



Health Net Seniority Plus Employer (HMO)

2020 Classic Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 20448, Version Number 8

This formulary was updated on 10/09/2019. For more recent information or other questions, please contact Health Net Seniority Plus Employer (HMO) at 1-800-275-4737 or, for TTY users, 711, from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays, or visit healthnet.com.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

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

This document includes a list of the drugs (formulary) for our plan which is current as of 10/09/2019. 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, 2021, and from time to time during the year.

What is the Health Net Seniority Plus Employer (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

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

immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Health Net Seniority Plus Employer (HMO) Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 10/09/2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides one tablet per day per prescription for *simvastatin 40 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

Level of care changes

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

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

For more information

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

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

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

Health Net Seniority Plus Employer (HMO) Formulary

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

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

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

Abbreviations

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

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

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

Formulary tier descriptions

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

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

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

Section 1557 Non-Discrimination Language Notice of Non-Discrimination

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

Health Net:

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TTY: 1-800-537-7697).

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

Member Services Telephone Numbers by State Chart

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

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

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

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

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

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

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

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

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

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

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

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

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

ខ្មែរ (Mon-Khmer, Cambodian): សេវាកម្មដៃនូយការណ៍ ជំនួយជំនួយ 10 និងសេវាកម្មការណ៍ និងទម្រង់ ផែលមានជស្ថិតិ៍ សេវាកម្មការណ៍ ផែលសេវាកម្មការណ៍ សេវាកម្មការណ៍ និងទម្រង់ សេវាកម្មការណ៍ និងទម្រង់

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	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>armodafinil tabs</i>	1	PA; MO; *
<i>amphetamine-dextroamphetamine tabs</i>	1	MO; *	<i>DAYTRANA PTCH</i>	3	MO; +
<i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i>	1	MO; *	<i>dexamphetamine hcl cp24 10 mg</i>	1	SL(4 ea daily); MO; *
<i>dextroamphetamine sulfate tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	1	MO; *	<i>dexamphetamine hcl cp24 15 mg</i>	1	SL(2.66 ea daily); MO; *
VYVANSE CAPS 10 MG	3	SL(7 ea daily); MO; +	<i>dexamphetamine hcl cp24 20 mg</i>	1	SL(2 ea daily); MO; *
VYVANSE CAPS 20 MG	3	SL(3.5 ea daily); MO; +	<i>dexamphetamine hcl cp24 25 mg</i>	1	SL(1.6 ea daily); MO; *
VYVANSE CAPS 30 MG	3	SL(2.33 ea daily); MO; +	<i>dexamphetamine hcl cp24 30 mg</i>	1	SL(1.33 ea daily); MO; *
VYVANSE CAPS 40 MG	3	SL(1.75 ea daily); MO; +	<i>dexamphetamine hcl cp24 35 mg</i>	1	SL(1.14 ea daily); MO; *
VYVANSE CAPS 50 MG	3	SL(1.4 ea daily); MO; +	<i>dexamphetamine hcl cp24 40 mg</i>	1	SL(1 ea daily); MO; *
VYVANSE CAPS 60 MG	3	SL(1.16 ea daily); MO; +	<i>dexamphetamine hcl tabs 2.5 mg, 5 mg, 10 mg</i>	1	SL(8 ea daily); MO; *
VYVANSE CAPS 70 MG	3	SL(1 ea daily); MO; +	<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO; *
Attention-Deficit/Hyperactivity Disorder (ADHD)					
<i>atomoxetine hcl caps 10 mg</i>	1	SL(10 ea daily); MO; *	<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); MO; *
<i>atomoxetine hcl caps 100 mg</i>	1	SL(1 ea daily); MO; *	<i>methylphenidate hcl cpcr 20 mg</i>	1	QL(2 ea daily); MO; *
<i>atomoxetine hcl caps 18 mg</i>	1	SL(5.55 ea daily); MO; *	<i>methylphenidate hcl cpcr 30 mg</i>	1	MO; *
<i>atomoxetine hcl caps 25 mg</i>	1	SL(4 ea daily); MO; *	<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	1	QL(3 ea daily); MO; *
<i>atomoxetine hcl caps 40 mg</i>	1	SL(2.5 ea daily); MO; *	<i>methylphenidate hcl tb24 18 mg, 27 mg, 36 mg, 54 mg</i>	1	Non-Osmotic Release; *
<i>atomoxetine hcl caps 60 mg</i>	1	SL(1.66 ea daily); MO; *	<i>methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO; *
<i>atomoxetine hcl caps 80 mg</i>	1	SL(1.25 ea daily); MO; *	<i>methylphenidate hcl tbcr 20 mg</i>	1	QL(3 ea daily); MO; *
<i>guanfacine hcl (adhd) tb24</i>	1	AL(Up to 64 yrs old); MO; *	<i>modafinil tabs 100 mg</i>	1	PA; MO; *
Stimulants - Misc.					
ALLERGENIC EXTRACTS/BIOLOGICALS MISC					

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

Drug Name	Drug Tier	Requirements/Limits
Allergenic Extracts		
ORALAIR SUBL	3	PA; MO; +
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	4	MO; +
BETHKIS NEBU	5	B/D; NDS; +
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	+
<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; +

Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA SOLN	5	PA; NDS; +
SIMPONI SOAJ	5	PA; NDS; +
SIMPONI SOSY	5	PA; NDS; +
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS	5	PA; NDS; +
XELJANZ TABS	5	PA; NDS; +
XELJANZ XR TB24	5	PA; NDS; +
Antirheumatic Antimetabolites		
OTREXUP SOAJ	4	PA; +
RASUVO SOAJ	4	PA; +
Gold Compounds		
RIDAURA CAPS	5	NDS;MO; +
Interleukin-1 Blockers		
ARCALYST SOLR	5	NDS;LA; +
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	5	PA; NDS;MO; +
Interleukin-1beta Blockers		
ILARIS SOLN	5	PA; NDS;LA; +
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; *
<i>diclofenac potassium tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 jj 15 mg/ml, 30 mg/ml</i>	4	AL(Up to 64 yrs old); MO; +
<i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i>	4	AL(Up to 64 yrs old); MO; +
<i>ketorolac tromethamine tabs or 10 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>meclofenamate sodium caps 100 mg</i>	1	MO; *
<i>mefenamic acid caps</i>	1	MO; *
<i>meloxicam tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<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 SOLR	5	PA; NDS; +
ENBREL SOSY	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ	5	PA; NDS; +
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Salicylates		
diflunisal tabs	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); +
codeine sulfate tabs 30 mg	1	SL(12 ea daily); MO; *
codeine sulfate tabs 60 mg	1	SL(6 ea daily); MO; *
DILAUDID SOLN IJ 4 MG/ML	4	MO; +
fentanyl citrate Ipop bu 200 mcg	5	PA; NDS;QL(8 ea daily); MO; +
fentanyl citrate Ipop bu 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg	5	PA; NDS;QL(4 ea daily); MO; +
FENTANYL CITRATE TABS BU 200 MCG	5	PA; NDS;QL(8 ea daily); MO; +
FENTANYL CITRATE TABS BU 400 MCG, 600 MCG, 800 MCG	5	PA; NDS;QL(4 ea daily); MO; +
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	Limit 10 patches per month;QL(0.34 ea daily); MO; *
FENTORA TABS 100 MCG	5	PA; NDS;QL(16 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
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; +
hydromorphone hcl liqd or 1 mg/ml	1	QL(50 ml daily); MO; *
hydromorphone hcl soln ij 1 mg/ml, 2 mg/ml	4	MO; +
hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml	4	+
hydromorphone hcl soln ij 2 mg/ml	4	Preservative Free; +
HYDROMORPHONE HCL SOLN IJ 4 MG/ML	4	MO; +
hydromorphone hcl t24a or 12 mg	1	QL(4.17 ea daily); MO; *
hydromorphone hcl t24a or 16 mg	1	QL(3.14 ea daily); MO; *
hydromorphone hcl t24a or 32 mg	1	QL(1.57 ea daily); MO; *
hydromorphone hcl t24a or 8 mg	1	QL(6.27 ea daily); MO; *
hydromorphone hcl tabs or 2 mg, 4 mg	1	QL(9 ea daily); MO; *
hydromorphone hcl tabs or 8 mg	1	QL(6.25 ea daily); MO; *
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (Hydromorphone HC)	4	+
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(2 ea daily); MO; +
LAZANDA SOLN 100 MCG/ACT	5	PA; NDS;QL(1 ea daily); MO; +
LAZANDA SOLN 300 MCG/ACT	5	PA; NDS; Limit 15 boxes per month ;QL(0.5 ea daily); MO; +

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
oxymorphone hcl tb12 30 mg	1	QL(2.22 ea daily); MO; *	butalbital-aspirin-caffeine w/cod caps	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *	
oxymorphone hcl tb12 40 mg	1	QL(2 ea daily); MO; *	hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml	1	Limit 2700mls per month;SL(90 ml daily); MO; *	
oxymorphone hcl tb12 5 mg	1	QL(13.34 ea daily); MO; *	hydrocodone-acetaminophen tabs 10mg-325mg, 7.5mg-300mg, 7.5mg-325mg, 10mg-300mg	1	SL(6 ea daily); MO; *	
oxymorphone hcl tb12 7.5 mg	1	QL(8.89 ea daily); MO; *	hydrocodone-acetaminophen tabs 5mg-300mg, 5mg-325mg	1	SL(8 ea daily); MO; *	
SUBSYS LIQD 100 MCG	5	PA; NDS;QL(16 ea daily); MO; +	hydrocodone-ibuprofen tabs	1	QL(5 ea daily); MO; *	
SUBSYS LIQD 1200 MCG	5	PA; NDS;QL(2 ea daily); +	oxycodone w/ acetaminophen tabs	1	SL(12.3 ea daily); MO; *	
SUBSYS LIQD 200 MCG	5	PA; NDS;QL(8 ea daily); MO; +	oxycodone-aspirin tabs	1	SL(12.3 ea daily); MO; *	
SUBSYS LIQD 400 MCG, 600 MCG, 800 MCG, 1600 MCG	5	PA; NDS;QL(4 ea daily); MO; +	tramadol-acetaminophen tabs	1	SL(8 ea daily); MO; *	
tramadol hcl tabs 50 mg	1	SL(8 ea daily); MO; *	Opioid Partial Agonists			
tramadol hcl tb24 100 mg	1	SL(3 ea daily); MO; *	BUNAVAIL FILM 2.1MG-0.3MG	3	QL(4 ea daily); +	
tramadol hcl tb24 200 mg	1	SL(1.5 ea daily); MO; *	BUNAVAIL FILM 4.2MG-0.7MG	3	QL(2 ea daily); +	
tramadol hcl tb24 300 mg	1	SL(1 ea daily); MO; *	BUNAVAIL FILM 6.3MG-1MG	3	QL(2 ea daily); MO; +	
ZOHYDRO ER C12A 10 MG, 15 MG	3	PA; QL(3 ea daily); MO; +	buprenorphine hcl subl sl 2 mg, 8 mg	1	QL(3 ea daily); MO; *	
ZOHYDRO ER C12A 20 MG, 30 MG, 40 MG, 50 MG	3	PA; QL(2 ea daily); MO; +	buprenorphine hcl-naloxone hcl dihydrate film 12mg-3mg	1	QL(2 ea daily); MO; *	
Opioid Combinations						
acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml	1	Limit 4500mls per month;SL(150 ml daily); MO; *	buprenorphine hcl-naloxone hcl dihydrate film 2mg-0.5mg, 4mg-1mg, 8mg-2mg	1	QL(3 ea daily); MO; *	
acetaminophen w/ codeine tabs 300mg-15mg	1	SL(13.3 ea daily); MO; *	buprenorphine hcl-naloxone hcl dihydrate subl 2mg-0.5mg, 8mg-2mg	1	QL(3 ea daily); MO; *	
acetaminophen w/ codeine tabs 300mg-30mg	1	SL(12 ea daily); MO; *	buprenorphine ptwk 10 mcg/hr	1	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; *	
acetaminophen w/ codeine tabs 300mg-60mg	1	SL(6 ea daily); MO; *				
butalbital-acetaminophen-caffeine w/ codeine caps	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; *				

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

Drug Name	Drug Tier	Requirements/Limits
buprenorphine ptwk 15 mcg/hr	1	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; *
buprenorphine ptwk 20 mcg/hr	1	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; *
buprenorphine ptwk 5 mcg/hr	1	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; *
BUPRENORPHINE PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
butorphanol tartrate soln ij 2 mg/ml	4	MO; +
butorphanol tartrate soln na 10 mg/ml	1	Limit 210mls per month;QL(7 ml daily); MO; *
BUTTRANS PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
ZUBSOLV SUBL 0.7MG-0.18MG, 1.4MG-0.36MG, 2.9MG-0.71MG, 5.7MG-1.4MG	3	QL(3 ea daily); MO; +
ZUBSOLV SUBL 11.4MG-2.9MG	3	QL(1 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; +
oxandrolone tabs 10 mg	5	NDS;MO; +
oxandrolone tabs 2.5 mg	1	MO; *
Androgens		
AVEED SOLN	3	LA; +

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
metronidazole caps or 375 mg	1	SL(10.6 ea daily); MO; *	meropenem solr 1 gm	4	MO; +	
metronidazole in nacl soln	4	+	meropenem solr 500 mg	1	*	
metronidazole tabs or 250 mg	1	SL(16 ea daily); MO; *	VABOMERE SOLR	4	+	
metronidazole tabs or 500 mg	1	SL(8 ea daily); MO; *	Chloramphenicols			
NEBUPENT SOLR	2	B/D; MO; +	CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	+	
PENTAM 300 SOLR (Pentamidine Isethionate)	4	MO; +	Cyclic Lipopeptides			
pentamidine isethionate solr	4	MO; +	daptomycin solr 500 mg	5	NDS;MO; +	
tinidazole tabs	1	MO; *	Glycopeptides			
trimethoprim tabs	1	MO; *	DALVANCE SOLR	5	NDS; +	
XIFAXAN TABS 200 MG	5	NDS;MO; +	FIRVANQ SOLR 25 MG/ML	3	+	
XIFAXAN TABS 550 MG	5	NDS;QL(3 ea daily); MO; +	FIRVANQ SOLR 50 MG/ML	3	MO; +	
Anti-infective Misc. - Combinations						
sulfamethoxazole-trimethoprim soln iv 80mg/5ml-400mg/5ml	4	MO; +	ORBACTIV SOLR	5	NDS; +	
sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml	1	MO; *	vancomycin hcl caps or 125 mg	3	PA; MO; +	
sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg	1	MO; *	vancomycin hcl caps or 250 mg	5	PA; NDS;MO; +	
Antiprotozoal Agents			VANCOMYCIN HCL IN DEXTROSE SOLN	4	+	
ALINIA TABS 500 MG	3	MO; +	vancomycin hcl solr iv 500 mg	4	MO; +	
atovaquone susp	5	NDS;MO; +	vancomycin hcl solr iv 750 mg, 1 gm, 1000 mg, 5 gm, 10 gm	4	+	
Carbapenems			VANCOMYCIN HYDROCHLORIDE SOLR IV 750 MG	4	+	
DORIBAX SOLR	4	+	VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	3	MO; +	
DORIPENEM SOLR 500 MG	4	+	Leprostatics			
ertapenem sodium solr	4	MO; +	dapsone tabs	1	MO; *	
imipenem-cilastatin solr	1	MO; *	Lincosamides			
			clindamycin hcl caps	1	MO; *	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hydrochloride soln</i>	1	MO; *
<i>clindamycin phosphate in d5w soln</i>	4	+
<i>clindamycin phosphate soln jj 300 mg/2ml, 9 gm/60ml, 9000 mg/60ml</i>	4	+
<i>clindamycin phosphate soln jj 600 mg/4ml, 900 mg/6ml</i>	4	MO; +
<i>clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	+
<i>lincomycin hcl soln</i>	4	MO; +
Monobactams		
<i>aztreonam solr</i>	4	MO; +
<i>CAYSTON SOLR</i>	5	PA; NDS;LA; +
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	5	NDS; +
<i>LINEZOLID SOLN IV 600MG/300ML-0.9%</i>	5	NDS; +
<i>linezolid susr or 100 mg/5ml</i>	5	NDS;MO; +
<i>linezolid tabs or 600 mg</i>	1	MO; *
<i>SIVEXTRO SOLR IV</i>	5	NDS; +
<i>SIVEXTRO TABS OR</i>	5	NDS;MO; +
<i>ZYVOX SOLN IV 200 MG/100ML</i>	5	NDS; +
Polymyxins		
<i>colistimethate sodium solr</i>	4	MO; +
<i>polymyxin b sulfate solr</i>	4	+
Streptogramins		
<i>SYNERCID SOLR</i>	4	+
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antiangulars-Other		

Drug Name	Drug Tier	Requirements/Limits
<i>RANEXA TB12 (Ranolazine)</i>	3	MO; +
<i>ranolazine tb12</i>	1	MO; *
Nitrates		
<i>DILATRATE SR CPCR</i>	3	MO; +
<i>ISORDIL TITRADOSE TABS 40 MG</i>	5	NDS;MO; +
<i>isosorbide dinitrate tabs</i>	1	MO; *
<i>isosorbide dinitrate tbcr</i>	1	MO; *
<i>isosorbide mononitrate tabs</i>	1	MO; *
<i>isosorbide mononitrate tb24</i>	1	MO; *
<i>NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR</i>	3	MO; +
<i>NITROGLYCERIN LINGUAL AERS</i>	3	MO; +
<i>nitroglycerin oint td 2 %</i>	1	MO; *
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; *
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	MO; *
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO; *
<i>NITROSTAT SUBL (Nitroglycerin)</i>	2	MO; +
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs</i>	1	MO; *
<i>hydroxyzine hcl syrup 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 HYDROCHLORIDE SOLN</i>	4	AL(Up to 64 yrs old); MO; +
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *
<i>meprobamate tabs</i>	1	AL(Up to 64 yrs old); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
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; *
<i>NORPACE CR CP12</i>	3	AL(Up to 64 yrs old); MO; +
<i>quinidine gluconate tbc or 324 mg</i>	1	MO; *
<i>quinidine sulfate tabs</i>	1	MO; *
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; *

Drug Name	Drug Tier	Requirements/Limits
<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	*
<i>MULTAQ TABS</i>	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		
<i>CINQAIR SOLN</i>	5	PA; NDS;LA; +
<i>FASENRA SOSY</i>	5	PA; NDS; +
<i>NUCALA SOLR 100 MG</i>	5	PA; NDS;LA; +
<i>XOLAIR SOLR</i>	5	PA; NDS;LA; +
<i>XOLAIR SOSY</i>	5	PA; NDS;LA; +
Bronchodilators - Anticholinergics		
<i>ATROVENT HFA AERS</i>	3	Limit 2 inhalers per month;QL(0.86 gm daily); MO; +
<i>INCRUSE ELLIPTA AEPB</i>	2	QL(1 ea daily); MO; +
<i>ipratropium bromide soln</i>	1	B/D; MO; *
<i>SPIRIVA HANDIHALER CAPS</i>	2	QL(1 ea daily); MO; +
<i>SPIRIVA RESPIMAT AERS</i>	2	Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO; +
<i>TUDORZA PRESSAIR AEPB</i>	2	Limit 2 inhalers per month (30 actuations);QL(0.07 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month (60 actuations); QL(0.04 ea daily); MO; +	ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	2	Limit 8 inhalers per month; SL(0.27 ea daily); MO; +
Leukotriene Modulators					
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily); MO; *	ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	2	Limit 4 inhalers per month; SL(0.14 ea daily); MO; +
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily); MO; *	ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 2 inhalers per month; SL(0.07 ea daily); MO; +
<i>zafirlukast tabs</i>	1	MO; *	ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	limit 35 inhalers per month; SL(1.17 ea daily); MO; +
<i>zileuton tb12</i>	5	NDS; SL(4 ea daily); MO; +	<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	B/D; QL(8 ml daily); MO; *
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP TABS	3	QL(1 ea daily); MO; +	<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	B/D; QL(4 ml daily); MO; *
Steroid Inhalants					
ALVESCO AERS 160 MCG/ACT	3	SL(0.41 gm daily); MO; +	<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	B/D; QL(2 ml daily); MO; *
ALVESCO AERS 80 MCG/ACT	3	SL(0.82 gm daily); MO; +	FLOVENT DISKUS AEPB 100 MCG/BLIST	2	SL(20 ea daily); MO; +
ARNUITY ELLIPTA AEPB	2	SL(1 ea daily); MO; +	FLOVENT DISKUS AEPB 250 MCG/BLIST	2	SL(8 ea daily); MO; +
ASMANEX HFA AERO 100 MCG/ACT	2	Limit 2 inhalers per month; SL(0.87 gm daily); MO; +	FLOVENT DISKUS AEPB 50 MCG/BLIST	2	SL(40 ea daily); MO; +
ASMANEX HFA AERO 200 MCG/ACT	2	Limit 1 inhaler per month; SL(0.44 gm daily); MO; +	FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month; QL(0.8 gm daily); MO; +
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month; SL(0.04 ea daily); MO; +	FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily); MO; +
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 8 inhalers per month; SL(0.29 ea daily); MO; +	PULMICORT FLEXHALER AEPB 180 MCG/ACT	3	Limit 2 inhalers per month; QL(0.07 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER AEPB 90 MCG/ACT	3	Limit 8 inhalers per month;QL(0.27 ea daily); MO; +	<i>levalbuterol hcl nebu</i>	1	B/D; MO; *
QVAR AERS	2	Limit 3 inhalers per month;QL(0.87 gm daily); MO; +	<i>levalbuterol tartrate aero</i>	3	MO; +
Sympathomimetics			<i>metaproterenol sulfate tabs 10 mg, 20 mg</i>	1	MO; *
ADVAIR HFA AERO	2	QL(4 gm daily); MO; +	PERFOROMIST NEBU	3	B/D; QL(4 ml daily); MO; +
<i>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D; MO; *	PROAIR HFA AERS	2	MO; +
<i>albuterol sulfate syrup or 2 mg/5ml</i>	1	MO; *	PROAIR RESPICLICK AEPB	2	MO; +
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	MO; *	PROVENTIL HFA AERS	2	MO; +
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	MO; *	SEREVENT DISKUS AEPB	2	QL(2 ea daily); MO; +
ANORO ELLIPTA AEPB	2	QL(2 ea daily); MO; +	STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;SL(0.14 gm daily); MO; +
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily); MO; +	STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO; +
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	2	Limit 1 inhaler per month;SL(2 ea daily); MO; +	SYMBICORT AERO 4.5MCG/ACT-160MCG/ACT	3	Limit 1 inhaler per month (60 actuations);QL(0.34 gm 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; +	SYMBICORT AERO 4.5MCG/ACT-160MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack);QL(0.4 gm daily); MO; +
BROVANA NEBU	3	B/D; MO; +	SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack);QL(0.46 gm daily); MO; +
COMBIVENT RESPIMAT AERS	3	Limit 3 inhalers per 2 months;SL(0.2 gm daily); MO; +	SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT	3	Limit 1 inhaler per month;QL(0.34 gm daily); MO; +
DULERA AERO	2	QL(4 gm daily); MO; +			
<i>fluticasone-salmeterol aepb</i>	1	QL(2 ea daily); MO; *			
<i>ipratropium-albuterol soln</i>	1	B/D; MO; *			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
terbutaline sulfate tabs or 2.5 mg, 5 mg	1	MO; *	fondaparinux sodium soln 10 mg/0.8ml	4	MO; +			
TRELEGY ELLIPTA AEPB	2	MO; +	fondaparinux sodium soln 2.5 mg/0.5ml	1	MO; *			
VENTOLIN HFA AERS	3	MO; +	fondaparinux sodium soln 5 mg/0.4ml, 7.5 mg/0.6ml	5	NDS;MO; +			
Xanthines								
aminophylline soln	4	+	FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	MO; +			
THEOCHRON TB12	3	MO; +	FRAGMIN SOLN 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	MO; +			
theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg	1	MO; *	FRAGMIN SOLN 95000 UNIT/3.8ML	5	NDS;MO; +			
theophylline tb24 400 mg, 600 mg	1	MO; *	heparin sodium (porcine) soln	4	MO; +			
ANTICOAGULANTS - Blood Thinners								
Coumarin Anticoagulants								
COUMADIN TABS (Warfarin Sodium)	3	MO; +	Thrombin Inhibitors					
warfarin sodium tabs	1	MO; *	argatroban soln 250 mg/2.5ml	4	+			
Direct Factor Xa Inhibitors			PRADAXA CAPS	2	MO; +			
BEVYXXA CAPS 40 MG	3	QL(1 ea daily); +	ANTICONVULSANTS - Drugs to Treat Seizures					
BEVYXXA CAPS 80 MG	3	QL(1 ea daily); MO; +	AMPA Glutamate Receptor Antagonists					
ELIQUIS STARTER PACK TABS	3	MO; +	FYCOMPA SUSP	3	MO; +			
ELIQUIS TABS	3	MO; +	FYCOMPA TABS	3	MO; +			
SAVAYSA TABS	3	MO; +	Anticonvulsants - Benzodiazepines					
XARELTO STARTER PACK TBPK	2	MO; +	clobazam susp 2.5 mg/ml	1	MO; *			
XARELTO TABS	2	MO; +	clobazam tabs 10 mg	1	MO; *			
Heparins And Heparinoid-Like Agents			clobazam tabs 20 mg	5	NDS;MO; +			
enoxaparin sodium soln ij 300 mg/3ml	4	MO; +	clonazepam tabs 0.5 mg	1	SL(40 ea daily); MO; *			
enoxaparin sodium soln sc 30 mg/0.3ml, 40 mg/0.4ml, 150 mg/ml	4	MO; +	clonazepam tabs 1 mg	1	SL(20 ea daily); MO; *			
enoxaparin sodium soln sc 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml	1	MO; *	clonazepam tabs 2 mg	1	SL(10 ea daily); MO; *			
			clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	MO; *			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL GEL	3	MO; +	<i>carbamazepine susp</i>	1	MO; *
DIASTAT PEDIATRIC GEL	3	MO; +	<i>carbamazepine tabs</i>	1	MO; *
<i>diazepam (anticonvulsant) gel</i>	3	MO; +	<i>carbamazepine tb12</i>	1	MO; *
DIAZEPAM RECTAL GEL	3	MO; +	CARBATROL CP12 (Carbamazepine)	3	MO; +
SYMPAZAN FILM 10 MG, 20 MG	5	PA; NDS;MO; +	EPIDIOLEX SOLN	5	PA; NDS; +
SYMPAZAN FILM 5 MG	3	PA; MO; +	<i>gabapentin caps</i>	1	MO; *
Anticonvulsants - Misc.			<i>gabapentin soln</i>	1	MO; *
APTIOM TABS 200 MG	3	MO; +	<i>gabapentin tabs</i>	1	MO; *
APTIOM TABS 400 MG, 600 MG, 800 MG	5	NDS;MO; +	LAMICTAL XR KIT	3	MO; +
BANZEL SUSP 40 MG/ML	3	MO; +	<i>lamotrigine chew 5 mg, 25 mg</i>	1	MO; *
BANZEL TABS 200 MG	3	MO; +	<i>lamotrigine kit 25 mg</i>	1	MO; *
BANZEL TABS 400 MG	5	NDS;MO; +	<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	MO; *
BRIVIACT SOLN IV 50 MG/5ML	5	NDS;SL(20 ml daily); +	<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	1	MO; *
BRIVIACT SOLN OR 10 MG/ML	5	PA; NDS;SL(20 ml daily); MO; +	<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *
BRIVIACT TABS OR 10 MG	5	PA; NDS;SL(20 ea daily); MO; +	<i>levetiracetam in sodium chloride soln</i>	4	+
BRIVIACT TABS OR 100 MG	5	PA; NDS;SL(2 ea daily); MO; +	<i>levetiracetam soln iv 500 mg/5ml</i>	4	MO; +
BRIVIACT TABS OR 25 MG	5	PA; NDS;SL(8 ea daily); MO; +	<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	MO; *
BRIVIACT TABS OR 50 MG	5	PA; NDS;SL(4 ea daily); MO; +	<i>levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	MO; *
BRIVIACT TABS OR 75 MG	5	PA; NDS;SL(2.67 ea daily); MO; +	<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	MO; *
<i>carbamazepine chew</i>	1	MO; *	LYRICA CAPS 150 MG, 200 MG, 225 MG (Pregabalin)	2	QL(2 ea daily); MO; +
<i>carbamazepine cp12</i>	1	MO; *	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG (Pregabalin)	2	QL(3 ea daily); MO; +
			LYRICA CAPS 300 MG (Pregabalin)	2	SL(2 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
LYRICA SOLN 20 MG/ML (<i>Pregabalin</i>)	2	SL(30 ml daily); MO; +	DILANTIN INFATABS CHEW (<i>Phenytoin</i>)	3	MO; +	
oxcarbazepine susp	1	MO; *	DILANTIN-125 SUSP (<i>Phenytoin</i>)	3	MO; +	
oxcarbazepine tabs	1	MO; *	fosphenytoin sodium soln 100 mg pe/2ml	4	+	
primidone tabs	1	MO; *	fosphenytoin sodium soln 500 mg pe/10ml	4	MO; +	
SPRITAM TB3D 1000 MG	3	PA; SL(3 ea daily); MO; +	PEGANONE TABS	3	MO; +	
SPRITAM TB3D 250 MG	3	PA; SL(12 ea daily); MO; +	<i>phenytoin chew</i>	1	MO; *	
SPRITAM TB3D 500 MG	3	PA; SL(6 ea daily); MO; +	<i>phenytoin sodium extended caps 30 mg, 100 mg, 200 mg, 300 mg</i>	1	MO; *	
SPRITAM TB3D 750 MG	3	PA; SL(4 ea daily); MO; +	<i>phenytoin sodium soln</i>	4	+	
TEGRETOL SUSP (<i>Carbamazepine</i>)	3	MO; +	<i>phenytoin susp</i>	1	MO; *	
TEGRETOL TABS (<i>Carbamazepine</i>)	3	MO; +	Succinimides			
TEGRETOL-XR TB12 (<i>Carbamazepine</i>)	3	MO; +	CELONTIN CAPS	3	MO; +	
topiramate cpsp	1	MO; *	<i>ethosuximide caps</i>	1	MO; *	
topiramate tabs	1	MO; *	<i>ethosuximide soln</i>	1	MO; *	
VIMPAT SOLN IV 200 MG/20ML	4	+	Valproic Acid			
VIMPAT SOLN OR 10 MG/ML	3	MO; +	DEPAKENE CAPS (<i>Valproic Acid</i>)	3	MO; +	
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	3	MO; +	DEPAKENE SOLN (<i>Valproate Sodium</i>)	3	MO; +	
zonisamide caps	1	MO; *	DEPAKOTE ER TB24 (<i>Divalproex Sodium</i>)	3	MO; +	
Carbamates			DEPAKOTE SPRINKLES CSDR (<i>Divalproex Sodium</i>)	3	MO; +	
felbamate susp	1	MO; *	DEPAKOTE TBEC (<i>Divalproex Sodium</i>)	3	MO; +	
felbamate tabs	1	MO; *	<i>divalproex sodium csdr</i>	1	MO; *	
GABA Modulators			<i>divalproex sodium tb24</i>	1	MO; *	
tiagabine hcl tabs	1	MO; *	<i>divalproex sodium tbec</i>	1	MO; *	
vigabatrin pack	5	NDS;LA; MO; +	<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	4	+	
vigabatrin tabs	5	NDS;LA; +	<i>valproate sodium soln or 250 mg/5ml</i>	1	MO; *	
Hydantoins						

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

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid caps</i>	1	MO; *
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	MO; *
<i>mirtazapine tbdp</i>	1	MO; *
Antidepressants - Misc.		
APLENZIN TB24 174 MG	3	ST; SL(3 ea daily); MO; +
APLENZIN TB24 348 MG	3	ST; SL(1.5 ea daily); MO; +
APLENZIN TB24 522 MG	3	ST; SL(1 ea daily); MO; +
<i>bupropion hcl tabs 100 mg</i>	1	SL(4.5 ea daily); MO; *
<i>bupropion hcl tabs 75 mg</i>	1	SL(6 ea daily); MO; *
<i>bupropion hcl tb12 100 mg</i>	1	SL(4 ea daily); MO; *
<i>bupropion hcl tb12 150 mg</i>	1	SL(2.66 ea daily); MO; *
<i>bupropion hcl tb12 200 mg</i>	1	SL(2 ea daily); MO; *
<i>bupropion hcl tb24 150 mg</i>	1	SL(3 ea daily); MO; *
<i>bupropion hcl tb24 300 mg</i>	1	SL(1.5 ea daily); MO; *
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; *

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
trazodone hcl tabs	1	MO; *	venlafaxine hcl tb24 225 mg	1	ST; SL(1 ea daily); MO; *	
TRINTELLIX TABS 10 MG	3	ST; QL(2 ea daily); MO; +	venlafaxine hcl tb24 37.5 mg	1	SL(6 ea daily); MO; *	
TRINTELLIX TABS 20 MG	3	ST; QL(1 ea daily); MO; +	venlafaxine hcl tb24 75 mg	1	SL(3 ea daily); MO; *	
TRINTELLIX TABS 5 MG	3	ST; QL(4 ea daily); MO; +	Tricyclic Agents			
VIIBRYD STARTER PACK KIT	3	ST; MO; +	amitriptyline hcl tabs	1	AL(Up to 64 yrs old); MO; *	
VIIBRYD TABS	3	ST; MO; +	amoxapine tabs	1	MO; *	
Serotonin-Norepinephrine Reuptake Inhibitors						
DESVENLAFAKINE ER TB24 50 MG, 100 MG	3	ST; MO; +	clomipramine hcl caps	1	AL(Up to 64 yrs old); MO; *	
desvenlafaxine succinate tb24	1	MO; *	desipramine hcl tabs	1	MO; *	
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	1	MO; *	doxepin hcl caps	1	AL(Up to 64 yrs old); MO; *	
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily); MO; +	doxepin hcl conc	1	AL(Up to 64 yrs old); MO; *	
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	ST; QL(1 ea daily); MO; +	imipramine hcl tabs	1	AL(Up to 64 yrs old); MO; *	
FETZIMA TITRATION PACK C4PK	3	ST; MO; +	imipramine pamoate caps	1	AL(Up to 64 yrs old); MO; *	
KHEDEZLA TB24	3	ST; MO; +	nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg	1	MO; *	
venlafaxine hcl cp24 150 mg	1	SL(1.5 ea daily); MO; *	nortriptyline hcl soln 10 mg/5ml	1	MO; *	
venlafaxine hcl cp24 37.5 mg	1	SL(6 ea daily); MO; *	protriptyline hcl tabs	1	MO; *	
venlafaxine hcl cp24 75 mg	1	SL(3 ea daily); MO; *	trimipramine maleate caps	1	AL(Up to 64 yrs old); MO; *	
venlafaxine hcl tabs 100 mg	1	SL(3.75 ea daily); MO; *	ANTIDIABETICS - Drugs to Regulate Blood Sugar			
venlafaxine hcl tabs 25 mg	1	SL(15 ea daily); MO; *	Alpha-Glucosidase Inhibitors			
venlafaxine hcl tabs 37.5 mg	1	SL(10 ea daily); MO; *	acarbose tabs	1	QL(3 ea daily); MO; *	
venlafaxine hcl tabs 50 mg	1	SL(7.5 ea daily); MO; *	miglitol tabs	1	QL(3 ea daily); MO; *	
venlafaxine hcl tabs 75 mg	1	SL(5 ea daily); MO; *	Antidiabetic - Amylin Analogs			
venlafaxine hcl tb24 150 mg	1	SL(1.5 ea daily); MO; *	SYMLINPEN 120 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; +	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SOPN	4	PA; Limit 12mls per month;QL(0.4 ml daily); MO; +	JENTADUETO TABS	2	SL(2 ea daily); MO; +
Antidiabetic Combinations					
ACTOPLUS MET XR TB24 15MG-1000MG	2	SL(2 ea daily); +	JENTADUETO XR TB24 2.5MG-1000MG	2	SL(2 ea daily); MO; +
ACTOPLUS MET XR TB24 30MG-1000MG	2	SL(1.5 ea daily); +	JENTADUETO XR TB24 5MG-1000MG	2	SL(1 ea daily); MO; +
<i>alogliptin-metformin hcl tabs</i>	3	PA; SL(2 ea daily); MO; +	KAZANO TABS	3	PA; SL(2 ea daily); MO; +
<i>alogliptin-pioglitazone tabs 12.5mg-15mg</i>	3	PA; SL(2 ea daily); MO; +	KOMBIGLYZE XR TB24 2.5MG-1000MG	3	PA; SL(2 ea daily); MO; +
<i>alogliptin-pioglitazone tabs 12.5mg-30mg</i>	3	PA; SL(1.5 ea daily); MO; +	KOMBIGLYZE XR TB24 5MG-500MG, 5MG-1000MG	3	PA; SL(1 ea daily); MO; +
<i>alogliptin-pioglitazone tabs 12.5mg-45mg, 25mg-15mg, 25mg-30mg, 25mg-45mg</i>	3	PA; SL(1 ea daily); MO; +	OSENI TABS 12.5MG-15MG	3	PA; SL(2 ea daily); MO; +
<i>glipizide-metformin hcl tabs 2.5mg-250mg</i>	1	SL(8 ea daily); MO; *	OSENI TABS 12.5MG-30MG	3	PA; SL(1.5 ea daily); MO; +
<i>glipizide-metformin hcl tabs 2.5mg-500mg, 5mg-500mg</i>	1	SL(4 ea daily); MO; *	OSENI TABS 12.5MG-45MG, 25MG-15MG, 25MG-30MG, 25MG-45MG	3	PA; SL(1 ea daily); MO; +
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *	<i>pioglitazone hcl-glimepiride tabs</i>	1	SL(1.5 ea daily); MO; *
<i>glyburide-metformin tabs 2.5mg-500mg, 5mg-500mg</i>	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *	<i>pioglitazone hcl-metformin hcl tabs</i>	1	SL(3 ea daily); MO; *
INVOKAMET TABS 50MG-1000MG, 150MG-500MG, 150MG-1000MG	2	SL(2 ea daily); MO; +	<i>repaglinide-metformin hcl tabs</i>	1	SL(5 ea daily); MO; *
INVOKAMET TABS 50MG-500MG	2	SL(4 ea daily); MO; +	SYNJARDY TABS 5MG-1000MG, 12.5MG-1000MG	2	SL(2 ea daily); MO; +
INVOKAMET XR TB24 50MG-1000MG, 150MG-500MG, 150MG-1000MG	2	SL(2 ea daily); MO; +	SYNJARDY TABS 5MG-500MG, 12.5MG-500MG	2	SL(4 ea daily); MO; +
INVOKAMET XR TB24 50MG-500MG	2	SL(4 ea daily); MO; +	SYNJARDY XR TB24 25MG-1000MG	2	SL(1 ea daily); MO; +
JANUMET TABS	2	SL(2 ea daily); MO; +	SYNJARDY XR TB24 5MG-1000MG, 10MG-1000MG, 12.5MG-1000MG	2	SL(2 ea daily); MO; +
JANUMET XR TB24 100MG-1000MG	2	SL(1 ea daily); MO; +	XIGDUO XR TB24 10MG-500MG, 10MG-1000MG	3	SL(1 ea daily); MO; +
JANUMET XR TB24 50MG-500MG, 50MG-1000MG	2	SL(2 ea daily); MO; +	XIGDUO XR TB24 2.5MG-1000MG, 5MG-500MG, 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; *		

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

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tabs 850 mg	1	SL(3 ea daily); MO; *
metformin hcl tb24 500 mg	1	(GLUCOPHAG E XR); SL(4 ea daily); MO; *
metformin hcl tb24 750 mg	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		
alogliptin benzoate tabs 12.5 mg	3	PA; QL(2 ea daily); MO; +
alogliptin benzoate tabs 25 mg	3	PA; QL(1 ea daily); MO; +
alogliptin benzoate tabs 6.25 mg	3	PA; QL(4 ea daily); MO; +
JANUVIA TABS 100 MG	2	QL(1 ea daily); MO; +
JANUVIA TABS 25 MG	2	QL(4 ea daily); MO; +
JANUVIA TABS 50 MG	2	QL(2 ea daily); MO; +
NESINA TABS 12.5 MG	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; +

Drug Name	Drug Tier	Requirements/Limits
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily); MO; +
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON BCISE AUIJ	2	ST; MO; +
BYDUREON PEN PEN	2	ST; MO; +
BYDUREON SRER	2	ST; +
BYETTA SOPN	2	ST; MO; +
TRULICITY SOPN	5	ST; NDS; MO; +
VICTOZA SOPN	2	ST; QL(0.3 ml daily); MO; +
Insulin Sensitizing Agents		
AVANDIA TABS 2 MG	2	SL(4 ea daily); MO; +
AVANDIA TABS 4 MG	2	SL(2 ea daily); MO; +
pioglitazone hcl tabs 15 mg	1	SL(3 ea daily); MO; *
pioglitazone hcl tabs 30 mg	1	SL(1.5 ea daily); MO; *
pioglitazone hcl tabs 45 mg	1	SL(1 ea daily); MO; *
Insulin		
AFREZZA POWD	3	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; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); +	HUMULIN N SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily); +	HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG KWIKPEN SOPN 200 UNIT/ML	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; +
HUMALOG MIX 50/50 KWIKPEN SUPN	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; +
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	LANTUS SOLN	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; +	LANTUS SOLOSTAR SOPN	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; +	LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +	NOVOLIN 70/30 FLEXPEN RELION SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN 70/30 KWIKPEN SUPN	2	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; +
HUMULIN 70/30 SUSP	2	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; +
HUMULIN N KWIKPEN SUPN	2	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; +

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

Drug Name	Drug Tier	Requirements/Limits
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); +
TOUJEO SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); +
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month;QL(0.9 ml daily); MO; +
Meglitinide Analogues		
nateglinide tabs	1	QL(3 ea daily); MO; *
repaglinide tabs 0.5 mg	1	SL(32 ea daily); MO; *
repaglinide tabs 1 mg	1	SL(16 ea daily); MO; *
repaglinide tabs 2 mg	1	SL(8 ea daily); MO; *
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
Sulfonylureas		
glimepiride tabs 1 mg	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
glimepiride tabs 2 mg	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
glimepiride tabs 4 mg	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
glipizide tabs 10 mg	1	SL(4 ea daily); MO; *
glipizide tabs 5 mg	1	SL(8 ea daily); MO; *
glipizide tb24 10 mg	1	SL(2 ea daily); MO; *
glipizide tb24 2.5 mg	1	SL(8 ea daily); MO; *
glipizide tb24 5 mg	1	SL(4 ea daily); MO; *
glyburide micronized tabs 1.5 mg	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
glyburide micronized tabs 3 mg	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
glyburide micronized tabs 6 mg	1	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
glyburide tabs 1.25 mg	1	AL(Up to 64 yrs old); SL(16 ea daily); MO; *
glyburide tabs 2.5 mg	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
glyburide tabs 5 mg	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
tolazamide tabs 500 mg	1	SL(2 ea daily); MO; *
tolbutamide tabs	1	SL(6 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC	3	PA; QL(2 ea daily); MO; +
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	1	MO; *
loperamide hcl caps	1	RX/OTC; MO; *
MOTOFEN TABS	3	MO; +
opium tincture tinc	5	NDS;MO; +
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	MO; +
deferasirox tbso	5	NDS; +
EXJADE TBSO (Deferasirox)	5	NDS; +
FERRIPROX TABS 500 MG	5	PA; NDS;LA; MO; +
JADENU SPRINKLE PACK	5	NDS; +
JADENU TABS	5	NDS; +
Antidotes and Specific Antagonists		
VISTOGARD PACK	5	NDS;MO; +
Opioid Antagonists		
EVZIO SOAJ 2 MG/0.4ML	3	PA; MO; +
naloxone hcl sosy 2 mg/2ml	1	*
naltrexone hcl tabs	1	MO; *
NARCAN LIQD	3	1box=15DS, 2boxes=30DS, Max 4 ea/month;QL(0. 134 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
granisetron hcl tabs or 1 mg	1	B/D; MO; *
ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml	4	MO; +
ondansetron hcl soln or 4 mg/5ml	1	B/D; MO; *
ondansetron hcl tabs or 24 mg	1	B/D; *
ondansetron hcl tabs or 4 mg, 8 mg	1	B/D; MO; *
ondansetron tbdp	1	B/D; MO; *
SANCUSO PTCH	5	NDS;MO; +
Antiemetics - Anticholinergic		
meclizine hcl tabs 12.5 mg, 25 mg	1	RX/OTC; MO; *
scopolamine pt72	1	MO; *
TIGAN SOLN IM 100 MG/ML	4	MO; +
TRANSDERM SCOP PT72 (Scopolamine)	3	MO; +
TRANSDERM-SCOP PT72 (Scopolamine)	3	MO; +
trimethobenzamide hcl caps	1	MO; *
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	B/D; MO; +
CESAMET CAPS	3	B/D; MO; +
dronabinol caps	1	B/D; MO; *
SYNDROS SOLN	5	B/D; NDS;MO; +
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps 40 mg	1	PA; MO; *
aprepitant caps 80 mg, 125 mg	1	B/D; MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
VARUBI TABS OR 90 MG	3	B/D; +	<i>ketoconazole tabs</i>	1	MO; *			
ANTIFUNGALS - Drugs to Treat Fungal Infections								
Antifungal - Glucan Synthesis Inhibitors								
ERAXIS SOLR	4	+	NOXAFL SOLN IV 300 MG/16.7ML	5	NDS; +			
MYCAMINE SOLR 100 MG	5	NDS; +	NOXAFL SUSP OR 40 MG/ML	5	NDS;MO; +			
MYCAMINE SOLR 50 MG	5	NDS;MO; +	NOXAFL TBEC OR 100 MG (<i>Posaconazole</i>)	5	NDS;MO; +			
Antifungals								
ABELCET SUSP	4	PA; +	<i>posaconazole tbec</i>	5	NDS;MO; +			
AMBISOME SUSR	4	PA; +	<i>voriconazole solr iv 200 mg</i>	1	*			
AMPHOTERICIN B SOLR	4	PA; MO; +	<i>voriconazole susr or 40 mg/ml</i>	1	MO; *			
<i>flucytosine caps</i>	1	MO; *	<i>voriconazole tabs or 50 mg, 200 mg</i>	5	NDS;MO; +			
<i>griseofulvin microsize susp</i>	1	MO; *	ANTIHISTAMINES - Drugs to Treat Allergies					
<i>griseofulvin microsize tabs</i>	1	MO; *	Antihistamines - Ethanolamines					
<i>griseofulvin ultramicrosize tabs</i>	1	MO; *	<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *			
<i>nystatin tabs</i>	1	MO; *	<i>carbinoxamine maleate tabs 4 mg</i>	1	AL(Up to 64 yrs old); MO; *			
<i>terbinafine hcl tabs</i>	1	MO; *	<i>clemastine fumarate tabs</i>	1	AL(Up to 64 yrs old); MO; *			
Imidazole-Related Antifungals			<i>diphenhydramine hcl soln ij 50 mg/ml</i>	4	MO; +			
CRESEMDA CAPS OR 186 MG	5	NDS;MO; +	Antihistamines - Non-Sedating					
CRESEMDA SOLR IV 372 MG	5	NDS; +	<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	RX/OTC; MO; *			
<i>fluconazole in dextrose soln</i>	4	+	<i>desloratadine tabs</i>	1	MO; *			
<i>fluconazole in nacl soln 200mg/100ml-0.9%, 400mg/200ml-0.9%</i>	4	+	<i>desloratadine tbdp</i>	1	MO; *			
<i>fluconazole susr</i>	1	MO; *	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	RX/OTC; MO; *			
<i>fluconazole tabs</i>	1	MO; *	<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	RX/OTC; MO; *			
<i>itraconazole caps 100 mg</i>	1	MO; *	Antihistamines - Phenothiazines					
<i>itraconazole soln 10 mg/ml</i>	5	NDS;MO; +	<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 12.5 mg, 25 mg</i>	1	AL(Up to 64 yrs old); MO; *			

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; *
Antihistamines - Piperidines		
<i>ciproheptadine hcl syrup</i>	1	AL(Up to 64 yrs old); MO; *
<i>ciproheptadine 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	QL(1 ea daily); MO; *
Antihyperlipidemics - Misc.		
<i>KYNAMRO SOSY</i>	5	PA; NDS;LA; +
<i>omega-3-acid ethyl esters caps</i>	1	MO; *
<i>VASCEPA CAPS</i>	3	ST; MO; +
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	MO; *
<i>cholestyramine light powd</i>	1	MO; *
<i>cholestyramine pack</i>	1	MO; *
<i>cholestyramine powd</i>	1	MO; *
<i>colesevelam hcl pack</i>	1	MO; *
<i>colesevelam hcl tabs</i>	1	MO; *
<i>colestipol hcl gran</i>	1	MO; *
<i>colestipol hcl pack</i>	1	MO; *
<i>colestipol hcl tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
Fibric Acid Derivatives		
<i>ANTARA CAPS 30 MG</i>	3	SL(4.33 ea daily); MO; +
<i>ANTARA CAPS 90 MG</i>	3	SL(1.44 ea daily); MO; +
<i>choline fenofibrate cpdr</i>	1	MO; *
<i>FENOFIBRATE CAPS 50 MG, 150 MG</i>	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; *
<i>FENOFIBRIC ACID TABS</i>	3	+
<i>FIBRICOR TABS 35 MG, 105 MG</i>	3	+
<i>gemfibrozil tabs</i>	1	MO; *
<i>LIPOFEN CAPS</i>	3	MO; +
HMG CoA Reductase Inhibitors		
<i>ALTOPREV TB24</i>	3	MO; +
<i>atorvastatin calcium tabs</i>	1	MO; *
<i>fluvastatin sodium caps 20 mg</i>	1	QL(3 ea daily); MO; *
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily); MO; *
<i>fluvastatin sodium tb24 80 mg</i>	1	MO; *
<i>LIVALO TABS</i>	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; *

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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		
<i>amlodipine besylate-benazepril hcl caps</i>	1	MO; *
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	MO; *
<i>amlodipine besylate-valsartan tabs 160mg-5mg</i>	1	SL(2 ea daily); MO; *
<i>amlodipine besylate-valsartan tabs 320mg-5mg, 160mg-10mg, 320mg-10mg</i>	1	SL(1 ea daily); MO; *
<i>amlodipine-valsartan-hydrochlorothiazide tabs 160mg-5mg-12.5mg</i>	1	SL(2 ea daily); MO; *
<i>amlodipine-valsartan-hydrochlorothiazide tabs 160mg-5mg-25mg, 160mg-10mg-12.5mg, 160mg-10mg-25mg, 320mg-10mg-25mg</i>	1	SL(1 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<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	QL(1 ea daily); 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</i>	1	MO; *
<i>moexipril-hydrochlorothiazide tabs 15mg-12.5mg</i>	1	MO; *
<i>moexipril-hydrochlorothiazide tabs 7.5mg-12.5mg, 15mg-25mg</i>	1	*
<i>nadolol & bendroflumethiazide tabs</i>	1	*
<i>olmesartan medoxomilamlodipine-hydrochlorothiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; *
<i>propranolol & hydrochlorothiazide tabs</i>	1	MO; *
<i>quinapril-hydrochlorothiazide tabs</i>	1	MO; *
TEKTURN HCT TABS	2	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tabs</i>	1	MO; *
<i>telmisartan-hydrochlorothiazide tabs</i>	1	MO; *
<i>trandolapril-verapamil hcl tbcr 2mg-240mg, 4mg-240mg</i>	1	MO; *
<i>valsartan-hydrochlorothiazide tabs 160mg-25mg, 320mg-12.5mg, 320mg-25mg</i>	1	SL(1 ea daily); MO; *
<i>valsartan-hydrochlorothiazide tabs 80mg-12.5mg, 160mg-12.5mg</i>	1	SL(2 ea daily); MO; *
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	MO; *
<i>TEKTURNA TABS 150 MG, 300 MG (Aliskiren Fumarate)</i>	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; *
<i>COARTEM TABS</i>	3	MO; +
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	MO; *
<i>DARAPRIM TABS</i>	3	+
<i>hydroxychloroquine sulfate tabs</i>	1	MO; *
<i>KRINTAFEL TABS</i>	3	QL(0.067 ea daily); +

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

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

Drug Name	Drug Tier	Requirements/Limits
SIRTURO TABS	5	NDS;LA; +
TRECATOR TABS	3	MO; +
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BENDEKA SOLN	5	NDS; +
<i>busulfan soln</i>	4	+
<i>carboplatin soln</i>	1	*
<i>carmustine solr</i>	4	+
CISPLATIN SOLN 200 MG/200ML	4	+
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	+
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	B/D; MO; *
EVOMELA SOLR	5	NDS; +
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG	3	MO; +
HEXALEN CAPS	5	NDS;MO; +
IFEX SOLR 3 GM	4	+
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	+
<i>ifosfamide solr 1 gm</i>	4	+
IFOSFAMIDE SOLR 3 GM	4	+
LEUKERAN TABS	3	MO; +
<i>melphalan hcl solr</i>	4	+
<i>melphalan tabs</i>	1	B/D; MO; *
<i>oxaliplatin soln 100 mg/20ml</i>	1	*
<i>oxaliplatin soln 50 mg/10ml</i>	5	NDS; +
<i>oxaliplatin solr 50 mg, 100 mg</i>	5	NDS; +

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; +
CYTARABINEAQUEOUS SOLN	4	PA; +
<i>decitabine solr</i>	1	*
<i>fludarabine phosphate solr 50 mg</i>	1	*
<i>fluorouracil soln iv 500 mg/10ml, 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml</i>	4	PA; +
FOLOTYN SOLN	5	NDS; +
<i>gemcitabine hcl soln 200 mg/5.26ml, 1 gm/26.3ml, 2 gm/52.6ml</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 200 MG/2ML, 1 GM/10ML, 2 GM/20ML	3	+
GEMCITABINE SOLN (<i>Gemcitabine HCl</i>)	5	NDS; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
INFUGEM SOLN	5	NDS; +	HERCEPTIN SOLR	5	PA; NDS; +			
<i>mercaptopurine tabs</i>	1	MO; *	IMFINZI SOLN	5	NDS;LA; +			
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	4	+	KADCYLA SOLR	5	PA; NDS; +			
<i>methotrexate sodium soln ij 50 mg/2ml, 250 mg/10ml, 1 gm/40ml</i>	4	+	KEYTRUDA SOLN	5	PA; NDS; +			
<i>methotrexate sodium solr ij 1 gm</i>	4	+	LARTRUVO SOLN	5	NDS;LA; MO; +			
<i>methotrexate sodium tabs or 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg</i>	1	MO; *	LIBTAYO SOLN	5	NDS;LA; MO; +			
PURIXAN SUSP	5	PA; NDS; +	LUMOXITI SOLR	5	NDS;LA; +			
TABLOID TABS	2	MO; +	MYLOTARG SOLR	5	NDS;MO; +			
XATMEP SOLN	3	PA; MO; +	OPDIVO SOLN	5	NDS; +			
Antineoplastic - Angiogenesis Inhibitors								
AVASTIN SOLN	5	PA; NDS; +	PERJETA SOLN	5	NDS; +			
CYRAMZA SOLN	5	NDS;LA; +	POLIVY SOLR	5	NDS; +			
ZALTRAP SOLN	5	PA; NDS; +	PORTRAZZA SOLN	5	NDS; +			
Antineoplastic - Antibodies								
ARZERRA CONC	5	NDS; +	POTELIGEO SOLN	5	NDS; +			
BAVENCIO SOLN	5	NDS;LA; +	RITUXAN SOLN	5	PA; NDS; +			
BESPONSA SOLR	5	NDS;MO; +	TECENTRIQ SOLN	5	PA; NDS; +			
BLINCYTO SOLR	5	NDS; +	VECTIBIX SOLN	5	NDS; +			
CAMPATH SOLN	5	NDS; +	YERVOY SOLN	5	PA; NDS; +			
DARZALEX SOLN	5	NDS;LA; +	Antineoplastic - BCL-2 Inhibitors					
EMPLICITI SOLR	5	NDS; +	VENCLEXTA STARTING PACK TBPK	3	PA; LA; MO; +			
ERBITUX SOLN	5	NDS; +	VENCLEXTA TABS	3	PA; LA; MO; +			
GAZYVA SOLN	5	NDS;LA; +	Antineoplastic - Hedgehog Pathway Inhibitors					
DAURISMO TABS						5	PA; NDS; +	
ERIVEDGE CAPS						5	NDS;LA; +	
ODOMZO CAPS						5	PA; NDS;LA; +	
Antineoplastic - Hormonal and Related Agents								

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>abiraterone acetate tabs</i>	5	PA; NDS; +	<i>megestrol acetate susp</i>	1	AL(Up to 64 yrs old); MO; *	
<i>anastrozole tabs</i>	1	MO; *	<i>megestrol acetate tabs</i>	1	AL(Up to 64 yrs old); MO; *	
<i>bicalutamide tabs</i>	1	MO; *	<i>nilutamide tabs</i>	1	MO; *	
DEPO-PROVERA SUSP	4	MO; +	NUBEQA TABS	5	PA; NDS; +	
ELIGARD KIT	4	+	SOLTAMOX SOLN	3	MO; +	
EMCYT CAPS	3	MO; +	<i>tamoxifen citrate tabs</i>	1	MO; *	
ERLEADA TABS	5	PA; NDS; +	<i>toremifene citrate tabs</i>	5	NDS;MO; +	
<i>exemestane tabs</i>	1	MO; *	TRELSTAR MIXJECT SUSR 22.5 MG	5	NDS; +	
FASLODEX SOLN (Fulvestrant)	5	NDS;MO; +	TRELSTAR MIXJECT SUSR 3.75 MG, 11.25 MG	4	+	
FIRMAGON SOLR 120 MG	5	NDS; +	VANTAS KIT	5	NDS; +	
FIRMAGON SOLR 80 MG	4	+	XTANDI CAPS	5	PA; NDS;LA; +	
<i>flutamide caps</i>	1	MO; *	YONSA TABS	5	PA; NDS; +	
FULVESTRANT SOLN	5	NDS;MO; +	ZOLADEX IMPL	3	+	
<i>fulvestrant soln</i>	5	NDS;MO; +	ZYTIGA TABS 500 MG	5	PA; NDS; +	
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	5	NDS; +	Antineoplastic - Immunomodulators			
<i>letrozole tabs</i>	1	MO; *	POMALYST CAPS	5	NDS;LA; +	
<i>leuprolide acetate kit</i>	4	+	Antineoplastic - XPO1 Inhibitors			
LUPRON DEPOT (1-MONTH) KIT 3.75 MG	4	+	XPOVIO 100 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +	
LUPRON DEPOT (1-MONTH) KIT 7.5 MG	5	NDS; +	XPOVIO 60 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +	
LUPRON DEPOT (3-MONTH) KIT	5	NDS; +	XPOVIO 80 MG ONCE WEEKLY TBPK	5	PA; NDS;MO; +	
LUPRON DEPOT (4-MONTH) KIT	5	NDS; +	XPOVIO 80 MG TWICE WEEKLY TBPK	5	PA; NDS;MO; +	
LUPRON DEPOT (6-MONTH) KIT	5	NDS; +	Antineoplastic Antibiotics			
LYSODREN TABS	2	+	ADRIAMYCIN SOLR	4	+	
			<i>bleomycin sulfate solr</i>	4	PA; +	
			<i>dactinomycin solr</i>	4	+	

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

Drug Name	Drug Tier	Requirements/Limits
DAUNORUBICIN HCL SOLN	4	+
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML	4	+
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	5	NDS; +
<i>doxorubicin hcl liposomal inj</i>	1	*
<i>doxorubicin hcl soln 2 mg/ml</i>	4	+
<i>doxorubicin hcl solr 50 mg</i>	4	+
<i>epirubicin hcl soln</i>	4	+
<i>idarubicin hcl soln</i>	4	+
<i>mitomycin solr</i>	4	+
<i>mitoxantrone hcl conc</i>	1	*
<i>valrubicin soln</i>	5	NDS; +
VALSTAR SOLN (Valrubicin)	5	NDS; +
Antineoplastic Combinations		
HERCEPTIN HYLECTA SOLN	5	NDS; +
KISQALI FEMARA 200 DOSE TBPK	5	PA; NDS; +
KISQALI FEMARA 400 DOSE TBPK	5	PA; NDS; +
KISQALI FEMARA 600 DOSE TBPK	5	PA; NDS; +
LONSURF TABS	5	PA; NDS; +
RITUXAN HYCELA SOLN	5	NDS; +
VYXEOS SUSR	5	NDS;MO; +
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	5	PA; NDS; +
AFINITOR TABS	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/Limits
ALECENSA CAPS	5	PA; NDS;LA; +
ALIQOPA SOLR	5	NDS;MO; +
ALUNBRIG TABS	5	PA; NDS;LA; +
ALUNBRIG TBPK	5	PA; NDS;LA; +
BALVERSA TABS	5	PA; NDS;LA; MO; +
BELEODAQ SOLR	5	PA; NDS; +
BORTEZOMIB SOLR	5	NDS; +
BOSULIF TABS	5	PA; NDS; +
BRAFTOVI CAPS	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; +
<i>erlotinib hcl tabs 100 mg, 150 mg</i>	1	PA; *
<i>erlotinib hcl tabs 25 mg</i>	1	PA; MO; *
FARYDAK CAPS	5	PA; NDS;LA; +
GILOTrif TABS	5	PA; NDS;LA; MO; +
IBRANCE CAPS	5	NDS;LA; +
ICLUSIG TABS	5	PA; NDS;LA; MO; +
IDHIFA TABS	5	PA; NDS; +
<i>imatinib mesylate tabs</i>	1	PA; *
IMBRUVICA CAPS	5	PA; NDS;LA; MO; +

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TABS	5	PA; NDS;LA; MO; +
INLYTA TABS	5	PA; NDS;LA; +
IRESSA TABS	5	NDS;LA; MO; +
ISTODAX (<i>OVERFILL</i>) SOLR	5	NDS; +
JAKAFI TABS	5	PA; NDS;LA; +
KISQALI TBPK	5	PA; NDS; +
KYPROLIS SOLR	5	NDS; +
LENVIMA 10 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 12MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 14 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 18 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 20 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 24 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 4 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LENVIMA 8 MG DAILY DOSE CPPK	5	PA; NDS;MO; +
LORBRENA TABS	5	PA; NDS; +
LYNPARZA TABS 100 MG, 150 MG	5	PA; NDS;LA; +
MEKINIST TABS	5	PA; NDS; +
MEKTOVI TABS	5	PA; NDS; +
NERLYNX TABS	5	PA; NDS;LA; +
NEXAVAR TABS	5	NDS;LA; +
NINLARO CAPS	5	PA; NDS; +
PIQRAY 200MG DAILY DOSE TBPK	5	PA; NDS; +
PIQRAY 250MG DAILY DOSE TBPK	5	PA; NDS; +

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TBPK	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; +
TASIGNA CAPS	5	PA; NDS; +
<i>temsirolimus soln</i>	5	NDS; +
TIBSOVO TABS	5	PA; NDS;LA; +
TYKERB TABS	5	NDS; +
VELCADE SOLR	5	NDS; +
VERZENIO TABS	5	PA; NDS; +
VITRAKVI CAPS	5	PA; NDS; +
VITRAKVI SOLN	5	PA; NDS; +
VIZIMPRO TABS	5	PA; NDS; +
VOTRIENT TABS	5	PA; NDS; +
XALKORI CAPS	5	PA; NDS; +
XOSPATA TABS	5	PA; NDS;LA; MO; +
ZEJULA CAPS	5	PA; NDS;LA; MO; +
ZELBORAF TABS	5	PA; NDS;LA; +

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

Drug Name	Drug Tier	Requirements/Limits
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; +
<i>tretinoin (chemotherapy) caps</i>	5	NDS;MO; +
TRISENOX SOLN 12 MG/6ML (<i>Arsenic Trioxide</i>)	5	NDS; +
UVADEX SOLN	4	+

Drug Name	Drug Tier	Requirements/Limits
Chemotherapy Adjuncts		
ELITEK SOLR	5	NDS; +
KEPIVANCE SOLR	5	NDS; +
Chemotherapy Rescue/Antidote Agents		
<i>dexrazoxane hcl solr</i>	4	+
KHAPZORY SOLR	5	NDS; +
<i>leucovorin calcium solr jj 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 175 mg/17.5ml, 250 mg/25ml</i>	5	NDS; +
<i>levoleucovorin calcium solr 50 mg</i>	4	+
<i>mesna soln</i>	4	+
MESNEX TABS OR 400 MG	5	NDS;MO; +
Mitotic Inhibitors		
ABRAXANE SUSR	5	NDS;MO; +
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	NDS; +
<i>docetaxel soln 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	+

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

Drug Name	Drug Tier	Requirements/Limits
paclitaxel conc 30 mg/5ml, 100 mg/16.7ml, 300 mg/50ml	4	+
VINBLASTINE SULFATE SOLN	4	PA; MO; +
VINCRISTINE SULFATE SOLN	4	PA; MO; +
vincristine sulfate soln	4	PA; MO; +
vinorelbine tartrate soln 10 mg/ml	4	+
vinorelbine tartrate soln 50 mg/5ml	4	MO; +
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	4	+
irinotecan hcl soln	1	*
ONIVYDE INJ	5	NDS;MO; +
topotecan hcl solr 4 mg	5	NDS; +
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
carbidopa tabs	1	MO; *
Antiparkinson Anticholinergics		
benztropine mesylate soln jj 1 mg/ml	4	MO; +
benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg	1	AL(Up to 64 yrs old); MO; *
trihexyphenidyl hcl soln	1	AL(Up to 64 yrs old); MO; *
trihexyphenidyl hcl tabs	1	AL(Up to 64 yrs old); MO; *
Antiparkinson COMT Inhibitors		
entacapone tabs	1	SL(8 ea daily); MO; *
tolcapone tabs	1	MO; *
Antiparkinson Dopaminergics		
amantadine hcl caps	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl syrup	1	MO; *
amantadine hcl tabs	1	MO; *
APOKYN SOCT	5	NDS;LA; +
bromocriptine mesylate caps	1	MO; *
bromocriptine mesylate tabs	1	MO; *
carbidopa-levodopa tabs	1	MO; *
carbidopa-levodopa tbcr	1	MO; *
carbidopa-levodopa tbdp	1	MO; *
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	3	MO; +
DUOPA SUSP	3	B/D; MO; +
GOCOVRI CP24	5	PA; NDS;MO; +
NEUPRO PT24	3	MO; +
OSMOLEX ER TB24	3	PA; SL(1 ea daily); +
pramipexole dihydrochloride tabs	1	MO; *
pramipexole dihydrochloride tb24	1	MO; *
ropinirole hydrochloride tabs	1	MO; *
ropinirole hydrochloride tb24	1	MO; *
RYTARY CPCR	3	MO; +
STALEVO 100 TABS	3	MO; +
STALEVO 125 TABS	3	MO; +
STALEVO 150 TABS	3	MO; +
STALEVO 200 TABS	3	MO; +
STALEVO 50 TABS	3	MO; +
STALEVO 75 TABS	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson 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; +
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; +

Drug Name	Drug Tier	Requirements/Limits
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 SUSY	4	MO; +
INVEGA TRINZA SUSY	4	+
<i>paliperidone tb24 1.5 mg</i>	1	SL(8 ea daily); MO; *
<i>paliperidone tb24 3 mg</i>	1	SL(4 ea daily); MO; *
<i>paliperidone tb24 6 mg</i>	1	SL(2 ea daily); MO; *
<i>paliperidone tb24 9 mg</i>	5	NDS;SL(1.33 ea daily); MO; +
PERSERIS PRSY	5	PA; NDS; +
RISPERDAL CONSTA SRER 12.5 MG	4	Limit 8 vials per 28 days;SL(0.29 ea daily); +
RISPERDAL CONSTA SRER 25 MG	4	Limit 4 vials per 28 days;SL(0.15 ea daily); +
RISPERDAL CONSTA SRER 37.5 MG	5	NDS; Limit 4 vials per 42 days;SL(0.1 ea daily); +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA SRER 50 MG	5	NDS; Limit 2 vials per 28 days; SL(0.08 ea daily); +	<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	PA; MO; *
<i>risperidone soln 1 mg/ml</i>	1	MO; *	SAPHRIS SUBL 10 MG	5	NDS; SL(2 ea daily); MO; +
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; *	SAPHRIS SUBL 2.5 MG	3	SL(8 ea daily); MO; +
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; *	SAPHRIS SUBL 5 MG	3	SL(4 ea daily); MO; +
Butyrophenones			VERSACLOZ SUSP	5	PA; NDS; SL(18 ml daily); +
<i>haloperidol decanoate soln</i>	1	MO; *	ZYPREXA RELPREVV SUSR	4	+
<i>haloperidol lactate conc</i>	1	MO; *	Dihydroindolones		
<i>haloperidol lactate soln</i>	1	MO; *	<i>molindone hcl tabs</i>	1	*
<i>haloperidol tabs</i>	1	MO; *	Phenothiazines		
Dibenzapines			CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	4	MO; +
CLOZAPINE ODT TBDP 150 MG	3	+	CHLORPROMAZINE HCL SOLN IJ 50 MG/2ML	4	+
CLOZAPINE ODT TBDP 200 MG	5	NDS; +	<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	*	<i>fluphenazine decanoate soln</i>	4	MO; +
CLOZAPINE TABS 50 MG (<i>Clozapine</i>)	3	+	<i>fluphenazine hcl conc or 5 mg/ml</i>	1	MO; *
<i>clozapine tbdp 12.5 mg, 25 mg, 100 mg</i>	1	*	FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	4	MO; +
FAZACLO TBDP 150 MG	3	+	<i>fluphenazine hcl tabs or 1 mg, 2.5 mg, 5 mg, 10 mg</i>	1	MO; *
FAZACLO TBDP 200 MG	5	NDS; +	<i>perphenazine tabs</i>	1	MO; *
<i>loxapine succinate caps</i>	1	MO; *	<i>prochlorperazine edisylate soln 10 mg/2ml</i>	4	MO; +
<i>olanzapine solr</i>	1	MO; *	PROCHLORPERAZINE EDISYLATE SOLN 50 MG/10ML	4	+
<i>olanzapine tabs</i>	1	MO; *	<i>prochlorperazine maleate tabs</i>	1	MO; *
<i>olanzapine tbdp</i>	1	MO; *	<i>prochlorperazine supp</i>	1	MO; *
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	1	MO; *	<i>thioridazine hcl tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
trifluoperazine hcl tabs	1	MO; *
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	5	NDS;MO; +
ABILIFY MAINTENA SRER	5	NDS;MO; +
aripiprazole soln 1 mg/ml	1	SL(30 ml daily); MO; *
aripiprazole tabs 10 mg	1	SL(3 ea daily); MO; *
aripiprazole tabs 15 mg	1	SL(2 ea daily); MO; *
aripiprazole tabs 2 mg	1	SL(15 ea daily); MO; *
aripiprazole tabs 20 mg	3	SL(1.5 ea daily); MO; +
aripiprazole tabs 30 mg	3	SL(1 ea daily); MO; +
aripiprazole tabs 5 mg	1	SL(6 ea daily); MO; *
aripiprazole tbdp 10 mg	5	NDS;SL(3 ea daily); MO; +
aripiprazole tbdp 15 mg	5	NDS;SL(2 ea daily); MO; +
ARISTADA INITIO PRSY	5	NDS; +
ARISTADA PRSY	5	NDS; +
REXULTI TABS 0.25 MG	5	PA; NDS;SL(16 ea daily); MO; +
REXULTI TABS 0.5 MG	5	PA; NDS;SL(8 ea daily); MO; +
REXULTI TABS 1 MG	5	PA; NDS;SL(4 ea daily); MO; +
REXULTI TABS 2 MG	5	PA; NDS;SL(2 ea daily); MO; +
REXULTI TABS 3 MG	5	PA; NDS;SL(1.33 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 4 MG	5	PA; NDS;SL(1 ea daily); MO; +
Thioxanthenes		
thiothixene caps	1	MO; *
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln	1	MO; *
abacavir sulfate tabs	1	MO; *
abacavir sulfate-lamivudine tabs	1	MO; *
abacavir sulfate-lamivudine-zidovudine tabs	5	NDS;MO; +
APTVUS CAPS 250 MG	2	MO; +
APTVUS SOLN 100 MG/ML	2	+
atazanavir sulfate caps	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; +
didanosine cpdr	1	MO; *
DOVATO TABS	5	NDS;MO; +
EDURANT TABS	5	NDS;MO; +
efavirenz caps	1	MO; *
efavirenz tabs	1	MO; *

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TEMIXYS TABS	5	NDS;MO; +
<i>tenofovir disoproxil fumarate tabs</i>	1	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; +
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 syrup</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; *
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; +

Drug Name	Drug Tier	Requirements/Limits
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	5	NDS;MO; +
BARACLUDE SOLN 0.05 MG/ML	2	MO; +
DAKLINZA TABS 30 MG, 60 MG	5	PA; NDS; +
<i>entecavir tabs</i>	1	MO; *
EPCLUSIA TABS	5	PA; NDS; +
EPIVIR HBV SOLN 5 MG/ML	2	MO; +
HARVONI TABS	5	PA; NDS; +
<i>lamivudine (hbv) tabs</i>	1	MO; *
MAVYRET TABS	5	PA; NDS; +
PEGASYS PROCLICK SOLN 180 MCG/0.5ML	5	NDS; +
PEGASYS SOLN	5	NDS; +
PEGINTRON KIT	5	NDS; +
REBETOL SOLN 40 MG/ML	2	+
RIBOSPHERE RIBAPAK TBPK	3	+
RIBOSPHERE TABS	3	+
<i>ribavirin (hepatitis c) caps</i>	1	*
<i>ribavirin (hepatitis c) tabs</i>	1	*
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; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>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; *
<i>RELENZA DISKHALER AEPB</i>	3	MO; +
<i>rimantadine hydrochloride tabs</i>	1	MO; *
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	1	*
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	MO; *
<i>carvedilol tabs 12.5 mg</i>	1	SL(8 ea daily); MO; *
<i>carvedilol tabs 25 mg</i>	1	SL(4 ea daily); MO; *
<i>carvedilol tabs 3.125 mg</i>	1	SL(32 ea daily); MO; *
<i>carvedilol tabs 6.25 mg</i>	1	SL(16 ea daily); MO; *
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	MO; *
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 5 mg, 10 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>BYSTOLIC TABS 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily); MO; +
<i>BYSTOLIC TABS 20 MG</i>	3	QL(2 ea daily); MO; +
<i>metoprolol succinate tb24</i>	1	MO; *
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg</i>	1	MO; *
<i>METOPROLOL TARTRATE TABS OR 37.5 MG, 75 MG</i>	3	MO; +
Beta Blockers Non-Selective		
<i>HEMANGEOL SOLN</i>	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/afl) tabs</i>	1	MO; *
<i>sotalol hcl tabs</i>	1	tabs; MO; *
<i>SOTYLIZE SOLN</i>	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; *

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate tabs 5 mg	1	SL(2 ea daily); MO; *
CARDIZEM LA TB24 120 MG	2	MO; +
diltiazem hcl coated beads cp24	1	MO; *
diltiazem hcl coated beads tb24	1	MO; *
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	MO; *
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	MO; *
diltiazem hcl extended release beads cp24	1	MO; *
diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	1	MO; *
felodipine tb24	1	MO; *
nicardipine hcl caps or 20 mg, 30 mg	1	MO; *
nifedipine caps 20 mg	1	AL(Up to 64 yrs old); MO; *
nifedipine tb24 30 mg, 60 mg, 90 mg	1	MO; *
nimodipine caps	1	MO; *
nisoldipine tb24	1	MO; *
NYMALIZE SOLN	5	NDS; +
verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	MO; *
verapamil hcl tabs or 40 mg, 80 mg, 120 mg	1	MO; *
verapamil hcl tbc or 120 mg, 180 mg, 240 mg	1	MO; *
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
digoxin tabs or 0.125 mg, 125 mcg, 0.25 mg, 250 mcg	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		
amlodipine besylate-atorvastatin calcium tabs	1	MO; *
BIDIL TABS	3	MO; +
ENTRESTO TABS	3	PA; MO; +
Impotence Agents		
CAVERJECT IMPULSE KIT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; +
CAVERJECT SOLR 20 MCG	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; +
CAVERJECT SOLR 40 MCG	2	Check plan for coverage; Limit 4 vials per month; QL(0.14 29 ea daily); MO; NT; +
CIALIS TABS 5 MG (Tadalafil)	3	PA; Check plan for coverage; MO; +
EDEX KIT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MUSE PLLT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.1429 ea daily); MO; NT; +	bosentan tabs 62.5 mg	5	NDS;LA; MO; +
sildenafil citrate tabs 25 mg, 50 mg, 100 mg	1	Check plan for coverage; QL(0.1429 ea daily); MO; NT; *	LETAIRIS TABS (Ambrisentan)	5	NDS;LA; +
tadalafil tabs 10 mg, 20 mg	1	Check plan for coverage; QL(0.1429 ea daily); MO; NT; *	OPSUMIT TABS	5	PA; NDS; +
tadalafil tabs 2.5 mg, 5 mg	1	PA; Check plan for coverage; MO; *	TRACLEER TBSO 32 MG	5	NDS;LA; +
vardenafil hcl tabs	1	Check plan for coverage; QL(0.1429 ea daily); MO; NT; *	Pulmonary Hypertension - Phosphodiesterase		
vardenafil hcl tbdp	1	Check plan for coverage; QL(0.1429 ea daily); MO; NT; *	sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml	5	PA; NDS; +
Prostaglandin Vasodilators			sildenafil citrate (pulmonary hypertension) tabs or 20 mg	1	PA; *
ORENITRAM TBCR 0.125 MG	3	PA; +	tadalafil (pulmonary hypertension) tabs	5	PA; NDS; +
ORENITRAM TBCR 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS; +	Pulmonary Hypertension - Prostacyclin Receptor		
treprostinil soln	5	B/D; NDS;LA; +	UPTRAVI TABS	5	PA; NDS;LA; +
TYVASO REFILL SOLN	5	B/D; NDS;LA; +	UPTRAVI TBPK	5	PA; NDS;LA; +
TYVASO SOLN	5	B/D; NDS;LA; +	Pulmonary Hypertension - Sol Guanylate Cyclase		
TYVASO STARTER SOLN	5	B/D; NDS;LA; +	ADEMPAS TABS 0.5 MG	5	PA; NDS;SL(15 ea daily); +
VENTAVIS SOLN 10 MCG/ML	2	B/D; LA; +	ADEMPAS TABS 1 MG	5	PA; NDS;SL(7.5 ea daily); +
VENTAVIS SOLN 20 MCG/ML	5	B/D; NDS;LA; +	ADEMPAS TABS 1.5 MG	5	PA; NDS;SL(5 ea daily); +
Pulmonary Hypertension - Endothelin Receptor			ADEMPAS TABS 2 MG	5	PA; NDS;SL(3.75 ea daily); +
ambrisentan tabs	5	NDS;LA; +	ADEMPAS TABS 2.5 MG	5	PA; NDS;SL(3 ea daily); +
bosentan tabs 125 mg	5	NDS;LA; +	Sinus Node Inhibitors		
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; +
Cephalosporins - 1st Generation			CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; +
<i>cefadroxil caps</i>	1	MO; *			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil susr</i>	1	MO; *	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE SOLN 20MG/ML	4	SL(200 ml daily); +
<i>cefadroxil tabs</i>	1	MO; *	<i>ceftriaxone sodium solr jj 1 gm</i>	4	SL(4 ea daily); MO; +
<i>cefazin sodium solr jj 500 mg, 1 gm, 10 gm</i>	4	MO; +	<i>ceftriaxone sodium solr jj 2 gm</i>	4	SL(2 ea daily); MO; +
<i>cephalexin caps</i>	1	MO; *	<i>ceftriaxone sodium solr jj 250 mg</i>	4	SL(16 ea daily); MO; +
<i>cephalexin susr</i>	1	MO; *	<i>ceftriaxone sodium solr jj 500 mg</i>	4	SL(8 ea daily); MO; +
<i>cephalexin tabs</i>	1	MO; *	<i>ceftriaxone sodium solr iv 1 gm</i>	4	SL(4 ea daily); +
Cephalosporins - 2nd Generation			<i>ceftriaxone sodium solr iv 10 gm</i>	4	MO; +
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO; *	<i>ceftriaxone sodium solr iv 2 gm</i>	4	SL(2 ea daily); MO; +
<i>cefaclor monohydrate tb12</i>	1	MO; *	SUPRAX CAPS 400 MG (Cefixime)	3	MO; +
<i>cefoxitin sodium solr jj 10 gm</i>	4	+	Cephalosporins - 4th Generation		
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	4	+	<i>cefepime hcl solr</i>	4	MO; +
<i>cefprozil susr</i>	1	MO; *	CEFEPIME SOLN	4	+
<i>cefprozil tabs</i>	1	MO; *	Cephalosporins - 5th Generation		
<i>cefuroxime axetil tabs</i>	1	MO; *	TEFLARO SOLR	4	+
<i>cefuroxime sodium solr jj 7.5 gm</i>	4	+	CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cefuroxime sodium solr jj 750 mg</i>	4	MO; +	Combination Contraceptives - Oral		
<i>cefuroxime sodium solr iv 1.5 gm</i>	4	+	<i>desogestrel & ethynodiol estradiol tabs</i>	1	MO; *
Cephalosporins - 3rd Generation			<i>desogestrel-ethynodiol estradiol (biphasic) tabs</i>	1	MO; *
<i>cefdinir caps</i>	1	MO; *	<i>drospirenone-ethynodiol estradiol tabs</i>	1	MO; *
<i>cefdinir susr</i>	1	MO; *	<i>drospirenone-ethynodiol-levomefolate calcium tabs</i>	1	MO; *
<i>cefixime susr</i>	1	MO; *	<i>ethynodiol diacet & eth estrad tabs</i>	1	MO; *
<i>cefpodoxime proxetil susr</i>	1	MO; *	<i>levonorgestrel & eth estradiol tabs</i>	1	MO; *
<i>cefpodoxime proxetil tabs</i>	1	MO; *	<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>ceftazidime solr 1 gm, 2 gm</i>	4	MO; +			
<i>ceftazidime solr 6 gm</i>	4	+			

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) lotn</i>	1	MO; *
<i>clindamycin phosphate (topical) soln</i>	1	QL(2 ml daily); MO; *
<i>clindamycin phosphate (topical) swab</i>	1	MO; *
CLINDAMYCIN PHOSPHATE GEL EX 1 %	1	MO; *
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	MO; *
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	MO; *
<i>clindamycin phosphate-tretinoin gel</i>	1	MO; *
<i>erythromycin (acne aid) gel</i>	1	MO; *
<i>erythromycin (acne aid) soln</i>	1	MO; *
FABIOR FOAM	3	Limit 100gms per month; QL(3.34 gm daily); MO; +
<i>isotretinoin caps</i>	1	*
RETIN-A MICRO PUMP GEL 0.08 %	3	MO; +
<i>sulfacetamide sodium (acne) lotn</i>	1	MO; *
<i>tretinoin crea</i>	1	MO; *
<i>tretinoin gel</i>	1	MO; *
<i>tretinoin microsphere gel</i>	1	MO; *
Anti-inflammatory Agents - Topical		
DICLOFENAC EPOLAMINE PTCH	3	PA; MO; +
<i>diclofenac sodium (topical) gel 1 %</i>	1	SL(33.33 gm daily); MO; *
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(15 ml daily); MO; *
FLECTOR PTCH	3	PA; MO; +

Drug Name	Drug Tier	Requirements/Limits
PENNSAID SOLN	5	PA; NDS; QL(8 gm daily); MO; +
Antibiotics - Topical		
CENTANY OINT	3	MO; +
CORTISPORIN CREA	2	MO; +
CORTISPORIN OINT	2	MO; +
<i>gentamicin sulfate (topical) crea</i>	1	MO; *
<i>mupirocin calcium (topical) crea</i>	1	MO; *
MUPIROCIN CREA	1	MO; *
<i>mupirocin oint</i>	1	MO; *
Antifungals - Topical		
<i>ciclopirox gel 0.77 %</i>	1	MO; *
<i>ciclopirox olamine crea</i>	1	MO; *
<i>ciclopirox olamine susp</i>	1	MO; *
<i>ciclopirox sham 1 %</i>	1	MO; *
<i>clotrimazole (topical) crea</i>	1	RX/OTC; MO; *
<i>clotrimazole (topical) soln</i>	1	RX/OTC; MO; *
<i>econazole nitrate crea</i>	1	MO; *
ERTACZO CREA	3	MO; +
EXELDERM SOLN	3	MO; +
JUBLIA SOLN	3	PA; MO; +
KERYDIN SOLN	3	PA; MO; +
<i>ketoconazole (topical) crea</i>	1	MO; *
<i>ketoconazole (topical) foam</i>	1	MO; *
<i>ketoconazole (topical) sham</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
LULICONAZOLE CREA	3	MO; +	<i>doxepin hcl (antipruritic) crea</i>	3	PA; QL(1.5 gm daily); MO; +	
LUZU CREA	3	MO; +	PRUDOXIN CREA	3	PA; QL(1.5 gm daily); MO; +	
MENTAX CREA	2	RX/OTC; MO; +	ZONALON CREA	3	PA; QL(1.5 gm daily); MO; +	
<i>naftifine hcl crea</i>	1	MO; *	Antipsoriatics			
<i>naftifine hcl gel</i>	1	MO; *	<i>acitretin caps 10 mg, 25 mg</i>	1	MO; *	
NAFTIN GEL 1 %, 2 %	3	MO; +	<i>acitretin caps 17.5 mg</i>	5	NDS;MO; +	
<i>nystatin (topical) crea</i>	1	MO; *	<i>calcipotriene crea</i>	1	QL(4 gm daily); MO; *	
<i>nystatin (topical) oint</i>	1	MO; *	<i>calcipotriene oint</i>	1	MO; *	
<i>nystatin (topical) powd</i>	1	MO; *	<i>calcipotriene soln</i>	1	MO; *	
<i>nystatin-triamcinolone crea</i>	1	MO; *	CALCITRIOL OINT EX 3 MCG/GM	3	MO; +	
<i>nystatin-triamcinolone oint</i>	1	MO; *	COSENTYX SENSOREADY PEN SOAJ	5	PA; NDS;LA; +	
<i>oxiconazole nitrate crea</i>	1	MO; *	COSENTYX SOSY	5	PA; NDS;LA; +	
OXISTAT LOTN	3	MO; +	ILUMYA SOSY	5	PA; NDS; +	
Antineoplastic or Premalignant Lesion Agents -						
CARAC CREA	5	NDS;MO; +	<i>methoxsalen rapid caps</i>	5	NDS;MO; +	
<i>diclofenac sodium (actinic keratoses) gel</i>	3	PA; QL(3.33 gm daily); MO; +	SILIQ SOSY	5	PA; NDS; +	
<i>fluorouracil (topical) crea</i>	1	MO; *	SORILUX FOAM	3	MO; +	
<i>fluorouracil (topical) soln</i>	1	MO; *	STELARA SOLN	5	PA; NDS; +	
FLUOROURACIL CREA EX 0.5 %	5	NDS;MO; +	STELARA SOSY	5	PA; NDS; +	
PANRETIN GEL	2	MO; +	TALTZ SOAJ	5	PA; NDs; +	
PICATO GEL	5	NDS;MO; +	TALTZ SOSY	5	PA; NDS; +	
TARGRETIN GEL EX 1 %	5	NDS; +	<i>tazarotene crea</i>	1	MO; *	
VALCHLOR GEL	5	PA; NDS;MO; +	TAZORAC CREA 0.05 %	2	MO; +	
Antipruritics - Topical			TAZORAC GEL 0.05 %, 0.1 %	2	MO; +	
			TREMFYA SOSY	5	PA; NDS; +	

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

Drug Name	Drug Tier	Requirements/Limits
VECTICAL OINT	3	MO; +
Antiseborrheic Products		
selenium sulfide lotn 2.5 %	1	MO; *
Antivirals - Topical		
acyclovir topical crea	5	NDS;MO; +
acyclovir topical oint	1	MO; *
DENAVIR CREA	5	NDS;MO; +
XERESE CREA	3	MO; +
Burn Products		
silver sulfadiazine crea	1	MO; *
SULFAMYLYON CREA 85 MG/GM	3	MO; +
Corticosteroids - Topical		
alclometasone dipropionate crea	1	MO; *
alclometasone dipropionate oint	1	MO; *
amcinonide crea	1	MO; *
betamethasone dipropionate (topical) crea	1	MO; *
betamethasone dipropionate (topical) lotn	1	MO; *
betamethasone dipropionate (topical) oint	1	MO; *
betamethasone dipropionate augmented crea	1	MO; *
betamethasone dipropionate augmented gel	1	MO; *
betamethasone dipropionate augmented lotn	1	MO; *
betamethasone dipropionate augmented oint	1	MO; *
betamethasone valerate crea	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
betamethasone valerate foam	1	MO; *
betamethasone valerate lotn	1	MO; *
betamethasone valerate oint	1	MO; *
calcipotriene- betamethasone dipropionate oint	5	NDS;SL(14.28 gm daily); MO; +
CAPEX SHAM	3	MO; +
clobetasol propionate crea	1	MO; *
clobetasol propionate emollient base crea	1	MO; *
clobetasol propionate foam	1	Non-emulsion;MO; *
clobetasol propionate gel	1	MO; *
clobetasol propionate liqd	1	MO; *
clobetasol propionate lotn	1	MO; *
clobetasol propionate oint	1	MO; *
clobetasol propionate sham	1	MO; *
clobetasol propionate soln	1	MO; *
CLOCORTOLONE PIVALATE PUMP CREA	3	MO; +
CORDRAN TAPE 4 MCG/SQCM	3	MO; +
desonide crea	1	QL(2 gm daily); MO; *
desonide lotn	1	QL(3.93 ml daily); MO; *
desonide oint	1	QL(2 gm daily); MO; *
desoximetasone crea	1	MO; *
desoximetasone gel	1	MO; *
desoximetasone liqd	1	MO; *
desoximetasone oint	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
diflorasone diacetate crea	1	MO; *	hydrocortisone (topical) oint 2.5 %	1	MO; *
diflorasone diacetate oint	1	MO; *	hydrocortisone butyrate crea	1	QL(1.5 gm daily); MO; *
ENSTILAR FOAM	5	NDS;SL(15 gm daily); MO; +	hydrocortisone butyrate hydrophilic lipo base crea	1	QL(1.5 gm daily); MO; *
fluocinolone acetonide crea	1	MO; *	hydrocortisone butyrate lotn	1	QL(3.93 ml daily); MO; *
fluocinolone acetonide oil	1	MO; *	hydrocortisone butyrate oint	1	QL(1.5 gm daily); MO; *
fluocinolone acetonide oint	1	MO; *	hydrocortisone butyrate soln	1	QL(2 ml daily); MO; *
fluocinolone acetonide soln	1	MO; *	hydrocortisone valerate crea	1	MO; *
fluocinonide crea 0.05 %	1	MO; *	hydrocortisone valerate oint	1	MO; *
fluocinonide emulsified base crea	1	MO; *	mometasone furoate crea	1	MO; *
fluocinonide gel 0.05 %	1	MO; *	mometasone furoate oint	1	MO; *
fluocinonide oint 0.05 %	1	MO; *	mometasone furoate soln	1	MO; *
fluocinonide soln 0.05 %	1	MO; *	prednicarbate crea	1	MO; *
flurandrenolide crea	1	MO; *	TACLONEX SUSP	5	NDS;SL(14.28 gm daily); MO; +
flurandrenolide lotn	1	MO; *	triamcinolone acetonide (topical) aers	1	MO; *
fluticasone propionate crea	1	MO; *	triamcinolone acetonide (topical) crea	1	MO; *
fluticasone propionate lotn	1	MO; *	triamcinolone acetonide (topical) lotn	1	MO; *
fluticasone propionate oint	1	MO; *	triamcinolone acetonide (topical) oint	1	MO; *
halobetasol propionate crea	1	MO; *	ULTRAVATE LOTN	5	PA; NDS;MO; +
halobetasol propionate oint	1	MO; *	Emollients		
HALOG CREA (Halcinonide)	3	MO; +	lactic acid (ammonium lactate) crea	1	RX/OTC; MO; *
hydrocortisone (topical) crea 1 %	1	RX/OTC; MO; *	lactic acid (ammonium lactate) lotn	1	RX/OTC; MO; *
hydrocortisone (topical) crea 2.5 %	1	MO; *	Enzymes - Topical		
hydrocortisone (topical) lotn 2.5 %	1	MO; *	SANTYL OINT	3	MO; +
hydrocortisone (topical) oint 1 %	1	RX/OTC; MO; *	Immunomodulating Agents - Topical		

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

Drug Name	Drug Tier	Requirements/Limits
<i>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		
<i>pimecrolimus crea</i>	1	PA; MO; *
<i>tacrolimus (topical) oint</i>	1	PA; MO; *
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	3	MO; +
<i>podofilox soln</i>	1	MO; *
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	MO; *
<i>lidocaine hcl prsy ex 2 %</i>	1	MO; *
<i>lidocaine hcl soln ex 4 %</i>	1	QL(6.66 ml daily); MO; *
<i>lidocaine oint</i>	1	QL(5 gm daily); MO; *
<i>lidocaine ptch</i>	1	PA; SL(3 ea daily); MO; *
<i>lidocaine-prilocaine crea</i>	1	QL(2 gm daily); MO; *
Rosacea Agents		
<i>azelaic acid gel</i>	1	MO; *
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; +

Drug Name	Drug Tier	Requirements/Limits
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		
REGRANEX 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; +
PERTZYE CPEP	3	MO; +
SUCRAID SOLN	3	LA; +
VIOKACE TABS	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
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		
acetazolamide cp12	1	MO; *
acetazolamide tabs	1	MO; *
KEVEYIS TABS	5	PA; NDS;SL(4 ea daily); MO; +
methazolamide tabs	1	MO; *
Diuretic Combinations		
ALDACTAZIDE TABS 50MG-50MG	2	MO; +
amiloride & hydrochlorothiazide tabs	1	MO; *
spironolactone & hydrochlorothiazide tabs	1	MO; *
triamterene & hydrochlorothiazide caps	1	MO; *
triamterene & hydrochlorothiazide tabs	1	MO; *
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	1	MO; *
ethacrynic acid tabs	5	NDS;MO; +
furosemide soln ij 10 mg/ml	4	MO; +
furosemide soln or 10 mg/ml	1	MO; *
furosemide tabs or 20 mg, 40 mg, 80 mg	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
torsemide tabs	1	MO; *
Potassium Sparing Diuretics		
amiloride hcl tabs	1	MO; *
DYRENIUM CAPS (<i>Triamterene</i>)	3	MO; +
spironolactone tabs	1	MO; *
Thiazides and Thiazide-Like Diuretics		
chlorothiazide tabs 250 mg, 500 mg	1	MO; *
CHLOROTHIAZIDE TABS 500 MG	3	MO; +
chlorthalidone tabs	1	MO; *
hydrochlorothiazide caps	1	MO; *
hydrochlorothiazide tabs	1	MO; *
indapamide tabs	1	MO; *
metolazone tabs	1	MO; *
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
alendronate sodium tabs 35 mg, 70 mg	1	QL(0.15 ea daily); MO; *
alendronate sodium tabs 5 mg, 10 mg	1	MO; *
calcitonin (salmon) soln	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; +
ibandronate sodium soln iv 3 mg/3ml	4	QL(0.036 ml daily); MO; +
ibandronate sodium tabs or 150 mg	1	Limit 1 tab per 28 days (3 per 84);QL(0.036 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
MIACALCIN SOLN	4	MO; +	GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; +	
NATPARA CART	5	PA; NDS;LA; +	GENOTROPIN SOLR 5 MG	4	PA; +	
PROLIA SOSY	2	PA; QL(0.006 ml daily); +	HUMATROPE COMBO PACK SOLR	5	PA; NDS; +	
risedronate sodium tabs 150 mg	1	QL(0.04 ea daily); MO; *	HUMATROPE SOLR 12 MG, 24 MG	5	PA; NDS; +	
risedronate sodium tabs 35 mg	1	QL(0.15 ea daily); MO; *	HUMATROPE SOLR 6 MG	4	PA; +	
risedronate sodium tabs 5 mg, 30 mg	1	QL(1 ea daily); MO; *	NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; NDS; +	
risedronate sodium tbec 35 mg	1	QL(0.15 ea daily); MO; *	NUTROPIN AQ NUSPIN 20 SOLN	5	PA; NDS; +	
TYMLOS SOPN	5	PA; NDS; +	OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; NDS; +	
XGEVA SOLN	5	NDS; Limit 6.8mls per 28 days;QL(0.243 ml daily); +	SEROSTIM SOLR 4 MG, 6 MG	5	PA; NDS; +	
zoledronic acid conc 4 mg/5ml	4	+	ZOMACTON SOLR 5 MG	4	PA; +	
zoledronic acid soln 5 mg/100ml	1	QL(0.28 ml daily); *	Hormone Receptor Modulators			
Corticotropin						
ACTHAR GEL	5	PA; NDS;LA; +	OSPHENA TABS	3	MO; +	
Fertility Regulators						
CHORIONIC GONADOTROPIN SOLR	4	PA; +	raloxifene hcl tabs	1	QL(1 ea daily); MO; *	
NOVAREL SOLR 5000 UNIT	4	PA; +	Insulin-Like Growth Factors (Somatomedins)			
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; +	INCRELEX SOLN	4	LA; +	
GnRH/LHRH Antagonists			LHRH/GnRH Agonist Analog Pituitary			
ORILISSA TABS	5	PA; NDS;MO; +	LUPANETA PACK KIT	5	NDS; +	
Growth Hormone Receptor Antagonists			LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG, 15 MG	4	+	
SOMAVERT SOLR	5	PA; NDS;LA; +	LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	NDS; +	
Growth Hormone Releasing Hormones (GHRH)			LUPRON DEPOT-PED (3-MONTH) KIT	5	NDS; +	
EGRIFTA SOLR	5	NDS; +	SYNAREL SOLN	5	NDS;MO; +	
Growth Hormones			TRIPTODUR SRER	5	NDS;MO; +	
Metabolic Modifiers			Metabolic Modifiers			
calcitriol caps or 0.25 mcg, 0.5 mcg				1	MO; *	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>calcitriol soln or 1 mcg/ml</i>	1	MO; *	STRENSIQ SOLN	5	PA; NDS;LA; MO; +	
CARBAGLU TABS	3	LA; MO; +	VIMIZIM SOLN	5	NDS;LA; +	
<i>cinacalcet hcl tabs 30 mg</i>	1	*	XURIDEN PACK	5	NDS;SL(4 ea daily); MO; +	
<i>cinacalcet hcl tabs 60 mg, 90 mg</i>	5	NDS; +	Posterior Pituitary Hormones			
CRYSVITA SOLN	5	PA; NDS;LA; +	<i>desmopressin acetate soln jj 4 mcg/ml</i>	4	MO; +	
CYSTADANE POWD	3	LA; MO; +	<i>desmopressin acetate spray refrigerated soln</i>	1	MO; *	
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO; *	<i>desmopressin acetate spray soln</i>	1	MO; *	
FABRAZYME SOLR	5	NDS;LA; +	<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	1	MO; *	
GALAFOLD CAPS	5	PA; NDS;LA; +	STIMATE SOLN	3	+	
KANUMA SOLN	5	NDS;LA; +	Prolactin Inhibitors			
KUVAN PACK	5	PA; NDS;LA; +	<i>cabergoline tabs</i>	1	MO; *	
KUVAN TBSO	5	PA; NDS;LA; +	Somatostatic Agents			
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC; MO; *	<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 1000 mcg/5ml, 500 mcg/ml, 1000 mcg/ml</i>	4	+	
LUMIZYME SOLR	5	NDS;LA; +	SANDOSTATIN LAR DEPOT KIT	5	NDS; +	
MYALEPT SOLR	5	NDS;LA; MO; +	SIGNIFOR LAR SRER 10 MG	5	NDS; Limit 6 vials per 28 days;SL(0.22 ea daily); LA; MO; +	
NAGLAZYME SOLN	5	NDS;LA; +	SIGNIFOR LAR SRER 20 MG	5	NDS; Limit 3 vials per 28 days;SL(0.11 ea daily); LA; MO; +	
<i>nitisinone caps</i>	1	LA; MO; *	SIGNIFOR LAR SRER 30 MG	5	NDS; Limit 2 vials per 28 days;SL(0.08 ea daily); LA; MO; +	
ORFADIN CAPS 2 MG, 5 MG, 10 MG (<i>Nitisinone</i>)	2	LA; MO; +	SIGNIFOR LAR SRER 40 MG	5	NDS; Limit 3 vials per 56 days;SL(0.054 ea daily); LA; MO; +	
ORFADIN CAPS 20 MG	2	LA; MO; +				
PALYNZIQ SOSY	5	PA; NDS;LA; +				
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	MO; *				
RAVICTI LIQD	3	LA; +				
RAYALDEE CPCR	3	PA; MO; +				
REVCOVI SOLN	5	PA; NDS;LA; MO; +				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR SRER 60 MG	5	NDS; Limit 1 vial per 28 days; SL(0.036 ea daily); LA; MO; +	<i>estradiol tabs</i>	1	AL(Up to 64 yrs old); MO; *
SIGNIFOR SOLN	5	NDS;LA; MO; +	<i>estradiol valerate oil</i>	4	MO; +
SOMATULINE DEPOT SOLN	5	NDS; +	<i>estropipate tabs 0.75 mg, 1.5 mg</i>	1	AL(Up to 64 yrs old); *
Vasopressin Receptor Antagonists					
JYNARQUE TABS 15 MG, 30 MG	5	NDS;MO; +	EVAMIST SOLN	3	AL(Up to 64 yrs old); MO; +
JYNARQUE TBPK	5	PA; NDS;LA; +	MENOSTAR PTWK	3	AL(Up to 64 yrs old); MO; +
SAMSCA TABS	5	NDS;MO; +	PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	AL(Up to 64 yrs old); MO; +
ESTROGENS - Hormone Replacement/Modifying Drugs					
Estrogen Combinations					
CLIMARA PRO PTWK	3	AL(Up to 64 yrs old); MO; +	Fluoroquinolones		
COMBIPATCH PTTW	3	AL(Up to 64 yrs old); MO; +	BAXDELA SOLR IV 300 MG	5	PA; NDS; +
DUAVEE TABS	3	AL(Up to 64 yrs old); MO; +	BAXDELA TABS OR 450 MG	5	ST; NDS;MO; +
<i>estradiol & norethindrone acetate tabs</i>	1	AL(Up to 64 yrs old); MO; *	CIPRO SUSR 5 GM/100ML	3	MO; +
<i>norethindrone acetate-ethynodiol dihydrogesterone tabs 2.5mcg-0.5mg</i>	1	AL(Up to 64 yrs old); MO; *	CIPRO SUSR 500 MG/5ML (<i>Ciprofloxacin</i>)	3	MO; +
PREMPHASE TABS	3	AL(Up to 64 yrs old); MO; +	<i>ciprofloxacin hcl tabs</i>	1	MO; *
PREMPRO TABS	3	AL(Up to 64 yrs old); MO; +	<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	4	+
Estrogens			<i>ciprofloxacin in d5w soln 400mg/200ml-5%</i>	4	MO; +
DELESTROGEN OIL 10 MG/ML	4	MO; +	<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	MO; *
DIVIGEL GEL	3	AL(Up to 64 yrs old); MO; +	<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	*
ELESTRIN GEL	3	AL(Up to 64 yrs old); MO; +	<i>levofloxacin in d5w soln</i>	4	+
<i>estradiol pttw</i>	1	AL(Up to 64 yrs old); MO; *	<i>levofloxacin soln iv 25 mg/ml</i>	4	+
<i>estradiol ptwk</i>	1	AL(Up to 64 yrs old); MO; *	<i>levofloxacin soln or 25 mg/ml</i>	1	MO; *
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	MO; *
			<i>moxifloxacin hcl tabs or 400 mg</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Farnesoid X Receptor (FXR) Agonists					
OCALIVA TABS 10 MG	5	PA; NDS;SL(1 ea daily); +	REMICADE SOLR	5	PA; NDS; +
OCALIVA TABS 5 MG	5	PA; NDS;SL(2 ea daily); +	STELARA SOLN	5	PA; NDS; +
Gallstone Solubilizing Agents					
CHENODAL TABS	5	NDS;LA; +	<i>sulfasalazine tabs</i>	1	MO; *
<i>ursodiol caps</i>	1	MO; *	<i>sulfasalazine tbec</i>	1	MO; *
<i>ursodiol tabs</i>	1	MO; *	Intestinal Acidifiers		
Gastrointestinal Antiallergy Agents					
cromolyn sodium (mastocytosis) conc	1	MO; *	<i>lactulose (encephalopathy) soln</i>	1	MO; *
Gastrointestinal Chloride Channel Activators					
AMITIZA CAPS	2	MO; +	Irritable Bowel Syndrome (IBS) Agents		
Gastrointestinal Stimulants			<i>alosetron hcl tabs</i>	5	PA; NDS;MO; +
<i>metoclopramide hcl soln ij 5 mg/ml</i>	4	MO; +	LINZESS CAPS	2	MO; +
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	MO; *	VIBERZI TABS	5	PA; NDS;MO; +
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	MO; *	Peripheral Opioid Receptor Antagonists		
Inflammatory Bowel Agents			MOVANTIK TABS	3	MO; +
<i>balsalazide disodium caps</i>	1	MO; *	RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	5	NDS;MO; +
CIMZIA KIT	5	PA; NDS; +	RELISTOR TABS OR 150 MG	5	PA; NDS;MO; +
CIMZIA STARTER KIT KIT	5	PA; NDS; +	Phosphate Binder Agents		
DIPENTUM CAPS	5	NDS;MO; +	<i>calcium acetate (phosphate binder) caps</i>	1	MO; *
ENTYVIO SOLR	5	PA; NDS; +	<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC; MO; *
INFLECTRA SOLR	5	PA; NDS; +	<i>lanthanum carbonate chew</i>	1	MO; *
<i>mesalamine enem re 4 gm</i>	1	MO; *	<i>sevelamer carbonate pack 0.8 gm, 2.4 gm</i>	5	NDS;MO; +
<i>mesalamine supp re 1000 mg</i>	5	NDS;MO; +	<i>sevelamer carbonate tabs 800 mg</i>	1	MO; *
<i>mesalamine tbec or 800 mg, 1.2 gm</i>	1	MO; *	Short Bowel Syndrome (SBS) Agents		
<i>mesalamine w/ cleanser kit</i>	1	MO; *	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 vi.

Drug Name	Drug Tier	Requirements/Limits
Alkalinizers		
<i>potassium citrate (alkalinizer) tbcr</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 (<i>Febuxostat</i>)	2	MO; +
ZURAMPIK 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 (<i>Icatibant Acetate</i>)	5	PA; NDS; +
Complement Inhibitors		
BERINERT KIT	5	NDS; LA; +
CINRYZE SOLR	5	PA; NDS; LA; +
HAEGARDA SOLR	5	PA; NDS; +
RUCONEST SOLR	5	NDS; +
Hematologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	5	PA; NDS; +
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	MO; *
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	5	NDS; +
TAKHZYRO SOLN	5	PA; NDS; +
Platelet Aggregation Inhibitors		
<i>anagrelide hcl caps</i>	1	MO; *
<i>aspirin-dipyridamole cp12</i>	1	MO; *
BRILINTA TABS	2	MO; +
<i>cilostazol tabs</i>	1	MO; *
<i>clopidogrel bisulfate tabs</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
dipyridamole tabs	1	AL(Up to 64 yrs old); MO; *	ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML	4	PA; +
prasugrel hcl tabs	1	MO; *			
ZONTIVITY TABS	2	MO; +			
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders					
Agents for Gaucher Disease					
CERDELGA CAPS	5	PA; NDS; +	ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; NDS; +
CEREZYME SOLR	5	PA; NDS;LA; +	DOPTELET TABS	5	PA; NDS;LA; +
ELELYSO SOLR	5	NDS; +	EPOGEN SOLN 10000 UNIT/ML	3	PA; +
miglustat caps	5	NDS;LA; MO; +	EPOGEN SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; +
VPRIV SOLR	5	NDS; +	EPOGEN SOLN 20000 UNIT/ML	5	PA; NDS; +
Agents for Sickle Cell Anemia					
DROXIA CAPS	3	MO; +	GRANIX SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS; +
ENDARI PACK	5	PA; NDS;MO; +	LEUKINE SOLR	5	PA; NDS; +
Cobalamins			MULPLETA TABS	5	PA; NDS; +
cyanocobalamin soln	4	MO; NT; +	NEULASTA ONPRO KIT PSKT	5	PA; NDS; +
NASCOBAL SOLN	3	MO; NT; +	NEULASTA SOSY	5	PA; NDS; +
Folic Acid/Folates			NEUPOGEN SOLN	5	PA; NDS; +
folic acid tabs	1	RX/OTC; MO; NT; *	NEUPOGEN SOSY	5	PA; NDS; +
Hematopoietic Growth Factors			PROCRT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML	2	PA; +
ARANESP ALBUMIN FREE SOLN 200 MCG/ML, 300 MCG/ML	5	PA; NDS; +	PROCRT SOLN 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NDS; +
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; +	PROMACTA PACK 12.5 MG	5	PA; NDS;SL(12 ea daily); LA; +
			PROMACTA TABS 12.5 MG	5	PA; NDS;SL(12 ea daily); LA; +
			PROMACTA TABS 25 MG	5	PA; NDS;SL(6 ea daily); LA; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 50 MG	5	PA; NDS; SL(3 ea daily); LA; +	EDLUAR SUBL 5 MG	3	SL(2 ea daily); MO; +
PROMACTA TABS 75 MG	5	PA; NDS; SL(2 ea daily); LA; +	<i>eszopiclone tabs</i>	1	MO; *
ZARXIO SOSY	5	PA; NDS; +	<i>temazepam caps</i>	1	MO; *
Stem Cell Mobilizers			<i>zaleplon caps</i>	1	MO; *
MOZOBIL SOLN	5	PA; NDS; +	<i>zolpidem tartrate subl sl 1.75 mg</i>	1	SL(2 ea daily); MO; *
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			<i>zolpidem tartrate subl sl 3.5 mg</i>	1	SL(1 ea daily); MO; *
Hemostatics - Systemic			<i>zolpidem tartrate tabs or 10 mg</i>	1	SL(1 ea daily); MO; *
AMICAR SOLN 0.25 GM/ML (<i>Aminocaproic Acid</i>)	5	NDS; MO; +	<i>zolpidem tartrate tabs or 5 mg</i>	1	SL(2 ea daily); MO; *
<i>aminocaproic acid soln or 0.25 gm/ml</i>	5	NDS; MO; +	<i>zolpidem tartrate tbcr or 12.5 mg</i>	1	SL(1 ea daily); MO; *
<i>aminocaproic acid tabs or 1000 mg</i>	5	NDS; MO; +	<i>zolpidem tartrate tbcr or 6.25 mg</i>	1	SL(2 ea daily); MO; *
<i>aminocaproic acid tabs or 500 mg</i>	1	MO; *	Orexin Receptor Antagonists		
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	*	BELSOMRA TABS 10 MG	3	PA; SL(2 ea daily); MO; +
<i>tranexamic acid tabs or 650 mg</i>	1	MO; *	BELSOMRA TABS 15 MG	3	PA; SL(1.33 ea daily); MO; +
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			BELSOMRA TABS 20 MG	3	PA; SL(1 ea daily); MO; +
Barbiturate Hypnotics			BELSOMRA TABS 5 MG	3	PA; SL(4 ea daily); MO; +
BUTISOL SODIUM TABS	2	AL(Up to 64 yrs old); MO; +	Selective Melatonin Receptor Agonists		
<i>phenobarbital elix</i>	1	AL(Up to 64 yrs old); MO; *	HETLIOZ CAPS	5	PA; NDS; MO; +
<i>phenobarbital soln</i>	1	AL(Up to 64 yrs old); MO; *	ROZEREM TABS (<i>Ramelteon</i>)	3	MO; +
<i>phenobarbital tabs</i>	1	AL(Up to 64 yrs old); MO; *	LAXATIVES - Bowel Treatment Drugs		
Hypnotics - Tricyclic Agents			Laxative Combinations		
SILENOR TABS 3 MG	3	QL(2 ea daily); MO; +	<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	1	*
SILENOR TABS 6 MG	3	QL(1 ea daily); MO; +	CLENPIQ SOLN	3	MO; +
Non-Barbiturate Hypnotics			GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	3	MO; +
EDLUAR SUBL 10 MG	3	SL(1 ea daily); MO; +			

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Drug Name	Drug Tier	Requirements/Limits
MOVIPREP SOLR	3	MO; +
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	1	MO; *
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	1	MO; *
PLENUVU SOLR	3	MO; +
PREPOPIK PACK	3	MO; +
SUPREP BOWEL PREP KIT SOLN	3	MO; +
Laxatives - Miscellaneous		
lactulose soln 10 gm/15ml, 20 gm/30ml	1	MO; *
polyethylene glycol 3350 pack	1	RX/OTC; MO; *
Saline Laxatives		
OSMOPREP TABS	3	MO; +
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
lidocaine hcl (local anesth.) soln	4	+
LIDOCAINE HCL SOLN IJ 4 %	4	+
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	2	MO; +
azithromycin solr iv 500 mg	4	MO; +
azithromycin susr or 100 mg/5ml, 200 mg/5ml	1	MO; *
azithromycin tabs or 250 mg, 500 mg	1	MO; *
azithromycin tabs or 600 mg	1	QL(0.29 ea daily); MO; *
ZITHROMAX PACK OR 1 GM	2	MO; +
Clarithromycin		

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Erythromycin Ethylsuccinate</i>)	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 susr 400 mg/5ml</i>	1	SL(50 ml daily); MO; *
<i>erythromycin ethylsuccinate tabs 400 mg</i>	1	SL(10 ea daily); MO; *
Fidaxomicin		
DIFICID TABS	5	NDS;MO; +
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO; *
Misc. Devices		
ALCOHOL PADS	2	RX/OTC; MO; +
Parenteral Therapy Supplies		
INSULIN SYRINGES AND PEN NEEDLES	2	RX/OTC; MO; +
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
<i>ergotamine w/ caffeine supp</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine w/ caffeine tabs</i>	1	MO; *	<i>sumatriptan soln 5 mg/act</i>	1	QL(0.6 ea daily); MO; *
<i>sumatriptan-naproxen sodium tabs</i>	1	MO; *	<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO; +
TREXIMET TABS 10MG-60MG	3	+	<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	4	Limit 4mls per month; QL(0.14 ml daily); MO; +
Migraine Products - Monoclonal Antibodies					
AIMOVIG SOAJ	4	PA; MO; +	<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	4	Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; +
AJOVY SOSY	4	PA; MO; +	<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	4	Limit 4mls per month; QL(0.14 ml daily); MO; +
EMGALITY SOAJ 120 MG/ML	4	PA; MO; +	<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	4	Limit 4mls per month; QL(0.14 ml daily); MO; +
EMGALITY SOSY 100 MG/ML	5	PA; NDS; +	SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	4	Limit 4mls per month; QL(0.14 ml daily); +
EMGALITY SOSY 120 MG/ML	4	PA; MO; +	<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(0.3 ea daily); MO; *
Migraine Products - NSAIDs			SUMAVEL DOSEPRO SOTJ	4	Limit 4mls per month; QL(0.14 ml daily); +
CAMBIA PACK	3	MO; +	ZEMBRACE SYMTOUCH SOAJ	4	SL(2 ml daily); MO; +
Migraine Products			<i>zolmitriptan tabs 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	MO; *	<i>zolmitriptan tabs 5 mg</i>	1	SL(2 ea daily); MO; *
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	5	NDS; MO; +	<i>zolmitriptan tbdp 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>ergotamine tartrate subl</i>	1	*	<i>zolmitriptan tbdp 5 mg</i>	1	SL(2 ea daily); MO; *
MIGRANAL SOLN	5	NDS; MO; +	ZOMIG SOLN NA 2.5 MG	3	SL(4 ea daily); MO; +
Serotonin Agonists			ZOMIG SOLN NA 5 MG	3	SL(2 ea daily); MO; +
<i>almotriptan malate tabs</i>	1	QL(0.4 ea daily); MO; *	MINERALS & ELECTROLYTES		
<i>eletriptan hydrobromide tabs</i>	1	QL(0.2 ea daily); MO; *	Electrolyte Mixtures		
<i>frovatriptan succinate tabs</i>	1	QL(0.6 ea daily); MO; *	DEXTROSE 2.5%/NACL 0.45% SOLN	4	+
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); MO; *			
<i>rizatriptan benzoate tabs</i>	1	QL(0.4 ea daily); MO; *			
<i>rizatriptan benzoate tbdp</i>	1	QL(0.4 ea daily); MO; *			
<i>sumatriptan soln 20 mg/act</i>	1	QL(0.4 ea daily); MO; *			

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

Drug Name	Drug Tier	Requirements/Limits
dextrose in lactated ringers soln	4	+
dextrose w/ sodium chloride soln 0.2%-5%, 0.33%-5%, 0.45%-5%	4	+
dextrose w/ sodium chloride soln 0.9%-5%	4	MO; +
lactated ringer's soln	4	+
LACTATED RINGERS SOLN	4	+
LACTATED RINGERS VIAFLEX SOLN (Lactated Ringer's)	4	+
parenteral electrolytes conc	4	B/D; +
potassium chloride in dextrose & sodium chloride soln 0.45%-20meq/l-5%	4	+
TPN ELECTROLYTES SOLN	4	B/D; +
Magnesium		
magnesium sulfate soln ij 50 %	4	+
Potassium		
K-TAB TBCR 8 MEQ, 20 MEQ	3	MO; +
potassium chloride cpcr or 8 meq, 10 meq	1	MO; *
POTASSIUM CHLORIDE ER TBCR	3	MO; +
potassium chloride microencapsulated crystals er tbcr	1	MO; *
potassium chloride soln iv 2 meq/ml	4	MO; +
potassium chloride soln or 10 %, 20 %	1	MO; *
potassium chloride tbcr or 8 meq, 10 meq	1	MO; *
Sodium		
sodium chloride soln iv 0.45 %	4	+
sodium chloride soln iv 0.9 %, 3 %, 5 %	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
Zinc		
GALZIN CAPS	3	MO; NT; +
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	3	MO; +
trientine hcl caps	5	NDS;MO; +
Enzymes		
XIAFLEX SOLR	5	NDS;MO; +
Immunomodulators		
REVLIMID CAPS	5	PA; NDS;LA; +
THALOMID CAPS	2	+
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	B/D; MO; +
ATGAM INJ	4	B/D; +
AZATHIOPRINE SOLR IJ 100 MG	4	B/D; +
azathioprine tabs or 50 mg, 75 mg, 100 mg	1	B/D; MO; *
cyclosporine caps or 25 mg, 100 mg	1	B/D; MO; *
cyclosporine modified (for microemulsion) caps 25 mg, 50 mg, 100 mg	1	B/D; MO; *
cyclosporine soln iv 50 mg/ml	4	B/D; +
ENVARSUS XR TB24	3	B/D; MO; +
mycophenolate mofetil caps 250 mg	1	B/D; MO; *
mycophenolate mofetil hcl solr	4	B/D; +
mycophenolate mofetil susr 200 mg/ml	5	B/D; NDS;MO; +
mycophenolate mofetil tabs 500 mg	1	B/D; MO; *
mycophenolate sodium tbec	1	B/D; MO; *

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

Drug Name	Drug Tier	Requirements/Limits
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/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	MO; *
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	MO; *
<i>pilocarpine hcl (oral) tabs</i>	1	MO; *
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>AMRIX CP24 (Cyclobenzaprine HCl)</i>	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; *
<i>BACLOFEN TABS OR 5 MG</i>	3	SL(16 ea daily); MO; +
<i>carisoprodol tabs</i>	1	AL(Up to 64 yrs old); MO; *
<i>chlorzoxazone tabs 500 mg</i>	1	AL(Up to 64 yrs old); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl cp24	1	AL(Up to 64 yrs old); MO; *
cyclobenzaprine hcl tabs	1	AL(Up to 64 yrs old); MO; *
metaxalone tabs	1	AL(Up to 64 yrs old); MO; *
methocarbamol tabs or 500 mg, 750 mg	1	AL(Up to 64 yrs old); MO; *
orphenadrine citrate tb12 or 100 mg	1	AL(Up to 64 yrs old); MO; *
tizanidine hcl caps 2 mg	1	SL(18 ea daily); MO; *
tizanidine hcl caps 4 mg	1	SL(9 ea daily); MO; *
tizanidine hcl caps 6 mg	1	SL(6 ea daily); MO; *
tizanidine hcl tabs 2 mg	1	SL(18 ea daily); MO; *
tizanidine hcl tabs 4 mg	1	SL(9 ea daily); MO; *
Direct Muscle Relaxants		
dantrolene sodium caps	1	MO; *
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine tabs	1	AL(Up to 64 yrs old); MO; *
carisoprodol w/ aspirin tabs	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		
azelastine hcl soln	1	MO; *
olopatadine hcl (nasal) soln	1	MO; *
Nasal Anticholinergics		
ipratropium bromide (nasal) soln	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
Nasal Steroids		
BECONASE AQ SUSP	3	MO; +
flunisolide (nasal) soln	1	MO; *
fluticasone propionate (nasal) susp	1	RX/OTC; MO; *
mometasone furoate (nasal) susp	1	MO; *
OMNARIS SUSP	3	MO; +
QNASL AERS	3	MO; +
QNASL CHILDRENS AERS	3	MO; +
ZETONNA AERS	3	MO; +
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA SOLN	5	PA; NDS;MO; +
riluzole tabs	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		
dextrose soln 10 %, 50 %, 70 %	4	B/D; +
dextrose soln 5 %	4	B/D; MO; +
Lipids		
fat emulsion plant based emul	4	B/D; +
Proteins		

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Drug Name	Drug Tier	Requirements/Limits
<i>amino acid infusion 15%</i>	4	B/D; +
CLINIMIX 4.25%/DEXTROSE 5% SOLN	4	B/D; +
PROSOL SOLN	4	B/D; +
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1	MO; *
BETIMOL SOLN	3	MO; +
BETOPTIC-S SUSP	2	MO; +
<i>carteolol hcl (ophth) soln</i>	1	MO; *
COMBIGAN SOLN	3	MO; +
<i>dorzolamide hcl-timolol maleate soln</i>	1	MO; *
<i>levobunolol hcl soln</i>	1	MO; *
<i>timolol maleate (ophth) solg</i>	1	MO; *
<i>timolol maleate (ophth) soln</i>	1	MO; *
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.25 %	3	MO; +
TIMOPTIC OCUDOSE SOLN	3	MO; +
TIMOPTIC-XE SOLG 0.25 %	3	MO; +
Cycloplegic Mydriatics		
<i>cyclopentolate hcl soln</i>	1	MO; *
Miotics		
PHOSPHOLINE IODIDE SOLR	3	+
<i>pilocarpine hcl soln</i>	1	MO; *
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOLN	5	PA; NDS;LA; +

Drug Name	Drug Tier	Requirements/Limits
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; *
<i>polymyxin b-trimethoprim soln</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (ophth) oint	1	MO; *	LOTEMAX SM GEL	3	MO; +
sulfacetamide sodium (ophth) soln	1	MO; *	loteprednol etabonate susp	1	MO; *
tobramycin (ophth) soln	1	MO; *	MAXIDEX SUSP	3	MO; +
TOBREX OINT	3	MO; +	neomycin-polymyxin-dexameth oint	1	MO; *
trifluridine soln	1	MO; *	neomycin-polymyxin-dexameth susp	1	MO; *
ZIRGAN GEL	3	MO; +	PRED MILD SUSP	2	MO; +
Ophthalmic Immunomodulators			prednisolone acetate (ophth) susp	1	MO; *
RESTASIS EMUL	2	MO; +	sulfacetamide sod-prednisolone soln	1	MO; *
RESTASIS MULTIDOSE EMUL	2	MO; +	TOBRADEX OINT	3	MO; +
Ophthalmic Local Anesthetics			TOBRADEX ST SUSP	3	MO; +
proparacaine hcl soln	1	MO; *	tobramycin-dexamethasone susp	1	MO; *
Ophthalmic Nerve Growth Factors			ZYLET SUSP	2	MO; +
OXERVATE SOLN	5	PA; NDS;MO; +	Ophthalmics - Misc.		
Ophthalmic Steroids			ACUVAIL SOLN	3	MO; +
ALREX SUSP	3	MO; +	AOCRIL SOLN	3	MO; +
bacitracin-poly-neomycin-hc oint	1	MO; *	ALOMIDE SOLN	3	MO; +
BLEPHAMIDE SUSP	3	MO; +	azelastine hcl (ophth) soln	1	MO; *
dexamethasone sodium phosphate (ophth) soln	1	MO; *	AZOPT SUSP	2	MO; +
DUREZOL EMUL	2	MO; +	BEPREVE SOLN	3	MO; +
FLAREX SUSP	2	MO; +	bromfenac sodium (ophth) soln	1	Once daily dosing;MO; *
fluorometholone (ophth) susp	1	MO; *	cromolyn sodium (ophth) soln	1	MO; *
FML FORTE SUSP	2	MO; +	CYSTARAN SOLN	3	Limit 60mls per 28 days;QL(2.15 ml daily); LA; MO; +
FML OINT	2	MO; +	diclofenac sodium (ophth) soln	1	MO; *
LOTEMAX GEL	3	MO; +			
LOTEMAX OINT	3	MO; +			

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
HIZENTRA SOLN 1 GM/5ML	3	B/D; LA; +	BICILLIN L-A SUSP	4	MO; +	
HIZENTRA SOLN 10 GM/50ML	5	B/D; NDS; +	<i>penicillin g potassium solr</i>	4	MO; +	
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; LA; +	<i>penicillin v potassium solr 250 mg/5ml</i>	1	MO; *	
HYPERRAB S/D SOLN	4	+	<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	MO; *	
IMOGLAM RABIES-HT SOLN 300 UNIT/2ML	4	+	Penicillin Combinations			
KEDRAB SOLN	4	+	<i>amoxicillin & pot clavulanate chew</i>	1	MO; *	
OCTAGAM SOLN 2 GM/20ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	5	B/D; NDS; +	<i>amoxicillin & pot clavulanate susr</i>	1	MO; *	
PRIVIGEN SOLN	5	B/D; NDS; +	<i>amoxicillin & pot clavulanate tabs</i>	1	MO; *	
VARIZIG SOLN	5	NDS; +	<i>amoxicillin & pot clavulanate tb12</i>	1	MO; *	
Monoclonal Antibodies						
SYNAGIS SOLN	5	NDS; +	<i>ampicillin & sulbactam sodium solr ij 0.5gm-1gm</i>	4	+	
ZINPLAVA SOLN	5	PA; NDS; +	<i>ampicillin & sulbactam sodium solr ij 1gm-2gm</i>	4	MO; +	
Passive Immunizing Agents - Combinations						
HYQVIA KIT	5	B/D; NDS; +	<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	4	+	
PENICILLINS - Drugs to Treat Bacterial Infections						
Aminopenicillins						
<i>amoxicillin caps</i>	1	MO; *	ZOSYN SOLN 0.25GM/50ML-2GM/50ML- 5%, 0.5GM/100ML- 4GM/100ML-5%, 0.375GM/50ML- 3GM/50ML-5%	4	+	
<i>amoxicillin chew</i>	1	MO; *	Penicillinase-Resistant Penicillins			
<i>amoxicillin susr</i>	1	MO; *	<i>dicloxacillin sodium caps</i>	1	MO; *	
<i>amoxicillin tabs</i>	1	MO; *	<i>nafcillin sodium solr ij 1 gm</i>	4	+	
<i>ampicillin caps</i>	1	MO; *	NAFCILLIN SODIUM SOLR IJ 10 GM	5	NDS; +	
<i>ampicillin sodium solr ij 250 mg</i>	4	+	<i>nafcillin sodium solr ij 2 gm</i>	4	MO; +	
<i>ampicillin sodium solr ij 500 mg, 1 gm, 2 gm</i>	4	MO; +	<i>nafcillin sodium solr iv 10 gm</i>	5	NDS; +	
<i>ampicillin sodium solr iv 2 gm, 10 gm</i>	4	+	PROGESTINS - Hormone Replacement/Modifying Drugs			
Natural Penicillins						
Progestins						

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

Drug Name	Drug Tier	Requirements/Limits
<i>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; *
<i>LUCEMYRA TABS</i>	5	PA; NDS;SL(16 ea daily); MO; +
Anti-Cataplectic Agents		
<i>XYREM SOLN</i>	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, 10 mg/5ml</i>	1	AL(At least 60 yrs old); MO; *
<i>memantine hcl tabs 5 mg, 10 mg</i>	1	MO; *
<i>NAMENDA XR TITRATION PACK CP24</i>	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		
<i>SAVELLA TABS</i>	3	PA; MO; +
<i>SAVELLA TITRATION PACK MISC</i>	3	PA; MO; +
Movement Disorder Drug Therapy		
<i>AUSTEDO TABS 12 MG</i>	5	PA; NDS;SL(4 ea daily); LA; +
<i>AUSTEDO TABS 6 MG</i>	5	PA; NDS;SL(8 ea daily); LA; +
<i>AUSTEDO TABS 9 MG</i>	5	PA; NDS;SL(5.33 ea daily); LA; +
<i>INGREZZA CAPS</i>	5	PA; NDS;LA; MO; +
<i>INGREZZA CPPK</i>	5	PA; NDS;LA; MO; +
<i>tetrabenazine tabs</i>	5	PA; NDS; +
Multiple Sclerosis Agents		
<i>AUBAGIO TABS 14 MG</i>	5	PA; NDS;MO; +
<i>AUBAGIO TABS 7 MG</i>	5	PA; NDS; +

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AVONEX KIT 30 MCG/VIAL	5	PA; NDS; Limited to 4 dose packs (1 box) per 28 days;QL(0.143 ea daily); +	TECFIDERA STARTER PACK MISC	5	PA; NDS; +
AVONEX PEN AJKT	5	PA; NDS; Limited to 1 box per 28 days;QL(0.036 ea daily); +	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; *
			<i>pimozide tabs</i>	1	MO; *
Restless Leg Syndrome (RLS) Agents					
			HORIZANT TBCR	3	MO; +
Smoking Deterrents					
			<i>bupropion hcl (smoking deterrent) tb12</i>	1	SL(2 ea daily); MO; *
			CHANTIX CONTINUING MONTHPAK TABS	3	MO; +
			CHANTIX STARTING MONTH PAK TABS	3	MO; +
			CHANTIX TABS	3	MO; +
			NICOTROL INHALER INHA	3	Limit 3 boxes per month;SL(16.8 ea daily); MO; +
			NICOTROL NS SOLN	2	MO; +
Transthyretin Amyloidosis Agents					
			TEGSEDI SOSY	5	PA; NDS;LA; MO; +
Vasomotor Symptom Agents					
			<i>paroxetine mesylate (vasomotor) caps</i>	1	MO; *
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions					
Alpha-Proteinase Inhibitor (Human)					

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

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP SOLR 1000 MG	5	NDS;LA; MO; +
ARALAST NP SOLR 500 MG	5	NDS;LA; +
GLASSIA SOLN	4	LA; +
PROLASTIN-C SOLN 1000 MG/20ML	5	PA; NDS;LA; MO; +
PROLASTIN-C SOLR 1000 MG	5	NDS;LA; MO; +
ZEMAIRA SOLR	5	NDS;LA; MO; +
Cystic Fibrosis Agents		
KALYDECO PACK	5	PA; NDS;MO; +
KALYDECO TABS	5	PA; NDS;MO; +
ORKAMBI PACK	5	PA; NDS;LA; MO; +
ORKAMBI TABS	5	PA; NDS;LA; MO; +
PULMOZYME SOLN	2	B/D; +
SYMDEKO TBPK	5	PA; NDS;LA; +
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		
sulfadiazine tabs	1	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS OR 150 MG	5	PA; NDS;MO; +
Glycylcyclines		
tigecycline solr	5	NDS; +

Drug Name	Drug Tier	Requirements/Limits
Tetracyclines		
demeclercycline hcl tabs	1	MO; *
doxycycline (monohydrate) caps	1	MO; *
doxycycline (monohydrate) susr	1	MO; *
doxycycline (monohydrate) tabs	1	MO; *
doxycycline hydiate caps or 50 mg, 100 mg	1	MO; *
doxycycline hydiate solr iv 100 mg	4	MO; +
doxycycline hydiate tabs or 20 mg, 100 mg	1	MO; *
doxycycline hydiate tbec or 100 mg, 150 mg, 200 mg	1	MO; *
minocycline hcl caps 50 mg, 75 mg, 100 mg	1	MO; *
minocycline hcl tabs 50 mg, 75 mg, 100 mg	1	MO; *
tetracycline hcl caps	1	MO; *
VIBRAMYCIN SYRP 50 MG/5ML	2	MO; +
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	MO; *
propylthiouracil tabs	1	MO; *
Thyroid Hormones		
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	1	MO; *
liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg	1	MO; *
SYNTHROID TABS (Levothyroxine Sodium)	3	MO; +
TOXOIDS		
Toxoid Combinations		

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

Drug Name	Drug Tier	Requirements/Limits
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		
dicyclomine hcl caps or 10 mg	1	MO; *
dicyclomine hcl tabs or 20 mg	1	MO; *
glycopyrrolate soln ij 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml	4	MO; +
glycopyrrolate soln ij 0.4 mg/2ml	4	+
glycopyrrolate tabs or 1 mg	1	SL(8 ea daily); MO; *
glycopyrrolate tabs or 2 mg	1	SL(4 ea daily); MO; *
methscopolamine bromide tabs	1	MO; *
H-2 Antagonists		
cimetidine tabs 200 mg	1	RX/OTC; MO; *
cimetidine tabs 300 mg, 400 mg, 800 mg	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml	4	+
famotidine susr or 40 mg/5ml	1	MO; *
famotidine tabs or 20 mg	1	RX/OTC; MO; *
famotidine tabs or 40 mg	1	MO; *
nizatidine caps 150 mg, 300 mg	1	MO; *
ranitidine hcl caps or 150 mg, 300 mg	1	MO; *
ranitidine hcl syrup or 15 mg/ml, 75 mg/5ml, 150 mg/10ml	1	MO; *
ranitidine hcl tabs or 150 mg	1	RX/OTC; MO; *
ranitidine hcl tabs or 300 mg	1	MO; *
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	3	MO; +
sucralfate tabs	1	MO; *
Proton Pump Inhibitors		
DEXILANT CPDR	2	ST; MO; +
esomeprazole magnesium cpdr 20 mg	1	RX/OTC; MO; *
esomeprazole magnesium cpdr 40 mg	1	MO; *
esomeprazole sodium solr 40 mg	4	+
lansoprazole cpdr 15 mg	1	RX/OTC; MO; *
lansoprazole cpdr 30 mg	1	MO; *
lansoprazole tbdd 15 mg, 30 mg	1	*
NEXIUM PACK 2.5 MG, 5 MG, 10 MG, 20 MG, 40 MG	3	ST; MO; +
omeprazole cpdr 10 mg, 40 mg	1	MO; *
omeprazole cpdr 20 mg	1	RX/OTC; MO; *

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

Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium solr iv 40 mg	1	*
pantoprazole sodium tbec or 20 mg, 40 mg	1	MO; *
PROTONIX PACK OR 40 MG	3	QL(1 ea daily); MO; +
Ulcer Drugs - Prostaglandins		
misoprostol tabs	1	MO; *
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole misc	3	MO; +
omeprazole-sodium bicarbonate caps 20mg-1100mg	1	RX/OTC; MO; *
omeprazole-sodium bicarbonate caps 40mg-1100mg	1	MO; *
omeprazole-sodium bicarbonate pack 20mg-1680mg	1	ST; 20MG-1680 MG; MO; *
omeprazole-sodium bicarbonate pack 40mg-1680mg	1	MO; *
PYLERA CAPS	3	MO; +
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
methenamine hippurate tabs	1	MO; *
nitrofurantoin macrocrystal caps	1	MO; *
nitrofurantoin monohyd macro caps	1	MO; *
nitrofurantoin susp	1	MO; *
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	MO; *
GELNIQUE GEL	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
GELNIQUE PUMP GEL	3	MO; +
oxybutynin chloride syrup	1	MO; *
oxybutynin chloride tabs	1	MO; *
oxybutynin chloride tb24	1	MO; *
OXYTROL PTTW	3	RX/OTC; MO; +
tolterodine tartrate cp24	1	MO; *
tolterodine tartrate tabs	1	MO; *
TOVIAZ TB24	2	MO; +
trospium chloride cp24	1	MO; *
trospium chloride tabs	1	MO; *
VESICARE TABS (Solifenacina Succinate)	2	MO; +
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	MO; +
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	1	MO; *
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	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	+

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
TRUMENBA SUSY	4	+	CLEOCIN SUPP VA 100 MG	3	MO; +			
TYPHIM VI SOLN	4	+	<i>clindamycin phosphate vaginal crea</i>	1	MO; *			
Viral Vaccines								
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D; +	<i>metronidazole vaginal gel</i>	1	MO; *			
GARDASIL 9 SUSP	4	+	<i>miconazole nitrate vaginal supp</i>	1	MO; *			
GARDASIL 9 SUSY	4	+	<i>terconazole vaginal crea 0.4 %, 0.8 %</i>	1	MO; *			
HAVRIX SUSP	4	+	<i>terconazole vaginal supp 80 mg</i>	1	MO; *			
Immunobiologics								
IMOVAX RABIES (H.D.C.V.) INJ	4	B/D; +	Vaginal Estrogens					
IPOL INACTIVATED IPV INJ	4	+	<i>estradiol vaginal tabs 10 mcg</i>	1	MO; *			
IXIARO SUSP	4	+	ESTRING RING	3	MO; +			
M-M-R II SOLR	4	+	FEMRING RING	3	MO; +			
PROQUAD SUSR	4	+	PREMARIN CREA VA 0.625 MG/GM	2	MO; +			
RABAVERT SUSR	4	B/D; +	Vaginal Progestins					
RECOMBIVAX HB SUSP	4	B/D; +	CRINONE GEL	3	PA; MO; +			
ROTARIX SUSR	3	+	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions					
ROTAQUE SOLN	2	+	Anaphylaxis Therapy Agents					
SHINGRIX SUSR	2	+	<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	2	MO; +			
TWINRIX SUSP	4	+	EPIPEN-JR 2-PAK SOAJ (<i>Epinephrine (Anaphylaxis)</i>)	2	MO; +			
TWINRIX SUSY	4	+	Neurogenic Orthostatic Hypotension (NOH) -					
VAQTA SUSP	4	+	NORTHERA CAPS 100 MG	5	PA; NDS;SL(18 ea daily); +			
VARIVAX INJ	4	+	NORTHERA CAPS 200 MG	5	PA; NDS;SL(9 ea daily); +			
YF-VAX INJ	4	+	NORTHERA CAPS 300 MG	5	PA; NDS;SL(6 ea daily); +			
ZOSTAVAX SUSR	2	+	Vasopressors					
VAGINAL AND RELATED PRODUCTS								
Vaginal Anti-infectives								
<i>dobutamine hcl soln</i>	4	+	<i>midodrine hcl tabs</i>	1	MO; *			

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

Drug Name	Drug Tier	Requirements/ Limits
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol caps</i>	1	MO; NT; *
<i>phytonadione tabs</i>	1	MO; NT; *

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abacavir sulfate	37	ALECENSA	31	amoxicillin	67
abacavir sulfate-lamivudine	37	alendronate sodium	51	amoxicillin & pot clavulanate	67
abacavir sulfate-lamivudine-zidovudine	37	alfuzosin hcl	56	amoxicillin-clarithromycin w/lansoprazole	72
ABELCET	23	ALIMTA	28	amphetamine-dextroamphetamine	1
ABILIFY MAINTENA	37	ALINIA	8	AMPHOTERICIN B	23
abiraterone acetate	30	ALIQOPA	31	ampicillin	67
ABRAXANE	33	aliskiren fumarate	27	ampicillin & sulbactam sodium	67
ABSORICA	45	allopurinol	56	ampicillin sodium	67
ABSTRAL	4	almotriptan malate	60	AMRIX	62
acamprosate calcium	68	ALOCRIL	65	ANADROL-50	7
acarbose	17	alogliptin benzoate	19	anagrelide hcl	56
acebutolol hcl	40	alogliptin-metformin hcl	18	anastrozole	30
acetaminophen w/ codeine	6	alogliptin-pioglitazone	18	ANORO ELLIPTA	12
acetazolamide	51	ALOMIDE	65	ANTARA	24
acetic acid	56	alosetron hcl	55	APIDRA	19
acetic acid (otic)	66	ALPHAGAN P	64	APIDRA SOLOSTAR	19
acetylcysteine	45	alprazolam	10	APLENZIN	16
acitretin	47	ALREX	65	APOKYN	34
ACTEMRA	2	ALTOPREV	24	apraclonidine hcl	64
ACTHAR	52	ALUNBRIG	31	aprepitant	22
ACTHIB	72	ALVESCO	11	APTIOM	14
ACTIMMUNE	33	amantadine hcl	34	APTIVUS	37
ACTOPLUS MET XR	18	AMBISOME	23	ARALAST NP	70
ACUVAIL	65	ambrisentan	42	ARANESP ALBUMIN FREE	57
acyclovir	39	amcinonide	48	ARCALYST	2
acyclovir sodium	39	AMICAR	58	ARCAPTA NEOHALER	12
acyclovir topical	48	amikacin sulfate	2	argatroban	13
ADACEL	71	amiloride & hydrochlorothiazide	51	aripiprazole	37
adapalene	45	amiloride hcl	51	ARISTADA	37
adapalene-benzoyl peroxide	45	amino acid infusion 15%	64	ARISTADA INITIO	37
adefovir dipivoxil	39	aminocaproic acid	58	armodafinil	1
ADEMPAS	42	aminophylline	13	ARNUITY ELLIPTA	11
ADRIAMYCIN	30	aminosalicylic acid	27	ARRANON	28
ADVAIR HFA	12	amiodarone hcl	10	arsenic trioxide	33
AFINITOR	31	AMITIZA	55	ARZERRA	29
AFINITOR DISPERZ	31	amitriptyline hcl	17	ASMANEX HFA	11
AFREZZA	19	amlodipine besylate	40,41	ASMANEX TWISTHALER	120
AIMOVIG	60	amlodipine besylate-atorvastatin calcium	41	METERED DOSES	11
AJOVY	60	amlodipine besylate-benazepril hcl	26	ASMANEX TWISTHALER	14
AKYNZEO	22	amlodipine besylate-olmesartan medoxomil	26	METERED DOSES	11
albendazole	7	amlodipine besylate-valsartan	26	ASMANEX TWISTHALER	30
albuterol sulfate	12	amlodipine-valsartan-hydrochlorothiazide	26	METERED DOSES	11
alclometasone dipropionate	48	amoxapine	17	ASMANEX TWISTHALER	60
ALCOHOL PADS	59			METERED DOSES	11
ALDACTAZIDE	51			ASMANEX TWISTHALER	7
				METERED DOSES	11
				aspirin-dipyridamole	56

ASTAGRAF XL	61	BELSOMRA	58	BOSULIF	31
atazanavir sulfate	37	benazepril & hydrochlorothiazide	26	BOTOX	63
atenolol	40	benazepril hcl	25	BRAFTOVI	31
atenolol & chlorthalidone	26	BENDEKA	28	BREO ELLIPTA	12
ATGAM	61	BENLYSTA	62	BRILINTA	56
atomoxetine hcl	1	benzonatate	45	BRIVIACT	14
atorvastatin calcium	24	benzoyl peroxide-erythromycin	45	bromfenac sodium (ophth)	65
atovaquone	8	benztropine mesylate	34	bromocriptine mesylate	34
atovaquone-proguanil hcl	27	BEPREVE	65	BROVANA	12
ATRIPLA	37	BERINERT	56	budesonide	44
ATROVENT HFA	10	BESIVANCE	64	budesonide (inhalation)	11
AUBAGIO	68	BESPONSA	29	bumetanide	51
AUSTEDO	68	betamethasone dipropionate (topical)	48	BUNAVAIL	6
AVANDIA	19	betamethasone dipropionate augmented	48	buprenorphine	6,7
AVASTIN	29	betamethasone sod phosphate & acetate	44	BUPRENORPHINE	7
AVEED	7	betamethasone valerate	48	buprenorphine hcl	6
AVONEX	69	BETASERON	69	buprenorphine hcl-naloxone hcl dihydrate	6
AVONEX PEN	69	betaxolol hcl	40	bupropion hcl	16
azacitidine	28	betaxolol hcl (ophth)	64	bupropion hcl (smoking deterrent)	69
AZASITE	64	bethanechol chloride	72	BUPROPION	
AZATHIOPRINE	61	BETHKIS	2	HYDROCHLORIDE ER (XL)	16
azathioprine	61	BETIMOL	64	buspirone hcl	9
azelaic acid	50	BETOPTIC-S	64	busulfan	28
azelastine hcl	63	BEVYXXA	13	butalbital-acetaminophen-caffeine w/ codeine	6
azelastine hcl (ophth)	65	bexarotene	33	butalbital-aspirin-caffeine w/cod	6
AZELEX	45	BEXSERO	72	BUTISOL SODIUM	58
AZITHROMYCIN	59	bicalutamide	30	butorphanol tartrate	7
azithromycin	59	BICILLIN L-A	67	BUTTRANS	7
AZOPT	65	BIDIL	41	BYDUREON	19
aztreonam	9	BIKTARVY	37	BYDUREON BCISE	19
bacitracin (ophthalmic)	64	bimatoprost	66	BYDUREON PEN	19
bacitracin-poly-neomycin-hc	65	bisacodyl-peg 3350-pot		BYETTA	19
bacitracin-polymyxin b (ophth)	64	chloride-sod bicarb-sod chloride	58	BYSTOLIC	40
baclofen	62	bisoprolol &		BYVALSON	26
BACLOFEN	62	hydrochlorothiazide	26	cabergoline	53
BACTROBAN NASAL	63	bisoprolol fumarate	40	CABOMETYX	31
balsalazide disodium	55	BIVIGAM	66	calcipotriene	47
BALVERSA	31	bleomycin sulfate	30	calcipotriene-betamethasone dipropionate	48
BANZEL	14	BLEPHAMIDE	65	calcitonin (salmon)	51
BARACLUDÉ	39	BLINCYTO	29	CALCITRIOL	47
BAVENCIO	29	BOOSTRIX	71	calcitriol	52,53
BAXDELA	54	BORTEZOMIB	31	calcium acetate (phosphate binder)	55
BCG VACCINE	72	bosentan	42		
BECONASE AQ	63				
BELEODAQ	31				

CALQUENCE.....	31
CAMBIA.....	60
CAMPATH.....	29
CAMPTOSAR.....	34
candesartan cilexetil.....	25
candesartan cilexetil-hydrochlorothiazide	26
CAPASTAT SULFATE.....	27
CAPEX.....	48
CAPRELSA.....	31
captopril.....	25
captopril & hydrochlorothiazide.....	26
CARAC.....	47
CARAFATE.....	71
CARBAGLU.....	53
carbamazepine.....	14
CARBATROL.....	14
carbidopa.....	34
carbidopa-levodopa.....	34
CARBIDOPA/LEVODOPA/ENTA CAPONE	34
carbinoxamine maleate.....	23
carboplatin.....	28
CARDIZEM LA.....	41
CARDURA XL.....	56
carisoprodol.....	62
carisoprodol w/ aspirin.....	63
carisoprodol w/ aspirin & codeine.....	63
carmustine.....	28
carteolol hcl (ophth).....	64
carvedilol.....	40
carvedilol phosphate.....	40
CAVERJECT.....	41
CAVERJECT IMPULSE.....	41
CAYSTON.....	9
cefaclor.....	43
cefaclor monohydrate.....	43
cefadroxil.....	42
cefazolin sodium.....	43
cefdinir.....	43
CEFEPIME.....	43
cefepime hcl.....	43
cefixime.....	43
cefoxitin sodium.....	43
cefopodoxime proxetil.....	43
cefprozil.....	43
ceftazidime.....	43
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	43
ceftriaxone sodium.....	43
cefuroxime axetil.....	43
cefuroxime sodium.....	43
celecoxib.....	2
CELONTIN.....	15
CENTANY.....	46
cephalexin.....	43
CERDELGA.....	57
CEREZYME.....	57
CESAMET.....	22
cetirizine hcl.....	23
CETRAXAL.....	66
cevimeline hcl.....	62
CHANTIX.....	69
CHANTIX CONTINUING MONTHPAK.....	69
CHANTIX STARTING MONTHPAK.....	69
CHEMET.....	22
CHENODAL.....	55
CHLORAMPHENICOL SODIUM SUCCINATE	8
chlordiazepoxide-amitriptyline	68
chlorhexidine gluconate (mouth-throat).....	62
chloroquine phosphate.....	27
chlorothiazide.....	51
CHLOROTHIAZIDE.....	51
CHLORPROMAZINE HCL	36
chlorpromazine hcl.....	36
chlorthalidone.....	51
chlorzoxazone.....	62
cholestyramine.....	24
cholestyramine light.....	24
choline fenofibrate.....	24
CHORIONIC GONADOTROPIN.....	52
CIALIS.....	41
ciclopirox.....	46
ciclopirox olamine.....	46
cidofovir.....	39
cilstostazol.....	56
CILOXAN.....	64
CIMDUO.....	37
cimetidine.....	71
CIMZIA.....	55
CIMZIA STARTER KIT.....	55
cinacalcet hcl.....	53
CINQAIR.....	10
CINRYZE.....	56
CIPRO.....	54
CIPRO HC.....	66
CIPRODEX.....	66
ciprofloxacin.....	54
CIPROFLOXACIN.....	66
ciprofloxacin hcl.....	54
ciprofloxacin hcl (ophth).....	64
ciprofloxacin in d5w.....	54
ciprofloxacin-ciprofloxacin hcl	54
CISPLATIN.....	28
cisplatin.....	28
citalopram hydrobromide.....	16
cladribine.....	28
CLARINEX-D 12 HOUR.....	45
clarithromycin.....	59
clemastine fumarate.....	23
CLENPIQ.....	58
CLEOCIN.....	73
CLIMARA PRO.....	54
CLINDAGEL.....	45
clindamycin hcl.....	8
clindamycin palmitate hydrochloride.....	9
clindamycin phosphate.....	9
CLINDAMYCIN PHOSPHATE.....	46
clindamycin phosphate (topical).....	45
clindamycin phosphate in d5w	9
clindamycin phosphate vaginal.....	73
clindamycin phosphate-benzoyl peroxide.....	46
clindamycin phosphate-benzoyl peroxide (refrigerate).....	46
clindamycin phosphate-tretinoin	46
CLINIMIX 4.25%/DEXTROSE 5%.....	64
clobazam.....	13
clobetasol propionate.....	48
clobetasol propionate emollient base.....	48
CLOCORTOLONE PIVALATE PUMP.....	48

clofarabine.....	28	crotamiton.....	50	DEPAKOTE ER.....	15
clomipramine hcl.....	17	CRYSVITA.....	53	DEPAKOTE SPRINKLES.....	15
clonazepam.....	13	CUVITRU.....	66	DEPEN TITRATABS.....	61
clonidine.....	26	cyanocobalamin.....	57	DEPO-MEDROL.....	44
clonidine hcl.....	26	cyclobenzaprine hcl.....	63	DEPO-PROVERA.....	30
clopидogrel bisulfate.....	56	cyclopentolate hcl.....	64	DEPO-SUBQ PROVERA.....	
clorazepate dipotassium.....	10	cyclophosphamide.....	28	104.....	44
clotrimazole.....	62	CYCLOSET.....	19	DESCOZY.....	37
clotrimazole (topical).....	46	cyclosporine.....	61	desipramine hcl.....	17
clozapine.....	36	cyclosporine modified (for		desloratadine.....	23
CLOZAPINE.....	36	microemulsion).....	61	desmopressin acetate.....	53
clozapine.....	36	cyproheptadine hcl.....	24	desmopressin acetate spray.....	53
CLOZAPINE ODT.....	36	CYRAMZA.....	29	desmopressin acetate spray refrigerated.....	53
COARTEM.....	27	CYSTADANE.....	53	desogestrel & ethinyl estradiol.....	43
codeine sulfate.....	4	CYSTAGON.....	56	desogestrel-ethinyl estradiol (biphasic).....	43
colchicine.....	56	CYSTARAN.....	65	desonide.....	48
colchicine w/ probenecid.....	56	cytarabine.....	28	desoximetasone.....	48
colesevelam hcl.....	24	CYTARABINEAQUEOUS.....	28	DESVENLAFAKINE ER.....	17
colestipol hcl.....	24	DACARBAZINE.....	33	desvenlafaxine succinate.....	17
colistimethate sodium.....	9	dacarbazine.....	33	dexamethasone.....	44
COLY-MYCIN S.....	66	dactinomycin.....	30	DEXAMETHASONE SODIUM PHOSPHATE.....	44
COMBIGAN.....	64	DAKLINZA.....	39	dexamethasone sodium phosphate.....	44
COMBIPATCH.....	54	dalfampridine.....	69	dexamethasone sodium phosphate (ophth).....	65
COMBIVENT RESPIMAT.....	12	DALIRESP.....	11	DEXILANT.....	71
COMETRIQ.....	31	DALVANCE.....	8	dexmethylphenidate hcl.....	1
COMPLERA.....	37	danazol.....	7	dexrazoxane hcl.....	33
CONDYLOX.....	50	dantrolene sodium.....	63	dextroamphetamine sulfate.....	1
COPIKTRA.....	31	dapsone.....	8	dextrose.....	63
CORDRAN.....	48	DAPTACEL.....	71	DEXTROSE 2.5%/NAACL 0.45%.....	60
CORLANOR.....	42	daptomycin.....	8	dextrose in lactated ringers.....	61
CORTIFOAM.....	7	DARAPRIM.....	27	dextrose w/ sodium chloride.....	61
cortisone acetate.....	44	darifenacin hydrobromide.....	72	DIASTAT ACUDIAL.....	14
CORTISPORIN.....	46	DARZALEX.....	29	DIASTAT PEDIATRIC.....	14
CORTISPORIN-TC.....	66	DAUNORUBICIN HCL.....	31	diazepam.....	10
COSENTYX.....	47	DAUNORUBICIN HYDROCHLORIDE.....	31	diazepam (anticonvulsant).....	14
COSENTYX SENSOREADY PEN.....	47	DAURISMO.....	29	DIAZEPAM RECTAL GEL.....	14
COTELLIC.....	31	DAYTRANA.....	1	DICLOFENAC EPOLAMINE.....	46
COUMADIN.....	13	decitabine.....	28	diclofenac potassium.....	2
CREON.....	50	deferasirox.....	22	diclofenac sodium.....	3
CRESEMBA.....	23	DELESTROGEN.....	54	diclofenac sodium (actinic keratoses).....	47
CRINONE.....	73	DELSTRIGO.....	37	diclofenac sodium (ophth).....	65
CRIXIVAN.....	37	demeclercycline hcl.....	70	diclofenac sodium (topical).....	46
cromolyn sodium.....	10	DEMSER.....	25		
cromolyn sodium (mastocytosis).....	55	DENAVIR.....	48		
cromolyn sodium (ophth)....	65	DEPAKENE.....	15		
		DEPAKOTE.....	15		

diclofenac w/ misoprostol	3	doxycycline hydiate	70	ENGERIX-B	73
dicloxacillin sodium	67	dronabinol	22	enoxaparin sodium	13
dicyclomine hcl	71	drospirenone-ethinyl		ENSTILAR	49
didanosine	37	estradiol	43	entacapone	34
DIFICID	59	drospirenone-ethinyl estradiol-levomefolate calcium	43	entecavir	39
diflorasone diacetate	49	DROXIA	57	ENTRESTO	41
diflunisal	4	DUAVEE	54	ENTYVIO	55
DIGOXIN	41	DUEXIS	3	ENVARSUS XR	61
digoxin	41	DULERA	12	EPCLUSA	39
dihydroergotamine mesylate	60	duloxetine hcl	17	EPIDIOLEX	14
DILANTIN INFATABS	15	DUOPA	34	epinastine hcl (ophth)	66
DILANTIN-125	15	DUREZOL	65	epinephrine (anaphylaxis)	73
DILATRATE SR	9	dutasteride	56	EPIPEN-JR 2-PAK	73
DILAUDID	4	dutasteride-tamsulosin hcl	56	epirubicin hcl	31
diltiazem hcl	41	DUZALLO	56	EPIVIR HBV	39
diltiazem hcl coated beads	41	DYMISTA	63	eplerenone	27
diltiazem hcl extended release beads	41	DYRENIUM	51	EPOGEN	57
DIPENTUM	55	econazole nitrate	46	eprosartan mesylate	26
diphenhydramine hcl	23	EDARBI	25	EQUETRO	35
diphenoxylate w/ atropine	22	EDARBYCLOR	26	ERAXIS	23
DIPHHERIA/TETANUS TOXOIDS ADSORBED		EDEX	41	ERBITUX	29
PEDIATRIC	71	EDLUAR	58	ergocalciferol	74
dipyridamole	57	EDURANT	37	ergoloid mesylates	69
disopyramide phosphate	10	efavirenz	37	ergotamine tartrate	60
disulfiram	68	EGRIFTA	52	ergotamine w/ caffeine	59
divalproex sodium	15	ELELYSO	57	ERIVEDGE	29
DIVIGEL	54	ELESTRIN	54	ERLEADA	30
dobutamine hcl	73	eletriptan hydrobromide	60	erlotinib hcl	31
docetaxel	33	ELIGARD	30	ERTACZO	46
dofetilide	10	ELIQUIS	13	ertapenem sodium	8
donepezil hydrochloride	68	ELIQUIS STARTER PACK	13	ERWINAZE	33
DOPTELET	57	ELITEK	33	ERYPED 400	59
DORIBAX	8	ELLA	44	ERYTHROCIN	
DORIPENEM	8	ELMIRON	56	LACTOBIONATE	59
dorzolamide hcl	66	EMCYT	30	erythromycin (acne aid)	46
dorzolamide hcl-timolol maleate	64	EMFLAZA	44	erythromycin (ophth)	64
DOVATO	37	EMGALITY	60	erythromycin base	59
doxazosin mesylate	26	EMPLICITI	29	erythromycin ethylsuccinate	59
doxepin hcl	17	EMSAM	16	ESBRIET	70
doxepin hcl (antipruritic)	47	EMTRIVA	38	escitalopram oxalate	16
doxercalciferol	53	enalapril maleate	25	esomeprazole magnesium	71
doxorubicin hcl	31	enalapril maleate & hydrochlorothiazide	26	esomeprazole sodium	71
doxorubicin hcl liposomal	31	ENBREL	3	estradiol	54
DOXYCYCLINE	50	ENBREL SURECLICK	4	estradiol & norethindrone acetate	54
doxycycline (monohydrate)	70	ENDARI	57	estradiol vaginal	73
				estradiol valerate	54

ESTRING.....	73	FENTORA.....	4
estropipate.....	54	FERRIPROX.....	22
eszopiclone.....	58	FETZIMA.....	17
ethacrynic acid.....	51	FETZIMA TITRATION PACK.....	17
ethambutol hcl.....	27	FIASP.....	19
ethosuximide.....	15	FIASP FLEXTOUCH.....	19
ethynodiol diacet & eth estradiol.....	43	FIBRICOR.....	24
etodolac.....	3	FINACEA.....	50
ETOPOPHOS.....	33	finasteride.....	56
etoposide.....	33	FIRAZYR.....	56
EURAX.....	50	FIRDAPSE.....	27
EVAMIST.....	54	FIRMAGON.....	30
EVOMELA.....	28	FIRVANQ.....	8
EVOTAZ.....	38	FLAREX.....	65
EVZIO.....	22	flavoxate hcl.....	72
EXELDERM.....	46	FLEBOGAMMA DIF.....	66
exemestane.....	30	flecainide acetate.....	10
EXJADE.....	22	FLECTOR.....	46
EXONDYS 51.....	63	FLOVENT DISKUS.....	11
EXTAVIA.....	69	FLOVENT HFA.....	11
EYLEA.....	64	fluconazole.....	23
ezetimibe.....	25	fluconazole in dextrose.....	23
ezetimibe-simvastatin.....	24	fluconazole in nacl.....	23
FABIOR.....	46	flucytosine.....	23
FABRAZYME.....	53	fludarabine phosphate.....	28
famciclovir.....	40	fludrocortisone acetate.....	45
famotidine.....	71	flunisolide (nasal).....	63
FANAPT.....	35	fluocinolone acetonide.....	49
FANAPT TITRATION PACK	35	fluocinolone acetonide (otic).....	66
FARXIGA.....	21	fluocinonide.....	49
FARYDAK.....	31	fluocinonide emulsified base.....	49
FASENRA.....	10	fluorometholone (ophth).....	65
FASLODEX.....	30	fluorouracil.....	28
fat emulsion plant based.....	63	FLUOROURACIL.....	47
FAZACLO.....	36	fluorouracil (topical).....	47
felbamate.....	15	fluoxetine hcl.....	16
felodipine.....	41	fluphenazine decanoate.....	36
FEMRING.....	73	fluphenazine hcl.....	36
FENOFIBRATE.....	24	FLUPHENAZINE HCL.....	36
fenofibrate.....	24	fluphenazine hcl.....	36
fenofibrate micronized.....	24	flurandrenolide.....	49
FENOFIBRIC ACID.....	24	flurbiprofen.....	3
fentanyl.....	4	flurbiprofen sodium.....	66
fentanyl citrate.....	4	flutamide.....	30
FENTANYL CITRATE.....	4	fluticasone propionate.....	49
		fluticasone propionate (nasal).....	63
		fluticasone-salmeterol.....	12
		fluvastatin sodium.....	24
		fluvoxamine maleate.....	16
		FML.....	65
		FML FORTE.....	65
		folic acid.....	57
		FOLOTYN.....	28
		fondaparinux sodium.....	13
		FORFIVO XL.....	16
		FORTEO.....	51
		FOSAMAX PLUS D.....	51
		fosamprenavir calcium.....	38
		fosinopril sodium.....	25
		fosinopril sodium & hydrochlorothiazide.....	26
		fosphénytoïn sodium.....	15
		FRAGMIN.....	13
		frovatriptan succinate.....	60
		FULVESTANT.....	30
		fulvestrant.....	30
		furosemide.....	51
		FUZEON.....	38
		FYCOMPA.....	13
		gabapentin.....	14
		GALAFOLD.....	53
		galantamine hydrobromide ..	68
		GALZIN.....	61
		GAMASTAN.....	66
		GAMASTAN S/D.....	66
		GAMMAGARD LIQUID.....	66
		GAMMAKED.....	66
		GAMMAPLEX.....	66
		GAMUNEX-C.....	66
		ganciclovir sodium.....	39
		GARDASIL 9.....	73
		gatifloxacin (ophth).....	64
		GATTEX.....	55
		gauze pads 2" X 2".....	59
		GAZYVA.....	29
		GELNIQUE.....	72
		GELNIQUE PUMP.....	72
		GEMCITABINE.....	28
		gemcitabine hcl.....	28

GEMCITABINE HYDROCHLORIDE.....	28	HAVRIX.....	73
gemfibrozil.....	24	HEMANGEOL.....	40
GENOTROPIN.....	52	heparin sodium (porcine)	13
GENOTROPIN MINIQUICK.....	52	HERCEPTIN.....	29
gentamicin sulfate.....	2	HERCEPTIN HYLECTA.....	31
gentamicin sulfate (ophth).....	64	HETLIOZ.....	58
gentamicin sulfate (topical)	46	HEXALEN.....	28
GENTAMICIN SULFATE PEDIATRIC.....	2	HIBERIX.....	72
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	2	HIZENTRA.....	67
GENVOYA.....	38	HORIZANT.....	69
GEODON.....	35	HUMALOG.....	20
GILENYA.....	69	HUMALOG JUNIOR.....	
GILOTrif.....	31	KWIKPEN.....	20
GLASSIA.....	70	HUMALOG KWIKPEN.....	20
glatiramer acetate.....	69	HUMALOG MIX 50/50.....	20
GLEOSTINE.....	28	HUMALOG MIX 50/50.....	
glimepiride.....	21	KWIKPEN.....	20
glipizide.....	21	HUMALOG MIX 75/25.....	20
glipizide-metformin hcl.....	18	HUMALOG MIX 75/25.....	
GLUCAGEN HYPOKIT.....	19	KWIKPEN.....	20
GLUCAGON EMERGENCY KIT.....	19	HUMATROPE.....	52
glyburide.....	21	HUMATROPE COMBO PACK.....	52
glyburide micronized.....	21	HUMIRA.....	2
glyburide-metformin.....	18	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	2
glycopyrrolate.....	71	HUMIRA PEN.....	2
GOCOVRI.....	34	HUMIRA PEN-CD/UC/HS STARTER.....	2
GOLYTELY.....	58	HUMIR A PEN-PS/UV STARTER.....	2
GRALISE.....	69	HUMULIN 70/30.....	20
GRALISE STARTER.....	69	HUMULIN 70/30.....	
granisetron hcl.....	22	KWIKPEN.....	20
GRANIX.....	57	HUMULIN N.....	20
griseofulvin microsize.....	23	HUMULIN N KWIKPEN.....	20
griseofulvin ultramicrosize	23	HUMULIN R.....	20
guanfacine hcl.....	26	HUMULIN R U-500 (CONCENTRATED).....	20
guanfacine hcl (adhd).....	1	HUMULIN R U-500.....	
GUANIDINE HCL.....	27	KWIKPEN.....	20
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linezolid	9
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pilocarpine hcl	64	prednisolone acetate (ophth)	65	propylthiouracil	70
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SYMPAZAN	14	TEMODAR	28
SYMTUZA	38	temsirolimus	32
SYNAGIS	67	TENIVAC	71
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SYNTROID	70	testosterone cypionate	7
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TASIGNA	32	tigecycline	70
TAVALISSE	56	timolol maleate	40
TAYTULLA	44	timolol maleate (ophth)	64
tazarotene	47	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	64
TAZORAC	47	TIMOPTIC OCUDOSE	64
		TIMOPTIC-XE	64
		tinidazole	8
		TIVICAY	39
		tizanidine hcl	63
		TOBI PODHALER	2
		TOBRADEX	65
		TOBRADEX ST	65
		tobramycin	2
		tobramycin (ophth)	65
		tobramycin sulfate	2
		tobramycin-dexamethasone	65
		TOBREX	65
		tolazamide	21
		tolbutamide	21
		tolcapone	34
		tolmetin sodium	3
		tolterodine tartrate	72
		topiramate	15
		topotecan hcl	34
		toremifene citrate	30
		torsemide	51
		TOUJEO MAX SOLOSTAR	21
		TOUJEO SOLOSTAR	21
		TOVIAZ	72
		TPN ELECTROLYTES	61
		TRACLEER	42
		TRADJENTA	19
		tramadol hcl	6
		tramadol-acetaminophen	6
		trandolapril	25
		trandolapril-verapamil hcl	27
		tranexamic acid	58
		TRANSDERM SCOP	22
		TRANSDERM-SCOP	22
		tranylcyprromine sulfate	16
		TRAVATAN Z	66
		trazodone hcl	17
		TREANDA	28
		TRECATOR	28
		TRELEGY ELLIPTA	13
		TRELSTAR MIXJECT	30
		TREMFYA	47
		treprostinil	42
		TRESIBA FLEXTOUCH	21
		tretinoin	46

tretinoin (chemotherapy)	33	valproic acid	16	VIOKACE	50
tretinoin microsphere	46	valrubicin	31	VIRACEPT	39
TREXIMET	60	valsartan	26	VIREAD	39
triamcinolone acetonide	45	valsartan-hydrochlorothiazide	27	VISTOGARD	22
triamcinolone acetonide (mouth)	62	VALSTAR	31	VITRAKVI	32
triamcinolone acetonide (topical)	49	vancomycin hcl	8	VIZIMPRO	32
triamterene & hydrochlorothiazide	51	VANCOMYCIN HCL IN DEXTROSE	8	voriconazole	23
treintine hcl	61	VANCOMYCIN HYDROCHLORIDE	8	VOSEVI	39
trifluoperazine hcl	37	VANTAS	30	VOTRIENT	32
trifluridine	65	VAQTA	73	VPRIV	57
trihexyphenidyl hcl	34	vardenafil hcl	42	VRAYLAR	35
trimethobenzamide hcl	22	VARIVAX	73	VYVANSE	1
trimethoprim	8	VARIZIG	67	VYXEOS	31
trimipramine maleate	17	VARUBI	23	warfarin sodium	13
TRINTELLIX	17	VASCEPA	24	water for irrigation, sterile	62
TRIPTODUR	52	VECTIBIX	29	XALKORI	32
TRISENOX	33	VECTICAL	48	XARELTO	13
TRIUMEQ	39	VELCADE	32	XARELTO STARTER PACK	13
TROGARZO	39	VELTASSA	62	XATMEP	29
trospium chloride	72	VEMLIDY	39	XELJANZ	2
TRULICITY	19	VENCLEXTA	29	XELJANZ XR	2
TRUMENBA	73	VENCLEXTA STARTING PACK	29	XEOMIN	63
TRUVADA	39	venlafaxine hcl	17	XERESE	48
TUDORZA PRESSAIR	10	VENTAVIS	42	XERMELO	55
TWINRIX	73	VENTOLIN HFA	13	XGEVA	52
TYBOST	39	verapamil hcl	41	XIAFLEX	61
TYKERB	32	VERSACLOZ	36	XIFAXAN	8
TYMLOS	52	VERZENIO	32	XIGDUO XR	18
TYPHIM VI	73	VESICARE	72	XOLAIR	10
TYSABRI	69	VIBERZI	55	XOSPATA	32
TYVASO	42	VIBRAMYCIN	70	XPOVIO 100 MG ONCE WEEKLY	30
TYVASO REFILL	42	VICTOZA	19	XPOVIO 60 MG ONCE WEEKLY	30
TYVASO STARTER	42	VIDEX EC	39	XPOVIO 80 MG ONCE WEEKLY	30
UCERIS	7	VIDEXPEDIATRIC	39	XPOVIO 80 MG TWICE WEEKLY	30
ULORIC	56	vigabatrin	15	XTANDI	30
ULTRAVATE	49	VIIBRYD	17	XURIDEN	53
UPTRAVI	42	VIIBRYD STARTER PACK	17	XYREM	68
ursodiol	55	VIMIZIM	53	YEROVY	29
UVADEX	33	VIMOVO	3	YF-VAX	73
VABOMERE	8	VIMPAT	15	YONDELIS	28
valacyclovir hcl	40	VINBLASTINE SULFATE	34	YONSA	30
VALCHLOR	47	VINCRISTINE SULFATE	34	zafirlukast	11
valganciclovir hcl	39	vincristine sulfate	34	zaleplon	58
valproate sodium	15	vinorelbine tartrate	34	ZALTRAP	29

ZANOSAR.....	28
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ZELAPAR.....	35
ZELBORAF.....	32
ZEMAIRA.....	70
ZEMBRACE SYMTOUCH	60
ZENPEP.....	51
ZEPATIER.....	39
ZERIT.....	39
ZETONNA.....	63
zidovudine.....	39
zileuton.....	11
ZINPLAVA.....	67
ZIOPTAN.....	66
ziprasidone hcl.....	35
ZIPSOR.....	3
ZIRGAN.....	65
ZITHROMAX.....	59
ZOHYDRO ER.....	6
ZOLADEX.....	30
zoledronic acid.....	52
ZOLINZA.....	33
zolmitriptan.....	60
zolpidem tartrate.....	58
ZOMACTON.....	52
ZOMIG.....	60
ZONALON.....	47
zonisamide.....	15
ZONTIVITY.....	57
ZORTRESS.....	62
ZOSTAVAX.....	73
ZOSYN.....	67
ZUBSOLV.....	7
ZURAMPIC.....	56
ZYCLARA.....	50
ZYCLARA PUMP.....	50
ZYDELIG.....	33
ZYKADIA.....	33
ZYLET.....	65
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This formulary was updated on 10/09/2019. For more recent information or other questions, please contact Health Net Seniority Plus Employer (HMO) at 1-800-275-4737 or, for TTY users, 711, from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays, or visit healthnet.com.

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