYCYCLINE CPDR	3	MO; +
FINACEA FOAM	3	MO; +
<i>metronidazole (topical) crea</i>	1	MO; *
<i>metronidazole (topical) gel</i>	1	MO; *
<i>metronidazole (topical) lotn</i>	1	MO; *
MIRVASO GEL	3	PA; MO; +
NORITATE CREA	5	NDS;MO; +
ORACEA CPDR	3	MO; +
SOOLANTRA CREA	3	MO; +
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	MO; *
EURAX CREA	3	MO; +
EURAX LOTN (<i>Crotamiton</i>)	3	MO; +
<i>malathion lotn</i>	1	MO; *
<i>permethrin crea</i>	1	MO; *
Wound Care Products		
REGANEX GEL	5	NDS;MO; +
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
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; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide soln ij 10 mg/ml</i>	4	MO; +
<i>furosemide soln or 10 mg/ml</i>	1	MO; *
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *
<i>torseamide tabs</i>	1	MO; *
Potassium Sparing Diuretics		
<i>amiloride hcl tabs</i>	1	MO; *
DYRENIUM CAPS	3	MO; +
<i>spironolactone tabs</i>	1	MO; *
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs</i>	1	MO; *
<i>chlorthalidone tabs</i>	1	MO; *
<i>hydrochlorothiazide caps</i>	1	MO; *
<i>hydrochlorothiazide tabs</i>	1	MO; *
<i>indapamide tabs</i>	1	MO; *
<i>metolazone tabs</i>	1	MO; *
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium tabs 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; +

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>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO; *
MIACALCIN SOLN IJ 200 UNIT/ML	4	MO; +
NATPARA CART	5	PA; NDS; LA; +
PROLIA SOLN	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); +
<i>zoledronic acid conc 4 mg/5ml</i>	4	+
<i>zoledronic acid soln 5 mg/100ml</i>	1	QL(0.28 ml daily); *
Corticotropin		
H.P. ACTHAR GEL	5	PA; NDS; LA; +
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; +
NOVAREL SOLR	4	PA; +
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; +
GnRH/LHRH Antagonists		
ORILISSA TABS	5	PA; NDS; MO; +
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	5	PA; NDS; LA; +
Growth Hormone Releasing Hormones (GHRH)		

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SOLR	5	NDS; +
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; +
GENOTROPIN SOLR 5 MG	4	PA; +
HUMATROPE COMBO PACK SOLR	5	PA; NDS; +
HUMATROPE SOLR 12 MG, 24 MG	5	PA; NDS; +
HUMATROPE SOLR 6 MG	4	PA; +
NORDITROPIN FLEXPRO 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; +
ZOMACTON SOLR 5 MG	4	PA; +
Hormone Receptor Modulators		
OSPHENA TABS	3	MO; +
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; *
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	LA; +
LHRH/GnRH Agonist Analog Pituitary		
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; +

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
Metabolic Modifiers		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	MO; *
<i>calcitriol soln or 1 mcg/ml</i>	1	MO; *
CARBAGLU TABS	3	LA; MO; +
<i>cinacalcet hcl tabs</i>	1	*
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; +
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; +
ORFADIN CAPS 2 MG, 5 MG, 10 MG, 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; +
SENSIPAR TABS	2	+
STRENSIQ SOLN	5	PA; NDS;LA; MO; +
VIMIZIM SOLN	5	NDS;LA; +

Drug Name	Drug Tier	Requirements/ Limits
XURIDEN PACK	5	NDS;SL(4 ea daily); MO; +
Posterior Pituitary Hormones		
<i>desmopressin acetate soln ij 4 mcg/ml</i>	4	MO; +
<i>desmopressin acetate spray refrigerated soln</i>	1	MO; *
<i>desmopressin acetate spray soln</i>	1	MO; *
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	1	MO; *
STIMATE SOLN	3	+
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	MO; *
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	+
SANDOSTATIN LAR DEPOT KIT	5	NDS; +
SIGNIFOR LAR SRER 10 MG	5	NDS; Limit 6 vials per 28 days ;SL(0.21 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	Limit 2 vials per 28 days; NDS;SL(0.07 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; +

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
SIGNIFOR SOLN	5	NDS;LA; MO; +
SOMATULINE DEPOT SOLN	5	NDS; +
Vasopressin Receptor Antagonists		
JYNARQUE TBPk	5	PA; NDS;LA; +
SAMSCA TABS	5	NDS; +
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	AL(Up to 64 yrs old); MO; +
COMBIPATCH PTTW	3	AL(Up to 64 yrs old); MO; +
DUAVEE TABS	3	AL(Up to 64 yrs old); MO; +
<i>estradiol & norethindrone acetate tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>norethindrone acetate-ethinyl estradiol tabs 2.5mcg-0.5mg</i>	1	AL(Up to 64 yrs old); MO; *
PREMPHASE TABS	3	AL(Up to 64 yrs old); MO; +
PREMPRO TABS	3	AL(Up to 64 yrs old); MO; +
Estrogens		
DELESTROGEN OIL 10 MG/ML	4	MO; +
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	AL(Up to 64 yrs old); MO; +
DIVIGEL GEL 0.75 MG/0.75GM	3	AL(Up to 64 yrs old); +
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; +

Drug Name	Drug Tier	Requirements/Limits
<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; +
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR IV 300 MG	5	PA; NDS; +
BAXDELA TABS OR 450 MG	5	ST; NDS;MO; +
CIPRO SUSR 5 GM/100ML	3	MO; +
CIPRO SUSR 500 MG/5ML (<i>Ciprofloxacin</i>)	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>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	MO; *
<i>levofloxacin in d5w soln</i>	4	+
<i>levofloxacin soln iv 25 mg/ml</i>	4	+
<i>levofloxacin soln or 25 mg/ml</i>	1	MO; *
<i>levofloxacin tabs or 250 mg, 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; *
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		

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
OCALIVA TABS 10 MG	5	PA; NDS;SL(1 ea daily); +
OCALIVA TABS 5 MG	5	PA; NDS;SL(2 ea daily); +
Gallstone Solubilizing Agents		
CHENODAL TABS	5	NDS;LA; +
<i>ursodiol caps</i>	1	MO; *
<i>ursodiol tabs</i>	1	MO; *
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	1	MO; *
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	MO; +
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	4	MO; +
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	MO; *
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	MO; *
Inflammatory Bowel Agents		
<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; *

Drug Name	Drug Tier	Requirements/Limits
REMICADE SOLR	5	PA; NDS; +
STELARA SOLN IV 130 MG/26ML	5	PA; NDS; +
<i>sulfasalazine tabs</i>	1	MO; *
<i>sulfasalazine tbec</i>	1	MO; *
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	MO; *
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	5	PA; NDS;MO; +
LINZESS CAPS	2	MO; +
VIBERZI TABS	5	PA; NDS;MO; +
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS	3	MO; +
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	5	NDS;MO; +
RELISTOR TABS OR 150 MG	5	PA; NDS;MO; +
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	MO; *
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC; MO; *
<i>lanthanum carbonate chew</i>	1	MO; *
<i>sevelamer carbonate pack 0.8 gm, 2.4 gm</i>	5	NDS;MO; +
<i>sevelamer carbonate tabs 800 mg</i>	1	MO; *
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	5	PA; NDS;LA; +
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	5	PA; NDS;LA; MO; +
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		

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
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc</i>	1	MO; *
Cystinosis Agents		
CYSTAGON CAPS	3	+
PROCYSBI CPDR	3	LA; MO; +
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	MO; *
<i>neomycin/polymyxin b gu soln</i>	1	MO; *
<i>sodium chloride (gu irrigant) soln</i>	1	MO; *
Interstitial Cystitis Agents		
ELMIRON CAPS	3	MO; +
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	MO; *
CARDURA XL TB24	3	MO; +
<i>dutasteride caps</i>	1	MO; *
<i>dutasteride-tamsulosin hcl caps</i>	1	MO; *
<i>finasteride tabs</i>	1	MO; *
<i>silodosin caps</i>	1	MO; *
<i>tamsulosin hcl caps</i>	1	MO; *
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	MO; *
DUZALLO TABS 200MG-300MG	3	SL(1 ea daily); MO; +
Gout Agents		
<i>allopurinol tabs 100 mg</i>	1	SL(8 ea daily); MO; *
<i>allopurinol tabs 300 mg</i>	1	SL(2.66 ea daily); MO; *

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 25 MCG/0.42ML	4	PA; +
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	5	PA; NDS; +
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; +
MIRCERA SOSY 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML	3	PA; MO; +
NEULASTA ONPRO KIT PSKT	5	PA; NDS; +
NEULASTA SOSY	5	PA; NDS; +
NEUPOGEN SOLN	5	PA; NDS; +
NEUPOGEN SOSY	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 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; +

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
PROMACTA TABS 75 MG	5	PA; NDS;SL(2 ea daily); LA; +
ZARXIO SOSY	5	PA; NDS; +
Stem Cell Mobilizers		
MOZOBIL SOLN	5	PA; NDS; +
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	5	NDS;MO; +
<i>aminocaproic acid tabs or 1000 mg</i>	5	NDS; +
<i>aminocaproic acid tabs or 500 mg</i>	1	MO; *
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	*
<i>tranexamic acid tabs or 650 mg</i>	1	MO; *
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	2	AL(Up to 64 yrs old); MO; +
<i>phenobarbital elix 20 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>phenobarbital soln 20 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>phenobarbital tabs 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	AL(Up to 64 yrs old); MO; *
Hypnotics - Tricyclic Agents		
SILENOR TABS 3 MG	3	QL(2 ea daily); MO; +
SILENOR TABS 6 MG	3	QL(1 ea daily); MO; +
Non-Barbiturate Hypnotics		
EDLUAR SUBL 10 MG	3	AL(Up to 64 yrs old); SL(1 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
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; *
<i>zolpidem tartrate tabs or 5 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
<i>zolpidem tartrate tbc or 12.5 mg</i>	1	AL(Up to 64 yrs old); SL(1 ea daily); MO; *
<i>zolpidem tartrate tbc or 6.25 mg</i>	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
Orexin Receptor Antagonists		
BELSOMRA TABS 10 MG	3	PA; SL(2 ea daily); MO; +
BELSOMRA TABS 15 MG	3	PA; SL(1.33 ea daily); MO; +
BELSOMRA TABS 20 MG	3	PA; SL(1 ea daily); MO; +
BELSOMRA TABS 5 MG	3	PA; SL(4 ea daily); MO; +
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	5	PA; NDS;MO; +
ROZEREM TABS	3	MO; +
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		

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>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; +
SUPREP BOWEL PREP KIT SOLN	3	MO; +
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	MO; *
<i>polyethylene glycol 3350 pack</i>	1	RX/OTC; MO; *
<i>polyethylene glycol 3350 powd</i>	1	RX/OTC; MO; *
Saline Laxatives		
OSMOPREP TABS	3	MO; +
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln</i>	4	+
LIDOCAINE HCL SOLN IJ 4 %	4	+
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
<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; +
Clarithromycin		
<i>clarithromycin susr 250 mg/5ml</i>	1	MO; *
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	MO; *
<i>clarithromycin tb24 500 mg</i>	1	MO; *
Erythromycins		
ERYPED 400 SUSR	3	SL(50 ml daily); MO; +
ERYTHROCIN LACTOBIONATE SOLR	4	SL(8 ea daily); +
<i>erythromycin base cpep 250 mg</i>	1	SL(16 ea daily); MO; *
<i>erythromycin base tabs 250 mg</i>	1	SL(16 ea daily); MO; *
<i>erythromycin base tabs 500 mg</i>	1	SL(8 ea daily); MO; *
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	1	SL(100 ml daily); MO; *
<i>erythromycin ethylsuccinate tabs 400 mg</i>	1	SL(10 ea daily); MO; *
Fidaxomicin		
DIFICID TABS	5	NDS;MO; +
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO; *

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
Misc. Devices		
ALCOHOL PADS	2	RX/OTC; MO; +
Parenteral Therapy Supplies		
INSULIN SYRINGES AND PEN NEEDLES	2	RX/OTC; MO; +
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
<i>ergotamine w/ caffeine supp</i>	1	MO; *
<i>ergotamine w/ caffeine tabs</i>	1	MO; *
<i>sumatriptan-naproxen sodium tabs</i>	1	MO; *
TREXIMET TABS 10MG-60MG	3	MO; +
Migraine Products - Monoclonal Antibodies		
AIMOVIG SOAJ	4	PA; MO; +
Migraine Products - NSAIDs		
CAMBIA PACK	3	MO; +
Migraine Products		
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	MO; *
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	5	NDS;MO; +
<i>ergotamine tartrate subl</i>	1	*
MIGRANAL SOLN	5	NDS;MO; +
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	QL(0.4 ea daily); MO; *
<i>eletriptan hydrobromide tabs</i>	1	QL(0.2 ea daily); MO; *
<i>frovatriptan succinate tabs</i>	1	QL(0.6 ea daily); MO; *
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); MO; *
<i>rizatriptan benzoate tabs</i>	1	QL(0.4 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate tbdp</i>	1	QL(0.4 ea daily); MO; *
<i>sumatriptan soln 20 mg/act</i>	1	Limit 12 inhalers per month;QL(0.4 ea daily); MO; *
<i>sumatriptan soln 5 mg/act</i>	1	Limit 18 inhalers per month;QL(0.6 ea daily); MO; *
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month;QL(0.14 ml daily); MO; +
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	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 6 MG/0.5ML	4	Limit 4mls per month;QL(0.14 ml daily); MO; +
ZEMBRACE SYMTOUCH SOAJ	4	SL(2 ml daily); MO; +
<i>zolmitriptan tabs 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>zolmitriptan tabs 5 mg</i>	1	SL(2 ea daily); MO; *
<i>zolmitriptan tbdp 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>zolmitriptan tbdp 5 mg</i>	1	SL(2 ea daily); MO; *

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
ZOMIG SOLN NA 2.5 MG	3	SL(4 ea daily); MO; +
ZOMIG SOLN NA 5 MG	3	SL(2 ea daily); MO; +
MINERALS & ELECTROLYTES		
Electrolyte Mixtures		
DEXTROSE 2.5%/NACL 0.45% SOLN	4	+
<i>dextrose in lactated ringers soln</i>	4	+
<i>dextrose w/ sodium chloride soln 0.45%-2.5%, 0.33%-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	+
<i>parenteral electrolytes conc</i>	4	B/D; +
<i>potassium chloride in dextrose & sodium chloride soln 0.45%-20meq/l-5%</i>	4	+
TPN ELECTROLYTES SOLN	4	B/D; +
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	4	+
Potassium		
K-TAB TBCR 8 MEQ, 20 MEQ	3	MO; +
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	MO; *
POTASSIUM CHLORIDE ER TBCR	3	MO; +
<i>potassium chloride microencapsulated crystals er 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; *

Drug Name	Drug Tier	Requirements/Limits
Sodium		
<i>sodium chloride soln iv 0.45 %</i>	4	+
<i>sodium chloride soln iv 0.9 %, 3 %, 5 %</i>	4	MO; +
Zinc		
GALZIN CAPS	3	MO; NT; +
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	3	MO; +
<i>trientine hcl caps</i>	5	NDS;MO; +
Enzymes		
XIAFLEX SOLR	5	NDS;MO; +
Immunomodulators		
REVLIMID CAPS	5	PA; NDS;LA; +
THALOMID CAPS	2	+
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	B/D; MO; +
ATGAM INJ	4	B/D; +
AZATHIOPRINE SOLR IJ 100 MG	4	B/D; +
<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; +

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>mycophenolate mofetil susr 200 mg/ml</i>	5	B/D; NDS;MO; +
<i>mycophenolate mofetil tabs 500 mg</i>	1	B/D; MO; *
<i>mycophenolate sodium tbec</i>	1	B/D; MO; *
NULOJIX SOLR	5	B/D; NDS; +
PROGRAF SOLN IV 5 MG/ML	4	B/D; +
RAPAMUNE SOLN 1 MG/ML (<i>Sirolimus</i>)	2	B/D; MO; +
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; +
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	*
<i>water for irrigation, sterile soln</i>	1	MO; *
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd or</i>	1	MO; *
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	MO; *
VELTASSA PACK 16.8 GM	3	ST; SL(1.5 ea daily); LA; MO; +
VELTASSA PACK 25.2 GM	3	ST; SL(1 ea daily); LA; MO; +

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4 GM	5	ST; NDS;SL(3 ea daily); LA; MO; +
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	5	PA; NDS; +
BENLYSTA SOLR	5	PA; NDS; +
BENLYSTA SOSY	5	PA; NDS; +
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	MO; *
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	1	MO; *
<i>clotrimazole troc</i>	1	MO; *
<i>nystatin (mouth-throat) susp</i>	1	MO; *
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; *
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	MO; *
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	MO; *
<i>pilocarpine hcl (oral) tabs</i>	1	MO; *
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24	3	AL(Up to 64 yrs old); MO; +
<i>baclofen tabs or 10 mg</i>	1	SL(8 ea daily); MO; *
<i>baclofen tabs or 20 mg</i>	1	SL(4 ea daily); MO; *
BACLOFEN TABS OR 5 MG	3	SL(16 ea daily); +

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

Drug Name	Drug Tier	Requirements/ Limits
<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 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; *
Direct Muscle Relaxants		
<i>dantrolene sodium caps</i>	1	MO; *
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>carisoprodol w/ aspirin tabs</i>	1	AL(Up to 64 yrs old); MO; *
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	3	MO; +
Nasal Anti-infectives		
BACTROBAN NASAL OINT	3	MO; +
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	MO; *
<i>olopatadine hcl (nasal) soln</i>	1	MO; *
Nasal Anticholinergics		

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

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>fat emulsion emul</i>	4	B/D; +
Proteins		
<i>amino acid infusion 15%</i>	4	B/D; +
CLINIMIX 4.25%/DEXTROSE 5% SOLN	4	B/D; +
NUTRESTORE PACK	3	MO; +
PROSOL SOLN	4	B/D; +
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1	MO; *
BETIMOL SOLN	3	MO; +
BETOPTIC-S SUSP	2	MO; +
<i>carteolol hcl (ophth) soln</i>	1	MO; *
COMBIGAN SOLN	3	MO; +
COSOPT PF SOLN (Dorzolamide HCl-Timolol Maleate)	3	MO; +
<i>dorzolamide hcl-timolol maleate soln</i>	1	MO; *
<i>levobunolol hcl soln</i>	1	MO; *
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	MO; *
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	MO; *
TIMOPTIC OCUDOSE SOLN	3	MO; +
Cycloplegic Mydriatics		
<i>cyclopentolate hcl soln</i>	1	MO; *
Miotics		
PHOSPHOLINE IODIDE SOLR	3	+
<i>pilocarpine hcl soln</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOLN	5	NDS;LA; +
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	MO; +
<i>apraclonidine hcl soln</i>	1	MO; *
<i>brimonidine tartrate soln</i>	1	MO; *
SIMBRINZA SUSP	3	MO; +
Ophthalmic Anti-infectives		
AZASITE SOLN	3	MO; +
<i>bacitracin (ophthalmic) oint</i>	1	MO; *
<i>bacitracin-polymyxin b (ophth) oint</i>	1	MO; *
BESIVANCE SUSP	3	MO; +
CILOXAN OINT	3	MO; +
<i>ciprofloxacin hcl (ophth) soln</i>	1	MO; *
<i>erythromycin (ophth) oint</i>	1	MO; *
<i>gatifloxacin (ophth) soln</i>	1	MO; *
<i>gentamicin sulfate (ophth) oint</i>	1	MO; *
<i>gentamicin sulfate (ophth) soln</i>	1	MO; *
<i>levofloxacin (ophth) soln</i>	1	MO; *
MOXEZA SOLN	2	MO; +
<i>moxifloxacin hcl (ophth) soln</i>	1	MO; *
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; *

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>polymyxin b-trimethoprim soln</i>	1	MO; *
<i>sulfacetamide sodium (ophth) oint</i>	1	MO; *
<i>sulfacetamide sodium (ophth) soln</i>	1	MO; *
<i>tobramycin (ophth) soln</i>	1	MO; *
TOBEX OINT	3	MO; +
<i>trifluridine soln</i>	1	MO; *
ZIRGAN GEL	3	MO; +
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA; MO; +
RESTASIS MULTIDOSE EMUL	2	PA; MO; +
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln</i>	1	MO; *
Ophthalmic Steroids		
ALREX SUSP	3	MO; +
<i>bacitracin-poly-neomycin-hc oint</i>	1	MO; *
BLEPHAMIDE SUSP	3	MO; +
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; *
DUREZOL EMUL	2	MO; +
FLAREX SUSP	2	MO; +
<i>fluorometholone (ophth) susp</i>	1	MO; *
FML FORTE SUSP	2	MO; +
FML OINT	2	MO; +
LOTEMAX GEL	3	MO; +
LOTEMAX OINT	3	MO; +
LOTEMAX SUSP	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
MAXIDEX SUSP	3	MO; +
<i>neomycin-polymy-dexameth oint</i>	1	MO; *
<i>neomycin-polymy-dexameth susp</i>	1	MO; *
PRED MILD SUSP	2	MO; +
<i>prednisolone acetate (ophth) susp</i>	1	MO; *
<i>sulfacetamide sod-prednisolone soln</i>	1	MO; *
TOBRADEX OINT	3	MO; +
TOBRADEX ST SUSP	3	MO; +
<i>tobramycin-dexamethasone susp</i>	1	MO; *
ZYLET SUSP	2	MO; +
Ophthalmics - Misc.		
ACUVAIL SOLN	3	MO; +
ALOCRIOL SOLN	3	MO; +
ALOMIDE SOLN	3	MO; +
<i>azelastine hcl (ophth) soln</i>	1	MO; *
AZOPT SUSP	2	MO; +
BEPREVE SOLN	3	MO; +
<i>bromfenac sodium (ophth) soln</i>	1	Once daily dosing; MO; *
<i>cromolyn sodium (ophth) soln</i>	1	MO; *
CYSTARAN SOLN	3	Limit 60mls per 28 days; QL(2.15 ml daily); LA; MO; +
<i>diclofenac sodium (ophth) soln</i>	1	MO; *
<i>dorzolamide hcl soln</i>	1	MO; *
<i>epinastine hcl (ophth) soln</i>	1	MO; *

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>flurbiprofen sodium soln</i>	1	MO; *
ILEVRO SUSP	2	MO; +
<i>ketorolac tromethamine (ophth) soln</i>	1	MO; *
LASTACFT SOLN	3	MO; +
NEVANAC SUSP	2	MO; +
<i>olopatadine hcl soln</i>	1	MO; *
PROLENSA SOLN	3	MO; +
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	MO; *
<i>latanoprost soln</i>	1	MO; *
LUMIGAN SOLN	2	MO; +
TRAVATAN Z SOLN	2	MO; +
ZIOPTAN SOLN	3	MO; +
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	MO; *
Otic Anti-infectives		
CETRAXAL SOLN	3	MO; +
CIPROFLOXACIN SOLN OT 0.2 %	3	MO; +
<i>ofloxacin (otic) soln</i>	1	MO; *
Otic Combinations		
CIPRO HC SUSP	3	MO; +
CIPRODEX SUSP	2	MO; +
COLY-MYCIN S SUSP	3	MO; +
<i>neomycin-polymyxin-hc (otic) soln</i>	1	MO; *

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

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
HYPERRAB S/D SOLN	4	+
IMOGAM RABIES-HT SOLN 300 UNIT/2ML	4	+
KEDRAB SOLN	4	+
OCTAGAM SOLN 2 GM/20ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	5	B/D; NDS; +
PRIVIGEN SOLN	5	B/D; NDS; +
VARIZIG SOLN	5	NDS; +
Monoclonal Antibodies		
SYNAGIS SOLN	5	NDS; +
ZINPLAVA SOLN	5	PA; NDS; +
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5	B/D; NDS; +
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	MO; *
<i>amoxicillin chew</i>	1	MO; *
<i>amoxicillin susr</i>	1	MO; *
<i>amoxicillin tabs</i>	1	MO; *
<i>ampicillin caps 250 mg</i>	1	*
<i>ampicillin caps 500 mg</i>	1	MO; *
<i>ampicillin sodium solr ij 1 gm, 2 gm, 500 mg</i>	4	MO; +
<i>ampicillin sodium solr ij 10 gm, 250 mg</i>	4	+
<i>ampicillin sodium solr iv 2 gm, 10 gm</i>	4	+
Natural Penicillins		
BICILLIN L-A SUSP	4	MO; +
<i>penicillin g potassium solr</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium solr 250 mg/5ml</i>	1	MO; *
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	MO; *
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	MO; *
<i>amoxicillin & pot clavulanate susr</i>	1	MO; *
<i>amoxicillin & pot clavulanate tabs</i>	1	MO; *
<i>amoxicillin & pot clavulanate tb12</i>	1	MO; *
<i>ampicillin & sulbactam sodium solr ij 0.5gm-1gm, 5gm-10gm</i>	4	+
<i>ampicillin & sulbactam sodium solr ij 1gm-2gm</i>	4	MO; +
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	4	+
<i>piperacillin sodium-tazobactam sodium solr</i>	4	+
PIPERACILLIN/TAZOBAC TAM SOLR	4	+
ZOSYN SOLN 0.375GM/50ML-3GM/50ML-5%, 0.5GM/100ML-4GM/100ML-5%, 0.25GM/50ML-2GM/50ML-5%	4	+
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	MO; *
<i>nafcillin sodium solr ij 1 gm</i>	4	+
NAFCILLIN SODIUM SOLR IJ 10 GM	5	+
<i>nafcillin sodium solr ij 2 gm</i>	4	MO; +
<i>nafcillin sodium solr iv 10 gm</i>	5	NDS; +
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		

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>medroxyprogesterone acetate tabs</i>	1	MO; *
<i>megestrol acetate (appetite) susp</i>	1	AL(Up to 64 yrs old); MO; *
<i>norethindrone acetate tabs</i>	1	MO; *
<i>progesterone micronized caps</i>	1	MO; *
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	MO; *
<i>disulfiram tabs</i>	1	MO; *
LUCEMYRA TABS	5	PA; NDS;SL(16 ea daily); MO; +
Anti-Cataleptic Agents		
XYREM SOLN	5	NDS;LA; MO; +
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	1	MO; *
<i>donepezil hydrochloride tbdp</i>	1	MO; *
<i>galantamine hydrobromide cp24</i>	1	MO; *
<i>galantamine hydrobromide soln</i>	1	MO; *
<i>galantamine hydrobromide tabs</i>	1	MO; *
<i>memantine hcl cp24 14 mg</i>	1	AL(At least 60 yrs old); SL(2 ea daily); MO; *
<i>memantine hcl cp24 21 mg</i>	1	AL(At least 60 yrs old); SL(1.33 ea daily); MO; *
<i>memantine hcl cp24 28 mg</i>	1	AL(At least 60 yrs old); SL(1 ea daily); MO; *
<i>memantine hcl cp24 7 mg</i>	1	AL(At least 60 yrs old); SL(4 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl soln 2 mg/ml</i>	1	AL(At least 60 yrs old); MO; *
<i>memantine hcl tabs 5 mg, 10 mg</i>	1	MO; *
NAMENDA XR TITRATION PACK CP24	3	AL(At least 60 yrs old); MO; +
<i>rivastigmine pt24</i>	1	MO; *
<i>rivastigmine tartrate caps</i>	1	MO; *
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>olanzapine-fluoxetine hcl caps</i>	1	MO; *
<i>perphenazine-amitriptyline tabs</i>	1	AL(Up to 64 yrs old); MO; *
Fibromyalgia Agents		
SAVELLA TABS	3	PA; MO; +
SAVELLA TITRATION PACK MISC	3	PA; MO; +
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG	5	PA; NDS;SL(4 ea daily); LA; +
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; +
<i>tetrabenazine tabs</i>	5	PA; NDS; +
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Dalfampridine</i>)	5	PA; NDS; +
AUBAGIO TABS	5	PA; NDS; +
AVONEX KIT	5	PA; NDS; +
AVONEX PEN AJKT	5	PA; NDS; +
AVONEX PSKT	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
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; +
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; +
TYSABRI CONC	5	PA; NDS; +
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE STARTER MISC	3	MO; +
GRALISE TABS	3	MO; +
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA; MO; +
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	AL(Up to 64 yrs old); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide tabs</i>	1	MO; *
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	MO; +
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	SL(2 ea daily); MO; *
CHANTIX CONTINUING MONTHPAK TABS	3	MO; +
CHANTIX STARTING MONTH PAK TABS	3	MO; +
CHANTIX TABS	3	MO; +
NICOTROL INHALER INHA	3	SL(16 ea daily); MO; +
NICOTROL NS SOLN	2	MO; +
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor) caps</i>	1	MO; *
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	5	NDS;LA; MO; +
ARALAST NP SOLR 500 MG	5	NDS;LA; +
GLASSIA SOLN	4	LA; +
PROLASTIN-C SOLN 1000 MG/20ML	5	PA; NDS;LA; MO; +
PROLASTIN-C SOLR 1000 MG	5	NDS;LA; MO; +
ZEMAIRA SOLR	5	NDS;LA; MO; +
Cystic Fibrosis Agents		
KALYDECO PACK	5	PA; NDS;MO; +
KALYDECO TABS	5	PA; NDS;MO; +
ORKAMBI TABS 100MG-125MG, 200MG-125MG	5	PA; NDS;LA; MO; +
PULMOZYME SOLN	2	B/D; +

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
SYMDEKO TBPK	5	PA; NDS;LA; +
Pulmonary Fibrosis Agents		
ESBRIET CAPS	5	PA; NDS;LA; +
ESBRIET TABS	5	PA; NDS;LA; +
OFEV CAPS	5	PA; NDS;LA; +
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	1	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<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 250 mg, 500 mg</i>	1	MO; *
VIBRAMYCIN SYRP 50 MG/5ML	2	MO; +
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		

Drug Name	Drug Tier	Requirements/Limits
Antithyroid Agents		
<i>methimazole tabs</i>	1	MO; *
<i>propylthiouracil tabs</i>	1	MO; *
Thyroid Hormones		
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	MO; *
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	1	MO; *
SYNTHROID TABS (Levothyroxine Sodium)	3	MO; +
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	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; +
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl caps or 10 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>dicyclomine hcl tabs or 20 mg</i>	1	MO; *
<i>glycopyrrolate soln ij 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml</i>	4	MO; +
<i>glycopyrrolate soln ij 0.4 mg/2ml</i>	4	+
<i>glycopyrrolate tabs or 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glycopyrrolate tabs or 2 mg</i>	1	SL(4 ea daily); MO; *
<i>methscopolamine bromide tabs</i>	1	MO; *
H-2 Antagonists		
<i>cimetidine tabs 200 mg</i>	1	RX/OTC; MO; *
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	MO; *
<i>famotidine soln iv 20 mg/2ml, 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; *
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	3	MO; +
<i>sucralfate tabs</i>	1	MO; *
Proton Pump Inhibitors		
DEXILANT CPDR	2	ST; MO; +

Drug Name	Drug Tier	Requirements/Limits
<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 tbdp 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; *
<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; +
Ulcer Drugs - Prostaglandins		
<i>misoprostol tabs</i>	1	MO; *
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	3	MO; +
<i>omeprazole-sodium bicarbonate caps 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; +

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
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
<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; *
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	MO; *
GELNIQUE GEL	3	MO; +
GELNIQUE PUMP GEL	3	MO; +
<i>oxybutynin chloride syrpf</i>	1	MO; *
<i>oxybutynin chloride tabs</i>	1	MO; *
<i>oxybutynin chloride tb24</i>	1	MO; *
OXYTROL PTTW	3	RX/OTC; MO; +
<i>tolterodine tartrate cp24</i>	1	MO; *
<i>tolterodine tartrate tabs</i>	1	MO; *
TOVIAZ TB24	2	MO; +
<i>trospium chloride cp24</i>	1	MO; *
<i>trospium chloride tabs</i>	1	MO; *
VESICARE TABS	2	MO; +
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	MO; +
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	MO; *
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	4	+
BCG VACCINE INJ	4	+
BEXSERO SUSY	4	+
HIBERIX SOLR	4	+
MENACTRA INJ	4	+
MENVEO SOLR	4	+
PEDVAX HIB SUSP	4	+
TRUMENBA SUSY	4	+
TYPHIM VI SOLN	4	+
Viral Vaccines		
ENGERIX-B SUSP IJ 20 MCG/ML, 10 MCG/0.5ML	4	B/D; +
GARDASIL 9 SUSP	4	+
GARDASIL 9 SUSY	4	+
GARDASIL SUSP	4	+
HAVRIX SUSP	4	+
IMOVAX RABIES (H.D.C.V.) INJ	4	B/D; +
IPOL INACTIVATED IPV INJ	4	+
IXIARO SUSP	4	+
M-M-R II INJ	4	+
PROQUAD SUSR	4	+
RABAVERT SUSR	4	B/D; +

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
RECOMBIVAX HB SUSP	4	B/D; +
ROTARIX SUSR	3	+
ROTATEQ SOLN	2	+
SHINGRIX SUSR	2	+
TWINRIX SUSP	4	+
VAQTA SUSP	4	+
VARIVAX INJ	4	+
YF-VAX INJ	4	+
ZOSTAVAX SUSR	2	+
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN SUPP VA 100 MG	3	MO; +
<i>clindamycin phosphate vaginal crea</i>	1	MO; *
<i>metronidazole vaginal gel</i>	1	MO; *
<i>miconazole nitrate vaginal supp</i>	1	MO; *
<i>terconazole vaginal crea 0.4 %, 0.8 %</i>	1	MO; *
<i>terconazole vaginal supp 80 mg</i>	1	MO; *
Vaginal Estrogens		
<i>estradiol vaginal tabs 10 mcg</i>	1	MO; *
ESTRING RING	3	MO; +
FEMRING RING	3	MO; +
PREMARIN CREA VA 0.625 MG/GM	2	MO; +
Vaginal Progestins		
CRINONE GEL	3	PA; MO; +

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj</i>	2	MO; +
EPIPEN 2-PAK SOAJ (<i>Epinephrine (Anaphylaxis)</i>)	2	MO; +
EPIPEN-JR 2-PAK SOAJ	2	MO; +
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 100 MG	5	PA; NDS;SL(18 ea daily); +
NORTHERA CAPS 200 MG	5	PA; NDS;SL(9 ea daily); +
NORTHERA CAPS 300 MG	5	PA; NDS;SL(6 ea daily); +
Vasopressors		
<i>dobutamine hcl soln</i>	4	+
<i>midodrine hcl tabs</i>	1	MO; *
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol caps</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.

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dihydroergotamine mesylate	60	DUOPA	34	EPIDIOLEX	15
DILANTIN-125	16	DUREZOL	65	epinastine hcl (ophth)	65
DILATRATE SR	10	dutasteride	56	epinephrine (anaphylaxis)	73
diltiazem hcl	41	dutasteride-tamsulosin hcl	56	EPIPEN 2-PAK	73
diltiazem hcl coated beads	41	DUZALLO	56	EPIPEN-JR 2-PAK	73
diltiazem hcl extended release beads	41	DYMISTA	63	epirubicin hcl	31
DIPENTUM	55	DYRENIUM	51	EPIVIR HBV	39
diphenhydramine hcl	24	econazole nitrate	46	eplerenone	27
diphenoxylate w/ atropine	22	EDARBI	26	EPOGEN	57
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	70	EDARBYCLOR	27	eprosartan mesylate	26
dipyridamole	57	EDEX	42	EQUETRO	35
disopyramide phosphate	10	EDLUAR	58	ERAXIS	23
disulfiram	68	EDURANT	38	ERBITUX	29
divalproex sodium	16	efavirenz	38	ergocalciferol	73
DIVIGEL	54	EGRIFTA	52	ergoloid mesylates	69
dobutamine hcl	73	ELELYSO	57	ergotamine tartrate	60
DOCETAXEL	33	ELESTRIN	54	ergotamine w/ caffeine	60
docetaxel	33	eletriptan hydrobromide	60	ERIVEDGE	30
DOCETAXEL	33	ELIDEL	50	ERLEADA	30
docetaxel	34	ELIGARD	30	ERTACZO	46
dofetilide	11	ELIQUIS	14	ertapenem sodium	9
donepezil hydrochloride	68	ELIQUIS STARTER PACK	13	ERWINAZE	33
DORIBAX	9	ELITEK	33	ERYPED 400	59
DORIPENEM	9	ELLA	44	ERYTHROCIN LACTOBIONATE	59
dorzolamide hcl	65	ELMIRON	56	erythromycin (acne aid)	46
dorzolamide hcl-timolol maleate	64	EMCYT	30	erythromycin (ophth)	64
doxazosin mesylate	26	EMFLAZA	45	erythromycin base	59
doxepin hcl	18	EMPLICITI	29	erythromycin ethylsuccinate	59
		EMSAM	17	ESBRIET	70
		EMTRIVA	38	escitalopram oxalate	17

esomeprazole magnesium	71	FENOFIBRATE	25	fluphenazine hcl	36
esomeprazole sodium	71	fenofibrate	25	flurandrenolide	49
estradiol	54	fenofibrate micronized	25	flurbiprofen	3
estradiol & norethindrone acetate	54	FENOFIBRIC ACID	25	flurbiprofen sodium	66
estradiol vaginal	73	fentanyl	4	flutamide	30
estradiol valerate	54	fentanyl citrate	4	fluticasone propionate	49
ESTRING	73	FENTORA	4	fluticasone propionate (nasal)	63
estropipate	54	FERRIPROX	22	fluticasone-salmeterol	13
eszopiclone	58	FETZIMA	17,18	fluvastatin sodium	25
ethacrynic acid	51	FETZIMA TITRATION PACK	18	fluvoxamine maleate	17
ethambutol hcl	28	FIASP	20	FML	65
ethosuximide	16	FIASP FLEXTOUCH	20	FML FORTE	65
ethynodiol diacet & eth estrad	44	FIBRICOR	25	folic acid	57
etodolac	3	FINACEA	50	FOLOTYN	29
ETOPOPHOS	34	finasteride	56	fondaparinux sodium	14
etoposide	34	FIRAZYR	56	FORFIVO XL	17
EURAX	50	FIRMAGON	30	FORTEO	51
EVAMIST	54	FLAREX	65	FOSAMAX PLUS D	51
EVOMELA	28	flavoxate hcl	72	fosamprenavir calcium	38
EVOTAZ	38	FLEBOGAMMA DIF	66	fosinopril sodium	26
EVZIO	23	flecainide acetate	11	fosinopril sodium & hydrochlorothiazide	27
EXELDERM	47	FLECTOR	46	fosphenytoin sodium	16
exemestane	30	FLOVENT DISKUS	12	FRAGMIN	14
EXJADE	22	FLOVENT HFA	12	frovatriptan succinate	60
EXONDYS 51	63	fluconazole	24	furosemide	51
EXTAVIA	69	fluconazole in dextrose	24	FUZEON	38
EYLEA	64	fluconazole in nacl	24	FYCOMPA	14
ezetimibe	25	flucytosine	23	gabapentin	15
ezetimibe-simvastatin	24	fludarabine phosphate	29	GALAFOLD	53
FABIOR	46	fludrocortisone acetate	45	galantamine hydrobromide	68
FABRAZYME	53	flunisolide (nasal)	63	GALZIN	61
famciclovir	40	fluocinolone acetonide	49	GAMASTAN	66
famotidine	71	fluocinolone acetonide (otic)	66	GAMASTAN S/D	66
FANAPT	35	fluocinonide	49	GAMMAGARD LIQUID	66
FANAPT TITRATION PACK	35	fluocinonide emulsified base	49	GAMMAKED	66
FARESTON	30	fluorometholone (ophth)	65	GAMMAPLEX	66
FARXIGA	22	fluorouracil	29	GAMUNEX-C	66
FARYDAK	31	FLUOROURACIL	47	ganciclovir sodium	39
FASENRA	11	fluorouracil (topical)	47	GARDASIL	72
FASLODEX	30	fluoxetine hcl	17	GARDASIL 9	72
fat emulsion	64	fluoxymesterone	8	gatifloxacin (ophth)	64
FAZACLO	36	fluphenazine decanoate	36	GATTEX	55
felbamate	16	fluphenazine hcl	36	gauze pads 2" X 2"	59
felodipine	41	FLUPHENAZINE HCL	36	GAZYVA	29
FEMRING	73			GELNIQUE	72

GELNIQUE PUMP	72	haloperidol	36	hydrocortisone	45
gemcitabine hcl	29	haloperidol decanoate	36	hydrocortisone (intrarectal)	8
GEMCITABINE		haloperidol lactate	36	hydrocortisone (rectal)	8
HYDROCHLORIDE	29	HARVONI	39	hydrocortisone (topical)	49
gemfibrozil	25	HAVRIX	72	hydrocortisone butyrate	49
GENOTROPIN	52	HEMANGEOL	40	hydrocortisone butyrate	
GENOTROPIN MINIQUICK	52	heparin sodium (porcine)	14	hydrophilic lipo base	49
gentamicin in saline	2	HERCEPTIN	29	hydrocortisone valerate	49
gentamicin sulfate	2	HETLIOZ	58	hydrocortisone w/acetic acid	66
gentamicin sulfate (ophth)	64	HEXALEN	28	hydromorphone hcl	4
gentamicin sulfate (topical)	46	HIBERIX	72	HYDROMORPHONE HCL	4
GENTAMICIN SULFATE		HIZENTRA	66	hydromorphone hcl	4
PEDIATRIC	2	HORIZANT	69	HYDROMORPHONE	
GENTAMICIN SULFATE/0.9%		HUMALOG	20	HYDROCHLORIDE	4
SODIUM CHLORIDE	2	HUMALOG JUNIOR		hydroxychloroquine sulfate	27
GENVOYA	38	KWIKPEN	20	HYDROXYPROGESTERONE	
GEODON	35	HUMALOG KWIKPEN	20	CAPROATE	30
GILENYA	69	HUMALOG MIX 50/50	20	hydroxyurea	33
GILOTRIF	31	HUMALOG MIX 50/50		hydroxyzine hcl	10
GLASSIA	69	KWIKPEN	20	hydroxyzine pamoate	10
glatiramer acetate	69	HUMALOG MIX 75/25	20	HYPERRAB S/D	67
GLEOSTINE	28	HUMALOG MIX 75/25		HYQVIA	67
glimepiride	22	KWIKPEN	20	HYSINGLA ER	4
glipizide	22	HUMATROPE	52	ibandronate sodium	51,52
glipizide-metformin hcl	18	HUMATROPE COMBO		IBRANCE	32
GLUCAGEN HYPOKIT	19	PACK	52	ibuprofen	3
GLUCAGON EMERGENCY		HUMIRA	2	ICLUSIG	32
KIT	19	HUMIRA PEDIATRIC CROHNS		idarubicin hcl	31
glyburide	22	DISEASE STARTER PACK 2	2	IDHIFA	32
glyburide micronized	22	HUMIRA PEN	2	IFEX	28
glyburide-metformin	19	HUMIRA PEN-CD/UC/HS		ifosfamide	28
glycopyrrolate	71	STARTER	2	IFOSFAMIDE	28
GOCOVRI	34	HUMIRA PEN-PS/UV		ILARIS	2
GOLYTELY	59	STARTER	2	ILEVRO	66
GRALISE	69	HUMULIN 70/30	21	ILUMYA	47
GRALISE STARTER	69	HUMULIN 70/30		imatinib mesylate	32
granisetron hcl	23	KWIKPEN	21	IMBRUVICA	32
GRANIX	57	HUMULIN N	21	IMFINZI	29
griseofulvin microsize	23	HUMULIN N KWIKPEN	21	imipenem-cilastatin	9
griseofulvin ultramicrosize	23	HUMULIN R	21	imipramine hcl	18
guanfacine hcl	26	HUMULIN R U-500		imipramine pamoate	18
guanfacine hcl (adhd)	1	(CONCENTRATED)	21	imiquimod	50
GUANIDINE HCL	28	HUMULIN R U-500		IMIQUIMOD PUMP	50
H.P. ACTHAR	52	KWIKPEN	21	IMOGAM RABIES-HT	67
HAEGARDA	56	hydralazine hcl	27	IMOVAX RABIES (H.D.C.V.)	72
HALAVEN	34	hydrochlorothiazide	51	IMPAVIDO	8
halobetasol propionate	49	hydrocodone polistirex-		INCRELEX	52
HALOG	49	chlorpheniramine polistirex	45		
		hydrocodone-			
		acetaminophen	6		
		hydrocodone-ibuprofen	6		

INCRUSE ELLIPTA.....	11	JANUMET XR.....	19	labetalol hcl.....	40
indapamide.....	51	JANUVIA.....	20	lactated ringer's.....	61
INDOCIN.....	3	JARDIANCE.....	22	lactic acid (ammonium lactate).....	50
indomethacin.....	3	JENTADUETO.....	19	lactulose.....	59
INFANRIX.....	70	JENTADUETO XR.....	19	lactulose (encephalopathy) ..	55
INFLECTRA.....	55	JEVTANA.....	34	LAMICTAL XR.....	15
INGREZZA.....	68	JUBLIA.....	47	lamivudine.....	38
INLYTA.....	32	JULUCA.....	38	lamivudine (hbv).....	39
INSULIN SYRINGES AND PEN NEEDLES.....	60	JUXTAPID.....	25	lamivudine-zidovudine.....	38
INTELENCE.....	38	JYNARQUE.....	54	lamotrigine.....	15
INTRON A.....	33	K-TAB.....	61	LANOXIN.....	41
INVANZ.....	9	KADCYLA.....	29	LANOXIN PEDIATRIC.....	41
INVEGA SUSTENNA.....	35	KADIAN.....	4	lansoprazole.....	71
INVEGA TRINZA.....	35	KALBITOR.....	56	lanthanum carbonate.....	55
INVIRASE.....	38	KALETRA.....	38	LANTUS.....	21
INVOKAMET.....	19	KALYDECO.....	69	LANTUS SOLOSTAR.....	21
INVOKAMET XR.....	19	KANUMA.....	53	LARTRUVO.....	30
INVOKANA.....	22	KAZANO.....	19	LASTACAPT.....	66
IPOL INACTIVATED IPV.....	72	KEDRAB.....	67	latanoprost.....	66
ipratropium bromide.....	11	KENALOG-10.....	45	LATUDA.....	35
ipratropium bromide (nasal) ..	63	KEPIVANCE.....	33	LAZANDA.....	4,5
ipratropium-albuterol.....	13	KERYDIN.....	47	LEDIPASVIR/SOFOSBUVIR	39
irbesartan.....	26	ketoconazole.....	24	leflunomide.....	3
irbesartan-hydrochlorothiazide	27	ketoconazole (topical).....	47	LEMTRADA.....	69
IRESSA.....	32	ketoprofen.....	3	LENVIMA 10 MG DAILY DOSE.....	32
irinotecan hcl.....	34	ketorolac tromethamine.....	3	LENVIMA 12MG DAILY DOSE.....	32
irrigation solutions, physiological.....	62	ketorolac tromethamine (ophth).....	66	LENVIMA 14 MG DAILY DOSE.....	32
ISENTRESS.....	38	KEVEYIS.....	51	LENVIMA 18 MG DAILY DOSE.....	32
ISENTRESS HD.....	38	KEVZARA.....	2	LENVIMA 20 MG DAILY DOSE.....	32
isoniazid.....	28	KEYTRUDA.....	29	LENVIMA 24 MG DAILY DOSE.....	32
isoniazid & rifampin.....	28	KHAPZORY.....	33	LENVIMA 4 MG DAILY DOSE.....	32
ISORDIL TITRADOSE.....	10	KHEDEZLA.....	18	LENVIMA 8 MG DAILY DOSE.....	32
isosorbide dinitrate.....	10	KINERET.....	2	LETAIRIS.....	42
isosorbide mononitrate.....	10	KINRIX.....	70	letrozole.....	30
isotretinoin.....	46	KISQALI.....	32	leucovorin calcium.....	33
ISTODAX (OVERFILL).....	32	KISQALI FEMARA 200 DOSE.....	31	LEUKERAN.....	28
itraconazole.....	24	KISQALI FEMARA 400 DOSE.....	31	LEUKINE.....	57
ivermectin.....	8	KISQALI FEMARA 600 DOSE.....	31	leuprolide acetate.....	30
IXEMPRA KIT.....	34	KITABIS PAK.....	2	levalbuterol hcl.....	13
IXIARO.....	72	KOMBIGLYZE XR.....	19	levalbuterol tartrate.....	13
JADENU.....	22	KORLYM.....	19		
JADENU SPRINKLE.....	22	KUVAN.....	53		
JAKAFI.....	32	KYNAMRO.....	24		
JANUMET.....	19	KYPROLIS.....	32		

LEVEMIR.....	21	lorazepam.....	10	megestrol acetate (appetite).....	68
LEVEMIR FLEXTOUCH.....	21	LORBRENA.....	32	MEKINIST.....	32
levetiracetam.....	15	losartan potassium.....	26	MEKTOVI.....	32
levetiracetam in sodium chloride.....	15	losartan potassium & hydrochlorothiazide.....	27	meloxicam.....	3
LEVITRA.....	42	LOTEMAX.....	65	melphalan.....	28
levobunolol hcl.....	64	LOTENSIN.....	26	melphalan hcl.....	28
levocarnitine (metabolic modifiers).....	53	lovastatin.....	25	memantine hcl.....	68
levocetirizine dihydrochloride.....	24	loxapine succinate.....	36	MENACTRA.....	72
levofloxacin.....	54	LUCEMYRA.....	68	MENOSTAR.....	54
levofloxacin (ophth).....	64	LULICONAZOLE.....	47	MENTAX.....	47
levofloxacin in d5w.....	54	LUMIGAN.....	66	MENVEO.....	72
LEVOLEUCOVORIN.....	33	LUMIZYME.....	53	MEPHYTON.....	73
levoleucovorin calcium.....	33	LUMOXITI.....	30	meprobamate.....	10
levonorgestrel & eth estradiol.....	44	LUPANETA PACK.....	52	mercaptapurine.....	29
levonorgestrel-eth estradiol (triphasic).....	44	LUPRON DEPOT (1- MONTH).....	30	meropenem.....	9
levonorgestrel-ethinyl estradiol (91-day).....	44	LUPRON DEPOT (3- MONTH).....	30	mesalamine.....	55
levonorgestrel-ethinyl estradiol (continuous).....	44	LUPRON DEPOT (4- MONTH).....	30	mesalamine w/ cleanser.....	55
levothyroxine sodium.....	70	LUPRON DEPOT (6- MONTH).....	30	mesna.....	33
LEXIVA.....	38	LUPRON DEPOT (1- MONTH).....	52	MESNEX.....	33
LIBTAYO.....	30	LUPRON DEPOT-PED (1- MONTH).....	52	metaproterenol sulfate.....	13
lidocaine.....	50	LUPRON DEPOT-PED (3- MONTH).....	52	metaxalone.....	63
lidocaine hcl.....	50	LUZU.....	47	metformin hcl.....	19
LIDOCAINE HCL.....	59	LYNPARZA.....	32	methadone hcl.....	5
lidocaine hcl (local anesth.).....	59	LYRICA.....	15	methazolamide.....	51
lidocaine hcl (mouth-throat).....	62	LYSODREN.....	30	methenamine hippurate.....	72
lidocaine-prilocaine.....	50	M-M-R II.....	72	methimazole.....	70
lincomycin hcl.....	9	magnesium sulfate.....	61	methocarbamol.....	63
linezolid.....	9	malathion.....	50	methotrexate sodium.....	29
LINEZOLID.....	9	maprotiline hcl.....	17	METHOTREXATE SODIUM.....	29
linezolid.....	9	MARPLAN.....	17	methotrexate sodium.....	29
LINZESS.....	55	MARQIBO.....	34	methoxsalen rapid.....	47
liothyronine sodium.....	70	MATULANE.....	33	methscopolamine bromide.....	71
LIPOFEN.....	25	MAVYRET.....	39	methyldopa.....	26
lisinopril.....	26	MAXIDEX.....	65	methylergonovine maleate.....	66
lisinopril & hydrochlorothiazide.....	27	meclizine hcl.....	23	methylphenidate hcl.....	1
LITHIUM.....	35	meclofenamate sodium.....	3	methylprednisolone.....	45
lithium carbonate.....	35	MEDROL.....	45	methylprednisolone acetate.....	45
LIVALO.....	25	medroxyprogesterone acetate.....	68	methylprednisolone sod succ.....	45
LO LOESTRIN FE.....	44	medroxyprogesterone acetate (contraceptive).....	44	methyltestosterone.....	8
LONSURF.....	31	mefenamic acid.....	3	metoclopramide hcl.....	55
loperamide hcl.....	22	mefloquine hcl.....	27	metolazone.....	51
lopinavir-ritonavir.....	38	megestrol acetate.....	30	metoprolol & hydrochlorothiazide.....	27
				metoprolol succinate.....	40
				metoprolol tartrate.....	40
				METOPROLOL TARTRATE.....	40

metronidazole.....	8	MUSTARGEN.....	28	NEUPRO.....	34
metronidazole (topical).....	50	MYALEPT.....	53	NEVANAC.....	66
metronidazole in nacl.....	8	MYCAMINE.....	23	nevirapine.....	38
metronidazole vaginal.....	73	mycophenolate mofetil.....	61,62	NEXAVAR.....	32
mexiletine hcl.....	11	mycophenolate mofetil hcl.....	61	NEXIUM.....	71
MIACALCIN.....	52	mycophenolate sodium.....	62	niacin (antihyperlipidemic).....	25
miconazole nitrate vaginal.....	73	MYLOTARG.....	30	nicardipine hcl.....	41
midodrine hcl.....	73	MYRBETRIQ.....	72	NICOTROL INHALER.....	69
miglitol.....	18	MYTESI.....	22	NICOTROL NS.....	69
miglustat.....	57	nabumetone.....	3	nifedipine.....	41
MIGRANAL.....	60	nadolol.....	40	nilutamide.....	30
minocycline hcl.....	70	nadolol & bendroflumethiazide.....	27	nimodipine.....	41
minoxidil.....	27	nafcillin sodium.....	67	NINLARO.....	32
MIRCERA.....	57	NAFCILLIN SODIUM.....	67	NIPENT.....	33
mirtazapine.....	16	nafcillin sodium.....	67	nisoldipine.....	41
MIRVASO.....	50	naftifine hcl.....	47	NITRO-DUR.....	10
misoprostol.....	71	NAFTIN.....	47	nitrofurantoin.....	72
mitomycin.....	31	NAGLAZYME.....	53	nitrofurantoin macrocrystal.....	72
mitoxantrone hcl.....	31	naloxone hcl.....	23	nitrofurantoin monohyd macro.....	72
modafinil.....	1	naltrexone hcl.....	23	nitroglycerin.....	10
MODERIBA.....	39	NAMENDA XR TITRATION PACK.....	68	NITROGLYCERIN LINGUAL.....	10
MODERIBA 1200 DOSE PACK.....	39	NAPRELAN.....	3	NITROSTAT.....	10
MODERIBA 800 DOSE PACK.....	39	naproxen.....	3	nizatidine.....	71
moexipril hcl.....	26	naproxen sodium.....	3	NORDITROPIN FLEXPRO.....	52
moexipril-hydrochlorothiazide	27	naratriptan hcl.....	60	norelgestromin-ethinyl estradiol.....	44
molindone hcl.....	36	NARCAN.....	23	norethin acet & estrad-fe.....	44
mometasone furoate.....	49	NASCOBAL.....	57	norethindrone & eth estradiol.....	44
mometasone furoate (nasal).....	63	NATACYN.....	64	norethindrone & ethinyl estradiol- fe.....	44
montelukast sodium.....	11	nateglinide.....	22	norethindrone (contraceptive).....	44
morphine sulfate.....	5	NATPARA.....	52	norethindrone acet & eth estra.....	44
MORPHINE SULFATE.....	5	NEBUPENT.....	8	norethindrone acetate.....	68
morphine sulfate.....	5	nefazodone hcl.....	17	norethindrone acetate-ethinyl estradiol.....	54
morphine sulfate beads.....	5	neomycin sulfate.....	2	norethindrone-eth estradiol (triphasic).....	44
MOTOFEN.....	22	neomycin-bacitracin zn- polymyxin.....	64	norgestimate-ethinyl estradiol.....	44
MOVANTIK.....	55	neomycin-polymy- dexameth.....	65	norgestimate-ethinyl estradiol (triphasic).....	44
MOVIPREP.....	59	neomycin-polymyxin-gramicidin	64	norgestrel & ethinyl estradiol.....	44
MOXEZA.....	64	neomycin-polymyxin-hc (otic).....	66	NORITATE.....	50
moxifloxacin hcl.....	54	neomycin/polymyxin b gu.....	56	NORPACE CR.....	10
moxifloxacin hcl (ophth).....	64	NERLYNX.....	32	NORTHERA.....	73
MOZOBIL.....	58	NESINA.....	20	nortriptyline hcl.....	18
MULTAQ.....	11	NEULASTA.....	57	NORVIR.....	38
mupirocin.....	46	NEULASTA ONPRO KIT.....	57		
mupirocin calcium (topical).....	46	NEUPOGEN.....	57		
MUSE.....	42				

NOVAREL.....	52	olopatadine hcl.....	66	oxycodone-aspirin.....	6
NOVOLIN 70/30.....	21	olopatadine hcl (nasal).....	63	oxymorphone hcl.....	5,6
NOVOLIN 70/30 FLEXPEN.....	21	OLUMIANT.....	2	OXYTROL.....	72
NOVOLIN 70/30 FLEXPEN RELION.....	21	omega-3-acid ethyl esters.....	24	PACLITAXEL.....	34
NOVOLIN 70/30 RELION.....	21	omeprazole.....	71	paclitaxel.....	34
NOVOLIN N.....	21	omeprazole-sodium bicarbonate.....	71	paliperidone.....	35
NOVOLIN N RELION.....	21	OMNARIS.....	63	PALYNZIQ.....	53
NOVOLIN R.....	21	OMNITROPE.....	52	PANCREAZE.....	50
NOVOLIN R RELION.....	21	ONCASPAR.....	33	PANRETIN.....	47
NOVOLOG.....	21	ondansetron.....	23	pantoprazole sodium.....	71
NOVOLOG FLEXPEN.....	21	ondansetron hcl.....	23	parenteral electrolytes.....	61
NOVOLOG MIX 70/30.....	21	ONFI.....	14	paricalcitol.....	53
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	21	ONGLYZA.....	20	paromomycin sulfate.....	2
NOVOLOG PENFILL.....	21	ONIVYDE.....	34	paroxetine hcl.....	17
NOXAFIL.....	24	OPANA ER (CRUSH RESISTANT).....	5	paroxetine mesylate (vasomotor).....	69
NUCALA.....	11	OPDIVO.....	30	PAXIL.....	17
NUCYNTA.....	5	opium tincture.....	22	PEDIARIX.....	70
NUCYNTA ER.....	5	OPSUMIT.....	42	PEDVAX HIB.....	72
NUDEXTA.....	69	ORACEA.....	50	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	59
NULOJIX.....	62	ORALAIR.....	1	peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	59
NUPLAZID.....	35	ORBACTIV.....	9	PEG-INTRON REDIPEN.....	39
NUTRESTORE.....	64	ORENCIA.....	3	PEGANONE.....	16
NUTROPIN AQ NUSPIN 20.....	52	ORENCIA CLICKJECT.....	3	PEGASYS.....	39
NUVARING.....	44	ORENITRAM.....	42	PEGASYS PROCLICK.....	39
NYMALIZE.....	41	ORFADIN.....	53	PEGINTRON.....	39
nystatin.....	23	ORLISSA.....	52	penicillin g potassium.....	67
nystatin (mouth-throat).....	62	ORKAMBI.....	69	penicillin v potassium.....	67
nystatin (topical).....	47	orphenadrine citrate.....	63	PENNSAID.....	46
nystatin-triamcinolone.....	47	oseltamivir phosphate.....	40	PENTACEL.....	70
OICALIVA.....	55	OSENI.....	19	PENTAM 300.....	8
OCREVUS.....	69	OSMOLEX ER.....	34	pentoxifylline.....	56
OCTAGAM.....	67	OSMOPREP.....	59	PERFOROMIST.....	13
octreotide acetate.....	53	OSPHENA.....	52	perindopril erbumine.....	26
ODEFSEY.....	38	OTEZLA.....	3	PERJETA.....	30
ODOMZO.....	30	OTREXUP.....	2	permethrin.....	50
OFEV.....	70	oxaliplatin.....	28	perphenazine.....	37
ofloxacin (ophth).....	64	oxandrolone.....	8	perphenazine-amitriptyline.....	68
ofloxacin (otic).....	66	oxaprozin.....	3	PERSERIS.....	35
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This formulary was updated on 03/01/2019. 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 seven 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. or visit www.healthnet.com/GroupMedicareFormulary.

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