



Health Net Seniority Plus Employer (HMO)

2021 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 21470, Version Number 20

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Health Net Seniority Plus Employer (HMO) at 1-800-275-4737 or, for TTY users, 711, from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays, or visit healthnet.com.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2021. 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, 2022, 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 the 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 both. 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 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2021. 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 or utilization restriction exception. **When you request a formulary 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 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.
GC	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.
GC*	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.
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.
NT	Non-TrOOP (Not Part D)	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>
^	Non-Extended Day Supply	This prescription drug may only be available for up to a one month supply. Call Member Services to ask if the drug is available as an extended supply.

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 and non-preferred generic drugs.
Tier 4 (Injectable Drugs)	Tier 4 copayment	Includes injectable drugs that do not meet the CMS cost threshold required to be placed on Tier 5.
Tier 5 (Specialty Tier)	Tier 5 copayment or coinsurance	Includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

Section 1557 Non-Discrimination Language Notice of Non-Discrimination

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

Health Net:

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

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

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

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

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

Member Services Telephone Numbers by State Chart

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

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

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

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

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

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

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

Armenian: Ուժեղացված լեզուների օգնություն, երբե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ

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

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

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

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

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

ខ្មែរ (Mon-Khmer, Cambodian): សេវាកម្មជំនួយភាសា ជំនួយជំនួស និងសេវាកម្មនានា នឹងទប់ ដែលមានជម្រើស រឺ សេវាផ្សេងទៀត ដែលសេវាកម្មកអាចរកបានសោយឥតគិតថ្លៃ។ សេវាទាំងនេះ គឺមានសេវា ៖ រៀនសូត្រ រឺ ព័ត៌មានផ្សេងៗទៀត។

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

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

ไทย Thai): การช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติดต่อ

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine-dextroamphetamine cp24</i>	1	QL(4 ea daily); MO; GC
<i>amphetamine-dextroamphetamine tabs</i>	1	QL(4 ea daily); MO; GC
<i>dextroamphetamine sulfate cp24 10 mg, 5 mg, 15 mg</i>	1	QL(6 ea daily); MO; GC
<i>dextroamphetamine sulfate tabs 2.5 mg, 7.5 mg, 10 mg, 5 mg</i>	1	QL(6 ea daily); MO; GC
VYVANSE CAPS 10 MG	3	SL(7 ea daily); MO; GC*
VYVANSE CAPS 20 MG	3	SL(3.5 ea daily); MO; GC*
VYVANSE CAPS 30 MG	3	SL(2.33 ea daily); MO; GC*
VYVANSE CAPS 40 MG	3	SL(1.75 ea daily); MO; GC*
VYVANSE CAPS 50 MG	3	SL(1.4 ea daily); MO; GC*
VYVANSE CAPS 60 MG	3	SL(1.16 ea daily); MO; GC*
VYVANSE CAPS 70 MG	3	SL(1 ea daily); MO; GC*
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg</i>	1	SL(10 ea daily); MO; GC
<i>atomoxetine hcl caps 100 mg</i>	1	SL(1 ea daily); MO; GC
<i>atomoxetine hcl caps 18 mg</i>	1	SL(5.55 ea daily); MO; GC
<i>atomoxetine hcl caps 25 mg</i>	1	SL(4 ea daily); MO; GC
<i>atomoxetine hcl caps 40 mg</i>	1	SL(2.5 ea daily); MO; GC
<i>atomoxetine hcl caps 60 mg</i>	1	SL(1.66 ea daily); MO; GC
<i>atomoxetine hcl caps 80 mg</i>	1	SL(1.25 ea daily); MO; GC
<i>guanfacine hcl (adhd) tb24</i>	1	AL(Up to 64 yrs old); MO; GC
Dopamine and Norepinephrine Reuptake		

Drug Name	Drug Tier	Requirements/Limits
SUNOSI TABS 150 MG	3	PA; SL(1 ea daily); MO; GC*
SUNOSI TABS 75 MG	3	PA; SL(2 ea daily); MO; GC*
Histamine H3-Receptor Antagonist/Inverse		
WAKIX TABS	5^	PA; GC*
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; MO; GC
DAYTRANA PTCH	3	MO; GC*
<i>dexmethylphenidate hcl cp24 10 mg</i>	1	SL(4 ea daily); MO; GC
<i>dexmethylphenidate hcl cp24 15 mg</i>	1	SL(2.66 ea daily); MO; GC
<i>dexmethylphenidate hcl cp24 20 mg</i>	1	SL(2 ea daily); MO; GC
<i>dexmethylphenidate hcl cp24 25 mg</i>	1	SL(1.6 ea daily); MO; GC
<i>dexmethylphenidate hcl cp24 30 mg</i>	1	SL(1.33 ea daily); MO; GC
<i>dexmethylphenidate hcl cp24 35 mg</i>	1	SL(1.14 ea daily); MO; GC
<i>dexmethylphenidate hcl cp24 40 mg</i>	1	SL(1 ea daily); MO; GC
<i>dexmethylphenidate hcl cp24 5 mg</i>	1	SL(8 ea daily); MO; GC
<i>dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1	MO; GC
<i>methylphenidate hcl cp24 60 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO; GC
<i>methylphenidate hcl cpcr 20 mg</i>	1	QL(2 ea daily); MO; GC
<i>methylphenidate hcl cpcr 30 mg</i>	1	MO; GC
<i>methylphenidate hcl cpcr 40 mg, 60 mg, 10 mg, 50 mg</i>	1	QL(1 ea daily); MO; GC
<i>methylphenidate hcl tabs 10 mg, 20 mg, 5 mg</i>	1	QL(3 ea daily); MO; GC
<i>methylphenidate hcl tb24 18 mg, 27 mg, 36 mg, 54 mg</i>	1	Non-Osmotic Release; GC

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl tbc</i> 20 mg	1	QL(3 ea daily); MO; GC
<i>methylphenidate hcl tbc</i> 36 mg, 54 mg, 18 mg, 27 mg	1	MO; GC
<i>modafinil tabs</i> 100 mg	1	PA; MO; GC
<i>modafinil tabs</i> 200 mg	1	PA; QL(1 ea daily); MO; GC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

Allergenic Extracts

GRASTEK SUBL	3	PA; MO; GC*
ORALAIR SUBL	3	PA; MO; GC*

AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides

<i>amikacin sulfate soln</i>	4	MO; GC*
ARIKAYCE SUSP	5^	PA; MO; GC*
<i>gentamicin in saline soln</i> 0.9 %-1 mg/ml	4	GC*
<i>gentamicin sulfate soln</i>	4	MO; GC*
<i>neomycin sulfate tabs</i>	1	MO; GC
<i>paromomycin sulfate caps</i>	1	MO; GC
TOBI PODHALER CAPS	5^	GC*
<i>tobramycin nebu</i> 300 mg/4ml	5^	B/D; GC*
<i>tobramycin nebu</i> 300 mg/5ml	1	B/D; GC
<i>tobramycin sulfate soln</i> 1.2 gm/30ml, 80 mg/2ml	4	MO; GC*
<i>tobramycin sulfate solr</i> 1.2 gm	4	GC*

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

Anti-TNF-alpha - Monoclonal Antibodies

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5^	PA; GC*
HUMIRA PEN PNKT	5^	PA; GC*
HUMIRA PEN-CD/UC/HS STARTER PNKT	5^	PA; GC*
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	5^	PA; GC*
HUMIRA PEN-PS/UV STARTER PNKT	5^	PA; GC*
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; GC*
SIMPONI ARIA SOLN	5^	PA; GC*
SIMPONI SOAJ	5^	PA; GC*
SIMPONI SOSY	5^	PA; GC*
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS	5^	PA; GC*
RINVOQ TB24	5^	PA; GC*
XELJANZ SOLN	5^	PA; GC*
XELJANZ TABS	5^	PA; GC*
XELJANZ XR TB24	5^	PA; GC*
Antirheumatic Antimetabolites		
OTREXUP SOAJ	4	PA; GC*
RASUVO SOAJ	4	PA; GC*
Gold Compounds		
RIDAURA CAPS	5^	MO; GC*
Interleukin-1 Blockers		
ARCALYST SOLR	5^	GC*
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	5^	PA; LA; MO; GC*

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

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1beta Blockers		
ILARIS SOLN	5 [^]	PA; LA; GC*
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	5 [^]	PA; GC*
ACTEMRA SOSY	5 [^]	PA; GC*
KEVZARA SOAJ	5 [^]	PA; GC*
KEVZARA SOSY	5 [^]	PA; GC*
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib caps</i>	1	MO; GC
<i>diclofenac potassium tabs 50 mg</i>	1	MO; GC
<i>diclofenac sodium tb24</i>	1	MO; GC
<i>diclofenac sodium tbec</i>	1	MO; GC
<i>diclofenac w/ misoprostol tbec</i>	1	MO; GC
<i>etodolac caps</i>	1	MO; GC
<i>etodolac tabs</i>	1	MO; GC
<i>etodolac tb24</i>	1	MO; GC
<i>flurbiprofen tabs 100 mg</i>	1	MO; GC
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC; MO; GC
<i>ibuprofen tabs 400 mg</i>	1	SL(8 ea daily); MO; GC
<i>ibuprofen tabs 600 mg</i>	1	SL(5.33 ea daily); MO; GC
<i>ibuprofen tabs 800 mg</i>	1	SL(4 ea daily); MO; GC
<i>ibuprofen-famotidine tabs</i>	1	PA; MO; GC
INDOCIN SUSP OR 25 MG/5ML	3	AL(Up to 64 yrs old); MO; GC*
<i>indomethacin caps 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>indomethacin cpcr 75 mg</i>	1	AL(Up to 64 yrs old); MO; GC

Drug Name	Drug Tier	Requirements/ Limits
<i>ketoprofen cp24 200 mg</i>	1	MO; GC
<i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i>	4	AL(Up to 64 yrs old); MO; GC*
<i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i>	4	AL(Up to 64 yrs old); MO; GC*
<i>ketorolac tromethamine tabs or 10 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>meclofenamate sodium caps 100 mg</i>	1	MO; GC
<i>mefenamic acid caps</i>	1	MO; GC
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	MO; GC
<i>nabumetone tabs</i>	1	MO; GC
NAPRELAN TB24 750 MG (naproxen sodium)	3	MO; GC*
<i>naproxen sodium tabs</i>	1	MO; GC
<i>naproxen sodium tb24</i>	1	MO; GC
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	MO; GC
<i>naproxen tbec 375 mg, 500 mg</i>	1	MO; GC
<i>naproxen-esomeprazole magnesium tbec</i>	5 [^]	PA; MO; GC*
<i>oxaprozin tabs</i>	1	MO; GC
<i>piroxicam caps</i>	1	MO; GC
<i>sulindac tabs</i>	1	MO; GC
ZIPSOR CAPS	3	MO; GC*
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	5 [^]	PA; GC*
OTEZLA TBPK	5 [^]	PA; GC*
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tabs</i>	1	MO; GC
Selective Costimulation Modulators		

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

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SOAJ	5^	PA; GC*
ORENCIA SOLR	5^	PA; GC*
ORENCIA SOSY	5^	PA; GC*
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	5^	PA; GC*
ENBREL SOLN	5^	PA; GC*
ENBREL SOLR	5^	PA; GC*
ENBREL SOSY	5^	PA; GC*
ENBREL SURECLICK SOAJ	5^	PA; GC*
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Salicylates		
<i>diflunisal tabs</i>	1	MO; GC
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate tabs 15 mg</i>	1	SL(24 ea daily); MO; GC
<i>codeine sulfate tabs 30 mg</i>	1	SL(12 ea daily); MO; GC
<i>codeine sulfate tabs 60 mg</i>	1	SL(6 ea daily); MO; GC
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5^	PA; QL(4 ea daily); MO; GC*
<i>fentanyl citrate lpop bu 200 mcg</i>	5^	PA; QL(8 ea daily); MO; GC*
<i>fentanyl citrate tabs bu 100 mcg</i>	5^	PA; QL(16 ea daily); MO; GC*
<i>fentanyl citrate tabs bu 200 mcg</i>	5^	PA; QL(8 ea daily); MO; GC*
<i>fentanyl citrate tabs bu 400 mcg, 600 mcg, 800 mcg</i>	5^	PA; QL(4 ea daily); MO; GC*

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	Limit 10 patches per month; QL(0.34 ea daily); MO; GC
FENTORA TABS 100 MCG (<i>fentanyl citrate</i>)	5^	PA; QL(16 ea daily); MO; GC*
FENTORA TABS 200 MCG (<i>fentanyl citrate</i>)	5^	PA; QL(8 ea daily); MO; GC*
FENTORA TABS 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	5^	PA; QL(4 ea daily); MO; GC*
<i>hydrocodone bitartrate cp12 or 10 mg, 15 mg</i>	1	PA; QL(3 ea daily); MO; GC
<i>hydrocodone bitartrate cp12 or 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL(2 ea daily); MO; GC
<i>hydrocodone bitartrate t24a or 100 mg, 120 mg, 80 mg</i>	1	PA; QL(1 ea daily); MO; GC
<i>hydrocodone bitartrate t24a or 20 mg, 30 mg, 40 mg, 60 mg</i>	1	PA; QL(2 ea daily); MO; GC
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	QL(50 ml daily); MO; GC
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	GC*
<i>hydromorphone hcl soln ij 2 mg/ml</i>	4	Preservative Free; GC*
<i>hydromorphone hcl soln ij 4 mg/ml, 1 mg/ml, 2 mg/ml</i>	4	MO; GC*
<i>hydromorphone hcl tabs or 2 mg, 4 mg</i>	1	QL(9 ea daily); MO; GC
<i>hydromorphone hcl tabs or 8 mg</i>	1	QL(6.25 ea daily); MO; GC
<i>hydromorphone hcl tb24 or 12 mg</i>	1	QL(4.17 ea daily); MO; GC
<i>hydromorphone hcl tb24 or 16 mg</i>	1	QL(3.14 ea daily); MO; GC
<i>hydromorphone hcl tb24 or 32 mg</i>	1	QL(1.57 ea daily); MO; GC
<i>hydromorphone hcl tb24 or 8 mg</i>	1	QL(6.27 ea daily); MO; GC
KADIAN CP24 200 MG	3	PA; QL(2 ea daily); GC*
LAZANDA SOLN 100 MCG/ACT	5^	PA; QL(1 ea daily); MO; GC*

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate tabs or 15 mg</i>	1	QL(13.34 ea daily); MO; GC
<i>morphine sulfate tabs or 30 mg</i>	1	QL(6.67 ea daily); MO; GC
<i>morphine sulfate tbc or 100 mg, 200 mg</i>	1	QL(2 ea daily); MO; GC
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg</i>	1	QL(3 ea daily); MO; GC
NUCYNTA TABS 100 MG	3	SL(7 ea daily); MO; GC*
NUCYNTA TABS 50 MG	3	SL(14 ea daily); MO; GC*
NUCYNTA TABS 75 MG	3	SL(9.33 ea daily); MO; GC*
<i>oxycodone hcl caps 5 mg</i>	1	QL(6 ea daily); MO; GC
<i>oxycodone hcl conc 100 mg/5ml</i>	1	QL(6 ml daily); MO; GC
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL(6 ea daily); MO; GC
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4.44 ea daily); MO; GC
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	QL(6 ea daily); MO; GC
<i>oxymorphone hcl tb12 10 mg</i>	1	QL(3 ea daily); MO; GC
<i>oxymorphone hcl tb12 15 mg</i>	1	QL(4.44 ea daily); MO; GC
<i>oxymorphone hcl tb12 20 mg</i>	1	QL(3.34 ea daily); MO; GC
<i>oxymorphone hcl tb12 30 mg</i>	1	QL(2.22 ea daily); MO; GC
<i>oxymorphone hcl tb12 40 mg</i>	1	QL(2 ea daily); MO; GC
<i>oxymorphone hcl tb12 5 mg</i>	1	QL(13.34 ea daily); MO; GC
<i>oxymorphone hcl tb12 7.5 mg</i>	1	QL(8.89 ea daily); MO; GC
SUBSYS LIQD 100 MCG	5^	PA; QL(16 ea daily); MO; GC*
SUBSYS LIQD 1200 MCG	5^	PA; QL(2 ea daily); GC*
SUBSYS LIQD 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5^	PA; QL(4 ea daily); MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
SUBSYS LIQD 200 MCG	5^	PA; QL(8 ea daily); MO; GC*
<i>tramadol hcl tabs 50 mg</i>	1	SL(8 ea daily); MO; GC
<i>tramadol hcl tb24 100 mg</i>	1	SL(3 ea daily); MO; GC
<i>tramadol hcl tb24 200 mg</i>	1	SL(1.5 ea daily); MO; GC
<i>tramadol hcl tb24 300 mg</i>	1	SL(1 ea daily); MO; GC
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml, 120 mg/5ml-12 mg/5ml</i>	1	Limit 4500mls per month; SL(150 ml daily); MO; GC
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	1	SL(13.3 ea daily); MO; GC
<i>acetaminophen w/ codeine tabs 30 mg-300 mg, 300 mg-30 mg</i>	1	SL(12 ea daily); MO; GC
<i>acetaminophen w/ codeine tabs 60 mg-300 mg</i>	1	SL(6 ea daily); MO; GC
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; GC
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	AL(Up to 64 yrs old); SL(6 ea daily); MO; GC
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	Limit 5535mls per month; SL(184.5 ml daily); MO; GC
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg, 7.5 mg-300 mg</i>	1	SL(13.3 ea daily); MO; GC
<i>hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-7.5 mg, 7.5 mg-325 mg</i>	1	SL(12.3 ea daily); MO; GC
<i>hydrocodone-ibuprofen tabs</i>	1	QL(5 ea daily); MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg</i>	1	SL(6 ea daily); MO; GC
<i>oxycodone w/ acetaminophen tabs 2.5 mg-325 mg, 325 mg-2.5 mg</i>	1	SL(12.3 ea daily); MO; GC
<i>oxycodone w/ acetaminophen tabs 325 mg-5 mg, 5 mg-325 mg</i>	1	SL(12 ea daily); MO; GC
<i>oxycodone w/ acetaminophen tabs 7.5 mg-325 mg</i>	1	SL(8 ea daily); MO; GC
<i>tramadol-acetaminophen tabs</i>	1	SL(8 ea daily); MO; GC
Opioid Partial Agonists		
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily); MO; GC
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg</i>	1	QL(3 ea daily); MO; GC
<i>buprenorphine hcl-naloxone hcl dihydrate film 3 mg-12 mg</i>	1	QL(2 ea daily); MO; GC
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-0.5 mg, 2 mg-8 mg</i>	1	QL(3 ea daily); MO; GC
<i>buprenorphine ptwk 10 mcg/hr</i>	1	Limit 8 patches per 28 days; SL(0.29 ea daily); MO; GC
<i>buprenorphine ptwk 15 mcg/hr</i>	1	Limit 5 patches per 28 days; SL(0.19 ea daily); MO; GC
<i>buprenorphine ptwk 20 mcg/hr</i>	1	Limit 4 patches per 28 days; SL(0.15 ea daily); MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine ptwk 5 mcg/hr</i>	1	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; GC
<i>buprenorphine ptwk 7.5 mcg/hr</i>	1	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; GC
<i>butorphanol tartrate soln ij 2 mg/ml</i>	4	MO; GC*
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	Limit 210mls per month;QL(7 ml daily); MO; GC
BUTRANS PTWK 7.5 MCG/HR (<i>buprenorphine</i>)	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; GC*
ZUBSOLV SUBL 0.36 MG-1.4 MG, 0.7 MG-0.18 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	3	QL(3 ea daily); MO; GC*
ZUBSOLV SUBL 2.1 MG-8.6 MG	3	QL(2 ea daily); MO; GC*
ZUBSOLV SUBL 2.9 MG-11.4 MG	3	QL(1 ea daily); MO; GC*
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone tabs 10 mg</i>	5 [^]	MO; GC*
<i>oxandrolone tabs 2.5 mg</i>	1	MO; GC
Androgens		
<i>AVEED SOLN</i>	3	LA; GC*
<i>danazol caps</i>	1	MO; GC
<i>methyltestosterone caps</i>	1	MO; GC
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	4	MO; GC*
<i>testosterone enanthate soln</i>	4	MO; GC*

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone gel td 20.25 mg/1.25gm, 40.5 mg/2.5gm, 1 %, 1.62 %, 25 mg/2.5gm, 50 mg/5gm</i>	1	MO; GC
<i>testosterone soln td 30 mg/act</i>	1	MO; GC
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTIFOAM FOAM	3	MO; GC*
<i>hydrocortisone (intrarectal) enem</i>	1	MO; GC
UCERIS FOAM RE 2 MG/ACT	3	MO; GC*
Rectal Steroids		
<i>hydrocortisone (rectal) crea</i>	1	MO; GC
Vasodilating Agents		
RECTIV OINT	3	MO; GC*
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	MO; GC
<i>ivermectin tabs or 3 mg</i>	1	MO; GC
<i>praziquantel tabs</i>	1	MO; GC
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
IMPAVIDO CAPS	5 [^]	MO; GC*
<i>metronidazole caps or 375 mg</i>	1	SL(10.6 ea daily); MO; GC
<i>metronidazole in nacl soln 0.79 %-5 mg/ml, 0.79 %-500 mg/100ml</i>	4	GC*
<i>metronidazole tabs or 250 mg</i>	1	SL(16 ea daily); MO; GC
<i>metronidazole tabs or 500 mg</i>	1	SL(8 ea daily); MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate solr ij</i>	4	MO; GC*
<i>pentamidine isethionate solr in</i>	1	B/D; MO; GC
<i>tinidazole tabs</i>	1	MO; GC
<i>trimethoprim tabs</i>	1	MO; GC
XIFAXAN TABS 200 MG	5^	MO; GC*
XIFAXAN TABS 550 MG	5^	QL(3 ea daily); MO; GC*
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim soln iv 400 mg/5ml-80 mg/5ml, 80 mg/5ml-400 mg/5ml</i>	4	MO; GC*
<i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml, 40 mg/5ml-200 mg/5ml</i>	1	MO; GC
<i>sulfamethoxazole-trimethoprim tabs or 400 mg-80 mg, 80 mg-400 mg, 160 mg-800 mg, 800 mg-160 mg</i>	1	MO; GC
Antiprotozoal Agents		
<i>atovaquone susp</i>	5^	MO; GC*
<i>nitazoxanide tabs</i>	1	MO; GC
Carbapenems		
<i>ertapenem sodium solr</i>	4	MO; GC*
<i>imipenem-cilastatin solr 250 mg-250 mg, 500 mg-500 mg</i>	1	MO; GC
<i>meropenem solr 1 gm</i>	4	MO; GC*
<i>meropenem solr 500 mg</i>	1	GC
VABOMERE SOLR	4	GC*
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	GC*
Cyclic Lipopeptides		

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin solr 500 mg</i>	5^	MO; GC*
Glycopeptides		
DALVANCE SOLR	5^	GC*
FIRVANQ SOLR 25 MG/ML	3	GC*
FIRVANQ SOLR 50 MG/ML	3	MO; GC*
ORBACTIV SOLR	5^	MO; GC*
<i>vancomycin hcl caps or 125 mg</i>	3	PA; QL(4 ea daily); MO; GC*
<i>vancomycin hcl caps or 250 mg</i>	5^	PA; QL(8 ea daily); MO; GC*
<i>vancomycin hcl solr iv 10 gm, 5 gm, 750 mg, 1 gm, 1000 mg</i>	4	GC*
<i>vancomycin hcl solr iv 500 mg</i>	4	MO; GC*
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	3	MO; GC*
VANCOMYCIN HYDROCHLORIDE/DEXT ROSE SOLN 1 GM/200ML-5 %, 5 %-500 MG/100ML, 750 MG/150ML-5 %	4	GC*
Leprostatics		
<i>dapsone tabs</i>	1	MO; GC
Lincosamides		
<i>clindamycin hcl caps</i>	1	MO; GC
<i>clindamycin palmitate hydrochloride solr</i>	1	MO; GC
<i>clindamycin phosphate in d5w soln</i>	4	GC*
<i>clindamycin phosphate soln 300 mg/2ml, 9 gm/60ml, 9000 mg/60ml</i>	4	GC*
<i>clindamycin phosphate soln 600 mg/4ml, 900 mg/6ml</i>	4	MO; GC*
<i>lincomycin hcl soln</i>	4	MO; GC*
Monobactams		

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

Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam solr</i>	4	MO; GC*
CAYSTON SOLR	5^	PA; LA; GC*
Oxazolidinones		
<i>linezolid in sodium chloride soln</i>	5^	GC*
<i>linezolid soln iv 600 mg/300ml</i>	5^	GC*
<i>linezolid susr or 100 mg/5ml</i>	5^	MO; GC*
<i>linezolid tabs or 600 mg</i>	1	MO; GC
SIVEXTRO SOLR IV	5^	GC*
SIVEXTRO TABS OR	5^	MO; GC*
ZYVOX SOLN IV 200 MG/100ML	5^	GC*
Pleuromutilins		
XENLETA TABS OR 600 MG	5^	PA; MO; GC*
Polymyxins		
<i>colistimethate sodium solr</i>	4	MO; GC*
<i>polymyxin b sulfate solr</i>	4	GC*
Streptogramins		
SYNERCID SOLR	5^	GC*
Urinary Anti-infectives		
<i>methenamine hippurate tabs</i>	1	MO; GC
<i>nitrofurantoin macrocrystal caps</i>	1	MO; GC
<i>nitrofurantoin monohyd macro caps</i>	1	MO; GC
<i>nitrofurantoin susp</i>	1	MO; GC
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine tb12</i>	1	MO; GC
Nitrates		

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1	MO; GC
<i>isosorbide dinitrate tabs 40 mg</i>	5^	MO; GC*
<i>isosorbide mononitrate tabs</i>	1	MO; GC
<i>isosorbide mononitrate tb24</i>	1	MO; GC
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	3	MO; GC*
<i>nitroglycerin oint td 2 %</i>	1	MO; GC
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.4 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	1	MO; GC
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	MO; GC
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO; GC
NITROSTAT SUBL (<i>nitroglycerin</i>)	2	MO; GC*
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs</i>	1	MO; GC
<i>hydroxyzine hcl soln im 50 mg/ml</i>	4	AL(Up to 64 yrs old); MO; GC*
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; GC
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>meprobamate tabs</i>	1	AL(Up to 64 yrs old); MO; GC
Benzodiazepines		
<i>alprazolam tabs</i>	1	MO; GC
<i>alprazolam tb24</i>	1	MO; GC
<i>alprazolam tbdp</i>	1	MO; GC
<i>clorazepate dipotassium tabs</i>	1	MO; GC
<i>diazepam conc or 5 mg/ml</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam soln ij 5 mg/ml, 50 mg/10ml</i>	1	MO; GC
<i>diazepam soln or 5 mg/5ml</i>	1	MO; GC
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	MO; GC
<i>lorazepam conc</i>	1	MO; GC
<i>lorazepam soln</i>	1	MO; GC
<i>lorazepam tabs</i>	1	MO; GC

ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms

Antiarrhythmics Type I-A

<i>disopyramide phosphate caps</i>	1	AL(Up to 64 yrs old); MO; GC
NORPACE CR CP12	3	AL(Up to 64 yrs old); MO; GC*
<i>quinidine gluconate tbc</i>	1	MO; GC
<i>quinidine sulfate tabs</i>	1	MO; GC

Antiarrhythmics Type I-B

<i>mexiletine hcl caps</i>	1	MO; GC
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Antiarrhythmics Type I-C

<i>flecainide acetate tabs 100 mg</i>	1	SL(4 ea daily); MO; GC
<i>flecainide acetate tabs 150 mg</i>	1	SL(2.66 ea daily); MO; GC
<i>flecainide acetate tabs 50 mg</i>	1	SL(8 ea daily); MO; GC
<i>propafenone hcl cp12</i>	1	MO; GC
<i>propafenone hcl tabs</i>	1	MO; GC

Antiarrhythmics Type III

<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	MO; GC
<i>dofetilide caps</i>	1	GC
MULTAQ TABS	2	MO; GC*

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions

Drug Name	Drug Tier	Requirements/Limits
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	B/D; MO; GC
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	5^	PA; LA; GC*
FASENRA SOSY	5^	PA; GC*
NUCALA SOLR 100 MG	5^	PA; LA; GC*
XOLAIR SOLR	5^	PA; LA; GC*
XOLAIR SOSY	5^	PA; LA; GC*
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	Limit 2 inhalers per month; QL(0.86 gm daily); MO; GC*
INCRUSE ELLIPTA AEPB	2	SL(1 ea daily); MO; GC*
<i>ipratropium bromide soln</i>	1	B/D; MO; GC
SPIRIVA HANDIHALER CAPS	2	SL(1 ea daily); MO; GC*
SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; GC*
Leukotriene Modulators		
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily); MO; GC
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily); MO; GC
<i>zafirlukast tabs</i>	1	MO; GC
<i>zileuton tb12</i>	5^	SL(4 ea daily); MO; GC*
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	QL(1 ea daily); MO; GC*
Steroid Inhalants		

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

Drug Name	Drug Tier	Requirements/Limits
ALVESCO AERS 160 MCG/ACT	3	Limit 2 inhalers per month;SL(0.41 gm daily); MO; GC*
ALVESCO AERS 80 MCG/ACT	3	Limit 4 inhalers per month;SL(0.82 gm daily); MO; GC*
ARNUIITY ELLIPTA AEPB	2	SL(1 ea daily); MO; GC*
ASMANEX HFA AERO 100 MCG/ACT	2	Limit 2 inhalers per month;SL(0.87 gm daily); MO; GC*
ASMANEX HFA AERO 200 MCG/ACT	2	Limit 1 inhaler per month;SL(0.44 gm daily); MO; GC*
ASMANEX HFA AERO 50 MCG/ACT	2	Limit 4 inhalers per month;SL(1.74 gm daily); MO; GC*
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 Inhaler Per Month;SL(0.04 ea daily); MO; GC*
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month;SL(0.04 ea daily); MO; GC*
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 8 inhalers per month;SL(0.29 ea daily); MO; GC*
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	2	Limit 8 inhalers per month;SL(0.27 ea daily); MO; GC*

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	2	Limit 4 inhalers per month;SL(0.14 ea daily); MO; GC*
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 2 Inhalers per month;SL(0.07 ea daily); MO; GC*
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 2 inhalers per month;SL(0.07 ea daily); MO; GC*
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	limit 35 inhalers per month;SL(1.17 ea daily); MO; GC*
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	B/D; QL(8 ml daily); MO; GC
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	B/D; QL(4 ml daily); MO; GC
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	B/D; QL(2 ml daily); MO; GC
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	SL(20 ea daily); MO; GC*
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	SL(8 ea daily); MO; GC*
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	SL(40 ea daily); MO; GC*
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month;QL(0.8 gm daily); MO; GC*
FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily); MO; GC*
PULMICORT FLEXHALER AEPB 180 MCG/ACT	3	Limit 2 inhalers per month;SL(0.07 ea daily); MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER AEPB 90 MCG/ACT	3	Limit 8 inhalers per month;SL(0.27 ea daily); MO; GC*
Sympathomimetics		
ADVAIR HFA AERO 21 MCG/ACT-115 MCG/ACT, 45 MCG/ACT-21 MCG/ACT	2	QL(4 gm daily); MO; GC*
ADVAIR HFA AERO 21 MCG/ACT-230 MCG/ACT	2	Limit 1 Inhaler per month;QL(0.4 gm daily); MO; GC*
ADVAIR HFA AERO 21 MCG/ACT-230 MCG/ACT	2	Limit 2 inhalers per month (Institutional Pack);QL(0.54 gm daily); MO; GC*
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %, 0.5 %, 2.5 mg/0.5ml</i>	1	B/D; MO; GC
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	MO; GC
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	MO; GC
ANORO ELLIPTA AEPB	2	QL(2 ea daily); MO; GC*
<i>arformoterol tartrate nebu</i>	1	B/D; MO; GC
BREO ELLIPTA AEPB 25 MCG/INH-100 MCG/INH, 25 MCG/INH-200 MCG/INH	2	Limit 1 inhaler per month;SL(2 ea daily); MO; GC*
BREO ELLIPTA AEPB 25 MCG/INH-100 MCG/INH, 25 MCG/INH-200 MCG/INH	2	Limit 2 inhalers per month (Institutional Pack);SL(2 ea daily); MO; GC*
COMBIVENT RESPIMAT AERS	3	Limit 3 inhalers per 2 months;SL(0.2 gm daily); MO; GC*

Drug Name	Drug Tier	Requirements/Limits
DULERA AERO 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT	2	Limit 1 Inhaler Per Month;SL(0.44 gm daily); MO; GC*
DULERA AERO 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT	2	Limit 2 inhalers per month;SL(0.59 gm daily); MO; GC*
DULERA AERO 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT	2	Limit 2 Inhalers per month;SL(0.59 gm daily); MO; GC*
DULERA AERO 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT, 5 MCG/ACT-50 MCG/ACT	2	Limit 1 inhaler per month;SL(0.44 gm daily); MO; GC*
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose</i>	1	SL(2 ea daily); MO; GC
<i>formoterol fumarate nebu</i>	1	B/D; SL(4 ml daily); MO; GC
<i>ipratropium-albuterol soln</i>	1	B/D; MO; GC
<i>levalbuterol hcl nebu</i>	1	B/D; MO; GC
<i>levalbuterol tartrate aero</i>	3	MO; GC*
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	3	B/D; SL(4 ml daily); MO; GC*
PROAIR HFA AERS (<i>albuterol sulfate</i>)	2	MO; GC*
PROAIR RESPICLICK AEPB	2	MO; GC*
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	2	MO; GC*
SEREVENT DISKUS AEPB	2	QL(2 ea daily); MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;SL(0.14 gm daily); MO; GC*
STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO; GC*
SYMBICORT AERO 4.5 MCG/ACT-160 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 2 inhalers per month (Institutional Pack);SL(0.4 gm daily); MO; GC*
SYMBICORT AERO 4.5 MCG/ACT-160 MCG/ACT, 4.5 MCG/ACT-80 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 1 inhaler per month;SL(0.34 gm daily); MO; GC*
SYMBICORT AERO 4.5 MCG/ACT-80 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 2 inhalers per month (Institutional Pack);SL(0.46 gm daily); MO; GC*
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	1	MO; GC
TRELEGY ELLIPTA AEPB 25 MCG/INH-62.5 MCG/INH	2	MO; GC*
TRELEGY ELLIPTA AEPB 25 MCG/INH-62.5 MCG/INH-200 MCG/INH	2	SL(2 ea daily); MO; GC*
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	3	MO; GC*
Xanthines		
<i>aminophylline soln</i>	4	GC*
<i>theophylline tb12 300 mg, 450 mg</i>	1	MO; GC
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; GC
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tabs</i>	1	MO; GC
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	3	QL(2 ea daily); MO; GC*
ELIQUIS TABS	3	QL(2 ea daily); MO; GC*
SAVAYSA TABS	3	QL(1 ea daily); MO; GC*
XARELTO STARTER PACK TBPK	2	QL(1.7 ea daily); MO; GC*
XARELTO TABS 10 MG, 15 MG, 20 MG	2	QL(1 ea daily); MO; GC*
XARELTO TABS 2.5 MG	2	QL(2 ea daily); MO; GC*
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	MO; GC*
<i>enoxaparin sodium soln sc 100 mg/ml, 120 mg/0.8ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	MO; GC
<i>enoxaparin sodium soln sc 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml</i>	4	MO; GC*
<i>fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5^	MO; GC*
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	1	MO; GC
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	MO; GC*
FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5^	MO; GC*
<i>heparin sodium (porcine) soln</i>	4	MO; GC*
HEPARIN SODIUM SOLN 5000 UNIT/ML	4	GC*
Thrombin Inhibitors		
<i>argatroban soln 250 mg/2.5ml</i>	4	GC*

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

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAPS	2	QL(2 ea daily); MO; GC*
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	MO; GC*
FYCOMPA TABS	3	MO; GC*
Anticonvulsants - Benzodiazepines		
<i>clobazam susp</i>	1	MO; GC
<i>clobazam tabs</i>	1	MO; GC
<i>clonazepam tabs 0.5 mg</i>	1	SL(40 ea daily); MO; GC
<i>clonazepam tabs 1 mg</i>	1	SL(20 ea daily); MO; GC
<i>clonazepam tabs 2 mg</i>	1	SL(10 ea daily); MO; GC
<i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; GC
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	3	MO; GC*
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	3	MO; GC*
<i>diazepam (anticonvulsant) gel 10 mg</i>	3	MO; GC*
<i>diazepam (anticonvulsant) gel 2.5 mg, 20 mg</i>	1	MO; GC
NAYZILAM SOLN	5^	PA; SL(0.34 ea daily); MO; GC*
SYMPAZAN FILM 10 MG, 20 MG	5^	PA; MO; GC*
SYMPAZAN FILM 5 MG	3	PA; MO; GC*
VALTOCO LIQD	5^	PA; SL(0.34 ea daily); MO; GC*
VALTOCO LQPK	5^	PA; SL(0.34 ea daily); MO; GC*
Anticonvulsants - Misc.		
APTIOM TABS 200 MG	3	MO; GC*

Drug Name	Drug Tier	Requirements/Limits
APTIOM TABS 400 MG, 600 MG, 800 MG	5^	MO; GC*
BRIVIACT SOLN IV 50 MG/5ML	5^	SL(20 ml daily); GC*
BRIVIACT SOLN OR 10 MG/ML	5^	PA; SL(20 ml daily); MO; GC*
BRIVIACT TABS OR 10 MG	5^	PA; SL(20 ea daily); MO; GC*
BRIVIACT TABS OR 100 MG	5^	PA; SL(2 ea daily); MO; GC*
BRIVIACT TABS OR 25 MG	5^	PA; SL(8 ea daily); MO; GC*
BRIVIACT TABS OR 50 MG	5^	PA; SL(4 ea daily); MO; GC*
BRIVIACT TABS OR 75 MG	5^	PA; SL(2.67 ea daily); MO; GC*
<i>carbamazepine chew</i>	1	MO; GC
<i>carbamazepine cp12</i>	1	MO; GC
<i>carbamazepine susp</i>	1	MO; GC
<i>carbamazepine tabs</i>	1	MO; GC
<i>carbamazepine tb12</i>	1	MO; GC
CARBATROL CP12 (<i>carbamazepine</i>)	3	MO; GC*
DIACOMIT CAPS	5^	PA; MO; GC*
DIACOMIT PACK	5^	PA; MO; GC*
EPIDIOLEX SOLN	5^	PA; GC*
FINTEPLA SOLN	5^	PA; SL(11.82 ml daily); MO; GC*
<i>gabapentin caps</i>	1	MO; GC
<i>gabapentin soln</i>	1	MO; GC
<i>gabapentin tabs</i>	1	MO; GC
LAMICTAL XR KIT	3	MO; GC*
<i>lamotrigine chew 25 mg, 5 mg</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine kit 25 mg</i>	1	MO; GC
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO; GC
<i>lamotrigine tb24 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO; GC
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; GC
<i>levetiracetam in sodium chloride soln</i>	4	GC*
<i>levetiracetam soln iv 500 mg/5ml</i>	4	GC*
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	MO; GC
<i>levetiracetam tabs or 250 mg, 1000 mg, 750 mg, 500 mg</i>	1	MO; GC
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	MO; GC
<i>oxcarbazepine susp</i>	1	MO; GC
<i>oxcarbazepine tabs</i>	1	MO; GC
<i>pregabalin caps 100 mg, 25 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily); MO; GC
<i>pregabalin caps 150 mg, 200 mg, 225 mg</i>	1	QL(2 ea daily); MO; GC
<i>pregabalin caps 300 mg</i>	1	SL(2 ea daily); MO; GC
<i>pregabalin soln 20 mg/ml</i>	1	SL(30 ml daily); MO; GC
<i>primidone tabs</i>	1	MO; GC
<i>rufinamide susp 40 mg/ml</i>	1	MO; GC
<i>rufinamide tabs 200 mg</i>	1	MO; GC
<i>rufinamide tabs 400 mg</i>	5^	MO; GC*
SPRITAM TB3D 1000 MG	3	PA; SL(3 ea daily); MO; GC*
SPRITAM TB3D 250 MG	3	PA; SL(12 ea daily); MO; GC*
SPRITAM TB3D 500 MG	3	PA; SL(6 ea daily); MO; GC*

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 750 MG	3	PA; SL(4 ea daily); MO; GC*
TEGRETOL SUSP (<i>carbamazepine</i>)	3	MO; GC*
TEGRETOL TABS (<i>carbamazepine</i>)	3	MO; GC*
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	3	MO; GC*
<i>topiramate csp 15 mg, 25 mg</i>	1	MO; GC
<i>topiramate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; GC
VIMPAT SOLN IV 200 MG/20ML	4	GC*
VIMPAT SOLN OR 10 MG/ML	3	MO; GC*
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	MO; GC*
<i>zonisamide caps</i>	1	MO; GC
Carbamates		
<i>felbamate susp</i>	1	MO; GC
<i>felbamate tabs</i>	1	MO; GC
XCOPRI TABS 100 MG, 150 MG, 200 MG, 50 MG	5^	PA; MO; GC*
XCOPRI TBPK	3	PA; 12.5-25 MG; MO; GC*
XCOPRI TBPK	5^	PA; 50-200 MG; GC*
XCOPRI TBPK	5^	PA; 50-100 MG; MO; GC*
XCOPRI TBPK	5^	PA; 350 MG Daily Dose; GC*
XCOPRI TBPK	5^	PA; 150-200 MG ;MO; GC*
XCOPRI TBPK	5^	PA; 100-150 MG; MO; GC*
GABA Modulators		
<i>tiagabine hcl tabs</i>	1	MO; GC
<i>vigabatrin pack</i>	5^	LA; MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin tabs</i>	5 [^]	LA; GC*
Hydantoins		
DILANTIN CAPS	3	MO; GC*
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	MO; GC*
DILANTIN-125 SUSP (<i>phenytoin</i>)	3	MO; GC*
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	4	GC*
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	4	MO; GC*
PEGANONE TABS	3	MO; GC*
<i>phenytoin chew</i>	1	MO; GC
<i>phenytoin sodium extended caps</i>	1	MO; GC
<i>phenytoin sodium soln</i>	4	GC*
<i>phenytoin susp</i>	1	MO; GC
Succinimides		
CELONTIN CAPS	3	MO; GC*
<i>ethosuximide caps</i>	1	MO; GC
<i>ethosuximide soln</i>	1	MO; GC
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	MO; GC*
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3	MO; GC*
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	MO; GC*
<i>divalproex sodium csdr</i>	1	MO; GC
<i>divalproex sodium tb24</i>	1	MO; GC
<i>divalproex sodium tbec</i>	1	MO; GC
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	4	GC*
<i>valproate sodium soln or 250 mg/5ml</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid caps</i>	1	MO; GC
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	MO; GC
<i>mirtazapine tbdp</i>	1	MO; GC
Antidepressants - Misc.		
APLENZIN TB24 174 MG	3	ST; SL(3 ea daily); MO; GC*
APLENZIN TB24 348 MG	3	ST; SL(1.5 ea daily); MO; GC*
APLENZIN TB24 522 MG	3	ST; SL(1 ea daily); MO; GC*
<i>bupropion hcl tabs 100 mg</i>	1	SL(4.5 ea daily); MO; GC
<i>bupropion hcl tabs 75 mg</i>	1	SL(6 ea daily); MO; GC
<i>bupropion hcl tb12 100 mg</i>	1	SL(4 ea daily); MO; GC
<i>bupropion hcl tb12 150 mg</i>	1	SL(2.66 ea daily); MO; GC
<i>bupropion hcl tb12 200 mg</i>	1	SL(2 ea daily); MO; GC
<i>bupropion hcl tb24 150 mg</i>	1	SL(3 ea daily); MO; GC
<i>bupropion hcl tb24 300 mg</i>	1	SL(1.5 ea daily); MO; GC
<i>bupropion hcl tb24 450 mg</i>	1	ST; MO; GC
FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	ST; MO; GC*
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO SOLN	5 [^]	PA; GC*
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	5 [^]	MO; GC*
MARPLAN TABS	3	MO; GC*
<i>phenelzine sulfate tabs</i>	1	MO; GC
<i>tranylcypromine sulfate tabs</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl tabs</i>	1	MO; GC
TRINTELLIX TABS 10 MG	3	ST; QL(2 ea daily); MO; GC*
TRINTELLIX TABS 20 MG	3	ST; QL(1 ea daily); MO; GC*
TRINTELLIX TABS 5 MG	3	ST; QL(4 ea daily); MO; GC*
VIIBRYD STARTER PACK KIT	3	ST; MO; GC*
VIIBRYD TABS	3	ST; MO; GC*
Serotonin-Norepinephrine Reuptake Inhibitors		
DESVENLAFAXINE ER TB24	3	ST; MO; GC*
<i>desvenlafaxine succinate tb24</i>	1	MO; GC
DRIZALMA SPRINKLE CSDR 20 MG	3	PA; SL(6 ea daily); MO; GC*
DRIZALMA SPRINKLE CSDR 30 MG	3	PA; SL(4 ea daily); MO; GC*
DRIZALMA SPRINKLE CSDR 40 MG	3	PA; SL(3 ea daily); MO; GC*
DRIZALMA SPRINKLE CSDR 60 MG	3	PA; SL(2 ea daily); MO; GC*
<i>duloxetine hcl cpep 20 mg, 60 mg, 30 mg</i>	1	MO; GC
FETZIMA CP24 120 MG, 40 MG, 80 MG	3	ST; QL(1 ea daily); MO; GC*
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily); MO; GC*
FETZIMA TITRATION PACK C4PK	3	ST; MO; GC*
<i>venlafaxine hcl cp24 150 mg</i>	1	SL(1.5 ea daily); MO; GC
<i>venlafaxine hcl cp24 37.5 mg</i>	1	SL(6 ea daily); MO; GC
<i>venlafaxine hcl cp24 75 mg</i>	1	SL(3 ea daily); MO; GC
<i>venlafaxine hcl tabs 100 mg</i>	1	SL(3.75 ea daily); MO; GC
<i>venlafaxine hcl tabs 25 mg</i>	1	SL(15 ea daily); MO; GC
<i>venlafaxine hcl tabs 37.5 mg</i>	1	SL(10 ea daily); MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tabs 50 mg</i>	1	SL(7.5 ea daily); MO; GC
<i>venlafaxine hcl tabs 75 mg</i>	1	SL(5 ea daily); MO; GC
<i>venlafaxine hcl tb24 150 mg</i>	1	SL(1.5 ea daily); MO; GC
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; SL(1 ea daily); MO; GC
<i>venlafaxine hcl tb24 37.5 mg</i>	1	SL(6 ea daily); MO; GC
<i>venlafaxine hcl tb24 75 mg</i>	1	SL(3 ea daily); MO; GC
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>amoxapine tabs</i>	1	MO; GC
<i>clomipramine hcl caps</i>	1	AL(Up to 64 yrs old); MO; GC
<i>desipramine hcl tabs</i>	1	MO; GC
<i>doxepin hcl caps</i>	1	AL(Up to 64 yrs old); MO; GC
<i>doxepin hcl conc</i>	1	AL(Up to 64 yrs old); MO; GC
<i>imipramine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>imipramine pamoate caps</i>	1	AL(Up to 64 yrs old); MO; GC
<i>nortriptyline hcl caps</i>	1	MO; GC
<i>nortriptyline hcl soln</i>	1	MO; GC
<i>protriptyline hcl tabs</i>	1	MO; GC
<i>trimipramine maleate caps</i>	1	AL(Up to 64 yrs old); MO; GC
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily); MO; GC
<i>miglitol tabs</i>	1	QL(3 ea daily); MO; GC
Antidiabetic - Amylin Analogs		

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; GC*
SYMLINPEN 60 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO; GC*
Antidiabetic Combinations		
<i>alogliptin-metformin hcl tabs</i>	3	PA; SL(2 ea daily); MO; GC*
<i>alogliptin-pioglitazone tabs 12.5 mg-15 mg</i>	3	PA; SL(2 ea daily); MO; GC*
<i>alogliptin-pioglitazone tabs 12.5 mg-30 mg</i>	3	PA; SL(1.5 ea daily); MO; GC*
<i>alogliptin-pioglitazone tabs 12.5 mg-45 mg, 15 mg-25 mg, 25 mg-30 mg, 25 mg-45 mg</i>	3	PA; SL(1 ea daily); MO; GC*
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg</i>	1	SL(8 ea daily); MO; GC
<i>glipizide-metformin hcl tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	SL(4 ea daily); MO; GC
<i>glyburide-metformin tabs 1.25 mg-250 mg</i>	1	AL(Up to 64 yrs old); SL(8 ea daily); MO; GC
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	AL(Up to 64 yrs old); SL(4 ea daily); MO; GC
INVOKAMET TABS 150 MG-1000 MG, 150 MG-500 MG, 50 MG-1000 MG	2	SL(2 ea daily); MO; GC*
INVOKAMET TABS 50 MG-500 MG	2	SL(4 ea daily); MO; GC*
INVOKAMET XR TB24 150 MG-1000 MG, 150 MG-500 MG, 50 MG-1000 MG	2	SL(2 ea daily); MO; GC*
INVOKAMET XR TB24 50 MG-500 MG	2	SL(4 ea daily); MO; GC*
JANUMET TABS	2	SL(2 ea daily); MO; GC*
JANUMET XR TB24 100 MG-1000 MG	2	SL(1 ea daily); MO; GC*

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG	2	SL(2 ea daily); MO; GC*
JENTADUETO TABS	2	SL(2 ea daily); MO; GC*
JENTADUETO XR TB24 2.5 MG-1000 MG	2	SL(2 ea daily); MO; GC*
JENTADUETO XR TB24 5 MG-1000 MG	2	SL(1 ea daily); MO; GC*
KAZANO TABS (<i>alogliptin-metformin hcl</i>)	3	PA; SL(2 ea daily); MO; GC*
KOMBIGLYZE XR TB24 2.5 MG-1000 MG	3	PA; SL(2 ea daily); MO; GC*
KOMBIGLYZE XR TB24 5 MG-1000 MG, 5 MG-500 MG	3	PA; SL(1 ea daily); MO; GC*
OSENI TABS 12.5 MG-15 MG (<i>alogliptin-pioglitazone</i>)	3	PA; SL(2 ea daily); MO; GC*
OSENI TABS 12.5 MG-30 MG (<i>alogliptin-pioglitazone</i>)	3	PA; SL(1.5 ea daily); MO; GC*
OSENI TABS 12.5 MG-45 MG, 15 MG-25 MG, 25 MG-30 MG, 25 MG-45 MG (<i>alogliptin-pioglitazone</i>)	3	PA; SL(1 ea daily); MO; GC*
<i>pioglitazone hcl-glimepiride tabs</i>	1	SL(1.5 ea daily); MO; GC
<i>pioglitazone hcl-metformin hcl tabs</i>	1	SL(3 ea daily); MO; GC
SYNJARDY TABS 12.5 MG-1000 MG, 5 MG-1000 MG	2	SL(2 ea daily); MO; GC*
SYNJARDY TABS 12.5 MG-500 MG, 5 MG-500 MG	2	SL(4 ea daily); MO; GC*
SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG	2	SL(2 ea daily); MO; GC*
SYNJARDY XR TB24 25 MG-1000 MG	2	SL(1 ea daily); MO; GC*
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG	3	SL(1 ea daily); MO; GC*
XIGDUO XR TB24 2.5 MG-1000 MG, 5 MG-1000 MG, 5 MG-500 MG	3	SL(2 ea daily); MO; GC*
Biguanides		

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl soln 500 mg/5ml</i>	1	SL(25.5 ml daily); MO; GC
<i>metformin hcl tabs 1000 mg</i>	1	SL(2.55 ea daily); MO; GC
<i>metformin hcl tabs 500 mg</i>	1	SL(5.1 ea daily); MO; GC
<i>metformin hcl tabs 850 mg</i>	1	SL(3 ea daily); MO; GC
<i>metformin hcl tb24 500 mg</i>	1	(GLUCOPHAG E XR);SL(4 ea daily); MO; GC
<i>metformin hcl tb24 750 mg</i>	1	(GLUCOPHAG E XR);SL(2.66 ea daily); MO; GC
Diabetic Other		
BAQSIMI ONE PACK POWD	3	MO; GC*
BAQSIMI TWO PACK POWD	3	MO; GC*
<i>diazoxide susp</i>	1	MO; GC
GLUCAGEN HYPOKIT SOLR	2	MO; GC*
<i>glucagon (rdna) kit</i>	1	MO; GC
GVOKE HYPOPEN 1-PACK SOAJ	3	MO; GC*
GVOKE HYPOPEN 2-PACK SOAJ	3	MO; GC*
GVOKE PFS SOSY	3	MO; GC*
KORLYM TABS	3	PA; SL(4 ea daily); LA; MO; GC*
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs 12.5 mg</i>	3	PA; QL(2 ea daily); MO; GC*
<i>alogliptin benzoate tabs 25 mg</i>	3	PA; QL(1 ea daily); MO; GC*
<i>alogliptin benzoate tabs 6.25 mg</i>	3	PA; QL(4 ea daily); MO; GC*
JANUVIA TABS 100 MG	2	QL(1 ea daily); MO; GC*
JANUVIA TABS 25 MG	2	QL(4 ea daily); MO; GC*

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Drug Name	Drug Tier	Requirements/ Limits
JANUVIA TABS 50 MG	2	QL(2 ea daily); MO; GC*
NESINA TABS 12.5 MG (alogliptin benzoate)	3	PA; QL(2 ea daily); MO; GC*
NESINA TABS 25 MG (alogliptin benzoate)	3	PA; QL(1 ea daily); MO; GC*
NESINA TABS 6.25 MG (alogliptin benzoate)	3	PA; QL(4 ea daily); MO; GC*
ONGLYZA TABS 2.5 MG	3	PA; QL(2 ea daily); MO; GC*
ONGLYZA TABS 5 MG	3	PA; QL(1 ea daily); MO; GC*
TRADJENTA TABS	2	QL(1 ea daily); MO; GC*
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily); MO; GC*
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON BCISE AUJ	2	MO; GC*
BYDUREON PEN PEN	2	GC*
BYETTA SOPN	3	MO; GC*
OZEMPIC SOPN 2 MG/1.5ML	2	1MG/Dose; GC*
OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML	2	MO; GC*
RYBELSUS TABS	2	MO; GC*
TRULICITY SOPN	2	MO; GC*
VICTOZA SOPN	2	Limit 9mls per month;QL(0.3 ml daily); MO; GC*
Insulin Sensitizing Agents		
<i>pioglitazone hcl tabs 15 mg</i>	1	SL(3 ea daily); MO; GC
<i>pioglitazone hcl tabs 30 mg</i>	1	SL(1.5 ea daily); MO; GC
<i>pioglitazone hcl tabs 45 mg</i>	1	SL(1 ea daily); MO; GC
Insulin		

Drug Name	Drug Tier	Requirements/ Limits
AFREZZA POWD 12 UNIT,	5^	QL(18 ea daily); MO; GC*
AFREZZA POWD 4 UNIT, 8 UNIT,	3	QL(18 ea daily); MO; GC*
APIDRA SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMALOG KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMALOG MIX 75/25 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70/30 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	INSULIN LISPRO KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMULIN N SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	INSULIN LISPRO SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	LANTUS SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMULIN R U-500 (CONCENTRATED) SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
HUMULIN R U-500 KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
INSULIN ASPART FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
INSULIN ASPART PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	NOVOLIN 70/30 FLEXPEN RELION SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	NOVOLIN 70/30 FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	NOVOLIN 70/30 RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
INSULIN ASPART SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	NOVOLIN 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*	NOVOLIN N FLEXPEN RELION SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLIN N RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLIN N SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLIN R FLEXPEN RELION SOPN	3	QL(1.5 ml daily); MO; GC*
NOVOLIN R FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLIN R RELION SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLIN R SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLOG FLEXPEN RELION SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLOG FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLOG MIX 70/30 RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLOG PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLOG RELION SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
NOVOLOG SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
TOUJEO MAX SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; GC*
TOUJEO SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; GC*
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month;QL(0.9 ml daily); MO; GC*
TRESIBA SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; GC*
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily); MO; GC
<i>repaglinide tabs 0.5 mg</i>	1	SL(32 ea daily); MO; GC
<i>repaglinide tabs 1 mg</i>	1	SL(16 ea daily); MO; GC
<i>repaglinide tabs 2 mg</i>	1	SL(8 ea daily); MO; GC
Sodium-Glucose Co-Transporter 2 (SGLT2)		

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

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

ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

Drug Name	Drug Tier	Requirements/Limits
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC	3	PA; QL(2 ea daily); MO; GC*
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg, 2.5 mg-0.025 mg</i>	1	MO; GC
<i>loperamide hcl caps</i>	1	RX/OTC; MO; GC
MOTOFEN TABS	3	MO; GC*
<i>opium tincture tinc</i>	1	MO; GC

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents		
CHEMET CAPS	3	MO; GC*
<i>deferasirox pack</i>	5^	GC*
<i>deferasirox tabs</i>	5^	GC*
<i>deferasirox tbso</i>	5^	GC*
<i>deferiprone tabs</i>	5^	PA; LA; MO; GC*
FERRIPROX TABS 1000 MG	5^	PA; LA; MO; GC*
FERRIPROX TWICE-A-DAY TABS	5^	PA; MO; GC*

Antidotes and Specific Antagonists

VISTOGARD PACK	5^	MO; GC*
Opioid Antagonists		
<i>naloxone hcl sosy 2 mg/2ml</i>	1	GC
<i>naltrexone hcl tabs</i>	1	MO; GC
NARCAN LIQD	3	1box=15DS, 2boxes=30DS, Max 4 ea/month; QL(0.134 ea daily); MO; GC*

ANTIEMETICS - Drugs to Treat Nausea and Vomiting

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

Drug Name	Drug Tier	Requirements/Limits
5-HT3 Receptor Antagonists		
<i>granisetron hcl tabs or 1 mg</i>	1	B/D; MO; GC
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	4	MO; GC*
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	MO; GC
<i>ondansetron hcl tabs or 24 mg</i>	1	GC
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	MO; GC
<i>ondansetron tbdp</i>	1	MO; GC
SANCUSO PTCH	5^	MO; GC*
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	1	RX/OTC; MO; GC
<i>scopolamine pt72</i>	1	MO; GC
TIGAN SOLN IM 100 MG/ML	4	MO; GC*
<i>trimethobenzamide hcl caps</i>	1	MO; GC
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	B/D; GC*
BONJESTA TBCR	3	SL(2 ea daily); MO; GC*
<i>dronabinol caps</i>	1	B/D; MO; GC
SYNDROS SOLN	5^	B/D; MO; GC*
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 125 mg, 80 mg</i>	1	B/D; MO; GC
<i>aprepitant caps 40 mg</i>	1	PA; MO; GC
<i>aprepitant misc</i>	1	B/D; MO; GC
VARUBI TBPK	3	B/D; GC*
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ERAXIS SOLR	4	GC*
<i>micafungin sodium solr 100 mg</i>	5^	GC*
<i>micafungin sodium solr 50 mg</i>	5^	MO; GC*
Antifungals		
ABELCET SUSP	4	PA; GC*
AMBISOME SUSR	4	PA; GC*
<i>amphotericin b solr</i>	4	PA; MO; GC*
<i>flucytosine caps</i>	1	MO; GC
<i>griseofulvin microsize susp</i>	1	MO; GC
<i>griseofulvin microsize tabs</i>	1	MO; GC
<i>griseofulvin ultramicrosize tabs</i>	1	MO; GC
<i>nystatin tabs</i>	1	MO; GC
<i>terbinafine hcl tabs</i>	1	MO; GC
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5^	MO; GC*
CRESEMBA SOLR IV 372 MG	5^	GC*
<i>fluconazole in nacl soln</i>	4	GC*
<i>fluconazole susr</i>	1	MO; GC
<i>fluconazole tabs</i>	1	MO; GC
<i>itraconazole caps 100 mg</i>	1	MO; GC
<i>itraconazole soln 10 mg/ml</i>	5^	MO; GC*
<i>ketoconazole tabs</i>	1	MO; GC
NOXAFIL SOLN IV 300 MG/16.7ML	5^	GC*
NOXAFIL SUSP OR 40 MG/ML	5^	MO; GC*
<i>posaconazole tbec</i>	5^	MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
TOLSURA CAPS	5^	PA; MO; GC*
<i>voriconazole solr iv 200 mg</i>	1	PA; GC
<i>voriconazole susr or 40 mg/ml</i>	1	QL(20 ml daily); MO; GC
<i>voriconazole tabs or 200 mg</i>	5^	QL(4 ea daily); MO; GC*
<i>voriconazole tabs or 50 mg</i>	1	QL(4 ea daily); MO; GC
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; GC
<i>carbinoxamine maleate tabs 4 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>clemastine fumarate tabs 2.68 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>diphenhydramine hcl soln</i>	4	MO; GC*
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	RX/OTC; MO; GC
<i>desloratadine tabs 5 mg</i>	1	MO; GC
<i>desloratadine tbdp 5 mg</i>	1	MO; GC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	RX/OTC; MO; GC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	RX/OTC; MO; GC
Antihistamines - Phenothiazines		
<i>promethazine hcl soln ij 50 mg/ml, 25 mg/ml</i>	4	AL(Up to 64 yrs old); MO; GC*
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; GC
<i>promethazine hcl supp re 12.5 mg, 25 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; GC
<i>promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg</i>	1	AL(Up to 64 yrs old); MO; GC
Antihistamines - Piperidines		

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl syrup</i>	1	AL(Up to 64 yrs old); MO; GC
<i>cyproheptadine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; GC
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs 10 mg-10 mg</i>	1	QL(8 ea daily); MO; GC
<i>ezetimibe-simvastatin tabs 10 mg-20 mg</i>	1	QL(4 ea daily); MO; GC
<i>ezetimibe-simvastatin tabs 10 mg-40 mg</i>	1	QL(2 ea daily); MO; GC
<i>ezetimibe-simvastatin tabs 10 mg-80 mg, 80 mg-10 mg</i>	1	QL(1 ea daily); MO; GC
Antihyperlipidemics - Misc.		
<i>icosapent ethyl caps</i>	1	ST; MO; GC
<i>omega-3-acid ethyl esters caps</i>	1	MO; GC
VASCEPA CAPS 0.5 GM	3	ST; MO; GC*
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	MO; GC
<i>cholestyramine light powd</i>	1	MO; GC
<i>cholestyramine pack</i>	1	MO; GC
<i>cholestyramine powd</i>	1	MO; GC
<i>colesevelam hcl pack</i>	1	MO; GC
<i>colesevelam hcl tabs</i>	1	MO; GC
<i>colestipol hcl gran</i>	1	MO; GC
<i>colestipol hcl pack</i>	1	MO; GC
<i>colestipol hcl tabs</i>	1	MO; GC
Fibric Acid Derivatives		
ANTARA CAPS 30 MG	3	SL(4.33 ea daily); MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
ANTARA CAPS 90 MG	3	SL(1.44 ea daily); MO; GC*
<i>choline fenofibrate cpdr</i>	1	MO; GC
<i>fenofibrate caps 150 mg, 50 mg</i>	1	MO; GC
<i>fenofibrate micronized caps 130 mg</i>	1	SL(1 ea daily); MO; GC
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1	MO; GC
FENOFIBRATE MICRONIZED CAPS 30 MG	3	SL(4.33 ea daily); MO; GC*
<i>fenofibrate micronized caps 43 mg</i>	1	SL(3.02 ea daily); MO; GC
FENOFIBRATE MICRONIZED CAPS 90 MG	3	SL(1.44 ea daily); MO; GC*
<i>fenofibrate tabs 120 mg, 40 mg, 145 mg, 48 mg, 54 mg, 160 mg</i>	1	MO; GC
<i>gemfibrozil tabs</i>	1	MO; GC
LIPOFEN CAPS (fenofibrate)	3	MO; GC*
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	MO; GC*
<i>atorvastatin calcium tabs</i>	1	MO; GC
<i>fluvastatin sodium caps 20 mg</i>	1	QL(3 ea daily); MO; GC
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily); MO; GC
<i>fluvastatin sodium tb24 80 mg</i>	1	MO; GC
LIVALO TABS	3	MO; GC*
<i>lovastatin tabs 20 mg, 10 mg</i>	1	QL(1 ea daily); MO; GC
<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily); MO; GC
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily); MO; GC
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily); MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily); MO; GC
<i>simvastatin tabs 80 mg</i>	1	SL(1 ea daily); MO; GC
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily); MO; GC
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG	5^	PA; SL(6 ea daily); LA; MO; GC*
JUXTAPID CAPS 20 MG	5^	PA; SL(3 ea daily); LA; MO; GC*
JUXTAPID CAPS 30 MG	5^	PA; SL(2 ea daily); LA; MO; GC*
JUXTAPID CAPS 5 MG	5^	PA; SL(12 ea daily); LA; MO; GC*
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1	MO; GC
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOAJ 150 MG/ML	4	PA; Limit 2mls per 28 days; SL(0.08 ml daily); MO; GC*
PRALUENT SOAJ 75 MG/ML	4	PA; Limit 4mls per 28 days; SL(0.15 ml daily); MO; GC*
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; MO; GC*
REPATHA SOSY	4	PA; MO; GC*
REPATHA SURECLICK SOAJ	4	PA; MO; GC*
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl tabs</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs</i>	1	MO; GC
<i>enalapril maleate tabs 10 mg</i>	1	SL(4 ea daily); MO; GC
<i>enalapril maleate tabs 2.5 mg</i>	1	SL(16 ea daily); MO; GC
<i>enalapril maleate tabs 20 mg</i>	1	SL(2 ea daily); MO; GC
<i>enalapril maleate tabs 5 mg</i>	1	SL(8 ea daily); MO; GC
<i>fosinopril sodium tabs</i>	1	MO; GC
<i>lisinopril tabs</i>	1	MO; GC
<i>moexipril hcl tabs</i>	1	MO; GC
<i>perindopril erbumine tabs 2 mg</i>	1	SL(8 ea daily); MO; GC
<i>perindopril erbumine tabs 4 mg</i>	1	SL(4 ea daily); MO; GC
<i>perindopril erbumine tabs 8 mg</i>	1	SL(2 ea daily); MO; GC
<i>quinapril hcl tabs</i>	1	MO; GC
<i>ramipril caps</i>	1	MO; GC
<i>trandolapril tabs</i>	1	MO; GC
Agents for Pheochromocytoma		
<i>metyrosine caps</i>	5 [^]	MO; GC*
<i>phenoxybenzamine hcl caps</i>	1	MO; GC
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tabs</i>	1	MO; GC
EDARBI TABS	3	QL(1 ea daily); MO; GC*
<i>irbesartan tabs</i>	1	MO; GC
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; GC
<i>olmesartan medoxomil tabs</i>	1	MO; GC
<i>telmisartan tabs</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tabs</i>	1	MO; GC
Antiadrenergic Antihypertensives		
<i>clonidine hcl tabs</i>	1	MO; GC
<i>clonidine ptwk</i>	1	MO; GC
<i>doxazosin mesylate tabs</i>	1	MO; GC
<i>guanfacine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>methyldopa tabs 250 mg, 500 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>prazosin hcl caps</i>	1	MO; GC
<i>terazosin hcl caps</i>	1	MO; GC
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl caps</i>	1	MO; GC
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	MO; GC
<i>amlodipine besylate-valsartan tabs 10 mg-160 mg, 10 mg-320 mg, 5 mg-320 mg</i>	1	SL(1 ea daily); MO; GC
<i>amlodipine besylate-valsartan tabs 160 mg-5 mg, 5 mg-160 mg</i>	1	SL(2 ea daily); MO; GC
<i>amlodipine-valsartan-hydrochlorothiazide tabs 10 mg-12.5 mg-160 mg, 10 mg-25 mg-160 mg, 10 mg-25 mg-320 mg, 5 mg-25 mg-160 mg</i>	1	SL(1 ea daily); MO; GC
<i>amlodipine-valsartan-hydrochlorothiazide tabs 5 mg-12.5 mg-160 mg</i>	1	SL(2 ea daily); MO; GC
<i>atenolol & chlorthalidone tabs</i>	1	MO; GC
<i>benazepril & hydrochlorothiazide tabs 5 mg-6.25 mg, 10 mg-12.5 mg, 12.5 mg-20 mg, 20 mg-25 mg</i>	1	MO; GC
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	MO; GC
EDARBYCLOR TABS	3	QL(1 ea daily); MO; GC*
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	MO; GC
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	MO; GC
<i>irbesartan-hydrochlorothiazide tabs</i>	1	MO; GC
<i>lisinopril & hydrochlorothiazide tabs</i>	1	MO; GC
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	MO; GC
<i>metoprolol & hydrochlorothiazide tabs</i>	1	MO; GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	MO; GC
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; GC
<i>quinapril-hydrochlorothiazide tabs</i>	1	MO; GC
TEKTURNA HCT TABS	2	MO; GC*
<i>telmisartan-amlodipine tabs</i>	1	MO; GC
<i>telmisartan-hydrochlorothiazide tabs</i>	1	MO; GC
<i>trandolapril-verapamil hcl tbc</i> 2 mg-240 mg, 4 mg-240 mg	1	MO; GC
<i>valsartan-hydrochlorothiazide tabs</i> 12.5 mg-160 mg, 12.5 mg-80 mg	1	SL(2 ea daily); MO; GC
<i>valsartan-hydrochlorothiazide tabs</i> 12.5 mg-320 mg, 25 mg-160 mg, 25 mg-320 mg	1	SL(1 ea daily); MO; GC
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	MO; GC
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
<i>hydralazine hcl tabs or 100 mg, 25 mg, 50 mg, 10 mg</i>	1	MO; GC
<i>minoxidil tabs</i>	1	MO; GC
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	MO; GC
COARTEM TABS	3	MO; GC*
Antimalarials		
<i>chloroquine phosphate tabs</i> 250 mg, 500 mg	1	MO; GC
HYDROXYCHLOROQUIN E SULFATE TABS 100 MG, 300 MG, 400 MG	3	MO; GC*
<i>hydroxychloroquine sulfate tabs</i> 200 mg	1	MO; GC
KRINTAFEL TABS	3	QL(0.14 ea daily); GC*
<i>mefloquine hcl tabs</i>	1	MO; GC
<i>primaquine phosphate tabs</i>	1	MO; GC
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	3	MO; GC*
<i>pyrimethamine tabs</i>	1	MO; GC
<i>quinine sulfate caps</i>	1	PA; MO; GC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	5^	PA; SL(8 ea daily); LA; MO; GC*
<i>pyridostigmine bromide tabs</i> 60 mg	1	MO; GC
<i>pyridostigmine bromide tbc</i> 180 mg	1	MO; GC
RUZURGI TABS	5^	PA; SL(10 ea daily); MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	4	GC*
<i>ethambutol hcl tabs</i>	1	MO; GC
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	MO; GC
PASER PACK	3	MO; GC*
PRETOMANID TABS	3	PA; GC*
PRIFTIN TABS	3	MO; GC*
<i>pyrazinamide tabs</i>	1	MO; GC
<i>rifabutin caps</i>	5^	MO; GC*
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO; GC
<i>rifampin solr iv 600 mg</i>	4	GC*
SIRTURO TABS	5^	LA; GC*
TRECTOR TABS	3	MO; GC*
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BENDEKA SOLN	5^	GC*
<i>busulfan soln</i>	4	GC*
<i>carboplatin soln 1000 mg/100ml</i>	4	GC*
<i>carboplatin soln 450 mg/45ml, 50 mg/5ml, 600 mg/60ml, 150 mg/15ml</i>	1	GC
<i>carmustine solr</i>	4	GC*
<i>cisplatin soln 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	4	GC*
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	B/D; MO; GC

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN IV 1 GM/5ML, 500 MG/2.5ML	5^	GC*
CYCLOPHOSPHAMIDE TABS OR 25 MG, 50 MG	3	B/D; GC*
EVOMELA SOLR	5^	GC*
IFEX SOLR 3 GM	4	GC*
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	GC*
<i>ifosfamide solr 1 gm</i>	4	GC*
IFOSFAMIDE SOLR 3 GM	4	GC*
LEUKERAN TABS	3	MO; GC*
<i>melfalan hcl solr</i>	4	GC*
<i>melfalan tabs</i>	1	B/D; MO; GC
<i>oxaliplatin soln 200 mg/40ml, 100 mg/20ml</i>	1	GC
<i>oxaliplatin soln 50 mg/10ml</i>	4	GC*
<i>oxaliplatin solr 100 mg, 50 mg</i>	5^	GC*
PEPAXTO SOLR	5^	MO; GC*
TEMODAR SOLR	5^	GC*
<i>thiotepa solr 15 mg</i>	5^	GC*
TREANDA SOLR	5^	GC*
YONDELIS SOLR	5^	LA; GC*
ZANOSAR SOLR	4	MO; GC*
Antimetabolites		
ALIMTA SOLR	5^	GC*
ARRANON SOLN	5^	GC*
<i>azacitidine susr</i>	5^	GC*
<i>cladribine soln</i>	4	PA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>clofarabine soln</i>	4	GC*
<i>cytarabine soln</i>	4	PA; GC*
<i>decitabine solr</i>	1	GC
<i>fludarabine phosphate solr 50 mg</i>	1	GC
<i>fluorouracil soln</i>	4	PA; GC*
FOLOTYN SOLN	5^	GC*
<i>gemcitabine hcl soln 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i>	1	GC
<i>gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	5^	GC*
<i>gemcitabine hcl solr 2 gm, 1 gm</i>	1	GC
<i>gemcitabine hcl solr 200 mg</i>	4	GC*
INFUGEM SOLN	5^	GC*
<i>mercaptopurine tabs</i>	1	MO; GC
<i>methotrexate sodium soln ij 1 gm/40ml</i>	4	GC*
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	4	MO; GC*
<i>methotrexate sodium solr ij 1 gm</i>	4	GC*
<i>methotrexate sodium tabs or 2.5 mg</i>	1	MO; GC
ONUREG TABS	5^	PA; GC*
PURIXAN SUSP	5^	PA; GC*
TABLOID TABS	2	MO; GC*
TREXALL TABS	3	MO; GC*
XATMEP SOLN	3	PA; MO; GC*
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	5^	PA; GC*

Drug Name	Drug Tier	Requirements/Limits
CYRAMZA SOLN	5^	LA; GC*
INLYTA TABS	5^	PA; GC*
LENVIMA 10 MG DAILY DOSE CPPK	5^	PA; GC*
LENVIMA 12MG DAILY DOSE CPPK	5^	PA; GC*
LENVIMA 14 MG DAILY DOSE CPPK	5^	PA; GC*
LENVIMA 18 MG DAILY DOSE CPPK	5^	PA; GC*
LENVIMA 20 MG DAILY DOSE CPPK	5^	PA; GC*
LENVIMA 24 MG DAILY DOSE CPPK	5^	PA; GC*
LENVIMA 4 MG DAILY DOSE CPPK	5^	PA; GC*
LENVIMA 8 MG DAILY DOSE CPPK	5^	PA; GC*
MVASI SOLN	5^	GC*
ZALTRAP SOLN	5^	PA; GC*
ZIRABEV SOLN	5^	GC*
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN SOLR	5^	PA; GC*
KANJINTI SOLR	5^	PA; GC*
OGIVRI SOLR	5^	GC*
PERJETA SOLN	5^	GC*
TRAZIMERA SOLR 420 MG	5^	GC*
TUKYSA TABS	5^	PA; MO; GC*
Antineoplastic - Antibodies		
ARZERRA CONC	5^	GC*
BAVENCIO SOLN	5^	GC*
BESPOUSA SOLR	5^	GC*

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

Drug Name	Drug Tier	Requirements/Limits
BLENREP SOLR	5^	MO; GC*
BLINCYTO SOLR	5^	GC*
DARZALEX SOLN	5^	GC*
EMPLICITI SOLR	5^	GC*
ENHERTU SOLR	5^	GC*
GAZYVA SOLN	5^	GC*
IMFINZI SOLN	5^	GC*
JEMPERLI SOLN	5^	GC*
KADCYLA SOLR	5^	PA; GC*
KEYTRUDA SOLN	5^	PA; GC*
LIBTAYO SOLN	5^	MO; GC*
LUMOXITI SOLR	5^	GC*
MONJUVI SOLR	5^	MO; GC*
MYLOTARG SOLR	5^	GC*
OPDIVO SOLN	5^	GC*
PADCEV SOLR 20 MG	5^	SL(7 ea daily); GC*
PADCEV SOLR 30 MG	5^	SL(5 ea daily); GC*
POLIVY SOLR	5^	GC*
POTELIGEO SOLN	5^	GC*
RITUXAN SOLN	5^	PA; GC*
RUXIENCE SOLN	5^	GC*
RYBREVANT SOLN	5^	GC*
SARCLISA SOLN	5^	GC*
TECENTRIQ SOLN	5^	PA; GC*
TIVDAK SOLR	5^	GC*

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA SOLN	5^	PA; GC*
YERVOY SOLN	5^	PA; GC*
ZYNLONTA SOLR	5^	MO; GC*
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	PA; LA; MO; GC*
VENCLEXTA TABS	2	PA; LA; MO; GC*
Antineoplastic - EGFR Inhibitors		
ERBITUX SOLN	5^	GC*
<i>erlotinib hcl tabs</i>	5^	PA; GC*
GILOTRIF TABS	5^	PA; MO; GC*
IRESSA TABS	5^	GC*
PORTRAZZA SOLN	5^	GC*
TAGRISSE TABS	5^	PA; GC*
VECTIBIX SOLN	5^	GC*
VIZIMPRO TABS	5^	PA; GC*
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	5^	PA; GC*
ERIVEDGE CAPS	5^	LA; GC*
ODOMZO CAPS	5^	PA; LA; GC*
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	5^	PA; GC*
<i>anastrozole tabs</i>	1	MO; GC
<i>bicalutamide tabs</i>	1	MO; GC
ELIGARD KIT	4	GC*
EMCYT CAPS	3	MO; GC*
ERLEADA TABS	5^	PA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane tabs</i>	1	MO; GC
FIRMAGON SOLR 120 MG/VIAL	5^	GC*
FIRMAGON SOLR 80 MG	4	GC*
<i>flutamide caps</i>	1	MO; GC
<i>fulvestrant soln</i>	5^	MO; GC*
<i>hydroxyprogesterone caproate (antineoplastic) soln</i>	5^	GC*
<i>letrozole tabs</i>	1	MO; GC
<i>leuprolide acetate kit</i>	4	GC*
LUPRON DEPOT (1-MONTH) KIT	5^	GC*
LUPRON DEPOT (3-MONTH) KIT	5^	GC*
LUPRON DEPOT (4-MONTH) KIT	5^	GC*
LUPRON DEPOT (6-MONTH) KIT	5^	GC*
LYSODREN TABS	2	GC*
<i>megestrol acetate susp</i>	1	AL(Up to 64 yrs old); MO; GC
<i>megestrol acetate tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>nilutamide tabs</i>	1	MO; GC
NUBEQA TABS	5^	PA; GC*
ORGOVYX TABS	5^	PA; MO; GC*
SOLTAMOX SOLN	3	MO; GC*
<i>tamoxifen citrate tabs</i>	1	MO; GC
<i>toremifene citrate tabs</i>	5^	MO; GC*
TRELSTAR MIXJECT SUSR	5^	GC*
VANTAS KIT	5^	GC*

Drug Name	Drug Tier	Requirements/Limits
XTANDI CAPS 40 MG	5^	PA; LA; GC*
XTANDI TABS 40 MG, 80 MG	5^	PA; GC*
YONSA TABS	5^	PA; GC*
ZOLADEX IMPL	3	GC*
Antineoplastic - Hypoxia-Inducible Factor		
WELIREG TABS	5^	PA; MO; GC*
Antineoplastic - Immunomodulators		
POMALYST CAPS	5^	LA; GC*
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS	5^	PA; MO; GC*
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	5^	PA; MO; GC*
XPOVIO 40 MG ONCE WEEKLY TBPK	5^	PA; MO; GC*
XPOVIO 40 MG TWICE WEEKLY TBPK	5^	PA; MO; GC*
XPOVIO 60 MG ONCE WEEKLY TBPK	5^	PA; MO; GC*
XPOVIO 60 MG TWICE WEEKLY TBPK	5^	PA; MO; GC*
XPOVIO 80 MG ONCE WEEKLY TBPK	5^	PA; MO; GC*
XPOVIO 80 MG TWICE WEEKLY TBPK	5^	PA; MO; GC*
XPOVIO TBPK	5^	PA; MO; GC*
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	4	PA; GC*
<i>dactinomycin solr</i>	4	GC*
<i>daunorubicin hcl soln</i>	4	GC*
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	5^	GC*
<i>doxorubicin hcl liposomal inj</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl soln</i>	4	GC*
<i>doxorubicin hcl solr</i>	4	GC*
<i>epirubicin hcl soln</i>	4	GC*
<i>idarubicin hcl soln</i>	4	GC*
<i>mitomycin solr</i>	4	GC*
<i>mitoxantrone hcl conc</i>	1	GC
<i>valrubicin soln</i>	5^	GC*
Antineoplastic Combinations		
DARZALEX FASPRO SOLN	5^	LA; GC*
HERCEPTIN HYLECTA SOLN	5^	PA; GC*
INQOVI TABS	5^	PA; GC*
KISQALI FEMARA 200 DOSE TBPK	5^	PA; GC*
KISQALI FEMARA 400 DOSE TBPK	5^	PA; GC*
KISQALI FEMARA 600 DOSE TBPK	5^	PA; GC*
LONSURF TABS	5^	PA; GC*
PHESGO SOLN	5^	GC*
RITUXAN HYCELA SOLN	5^	PA; GC*
VYXEOS SUSR	5^	GC*
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	5^	PA; GC*
AFINITOR TABS 10 MG (<i>everolimus</i>)	5^	PA; GC*
ALECENSA CAPS	5^	PA; GC*
ALIQOPA SOLR	5^	MO; GC*
ALUNBRIG TABS	5^	PA; MO; GC*
ALUNBRIG TBPK	5^	PA; MO; GC*

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS	5^	PA; LA; MO; GC*
BELEODAQ SOLR	5^	PA; GC*
BORTEZOMIB SOLR	5^	GC*
BOSULIF TABS	5^	PA; GC*
BRAFTOVI CAPS	5^	PA; GC*
BRUKINSA CAPS	5^	PA; MO; GC*
CABOMETYX TABS	5^	PA; GC*
CALQUENCE CAPS	5^	PA; MO; GC*
CAPRELSA TABS	5^	PA; MO; GC*
COMETRIQ KIT	5^	PA; GC*
COPIKTRA CAPS	5^	PA; MO; GC*
COTELLIC TABS	5^	PA; LA; GC*
<i>everolimus tabs</i>	5^	PA; GC*
<i>everolimus tbso</i>	5^	PA; GC*
FARYDAK CAPS	5^	PA; LA; GC*
FOTIVDA CAPS	5^	PA; MO; GC*
GAVRETO CAPS	5^	PA; GC*
IBRANCE CAPS	5^	LA; GC*
IBRANCE TABS	5^	LA; GC*
ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG	5^	PA; MO; GC*
IDHIFA TABS	5^	PA; GC*
<i>imatinib mesylate tabs</i>	5^	PA; GC*
IMBRUVICA CAPS	5^	PA; MO; GC*
IMBRUVICA TABS	5^	PA; MO; GC*
INREBIC CAPS	5^	PA; LA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
ISTODAX (<i>OVERFILL</i>) SOLR	5 [^]	GC*
JAKAFI TABS	5 [^]	PA; LA; GC*
KISQALI TBPK	5 [^]	PA; GC*
KOSELUGO CAPS	5 [^]	PA; MO; GC*
KYPROLIS SOLR	5 [^]	GC*
<i>lapatinib ditosylate tabs</i>	5 [^]	GC*
LORBRENA TABS	5 [^]	PA; GC*
LUMAKRAS TABS	5 [^]	PA; GC*
LYNPARZA TABS	5 [^]	PA; LA; GC*
MEKINIST TABS	5 [^]	PA; GC*
MEKTOVI TABS	5 [^]	PA; GC*
NERLYNX TABS	5 [^]	PA; GC*
NEXAVAR TABS	5 [^]	LA; GC*
NINLARO CAPS	5 [^]	PA; GC*
PEMAZYRE TABS	5 [^]	PA; MO; GC*
PIQRAY 200MG DAILY DOSE TBPK	5 [^]	PA; GC*
PIQRAY 250MG DAILY DOSE TBPK	5 [^]	PA; GC*
PIQRAY 300MG DAILY DOSE TBPK	5 [^]	PA; GC*
QINLOCK TABS	5 [^]	PA; MO; GC*
RETEVMO CAPS	5 [^]	PA; GC*
ROMIDEPSIN SOLN 27.5 MG/5.5ML	5 [^]	GC*
ROZLYTREK CAPS	5 [^]	PA; GC*
RUBRACA TABS	5 [^]	PA; LA; GC*
RYDAPT CAPS	5 [^]	PA; GC*

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS	5 [^]	PA; GC*
STIVARGA TABS	5 [^]	PA; LA; GC*
<i>sunitinib malate caps</i>	5 [^]	GC*
TABRECTA TABS	5 [^]	PA; GC*
TAFINLAR CAPS	5 [^]	GC*
TALZENNA CAPS	5 [^]	PA; GC*
TASIGNA CAPS	5 [^]	PA; GC*
TAZVERIK TABS	5 [^]	PA; MO; GC*
<i>temsirolimus soln</i>	5 [^]	GC*
TEPMETKO TABS	5 [^]	PA; MO; GC*
TIBSOVO TABS	5 [^]	PA; LA; GC*
TRUSELTIQ CPPK	5 [^]	PA; MO; GC*
TURALIO CAPS	5 [^]	PA; MO; GC*
UKONIQ TABS	5 [^]	PA; MO; GC*
VELCADE SOLR	5 [^]	GC*
VERZENIO TABS	5 [^]	PA; GC*
VITRAKVI CAPS	5 [^]	PA; GC*
VITRAKVI SOLN	5 [^]	PA; GC*
VOTRIENT TABS	5 [^]	PA; GC*
XALKORI CAPS	5 [^]	PA; GC*
XOSPATA TABS	5 [^]	PA; MO; GC*
ZEJULA CAPS	5 [^]	PA; GC*
ZELBORAF TABS	5 [^]	PA; LA; GC*
ZOLINZA CAPS	5 [^]	GC*
ZYDELIG TABS	5 [^]	PA; LA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS	5^	PA; GC*
Antineoplastic Enzymes		
ASPARLAS SOLN	5^	GC*
ONCASPAR SOLN	5^	GC*
RYLAZE SOLN	5^	MO; GC*
Antineoplastics Misc.		
ACTIMMUNE SOLN	5^	LA; GC*
<i>arsenic trioxide soln</i>	5^	GC*
<i>bexarotene caps</i>	5^	GC*
<i>dacarbazine solr</i>	4	GC*
<i>hydroxyurea caps</i>	1	MO; GC
INTRON A SOLN 10 MU/ML	5^	GC*
INTRON A SOLN 6000000 UNIT/ML	4	GC*
INTRON A SOLR 10 MU, 18 MU, 50 MU	5^	GC*
MATULANE CAPS	5^	MO; GC*
NIPENT SOLR	4	GC*
PROLEUKIN SOLR	5^	GC*
SYNRIBO SOLR	5^	GC*
TICE BCG SUSR	5^	GC*
<i>tretinoin (chemotherapy) caps</i>	5^	MO; GC*
UVADEX SOLN	4	GC*
Chemotherapy Adjuncts		
ELITEK SOLR	5^	GC*
KEPIVANCE SOLR	5^	GC*
Chemotherapy Rescue/Antidote/Protective Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>dexrazoxane hcl solr</i>	4	GC*
KHAPZORY SOLR	5^	GC*
<i>leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg</i>	4	GC*
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO; GC
<i>levoleucovorin calcium soln 175 mg/17.5ml</i>	5^	GC*
<i>levoleucovorin calcium soln 250 mg/25ml</i>	4	GC*
<i>levoleucovorin calcium solr 50 mg</i>	4	GC*
<i>mesna soln</i>	4	GC*
MESNEX TABS OR 400 MG	5^	MO; GC*
Mitotic Inhibitors		
ABRAXANE SUSR	5^	MO; GC*
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5^	GC*
<i>docetaxel soln 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	5^	GC*
ETOPOPHOS SOLR	4	GC*
<i>etoposide soln</i>	4	GC*
HALAVEN SOLN	5^	GC*
IXEMPRA KIT SOLR	5^	GC*
JEVTANA SOLN	5^	GC*
MARQIBO SUSP	5^	MO; GC*
<i>paclitaxel conc 100 mg/16.67ml, 150 mg/25ml, 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i>	4	GC*
<i>vinblastine sulfate soln</i>	4	PA; MO; GC*
<i>vincristine sulfate soln</i>	4	PA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	GC*
<i>vinorelbine tartrate soln 50 mg/5ml</i>	4	MO; GC*
Oncolytic Viral Agents		
IMLYGIC SUSP	4	1000000 Unit/ML;MO; GC*
IMLYGIC SUSP	5 [^]	100000000 Unit/ML;MO; GC*
Topoisomerase I Inhibitors		
<i>irinotecan hcl soln 300 mg/15ml</i>	4	GC*
<i>irinotecan hcl soln 500 mg/25ml, 100 mg/5ml, 40 mg/2ml</i>	1	GC
ONIVYDE INJ	5 [^]	GC*
<i>topotecan hcl solr 4 mg</i>	5 [^]	GC*
TRODELVY SOLR	5 [^]	MO; GC*
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	1	MO; GC
NOURIANZ TABS	3	MO; GC*
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	4	MO; GC*
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>trihexyphenidyl hcl soln</i>	1	AL(Up to 64 yrs old); MO; GC
<i>trihexyphenidyl hcl tabs</i>	1	AL(Up to 64 yrs old); MO; GC
Antiparkinson COMT Inhibitors		
<i>entacapone tabs</i>	1	SL(8 ea daily); MO; GC
<i>tolcapone tabs</i>	1	MO; GC
Antiparkinson Dopaminergics		

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl caps</i>	1	MO; GC
<i>amantadine hcl soln</i>	1	MO; GC
<i>amantadine hcl tabs</i>	1	MO; GC
APOKYN SOCT	5 [^]	PA; LA; GC*
<i>bromocriptine mesylate caps</i>	1	MO; GC
<i>bromocriptine mesylate tabs</i>	1	MO; GC
<i>carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	1	MO; GC
<i>carbidopa-levodopa tbc 25 mg-100 mg, 50 mg-200 mg</i>	1	MO; GC
<i>carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	1	MO; GC
<i>carbidopa-levodopa-entacapone tabs</i>	1	MO; GC
DUOPA SUSP	3	B/D; GC*
GOCOVRI CP24	5 [^]	PA; MO; GC*
NEUPRO PT24	3	MO; GC*
OSMOLEX ER TB24 129 MG, 193 MG, 258 MG	3	PA; SL(1 ea daily); MO; GC*
<i>pramipexole dihydrochloride tabs</i>	1	MO; GC
<i>pramipexole dihydrochloride tb24</i>	1	MO; GC
<i>ropinirole hydrochloride tabs</i>	1	MO; GC
<i>ropinirole hydrochloride tb24</i>	1	MO; GC
RYTARY CPR	3	MO; GC*
STALEVO 100 TABS (<i>carbidopa-levodopa-entacapone</i>)	3	MO; GC*
STALEVO 125 TABS (<i>carbidopa-levodopa-entacapone</i>)	3	MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
STALEVO 150 TABS (<i>carbidopa-levodopa-entacapone</i>)	3	MO; GC*
STALEVO 200 TABS (<i>carbidopa-levodopa-entacapone</i>)	3	MO; GC*
STALEVO 50 TABS (<i>carbidopa-levodopa-entacapone</i>)	3	MO; GC*
STALEVO 75 TABS (<i>carbidopa-levodopa-entacapone</i>)	3	MO; GC*
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate tabs</i>	1	MO; GC
<i>selegiline hcl caps</i>	1	MO; GC
<i>selegiline hcl tabs</i>	1	MO; GC
ZELAPAR TBDP	3	MO; GC*
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	MO; GC
<i>lithium carbonate tabs</i>	1	MO; GC
<i>lithium carbonate tbc</i>	1	MO; GC
LITHIUM SOLN	2	MO; GC*
Antipsychotics - Misc.		
CAPLYTA CAPS	5^	PA; MO; GC*
EQUETRO CP12	3	MO; GC*
LATUDA TABS 120 MG	5^	PA; SL(1.33 ea daily); MO; GC*
LATUDA TABS 20 MG	5^	PA; SL(8 ea daily); MO; GC*
LATUDA TABS 40 MG	5^	PA; SL(4 ea daily); MO; GC*
LATUDA TABS 60 MG	5^	PA; SL(2.67 ea daily); MO; GC*
LATUDA TABS 80 MG	5^	PA; SL(2 ea daily); MO; GC*

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS	5^	PA; LA; GC*
NUPLAZID TABS	5^	PA; LA; GC*
VRAYLAR CAPS 1.5 MG	3	PA; SL(4 ea daily); MO; GC*
VRAYLAR CAPS 3 MG	3	PA; SL(2 ea daily); MO; GC*
VRAYLAR CAPS 4.5 MG	3	PA; SL(1.4 ea daily); MO; GC*
VRAYLAR CAPS 6 MG	3	PA; SL(1 ea daily); MO; GC*
VRAYLAR CPPK	3	PA; MO; GC*
<i>ziprasidone hcl caps</i>	1	MO; GC
<i>ziprasidone mesylate solr</i>	4	MO; GC*
Benzisoxazoles		
FANAPT TABS 1 MG, 10 MG, 2 MG, 4 MG	3	MO; GC*
FANAPT TABS 12 MG, 6 MG, 8 MG	5^	MO; GC*
FANAPT TITRATION PACK TABS	3	MO; GC*
INVEGA SUSTENNA SUSY 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	5^	MO; GC*
INVEGA SUSTENNA SUSY 39 MG/0.25ML, 78 MG/0.5ML	4	MO; GC*
INVEGA TRINZA SUSY	5^	GC*
<i>paliperidone tb24 1.5 mg</i>	1	SL(8 ea daily); MO; GC
<i>paliperidone tb24 3 mg</i>	1	SL(4 ea daily); MO; GC
<i>paliperidone tb24 6 mg</i>	1	SL(2 ea daily); MO; GC
<i>paliperidone tb24 9 mg</i>	5^	SL(1.33 ea daily); MO; GC*
PERSERIS PRSY	5^	PA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA SRER 12.5 MG	4	Limit 8 vials per 28 days; SL(0.29 ea daily); MO; GC*
RISPERDAL CONSTA SRER 25 MG	4	Limit 4 vials per 28 days; SL(0.15 ea daily); MO; GC*
RISPERDAL CONSTA SRER 37.5 MG	5 [^]	Limit 4 vials per 42 days; SL(0.1 ea daily); MO; GC*
RISPERDAL CONSTA SRER 50 MG	5 [^]	Limit 2 vials per 28 days; SL(0.08 ea daily); MO; GC*
<i>risperidone soln</i>	1	MO; GC
<i>risperidone tabs</i>	1	MO; GC
<i>risperidone tbdp</i>	1	MO; GC
Butyrophenones		
<i>haloperidol decanoate soln</i>	1	MO; GC
<i>haloperidol lactate conc</i>	1	MO; GC
<i>haloperidol lactate soln</i>	1	MO; GC
<i>haloperidol tabs</i>	1	MO; GC
Dibenzapines		
<i>asenapine maleate subl 10 mg</i>	5 [^]	SL(2 ea daily); MO; GC*
<i>asenapine maleate subl 2.5 mg</i>	1	SL(8 ea daily); MO; GC
<i>asenapine maleate subl 5 mg</i>	1	SL(4 ea daily); MO; GC
<i>clozapine tabs 200 mg, 50 mg, 100 mg, 25 mg</i>	1	GC
<i>clozapine tbdp 100 mg, 12.5 mg, 25 mg, 150 mg</i>	1	GC
<i>clozapine tbdp 200 mg</i>	5 [^]	GC*

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate caps</i>	1	MO; GC
<i>olanzapine solr</i>	1	MO; GC
<i>olanzapine tabs</i>	1	MO; GC
<i>olanzapine tbdp</i>	1	MO; GC
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; GC
<i>quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	PA; MO; GC
SAPHRIS SUBL 10 MG (<i>asenapine maleate</i>)	5 [^]	SL(2 ea daily); MO; GC*
SAPHRIS SUBL 2.5 MG (<i>asenapine maleate</i>)	3	SL(8 ea daily); MO; GC*
SAPHRIS SUBL 5 MG	3	SL(4 ea daily); MO; GC*
SAPHRIS SUBL 5 MG (<i>asenapine maleate</i>)	3	SL(4 ea daily); MO; GC*
SECUADO PT24 3.8 MG/24HR	5 [^]	PA; SL(2 ea daily); GC*
SECUADO PT24 5.7 MG/24HR	5 [^]	PA; SL(1.34 ea daily); MO; GC*
SECUADO PT24 7.6 MG/24HR	5 [^]	PA; SL(1 ea daily); GC*
VERSACLOZ SUSP	5 [^]	PA; SL(18 ml daily); GC*
ZYPREXA RELPREVV SUSR	4	GC*
Dihydroindolones		
<i>molindone hcl tabs</i>	1	GC
Phenothiazines		
<i>chlorpromazine hcl soln ij 25 mg/ml</i>	4	MO; GC*
<i>chlorpromazine hcl soln ij 50 mg/2ml</i>	4	GC*
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; GC
CHLORPROMAZINE HYDROCHLORIDE CONC	3	PA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate soln</i>	4	MO; GC*
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	MO; GC
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	4	MO; GC*
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO; GC
<i>perphenazine tabs</i>	1	MO; GC
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	4	MO; GC*
<i>prochlorperazine edisylate soln 50 mg/10ml</i>	4	GC*
<i>prochlorperazine maleate tabs</i>	1	MO; GC
<i>prochlorperazine supp</i>	1	MO; GC
<i>thioridazine hcl tabs</i>	1	MO; GC
<i>trifluoperazine hcl tabs</i>	1	MO; GC
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	5^	MO; GC*
ABILIFY MAINTENA SRER	5^	MO; GC*
<i>aripiprazole soln 1 mg/ml</i>	1	SL(30 ml daily); MO; GC
<i>aripiprazole tabs 10 mg</i>	1	SL(3 ea daily); MO; GC
<i>aripiprazole tabs 15 mg</i>	1	SL(2 ea daily); MO; GC
<i>aripiprazole tabs 2 mg</i>	1	SL(15 ea daily); MO; GC
<i>aripiprazole tabs 20 mg</i>	3	SL(1.5 ea daily); MO; GC*
<i>aripiprazole tabs 30 mg</i>	3	SL(1 ea daily); MO; GC*
<i>aripiprazole tabs 5 mg</i>	1	SL(6 ea daily); MO; GC
<i>aripiprazole tbdp 10 mg</i>	5^	SL(3 ea daily); MO; GC*
<i>aripiprazole tbdp 15 mg</i>	5^	SL(2 ea daily); MO; GC*
ARISTADA INITIO PRSY	5^	GC*

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

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

Drug Name	Drug Tier	Requirements/ Limits
DESCOVY TABS	5^	MO; GC*
DOVATO TABS	5^	MO; GC*
EDURANT TABS	5^	MO; GC*
<i>efavirenz caps</i>	1	MO; GC
<i>efavirenz tabs</i>	1	MO; GC
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	5^	MO; GC*
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	5^	MO; GC*
<i>emtricitabine caps</i>	1	MO; GC
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	5^	MO; GC*
EMTRIVA SOLN 10 MG/ML	3	MO; GC*
<i>etravirine tabs</i>	5^	MO; GC*
EVOTAZ TABS	5^	MO; GC*
<i>fosamprenavir calcium tabs</i>	5^	MO; GC*
FUZEON SOLR	5^	MO; GC*
GENVOYA TABS	5^	MO; GC*
INTELENCE TABS 25 MG	3	GC*
INVIRASE TABS	5^	MO; GC*
ISENTRESS CHEW 100 MG	2	SL(6 ea daily); MO; GC*
ISENTRESS CHEW 25 MG	2	SL(24 ea daily); MO; GC*
ISENTRESS HD TABS	5^	MO; GC*
ISENTRESS PACK 100 MG	3	SL(2 ea daily); MO; GC*
ISENTRESS TABS 400 MG	5^	MO; GC*
JULUCA TABS	5^	MO; GC*

Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine soln</i>	1	MO; GC
<i>lamivudine tabs</i>	1	MO; GC
<i>lamivudine-zidovudine tabs</i>	1	MO; GC
LEXIVA SUSP 50 MG/ML	2	MO; GC*
<i>lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml</i>	5^	MO; GC*
<i>lopinavir-ritonavir tabs 25 mg-100 mg</i>	1	MO; GC
<i>lopinavir-ritonavir tabs 50 mg-200 mg</i>	5^	MO; GC*
<i>nevirapine susp 50 mg/5ml</i>	1	MO; GC
<i>nevirapine tabs 200 mg</i>	1	MO; GC
<i>nevirapine tb24 100 mg</i>	1	GC
<i>nevirapine tb24 400 mg</i>	1	MO; GC
NORVIR PACK 100 MG	3	MO; GC*
NORVIR SOLN 80 MG/ML	2	MO; GC*
ODEFSEY TABS	5^	MO; GC*
PIFELTRO TABS	5^	MO; GC*
PREZCOBIX TABS	5^	MO; GC*
PREZISTA SUSP 100 MG/ML	5^	MO; GC*
PREZISTA TABS 150 MG, 600 MG, 800 MG	5^	MO; GC*
PREZISTA TABS 75 MG	3	MO; GC*
RETROVIR IV INFUSION SOLN	4	GC*
REYATAZ PACK 50 MG	5^	MO; GC*
<i>ritonavir tabs</i>	1	MO; GC
RUKOBIA TB12	5^	MO; GC*
SELZENTRY SOLN 20 MG/ML	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 150 MG, 300 MG	2	MO; GC*
SELZENTRY TABS 25 MG, 75 MG	2	GC*
<i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i>	1	MO; GC
STRIBILD TABS	5^	MO; GC*
SYMTUZA TABS	5^	MO; GC*
TEMIXYS TABS	5^	MO; GC*
<i>tenofovir disoproxil fumarate tabs</i>	1	MO; GC
TIVICAY PD TBSO	3	MO; GC*
TIVICAY TABS 10 MG	3	MO; GC*
TIVICAY TABS 25 MG, 50 MG	5^	MO; GC*
TRIUMEQ TABS	5^	MO; GC*
TROGARZO SOLN	5^	MO; GC*
TYBOST TABS	3	MO; GC*
VIRACEPT TABS	5^	MO; GC*
VIREAD POWD 40 MG/GM	5^	MO; GC*
VIREAD TABS 150 MG, 200 MG, 250 MG	5^	MO; GC*
<i>zidovudine caps</i>	1	MO; GC
<i>zidovudine syrp</i>	1	MO; GC
<i>zidovudine tabs</i>	1	MO; GC
CMV Agents		
<i>cidofovir soln</i>	5^	GC*
<i>ganciclovir sodium solr</i>	1	PA; GC
PREVYMIS TABS OR 240 MG, 480 MG	5^	PA; MO; GC*
<i>valganciclovir hcl solr</i>	5^	MO; GC*

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tabs</i>	5^	MO; GC*
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	5^	MO; GC*
BARACLUDGE SOLN 0.05 MG/ML	2	MO; GC*
<i>entecavir tabs</i>	1	MO; GC
EPCLUSA TABS 100 MG-400 MG, 50 MG-200 MG	5^	PA; GC*
EPIVIR HBV SOLN 5 MG/ML	2	MO; GC*
HARVONI PACK 33.75 MG-150 MG, 45 MG-200 MG	5^	PA; GC*
HARVONI TABS 45 MG-200 MG, 90 MG-400 MG	5^	PA; GC*
<i>lamivudine (hbv) tabs</i>	1	MO; GC
MAVYRET TABS 40 MG-100 MG	5^	PA; GC*
PEGASYS SOLN	5^	GC*
PEGASYS SOSY	5^	GC*
<i>ribavirin (hepatitis c) caps</i>	1	GC
<i>ribavirin (hepatitis c) tabs</i>	1	GC
SOVALDI TABS 200 MG, 400 MG	5^	PA; GC*
VEMLIDY TABS	5^	ST; MO; GC*
VOSEVI TABS	5^	PA; GC*
ZEPATIER TABS	5^	PA; GC*
Herpes Agents		
<i>acyclovir caps</i>	1	MO; GC
<i>acyclovir sodium soln</i>	4	PA; GC*
<i>acyclovir susp</i>	1	MO; GC
<i>acyclovir tabs</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tabs</i>	1	MO; GC
<i>valacyclovir hcl tabs</i>	1	MO; GC
Influenza Agents		
<i>oseltamivir phosphate caps 30 mg</i>	1	QL(4 ea daily); MO; GC
<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	1	MO; GC
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	MO; GC
RELENZA DISKHALER AEPB	3	MO; GC*
<i>rimantadine hydrochloride tabs</i>	1	MO; GC
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	1	GC
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	MO; GC
<i>carvedilol tabs 12.5 mg</i>	1	SL(8 ea daily); MO; GC
<i>carvedilol tabs 25 mg</i>	1	SL(4 ea daily); MO; GC
<i>carvedilol tabs 3.125 mg</i>	1	SL(32 ea daily); MO; GC
<i>carvedilol tabs 6.25 mg</i>	1	SL(16 ea daily); MO; GC
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	MO; GC
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	MO; GC
<i>atenolol tabs</i>	1	MO; GC
<i>betaxolol hcl tabs</i>	1	MO; GC
<i>bisoprolol fumarate tabs</i>	1	MO; GC
BYSTOLIC TABS 2.5 MG, 10 MG, 5 MG (<i>nebivolol hcl</i>)	3	QL(1 ea daily); MO; GC*

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TABS 20 MG (<i>nebivolol hcl</i>)	3	QL(2 ea daily); MO; GC*
<i>metoprolol succinate tb24</i>	1	MO; GC
<i>metoprolol tartrate tabs or 75 mg, 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	MO; GC
Beta Blockers Non-Selective		
HEMANGEOL SOLN	3	GC*
<i>nadolol tabs</i>	1	MO; GC
<i>pindolol tabs</i>	1	MO; GC
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	MO; GC
<i>propranolol hcl soln or 40 mg/5ml, 20 mg/5ml</i>	1	MO; GC
<i>propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg</i>	1	MO; GC
<i>sotalol hcl (afib/afll) tabs</i>	1	MO; GC
<i>sotalol hcl tabs</i>	1	MO; GC
SOTYLIZE SOLN	3	MO; GC*
<i>timolol maleate tabs 10 mg</i>	1	SL(6 ea daily); MO; GC
<i>timolol maleate tabs 20 mg</i>	1	SL(3 ea daily); MO; GC
<i>timolol maleate tabs 5 mg</i>	1	SL(12 ea daily); MO; GC
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; GC
<i>amlodipine besylate tabs 2.5 mg</i>	1	SL(4 ea daily); MO; GC
<i>amlodipine besylate tabs 5 mg</i>	1	SL(2 ea daily); MO; GC
CARDIZEM LA TB24 120 MG	2	MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cp24</i>	1	MO; GC
<i>diltiazem hcl coated beads tb24</i>	1	MO; GC
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	1	MO; GC
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	MO; GC
<i>diltiazem hcl extended release beads cp24</i>	1	MO; GC
<i>diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO; GC
<i>felodipine tb24</i>	1	MO; GC
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	1	MO; GC
<i>nifedipine caps 20 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>	1	MO; GC
<i>nimodipine caps</i>	1	MO; GC
<i>nisoldipine tb24 17 mg, 34 mg, 8.5 mg</i>	1	MO; GC
NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML	5 [^]	GC*
<i>verapamil hcl cp24 or 100 mg, 300 mg, 360 mg, 120 mg, 180 mg, 200 mg, 240 mg</i>	1	MO; GC
<i>verapamil hcl tabs or 40 mg, 120 mg, 80 mg</i>	1	MO; GC
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	1	MO; GC
VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	1	MO; GC
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln or 0.05 mg/ml</i>	1	MO; GC
<i>digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg</i>	1	MO; GC
LANOXIN PEDIATRIC SOLN	4	GC*

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS OR 62.5 MCG	3	MO; GC*
Inotropes		
<i>dobutamine hcl soln</i>	4	GC*
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	MO; GC
BIDIL TABS	3	MO; GC*
ENTRESTO TABS	3	PA; MO; GC*
Impotence Agents		
CAVERJECT IMPULSE KIT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; GC*
CAVERJECT SOLR 40 MCG	2	Check plan for coverage; Limit 4 vials per month; QL(0.14 29 ea daily); MO; NT; GC*
EDEX KIT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; GC*
MUSE PLLT	2	Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; GC*
<i>sildenafil citrate tabs 50 mg, 25 mg, 100 mg</i>	1	Check plan for coverage; QL(0.1429 ea daily); MO; NT; GC
<i>tadalafil tabs 10 mg, 20 mg</i>	1	Check plan for coverage; QL(0.1429 ea daily); MO; NT; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tabs 2.5 mg, 5 mg</i>	1	PA; Check plan for coverage;MO; GC
<i>vardenafil hcl tabs</i>	1	Check plan for coverage;QL(0.1429 ea daily); MO; NT; GC
<i>vardenafil hcl tbdp</i>	1	Check plan for coverage;QL(0.1429 ea daily); MO; NT; GC
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG	3	PA; GC*
ORENITRAM TBCR 0.25 MG, 1 MG, 2.5 MG, 5 MG	5^	PA; GC*
<i>treprostinil soln</i>	5^	B/D; LA; GC*
TYVASO REFILL SOLN	5^	B/D; LA; GC*
TYVASO SOLN	5^	B/D; LA; GC*
TYVASO STARTER SOLN	5^	B/D; LA; GC*
VENTAVIS SOLN 10 MCG/ML	2	B/D; LA; GC*
VENTAVIS SOLN 20 MCG/ML	5^	B/D; LA; GC*
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	5^	PA; LA; GC*
<i>bosentan tabs</i>	5^	PA; LA; GC*
OPSUMIT TABS	5^	PA; GC*
Pulmonary Hypertension - Phosphodiesterase		
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	5^	PA; GC*
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	1	PA; GC
<i>tadalafil (pulmonary hypertension) tabs</i>	5^	PA; GC*
Pulmonary Hypertension - Prostacyclin Receptor		

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS OR 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5^	PA; LA; GC*
UPTRAVI TBPK OR	5^	PA; LA; GC*
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG	5^	PA; SL(15 ea daily); GC*
ADEMPAS TABS 1 MG	5^	PA; SL(7.5 ea daily); GC*
ADEMPAS TABS 1.5 MG	5^	PA; SL(5 ea daily); GC*
ADEMPAS TABS 2 MG	5^	PA; SL(3.75 ea daily); GC*
ADEMPAS TABS 2.5 MG	5^	PA; SL(3 ea daily); GC*
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	SL(15 ml daily); GC*
CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; GC*
CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; GC*
Transthyretin Stabilizers		
VYNDAMAX CAPS	5^	PA; QL(1 ea daily); GC*
VYNDAQEL CAPS	5^	PA; QL(4 ea daily); GC*
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	MO; GC
<i>cefadroxil susr</i>	1	MO; GC
<i>cefadroxil tabs</i>	1	MO; GC
<i>cefazolin sodium solr ij 500 mg, 1 gm, 10 gm</i>	4	MO; GC*
<i>cephalexin caps</i>	1	MO; GC
<i>cephalexin susr</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin tabs</i>	1	MO; GC
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO; GC
<i>cefaclor monohydrate tb12</i>	1	MO; GC
<i>cefoxitin sodium solr 1 gm, 10 gm, 2 gm</i>	4	GC*
<i>cefprozil susr</i>	1	MO; GC
<i>cefprozil tabs</i>	1	MO; GC
<i>cefuroxime axetil tabs</i>	1	MO; GC
<i>cefuroxime sodium solr ij 750 mg</i>	4	MO; GC*
<i>cefuroxime sodium solr iv 1.5 gm</i>	4	GC*
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	MO; GC
<i>cefdinir susr</i>	1	MO; GC
<i>cefixime caps</i>	1	MO; GC
<i>cefixime susr</i>	1	MO; GC
<i>cefpodoxime proxetil susr</i>	1	MO; GC
<i>cefpodoxime proxetil tabs</i>	1	MO; GC
<i>ceftazidime solr ij 1 gm</i>	4	MO; GC*
<i>ceftazidime solr ij 6 gm</i>	4	GC*
<i>ceftazidime solr iv 2 gm</i>	4	MO; GC*
<i>ceftazidime solr iv 6 gm</i>	4	GC*
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	4	SL(200 ml daily); GC*
<i>ceftriaxone sodium solr ij 1 gm</i>	4	SL(4 ea daily); MO; GC*
<i>ceftriaxone sodium solr ij 2 gm</i>	4	SL(2 ea daily); MO; GC*
<i>ceftriaxone sodium solr ij 250 mg</i>	4	SL(16 ea daily); MO; GC*

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium solr ij 500 mg</i>	4	SL(8 ea daily); MO; GC*
<i>ceftriaxone sodium solr iv 1 gm</i>	4	SL(4 ea daily); GC*
<i>ceftriaxone sodium solr iv 10 gm</i>	4	MO; GC*
<i>ceftriaxone sodium solr iv 2 gm</i>	4	SL(2 ea daily); MO; GC*
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	4	MO; GC*
CEFEPIME SOLN	4	GC*
Cephalosporins - 5th Generation		
TEFLARO SOLR	4	GC*
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol tabs</i>	1	MO; GC
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	MO; GC
<i>drospirenone-ethinyl estradiol tabs</i>	1	MO; GC
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	1	MO; GC
<i>ethynodiol diacet & eth estrad tabs</i>	1	MO; GC
<i>levonorgestrel & eth estradiol chew 0.1 mg-20 mcg</i>	1	GC
<i>levonorgestrel & eth estradiol tabs 0.03 mg-0.15 mg, 0.15 mg-30 mcg, 0.1 mg-20 mcg</i>	1	MO; GC
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	MO; GC
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	(QUARTETTE); MO; GC
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	biphasic; MO; GC
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN FE TABS	3	MO; GC*
<i>norethin acet & estrad-fe caps 1 mg-20 mcg-75 mg</i>	1	MO; GC
<i>norethin acet & estrad-fe chew 1 mg-20 mcg-75 mg</i>	1	MO; GC
<i>norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg</i>	1	MO; GC
<i>norethindrone & eth estradiol tabs</i>	1	MO; GC
<i>norethindrone & ethinyl estradiol-fe chew</i>	1	MO; GC
<i>norethindrone acet & eth estra tabs</i>	1	MO; GC
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	MO; GC
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	MO; GC
<i>norgestimate-ethinyl estradiol tabs</i>	1	MO; GC
<i>norgestrel & ethinyl estradiol tabs 0.3 mg-30 mcg</i>	1	MO; GC
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	1	MO; GC
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol ring</i>	1	MO; GC
Emergency Contraceptives		
ELLA TABS	2	GC*
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY	4	MO; GC*
<i>medroxyprogesterone acetate (contraceptive) susp</i>	4	MO; GC*
<i>medroxyprogesterone acetate (contraceptive) susy</i>	4	MO; GC*
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
SLYND TABS	3	MO; GC*
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>betamethasone sod phosphate & acetate susp</i>	4	MO; GC*
<i>budesonide cpep 3 mg</i>	1	MO; GC
<i>budesonide tb24 9 mg</i>	5^	MO; GC*
<i>cortisone acetate tabs</i>	1	MO; GC
DEPO-MEDROL SUSP 20 MG/ML	4	MO; GC*
<i>dexamethasone elix 0.5 mg/5ml</i>	1	MO; GC
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	4	GC*
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	4	Preservative Free;MO; GC*
<i>dexamethasone sodium phosphate soln ij 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	4	MO; GC*
<i>dexamethasone soln 0.5 mg/5ml</i>	1	MO; GC
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg</i>	1	MO; GC
<i>dexamethasone tbpk 1.5 mg</i>	1	MO; GC
EMFLAZA SUSP	5^	PA; GC*
EMFLAZA TABS	5^	PA; GC*
<i>hydrocortisone tabs</i>	1	MO; GC
KENALOG-10 SUSP	4	MO; GC*
MEDROL TABS 2 MG	2	MO; GC*
<i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i>	1	MO; GC
<i>methylprednisolone sod succ solr</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tabs</i>	1	MO; GC
<i>methylprednisolone tbpk</i>	1	MO; GC
<i>prednisolone sodium phosphate soln or 15 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	MO; GC
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	MO; GC
<i>prednisolone soln 15 mg/5ml</i>	1	MO; GC
<i>prednisolone tabs 5 mg</i>	1	MO; GC
PREDNISONÉ INTENSOL CONC	3	MO; GC*
<i>prednisone soln</i>	1	MO; GC
<i>prednisone tabs</i>	1	MO; GC
<i>prednisone tbpk</i>	1	MO; GC
SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG	4	MO; GC*
SOLU-CORTEF SOLR 1000 MG	4	GC*
SOLU-MEDROL SOLR 2 GM	4	GC*
<i>triamcinolone acetonide susp 200 mg/5ml, 40 mg/ml, 400 mg/10ml</i>	4	MO; GC*
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	MO; GC
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 150 mg, 200 mg, 100 mg</i>	1	MO; NT; GC
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR TB12	3	MO; GC*
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	AL(Up to 64 yrs old); MO; NT; GC

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine & phenylephrine syrps</i>	1	AL(Up to 64 yrs old); MO; GC
<i>promethazine-phenylephrine-codeine syrps 5 mg/5ml-6.25 mg/5ml-10 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; NT; GC
Mucolytics		
<i>acetylcysteine soln</i>	1	B/D; MO; GC
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 40 MG (isotretinoin)	3	GC*
<i>adapalene crea 0.1 %</i>	1	MO; GC
<i>adapalene gel 0.1 %</i>	1	RX/OTC; MO; GC
<i>adapalene gel 0.3 %</i>	1	MO; GC
<i>adapalene-benzoyl peroxide gel</i>	1	MO; GC
AZELEX CREA	3	MO; GC*
<i>benzoyl peroxide-erythromycin gel</i>	1	MO; GC
CLEOCIN-T GEL (clindamycin phosphate (topical))	3	MO; GC*
CLINDAGEL GEL (clindamycin phosphate (topical))	3	MO; GC*
<i>clindamycin phosphate (topical) foam</i>	1	MO; GC
<i>clindamycin phosphate (topical) gel</i>	1	MO; GC
<i>clindamycin phosphate (topical) lotn</i>	1	MO; GC
<i>clindamycin phosphate (topical) soln</i>	1	QL(2 ml daily); MO; GC
<i>clindamycin phosphate (topical) swab</i>	1	MO; GC
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	MO; GC
<i>clindamycin phosphate-tretinoin gel</i>	1	MO; GC
<i>erythromycin (acne aid) gel</i>	1	MO; GC
<i>erythromycin (acne aid) soln</i>	1	MO; GC
FABIOR FOAM	3	Limit 100gms per month; QL(3.34 gm daily); MO; GC*
<i>isotretinoin caps</i>	1	GC
RETIN-A MICRO PUMP GEL 0.08 %	3	QL(1.67 gm daily); MO; GC*
<i>sulfacetamide sodium (acne) lotn</i>	1	MO; GC
TAZAROTENE FOAM	3	Limit 100gms per month; QL(3.34 gm daily); MO; GC*
<i>tretinoin crea</i>	1	QL(1.5 gm daily); MO; GC
<i>tretinoin gel</i>	1	QL(1.5 gm daily); MO; GC
<i>tretinoin microsphere gel</i>	1	QL(1.67 gm daily); MO; GC
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch</i>	1	PA; MO; GC
<i>diclofenac sodium (topical) gel 1 %</i>	1	SL(33.34 gm daily); RX/OTC; MO; GC
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(15 ml daily); MO; GC
FLECTOR PTCH (<i>diclofenac epolamine</i>)	3	PA; MO; GC*
PENNSAID SOLN	5 [^]	PA; QL(8 gm daily); MO; GC*
Antibiotics - Topical		
CENTANY OINT	3	QL(0.74 gm daily); MO; GC*

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (topical) crea</i>	1	MO; GC
<i>mupirocin oint</i>	1	QL(0.74 gm daily); MO; GC
Antifungals - Topical		
<i>ciclopirox gel 0.77 %</i>	1	MO; GC
<i>ciclopirox olamine crea</i>	1	MO; GC
<i>ciclopirox olamine susp</i>	1	MO; GC
<i>ciclopirox sham 1 %</i>	1	MO; GC
<i>clotrimazole (topical) crea</i>	1	RX/OTC; MO; GC
<i>clotrimazole (topical) soln</i>	1	RX/OTC; MO; GC
<i>econazole nitrate crea</i>	1	QL(3 gm daily); MO; GC
ERTACZO CREA	3	MO; GC*
JUBLIA SOLN	3	PA; MO; GC*
<i>ketconazole (topical) crea</i>	1	QL(2 gm daily); MO; GC
<i>ketconazole (topical) foam</i>	1	QL(3.34 gm daily); MO; GC
<i>ketconazole (topical) sham</i>	1	QL(4 ml daily); MO; GC
<i>luliconazole crea</i>	1	MO; GC
LUZU CREA (<i>luliconazole</i>)	3	MO; GC*
MENTAX CREA	2	RX/OTC; MO; GC*
<i>naftifine hcl crea 2 %, 1 %</i>	1	MO; GC
<i>naftifine hcl gel 1 %</i>	1	MO; GC
NAFTIN GEL 1 % (<i>naftifine hcl</i>)	3	MO; GC*
NAFTIN GEL 2 %	3	MO; GC*
<i>nystatin (topical) crea</i>	1	QL(2 gm daily); MO; GC
<i>nystatin (topical) oint</i>	1	QL(2 gm daily); MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (topical) powd</i>	1	QL(2 gm daily); MO; GC
<i>nystatin-triamcinolone crea</i>	1	MO; GC
<i>nystatin-triamcinolone oint</i>	1	MO; GC
<i>oxiconazole nitrate crea</i>	1	QL(3 gm daily); MO; GC
OXISTAT LOTN	3	QL(2 ml daily); MO; GC*
<i>tavaborole soln</i>	1	PA; MO; GC
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>fluorouracil (topical)</i>)	5 [^]	MO; GC*
<i>diclofenac sodium (actinic keratoses) gel</i>	3	PA; QL(3.34 gm daily); MO; GC*
<i>fluorouracil (topical) crea 0.5 %</i>	5 [^]	MO; GC*
<i>fluorouracil (topical) crea 5 %</i>	1	MO; GC
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	MO; GC
PANRETIN GEL	5 [^]	GC*
PICATO GEL	5 [^]	GC*
TARGRETIN GEL EX 1 %	5 [^]	PA; QL(2 gm daily); GC*
VALCHLOR GEL	5 [^]	PA; MO; GC*
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; QL(1.5 gm daily); MO; GC*
PRUDOXIN CREA (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL(1.5 gm daily); MO; GC*
ZONALON CREA (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL(1.5 gm daily); MO; GC*
Antipsoriatics		
<i>acitretin caps 10 mg, 25 mg</i>	1	MO; GC
<i>acitretin caps 17.5 mg</i>	5 [^]	MO; GC*
<i>calcipotriene crea</i>	1	QL(4 gm daily); MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene foam</i>	1	QL(4 gm daily); MO; GC
<i>calcipotriene oint</i>	1	QL(4 gm daily); MO; GC
<i>calcipotriene soln</i>	1	QL(4 ml daily); MO; GC
<i>calcitriol (topical) oint</i>	1	MO; GC
COSENTYX SENSOREADY PEN SOAJ	5 [^]	PA; LA; GC*
COSENTYX SOSY 150 MG/ML	5 [^]	PA; LA; GC*
COSENTYX SOSY 150 MG/ML, 75 MG/0.5ML	5 [^]	PA; GC*
ILUMYA SOSY	5 [^]	PA; GC*
<i>methoxsalen rapid caps</i>	5 [^]	MO; GC*
SILIQ SOSY	5 [^]	PA; GC*
SKYRIZI PSKT 75 MG/0.83ML	5 [^]	PA; GC*
SORILUX FOAM	3	QL(4 gm daily); MO; GC*
STELARA SOLN	5 [^]	PA; GC*
STELARA SOSY	5 [^]	PA; GC*
TALTZ SOAJ	5 [^]	PA; GC*
TALTZ SOSY	5 [^]	PA; GC*
<i>tazarotene crea</i>	1	MO; GC
TAZORAC CREA 0.05 %	2	MO; GC*
TAZORAC GEL 0.05 %, 0.1 %	2	MO; GC*
TREMFYA SOPN	5 [^]	PA; GC*
TREMFYA SOSY	5 [^]	PA; GC*
VECTICAL OINT (<i>calcitriol (topical)</i>)	3	MO; GC*
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/ Limits
Antivirals - Topical		
<i>acyclovir topical crea</i>	5^	QL(1 gm daily); MO; GC*
<i>acyclovir topical oint</i>	1	MO; GC
DENAVIR CREA	5^	MO; GC*
XERESE CREA	3	MO; GC*
Burn Products		
<i>silver sulfadiazine crea</i>	1	MO; GC
SULFAMYLON CREA 85 MG/GM	3	MO; GC*
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	MO; GC
<i>alclometasone dipropionate oint</i>	1	MO; GC
<i>amcinonide crea</i>	1	MO; GC
<i>betamethasone dipropionate (topical) crea</i>	1	MO; GC
<i>betamethasone dipropionate (topical) lotn</i>	1	MO; GC
<i>betamethasone dipropionate (topical) oint</i>	1	MO; GC
<i>betamethasone dipropionate augmented crea</i>	1	MO; GC
<i>betamethasone dipropionate augmented gel</i>	1	MO; GC
<i>betamethasone dipropionate augmented lotn</i>	1	MO; GC
<i>betamethasone dipropionate augmented oint</i>	1	MO; GC
<i>betamethasone valerate crea</i>	1	MO; GC
<i>betamethasone valerate foam</i>	1	MO; GC
<i>betamethasone valerate lotn</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate oint</i>	1	MO; GC
<i>calcipotriene- betamethasone dipropionate oint</i>	5^	SL(14.29 gm daily); MO; GC*
<i>calcipotriene- betamethasone dipropionate susp</i>	5^	SL(14.29 gm daily); MO; GC*
CAPEX SHAM	3	MO; GC*
<i>clobetasol propionate crea</i>	1	SL(7.15 gm daily); MO; GC
<i>clobetasol propionate emollient base crea</i>	1	SL(7.15 gm daily); MO; GC
<i>clobetasol propionate foam</i>	1	Non- emulsion;SL(7. 15 gm daily); MO; GC
<i>clobetasol propionate gel</i>	1	SL(7.15 gm daily); MO; GC
<i>clobetasol propionate liqd</i>	1	SL(8.43 ml daily); MO; GC
<i>clobetasol propionate lotn</i>	1	SL(7.15 ml daily); MO; GC
<i>clobetasol propionate oint</i>	1	SL(7.15 gm daily); MO; GC
<i>clobetasol propionate sham</i>	1	SL(7.15 ml daily); MO; GC
<i>clobetasol propionate soln</i>	1	SL(7.15 ml daily); MO; GC
<i>clocortolone pivalate crea</i>	1	MO; GC
CLODERM CREA (<i>clocortolone pivalate</i>)	3	MO; GC*
CORDRAN TAPE 4 MCG/SQCM	3	MO; GC*
<i>desonide crea</i>	1	QL(2 gm daily); MO; GC
<i>desonide lotn</i>	1	QL(3.94 ml daily); MO; GC
<i>desonide oint</i>	1	QL(2 gm daily); MO; GC
<i>desoximetasone crea 0.05 %, 0.25 %</i>	1	QL(3.34 gm daily); MO; GC
<i>desoximetasone gel 0.05 %</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone liqd 0.25 %</i>	1	MO; GC
<i>desoximetasone oint 0.05 %, 0.25 %</i>	1	MO; GC
<i>diflorasone diacetate crea</i>	1	MO; GC
<i>diflorasone diacetate oint</i>	1	QL(2 gm daily); MO; GC
ENSTILAR FOAM	5 [^]	QL(4 gm daily); MO; GC*
<i>fluocinolone acetonide crea</i>	1	MO; GC
<i>fluocinolone acetonide oil</i>	1	MO; GC
<i>fluocinolone acetonide oint</i>	1	MO; GC
<i>fluocinolone acetonide soln</i>	1	MO; GC
<i>fluocinonide crea 0.05 %</i>	1	MO; GC
<i>fluocinonide emulsified base crea</i>	1	MO; GC
<i>fluocinonide gel 0.05 %</i>	1	MO; GC
<i>fluocinonide oint 0.05 %</i>	1	MO; GC
<i>fluocinonide soln 0.05 %</i>	1	MO; GC
<i>flurandrenolide crea</i>	1	MO; GC
<i>flurandrenolide lotn</i>	1	QL(4 ml daily); MO; GC
<i>fluticasone propionate crea</i>	1	MO; GC
<i>fluticasone propionate lotn</i>	1	MO; GC
<i>fluticasone propionate oint</i>	1	MO; GC
<i>halcinonide crea</i>	1	MO; GC
<i>halobetasol propionate crea</i>	1	QL(1.67 gm daily); MO; GC
<i>halobetasol propionate oint</i>	1	MO; GC
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC; MO; GC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	MO; GC
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC; MO; GC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	MO; GC
<i>hydrocortisone butyrate crea</i>	1	QL(1.5 gm daily); MO; GC
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	QL(1.5 gm daily); MO; GC
<i>hydrocortisone butyrate lotn</i>	1	QL(3.94 ml daily); MO; GC
<i>hydrocortisone butyrate oint</i>	1	QL(1.5 gm daily); MO; GC
<i>hydrocortisone butyrate soln</i>	1	QL(2 ml daily); MO; GC
<i>hydrocortisone valerate crea</i>	1	MO; GC
<i>hydrocortisone valerate oint</i>	1	MO; GC
<i>mometasone furoate crea</i>	1	MO; GC
<i>mometasone furoate oint</i>	1	MO; GC
<i>mometasone furoate soln</i>	1	MO; GC
TACLONEX SUSP	5 [^]	SL(14.29 gm daily); MO; GC*
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	5 [^]	SL(14.29 gm daily); MO; GC*
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	1	MO; GC
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %</i>	1	MO; GC
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	MO; GC
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	MO; GC
ULTRAVATE LOTN	5 [^]	PA; MO; GC*
Emollients		

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

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC; MO; GC
<i>lactic acid (ammonium lactate) lotn</i>	1	RX/OTC; MO; GC
Enzymes - Topical		
SANTYL OINT	3	MO; GC*
Immunomodulating Agents - Topical		
<i>imiquimod crea 3.75 %</i>	5^	MO; GC*
<i>imiquimod crea 5 %</i>	1	MO; GC
ZYCLARA CREA (<i>imiquimod</i>)	5^	MO; GC*
ZYCLARA PUMP CREA 2.5 %	5^	MO; GC*
ZYCLARA PUMP CREA 3.75 % (<i>imiquimod</i>)	5^	MO; GC*
Immunosuppressive Agents - Topical		
<i>pimecrolimus crea</i>	1	PA; QL(3.34 gm daily); MO; GC
<i>tacrolimus (topical) oint</i>	1	PA; MO; GC
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	3	MO; GC*
<i>podofilox soln</i>	1	MO; GC
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); MO; GC
<i>lidocaine hcl prsy ex 2 %</i>	1	MO; GC
<i>lidocaine hcl soln ex 4 %</i>	1	QL(6.67 ml daily); MO; GC
<i>lidocaine oint ex 5 %</i>	1	QL(3 gm daily); MO; GC
<i>lidocaine ptch ex 5 %</i>	1	PA; SL(3 ea daily); MO; GC
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily); MO; GC
Rosacea Agents		
<i>azelaic acid gel</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (rosacea) cpdr</i>	1	MO; GC
FINACEA FOAM	3	MO; GC*
<i>ivermectin (rosacea) crea</i>	1	MO; GC
<i>metronidazole (topical) crea</i>	1	MO; GC
<i>metronidazole (topical) gel</i>	1	MO; GC
<i>metronidazole (topical) lotn</i>	1	MO; GC
MIRVASO GEL	3	PA; MO; GC*
NORITATE CREA	5^	MO; GC*
ORACEA CPDR (<i>doxycycline (rosacea)</i>)	3	MO; GC*
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	MO; GC
<i>malathion lotn</i>	1	MO; GC
<i>permethrin crea</i>	1	MO; GC
Wound Care Products		
REGANEX GEL	5^	MO; GC*
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 12000 UNIT-38000 UNIT-60000 UNIT, 3000 UNIT-9500 UNIT-15000 UNIT, 30000 UNIT-6000 UNIT-19000 UNIT, 36000 UNIT-114000 UNIT-180000 UNIT, 6000 UNIT-19000 UNIT-30000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT	2	MO; GC*
CREON CPEP 24000 UNIT-76000 UNIT-120000 UNIT	3	MO; GC*
SUCRAID SOLN	3	LA; MO; GC*

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

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 10000 UNIT-32000 UNIT-42000 UNIT, 15000 UNIT-47000 UNIT-63000 UNIT, 20000 UNIT-63000 UNIT-84000 UNIT, 25000 UNIT-79000 UNIT-105000 UNIT, 3000 UNIT-10000 UNIT-14000 UNIT, 5000 UNIT-17000 UNIT-24000 UNIT	3	MO; GC*
ZENPEP CPEP 40000 UNIT-126000 UNIT-168000 UNIT	5 [^]	MO; GC*
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	1	MO; GC
<i>acetazolamide tabs</i>	1	MO; GC
KEVEYIS TABS	5 [^]	PA; SL(4 ea daily); MO; GC*
<i>methazolamide tabs</i>	1	MO; GC
Diuretic Combinations		
ALDACTAZIDE TABS 50 MG-50 MG	2	MO; GC*
<i>amiloride & hydrochlorothiazide tabs</i>	1	MO; GC
<i>spironolactone & hydrochlorothiazide tabs</i>	1	MO; GC
<i>triamterene & hydrochlorothiazide caps</i>	1	MO; GC
<i>triamterene & hydrochlorothiazide tabs</i>	1	MO; GC
Loop Diuretics		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO; GC
<i>ethacrynic acid tabs</i>	1	MO; GC
<i>furosemide soln ij 10 mg/ml</i>	4	MO; GC*
<i>furosemide soln or 10 mg/ml</i>	1	MO; GC
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/ Limits
<i>torseamide tabs</i>	1	MO; GC
Potassium Sparing Diuretics		
<i>amiloride hcl tabs</i>	1	MO; GC
<i>spironolactone tabs</i>	1	MO; GC
<i>triamterene caps</i>	1	MO; GC
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone tabs</i>	1	MO; GC
<i>hydrochlorothiazide caps</i>	1	MO; GC
<i>hydrochlorothiazide tabs</i>	1	MO; GC
<i>indapamide tabs</i>	1	MO; GC
<i>metolazone tabs</i>	1	MO; GC
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium tabs 10 mg</i>	1	MO; GC
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily); MO; GC
<i>calcitonin (salmon) soln ij 200 unit/ml</i>	4	MO; GC*
<i>calcitonin (salmon) soln na 200 unit/act</i>	1	MO; GC
EVENITY SOSY	5 [^]	PA; GC*
FORTEO SOPN	5 [^]	PA; Limit 2.4mls per 28 days;QL(0.09 ml daily); GC*
FOSAMAX PLUS D TABS	3	QL(0.15 ea daily); MO; GC*
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	QL(0.036 ml daily); MO; GC*
<i>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tab per 28 days (3 per 84);QL(0.036 ea daily); MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
NATPARA CART	5^	PA; LA; GC*
PROLIA SOSY	2	PA; QL(0.006 ml daily); GC*
<i>risedronate sodium tabs 150 mg</i>	1	QL(0.04 ea daily); MO; GC
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	QL(1 ea daily); MO; GC
<i>risedronate sodium tabs 35 mg</i>	1	QL(0.15 ea daily); MO; GC
<i>risedronate sodium tbec 35 mg</i>	1	QL(0.15 ea daily); MO; GC
TERIPARATIDE SOPN	5^	PA; Limit 2.4mls per 28 days; QL(0.09 ml daily); GC*
TYMLOS SOPN	5^	PA; GC*
XGEVA SOLN	5^	PA; Limit 6.8mls per 28 days; QL(0.243 ml daily); GC*
<i>zoledronic acid conc 4 mg/5ml</i>	4	GC*
<i>zoledronic acid soln 5 mg/100ml</i>	1	Limit 1 dose per year; QL(0.28 ml daily); GC
Corticotropin		
ACTHAR GEL	5^	PA; LA; GC*
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; GC*
NOVAREL SOLR	4	PA; GC*
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; GC*
GnRH/LHRH Antagonists		
ORILISSA TABS	5^	PA; MO; GC*
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	5^	PA; LA; GC*
Growth Hormone Releasing Hormones (GHRH)		

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV SOLR	5^	GC*
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; GC*
GENOTROPIN SOLR 5 MG	4	PA; GC*
HUMATROPE SOLR 12 MG, 24 MG	5^	PA; GC*
HUMATROPE SOLR 6 MG	4	PA; GC*
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 5 MG/1.5ML	5^	PA; GC*
NUTROPIN AQ NUSPIN 20 SOPN	5^	PA; GC*
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	5^	PA; GC*
SEROSTIM SOLR 4 MG, 6 MG	5^	PA; GC*
ZOMACTON SOLR 5 MG	4	PA; GC*
Hormone Receptor Modulators		
OSPHENA TABS	3	MO; GC*
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; GC
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA SOLR	5^	PA; GC*
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	LA; GC*
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	4	GC*
LUPANETA PACK KIT	5^	GC*
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG, 7.5 MG	5^	GC*
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	4	GC*
LUPRON DEPOT-PED (3-MONTH) KIT	5^	GC*

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

Drug Name	Drug Tier	Requirements/Limits
SYNAREL SOLN	5 [^]	MO; GC*
TRIPTODUR SRER	5 [^]	MO; GC*
Metabolic Modifiers		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	MO; GC
<i>calcitriol soln or 1 mcg/ml</i>	1	MO; GC
CARBAGLU TABS	5 [^]	LA; MO; GC*
<i>cinacalcet hcl tabs 30 mg</i>	1	GC
<i>cinacalcet hcl tabs 60 mg, 90 mg</i>	5 [^]	GC*
CRYSVITA SOLN	5 [^]	PA; LA; GC*
CYSTADANE POWD	3	LA; MO; GC*
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO; GC
FABRAZYME SOLR	5 [^]	LA; GC*
GALAFOLD CAPS	5 [^]	PA; LA; GC*
KANUMA SOLN	5 [^]	LA; GC*
KUVAN TABS 100 MG <i>(sapropterin dihydrochloride)</i>	5 [^]	PA; GC*
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	MO; GC
LUMIZYME SOLR	5 [^]	LA; GC*
MYALEPT SOLR	5 [^]	LA; MO; GC*
NAGLAZYME SOLN	5 [^]	LA; GC*
<i>nitisinone caps</i>	1	MO; GC
ORFADIN CAPS 20 MG	2	LA; MO; GC*
PALYNZIQ SOSY	5 [^]	PA; LA; GC*
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	MO; GC
RAVICTI LIQD	3	SL(17.5 ml daily); LA; GC*

Drug Name	Drug Tier	Requirements/Limits
RAYALDEE CPR	3	PA; MO; GC*
REVCOVI SOLN	5 [^]	PA; LA; MO; GC*
<i>sapropterin dihydrochloride pack</i>	5 [^]	PA; GC*
<i>sapropterin dihydrochloride tabs</i>	5 [^]	PA; GC*
STRENSIQ SOLN	5 [^]	PA; LA; MO; GC*
VIMIZIM SOLN	5 [^]	LA; GC*
XURIDEN PACK	5 [^]	SL(4 ea daily); MO; GC*
Posterior Pituitary Hormones		
<i>desmopressin acetate soln ij 4 mcg/ml</i>	4	MO; GC*
<i>desmopressin acetate spray refrigerated soln</i>	1	MO; GC
<i>desmopressin acetate spray soln</i>	1	MO; GC
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	1	MO; GC
STIMATE SOLN	3	MO; GC*
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	MO; GC
Somatostatic Agents		
<i>octreotide acetate soln ij 100 mcg/ml, 50 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 200 mcg/ml</i>	4	GC*
<i>octreotide acetate sosy sc 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	GC*
SANDOSTATIN LAR DEPOT KIT	5 [^]	GC*
SIGNIFOR LAR SRER 10 MG	5 [^]	Limit 6 vials per 28 days; SL(0.22 ea daily); LA; MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR SRER 20 MG	5 [^]	Limit 3 vials per 28 days; SL(0.11 ea daily); LA; MO; GC*
SIGNIFOR LAR SRER 30 MG	5 [^]	Limit 2 vials per 28 days; SL(0.08 ea daily); LA; MO; GC*
SIGNIFOR LAR SRER 40 MG	5 [^]	Limit 3 vials per 56 days; SL(0.054 ea daily); LA; MO; GC*
SIGNIFOR LAR SRER 60 MG	5 [^]	Limit 1 vial per 28 days; SL(0.036 ea daily); LA; MO; GC*
SIGNIFOR SOLN	5 [^]	LA; MO; GC*
SOMATULINE DEPOT SOLN	5 [^]	GC*
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	5 [^]	MO; GC*
JYNARQUE TBPK	5 [^]	PA; LA; GC*
JYNARQUE TBPK 15 MG,	5 [^]	PA; LA; MO; GC*
SAMSCA TABS 15 MG (tolvaptan)	5 [^]	MO; GC*
<i>tolvaptan tabs 15 mg, 30 mg</i>	5 [^]	MO; GC*
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	AL(Up to 64 yrs old); MO; GC*
COMBIPATCH PTTW	3	AL(Up to 64 yrs old); MO; GC*
DUAVEE TABS	3	AL(Up to 64 yrs old); MO; GC*
<i>estradiol & norethindrone acetate tabs</i>	1	AL(Up to 64 yrs old); MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tabs 0.5 mg-2.5 mcg, 2.5 mcg-0.5 mg</i>	1	AL(Up to 64 yrs old); MO; GC
PREMPHASE TABS	3	AL(Up to 64 yrs old); MO; GC*
PREMPRO TABS	3	AL(Up to 64 yrs old); MO; GC*
Estrogens		
DELESTROGEN OIL 10 MG/ML	4	MO; GC*
DIVIGEL GEL	3	AL(Up to 64 yrs old); MO; GC*
ELESTRIN GEL	3	AL(Up to 64 yrs old); MO; GC*
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	AL(Up to 64 yrs old); MO; GC
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1	AL(Up to 64 yrs old); MO; GC
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>estradiol valerate oil</i>	4	MO; GC*
EVAMIST SOLN	3	AL(Up to 64 yrs old); MO; GC*
MENOSTAR PTWK	3	AL(Up to 64 yrs old); MO; GC*
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; GC*
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR IV 300 MG	5 [^]	PA; GC*
BAXDELA TABS OR 450 MG	5 [^]	ST; MO; GC*
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	3	MO; GC*
<i>ciprofloxacin hcl tabs</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin in d5w soln 5 %-200 mg/100ml</i>	4	GC*
<i>ciprofloxacin in d5w soln 5 %-400 mg/200ml</i>	4	MO; GC*
<i>ciprofloxacin susr</i>	1	MO; GC
<i>levofloxacin in d5w soln</i>	4	GC*
<i>levofloxacin soln iv 25 mg/ml</i>	4	GC*
<i>levofloxacin soln or 25 mg/ml</i>	1	MO; GC
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	MO; GC
<i>moxifloxacin hcl tabs</i>	1	MO; GC
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG	5^	PA; SL(1 ea daily); GC*
OCALIVA TABS 5 MG	5^	PA; SL(2 ea daily); GC*
Gallstone Solubilizing Agents		
CHENODAL TABS	5^	LA; MO; GC*
<i>ursodiol caps 300 mg</i>	1	MO; GC
<i>ursodiol tabs 250 mg, 500 mg</i>	1	MO; GC
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	1	MO; GC
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (<i>lubiprostone</i>)	2	MO; GC*
<i>lubiprostone caps</i>	1	MO; GC
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	4	MO; GC*
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	MO; GC
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Agents		
<i>balsalazide disodium caps</i>	1	MO; GC
CIMZIA KIT	5^	PA; GC*
CIMZIA STARTER KIT KIT	5^	PA; GC*
ENTYVIO SOLR	5^	PA; GC*
INFLECTRA SOLR	5^	PA; GC*
<i>mesalamine cp24 or 0.375 gm</i>	1	MO; GC
<i>mesalamine cpdr or 400 mg</i>	1	MO; GC
<i>mesalamine enem re 4 gm</i>	1	MO; GC
<i>mesalamine supp re 1000 mg</i>	5^	MO; GC*
<i>mesalamine tbec or 1.2 gm, 800 mg</i>	1	MO; GC
<i>mesalamine w/ cleanser kit</i>	1	MO; GC
REMICADE SOLR	5^	PA; GC*
RENFLEXIS SOLR	5^	PA; GC*
STELARA SOLN	5^	PA; GC*
<i>sulfasalazine tabs</i>	1	MO; GC
<i>sulfasalazine tbec</i>	1	MO; GC
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	MO; GC
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	5^	PA; MO; GC*
LINZESS CAPS	2	MO; GC*
VIBERZI TABS	5^	PA; MO; GC*
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS	3	MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	5 [^]	MO; GC*
RELISTOR TABS OR 150 MG	5 [^]	PA; MO; GC*
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	MO; GC
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC; MO; GC
<i>lanthanum carbonate chew</i>	5 [^]	MO; GC*
<i>sevelamer carbonate pack 0.8 gm, 2.4 gm</i>	5 [^]	MO; GC*
<i>sevelamer carbonate tabs 800 mg</i>	1	MO; GC
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	5 [^]	PA; LA; GC*
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	5 [^]	PA; MO; GC*
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbcr</i>	1	MO; GC
Cystinosis Agents		
CYSTAGON CAPS	3	GC*
PROCYSBI CPDR 25 MG, 75 MG	3	GC*
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	MO; GC
<i>neomycin/polymyxin b gu soln</i>	1	MO; GC
<i>sodium chloride (gu irrigant) soln</i>	1	MO; GC
Interstitial Cystitis Agents		
ELMIRON CAPS	3	MO; GC*
Prostatic Hypertrophy Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl tb24</i>	1	MO; GC
CARDURA XL TB24	3	MO; GC*
<i>dutasteride caps</i>	1	MO; GC
<i>dutasteride-tamsulosin hcl caps</i>	1	MO; GC
<i>finasteride tabs</i>	1	MO; GC
<i>silodosin caps</i>	1	MO; GC
<i>tamsulosin hcl caps</i>	1	MO; GC
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	MO; GC
Gout Agents		
<i>allopurinol tabs 100 mg</i>	1	SL(8 ea daily); MO; GC
<i>allopurinol tabs 300 mg</i>	1	SL(2.66 ea daily); MO; GC
<i>colchicine tabs</i>	1	MO; GC
<i>febuxostat tabs</i>	1	MO; GC
Uricosurics		
<i>probenecid tabs</i>	1	MO; GC
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevullinate Synthase 1-Directed siRNA		
GIVLAARI SOLN	5 [^]	PA; MO; GC*
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate soln</i>	5 [^]	PA; GC*
Complement Inhibitors		
BERINERT KIT	5 [^]	PA; LA; GC*
CINRYZE SOLR	5 [^]	PA; LA; GC*
HAEGARDA SOLR	5 [^]	PA; GC*

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

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

Drug Name	Drug Tier	Requirements/Limits
ADAKVEO SOLN	5 [^]	PA; GC*
DROXIA CAPS	3	MO; GC*
ENDARI PACK	5 [^]	PA; GC*
OXBRYTA TABS	5 [^]	PA; LA; GC*
Cobalamins		
<i>cyanocobalamin soln</i>	4	MO; NT; GC*
NASCOBAL SOLN	3	MO; NT; GC*
Folic Acid/Folates		
<i>folic acid tabs</i>	1	RX/OTC; MO; NT; GC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 200 MCG/ML	5 [^]	PA; GC*
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; GC*
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA; GC*
ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5 [^]	PA; GC*
DOPTELET TABS	5 [^]	PA; LA; GC*
EPOGEN SOLN 10000 UNIT/ML	3	PA; GC*
EPOGEN SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; GC*
EPOGEN SOLN 20000 UNIT/ML	5 [^]	PA; GC*
MULPLETA TABS	5 [^]	PA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA; GC*
PROCRIT SOLN 20000 UNIT/ML, 40000 UNIT/ML	5 [^]	PA; GC*
PROMACTA PACK 12.5 MG	5 [^]	PA; SL(12 ea daily); LA; GC*
PROMACTA PACK 25 MG	5 [^]	PA; SL(6 ea daily); LA; GC*
PROMACTA TABS 12.5 MG	5 [^]	PA; SL(12 ea daily); LA; GC*
PROMACTA TABS 25 MG	5 [^]	PA; SL(6 ea daily); LA; GC*
PROMACTA TABS 50 MG	5 [^]	PA; SL(3 ea daily); LA; GC*
PROMACTA TABS 75 MG	5 [^]	PA; SL(2 ea daily); LA; GC*
REBLOZYL SOLR	5 [^]	PA; GC*
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; GC*
RETACRIT SOLN 20000 UNIT/ML	4	GC*
ZARXIO SOSY	5 [^]	PA; GC*
Stem Cell Mobilizers		
MOZOBIL SOLN	5 [^]	PA; GC*
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid soln or 0.25 gm/ml</i>	5 [^]	MO; GC*
<i>aminocaproic acid tabs or 1000 mg</i>	5 [^]	MO; GC*
<i>aminocaproic acid tabs or 500 mg</i>	1	MO; GC
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	GC
<i>tranexamic acid tabs or 650 mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix</i>	1	AL(Up to 64 yrs old); MO; GC
<i>phenobarbital soln</i>	1	AL(Up to 64 yrs old); MO; GC
<i>phenobarbital tabs</i>	1	AL(Up to 64 yrs old); MO; GC
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep) tabs 3 mg</i>	1	QL(2 ea daily); MO; GC
<i>doxepin hcl (sleep) tabs 6 mg</i>	1	QL(1 ea daily); MO; GC
Non-Barbiturate Hypnotics		
<i>eszopiclone tabs</i>	1	MO; GC
<i>temazepam caps</i>	1	MO; GC
<i>zaleplon caps</i>	1	MO; GC
<i>zolpidem tartrate subl sl 1.75 mg</i>	1	SL(2 ea daily); MO; GC
<i>zolpidem tartrate subl sl 3.5 mg</i>	1	SL(1 ea daily); MO; GC
<i>zolpidem tartrate tabs or 10 mg</i>	1	SL(1 ea daily); MO; GC
<i>zolpidem tartrate tabs or 5 mg</i>	1	SL(2 ea daily); MO; GC
<i>zolpidem tartrate tbc or 12.5 mg</i>	1	SL(1 ea daily); MO; GC
<i>zolpidem tartrate tbc or 6.25 mg</i>	1	SL(2 ea daily); MO; GC
Orexin Receptor Antagonists		
BELSOMRA TABS 10 MG	3	PA; SL(2 ea daily); MO; GC*
BELSOMRA TABS 15 MG	3	PA; SL(1.33 ea daily); MO; GC*
BELSOMRA TABS 20 MG	3	PA; SL(1 ea daily); MO; GC*
BELSOMRA TABS 5 MG	3	PA; SL(4 ea daily); MO; GC*
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	5 [^]	PA; MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon tabs</i>	1	SL(1 ea daily); MO; GC
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
CLENPIQ SOLN	3	MO; GC*
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1	MO; GC
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	1	MO; GC
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1	MO; GC
PLENVU SOLR	3	MO; GC*
SUPREP BOWEL PREP KIT SOLN	3	MO; GC*
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	MO; GC
Saline Laxatives		
OSMOPREP TABS	3	MO; GC*
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln</i>	4	GC*
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1	MO; GC
<i>azithromycin solr iv 500 mg</i>	4	MO; GC*
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	MO; GC
<i>azithromycin tabs or 250 mg, 500 mg, 600 mg</i>	1	MO; GC
ZITHROMAX PACK OR 1 GM (<i>azithromycin</i>)	2	MO; GC*
Clarithromycin		

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

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOAJ 120 MG/ML	4	PA; MO; GC*
EMGALITY SOSY 100 MG/ML	5^	PA; MO; GC*
EMGALITY SOSY 120 MG/ML	4	PA; MO; GC*
Migraine Combinations		
<i>ergotamine w/ caffeine supp</i>	1	MO; GC
<i>ergotamine w/ caffeine tabs</i>	1	MO; GC
<i>sumatriptan-naproxen sodium tabs</i>	1	MO; GC
Migraine Products - NSAIDs		
CAMBIA PACK	3	MO; GC*
Migraine Products		
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	MO; GC
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	5^	MO; GC*
<i>ergotamine tartrate subl</i>	1	GC
MIGRANAL SOLN (<i>dihydroergotamine mesylate</i>)	5^	MO; GC*
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	QL(0.4 ea daily); MO; GC
<i>eletriptan hydrobromide tabs</i>	1	QL(0.2 ea daily); MO; GC
<i>frovatriptan succinate tabs</i>	1	QL(0.6 ea daily); MO; GC
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); MO; GC
<i>rizatriptan benzoate tabs</i>	1	QL(0.4 ea daily); MO; GC
<i>rizatriptan benzoate tbdp</i>	1	QL(0.4 ea daily); MO; GC
<i>sumatriptan soln 20 mg/act</i>	1	Limit 12 inhalers per month; QL(0.4 ea daily); MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan soln 5 mg/act</i>	1	Limit 18 inhalers per month; QL(0.6 ea daily); MO; GC
<i>sumatriptan succinate soaj sc 6 mg/0.5ml, 4 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO; GC*
<i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml</i>	4	Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; GC*
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	4	Limit 4mls per month; QL(0.14 ml daily); MO; GC*
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(0.3 ea daily); MO; GC
ZEMBRACE SYMTOUCH SOAJ	4	SL(2 ml daily); MO; GC*
<i>zolmitriptan soln na 2.5 mg</i>	1	SL(4 ea daily); MO; GC
<i>zolmitriptan soln na 5 mg</i>	1	SL(2 ea daily); MO; GC
<i>zolmitriptan tabs or 2.5 mg</i>	1	SL(4 ea daily); MO; GC
<i>zolmitriptan tabs or 5 mg</i>	1	SL(2 ea daily); MO; GC
<i>zolmitriptan tbdp or 2.5 mg</i>	1	SL(4 ea daily); MO; GC
<i>zolmitriptan tbdp or 5 mg</i>	1	SL(2 ea daily); MO; GC
ZOMIG SOLN NA 2.5 MG (<i>zolmitriptan</i>)	3	SL(4 ea daily); MO; GC*
ZOMIG SOLN NA 5 MG (<i>zolmitriptan</i>)	3	SL(2 ea daily); MO; GC*
MINERALS & ELECTROLYTES		
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	4	GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose w/ sodium chloride soln 0.2 %-5 %, 0.33 %-5 %, 0.45 %-2.5 %, 0.45 %-5 %</i>	4	GC*
<i>dextrose w/ sodium chloride soln 0.9 %-5 %</i>	4	MO; GC*
<i>lactated ringer's soln 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml, 3 meq/l-4 meq/l-28 meq/l-109 meq/l-130 meq/l</i>	4	GC*
<i>parenteral electrolytes conc</i>	4	B/D; GC*
<i>potassium chloride in dextrose & sodium chloride soln 0.45 %-5 %-20 meq/l</i>	4	GC*
TPN ELECTROLYTES CONC	4	B/D; GC*
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	4	GC*
Potassium		
K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	3	MO; GC*
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	MO; GC
<i>potassium chloride microencapsulated crystals er tbc 20 meq, 10 meq</i>	1	MO; GC
<i>potassium chloride soln iv 2 meq/ml</i>	4	MO; GC*
<i>potassium chloride soln or 20 %, 10 %</i>	1	MO; GC
<i>potassium chloride tbc or 20 meq, 10 meq, 8 meq</i>	1	MO; GC
Sodium		
<i>sodium chloride soln iv 0.45 %</i>	4	GC*
<i>sodium chloride soln iv 3 %, 5 %, 0.9 %</i>	4	MO; GC*
Zinc		
GALZIN CAPS	3	MO; NT; GC*
WILZIN CAPS	3	MO; NT; GC*

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine tabs</i>	1	GC
<i>trientine hcl caps</i>	5^	SL(2 ea daily); GC*
Enzymes		
XIAFLEX SOLR	5^	GC*
Immunomodulators		
REVLIMID CAPS	5^	PA; LA; GC*
THALOMID CAPS	5^	GC*
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	B/D; MO; GC*
ATGAM INJ	4	B/D; GC*
AZATHIOPRINE SOLR IJ 100 MG	4	B/D; GC*
<i>azathioprine tabs or 100 mg, 50 mg, 75 mg</i>	1	B/D; MO; GC
<i>cyclosporine caps or 100 mg, 25 mg</i>	1	B/D; MO; GC
<i>cyclosporine modified (for microemulsion) caps</i>	1	B/D; MO; GC
<i>cyclosporine modified (for microemulsion) soln</i>	1	B/D; MO; GC
<i>cyclosporine soln iv 50 mg/ml</i>	4	B/D; MO; GC*
ENVARUSUS XR TB24	3	B/D; MO; GC*
<i>everolimus (immunosuppressant) tabs 0.25 mg</i>	1	B/D; MO; GC
<i>everolimus (immunosuppressant) tabs 0.5 mg, 0.75 mg</i>	5^	B/D; MO; GC*
<i>mycophenolate mofetil caps 250 mg</i>	1	B/D; MO; GC
<i>mycophenolate mofetil hcl solr</i>	4	B/D; MO; GC*
<i>mycophenolate mofetil susr 200 mg/ml</i>	5^	B/D; MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil tabs 500 mg</i>	1	B/D; MO; GC
<i>mycophenolate sodium tbec</i>	1	B/D; MO; GC
NULOJIX SOLR	5^	B/D; GC*
PROGRAF PACK OR 0.2 MG, 1 MG	3	B/D; MO; GC*
PROGRAF SOLN IV 5 MG/ML	4	B/D; GC*
REZUROCK TABS	5^	B/D; MO; GC*
SANDIMMUNE SOLN OR 100 MG/ML	3	B/D; MO; GC*
SIMULECT SOLR	5^	GC*
<i>sirolimus soln 1 mg/ml</i>	1	B/D; MO; GC
<i>sirolimus tabs 0.5 mg, 1 mg</i>	1	B/D; MO; GC
<i>sirolimus tabs 2 mg</i>	5^	B/D; MO; GC*
<i>tacrolimus caps</i>	1	B/D; MO; GC
THYMOGLOBULIN SOLR	2	B/D; GC*
ZORTRESS TABS 1 MG	5^	B/D; MO; GC*
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	GC
<i>water for irrigation, sterile soln</i>	1	MO; GC
Potassium Removing Agents		
LOKELMA PACK	3	ST; MO; GC*
<i>sodium polystyrene sulfonate powd</i>	1	MO; GC
<i>sodium polystyrene sulfonate susp</i>	1	MO; GC
VELTASSA PACK 16.8 GM	3	ST; SL(1.5 ea daily); MO; GC*
VELTASSA PACK 25.2 GM	3	ST; SL(1 ea daily); MO; GC*
VELTASSA PACK 8.4 GM	5^	ST; SL(3 ea daily); MO; GC*

Drug Name	Drug Tier	Requirements/Limits
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	5^	PA; GC*
BENLYSTA SOLR	5^	PA; GC*
BENLYSTA SOSY	5^	PA; GC*
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1	MO; GC
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1	MO; GC
<i>nystatin (mouth-throat) susp</i>	1	QL(24 ml daily); MO; GC
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; GC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	MO; GC
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	MO; GC
<i>pilocarpine hcl (oral) tabs</i>	1	MO; GC
MULTIVITAMINS		
Ped MV w/ Fluoride		
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml</i>	1	RX/OTC; MO; GC
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml</i>	1	MO; GC
Prenatal Vitamins		
TRINATAL RX 1 TABS	3	MO; GC*
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen tabs or 10 mg</i>	1	SL(8 ea daily); MO; GC
<i>baclofen tabs or 20 mg</i>	1	SL(4 ea daily); MO; GC
<i>baclofen tabs or 5 mg</i>	1	SL(16 ea daily); MO; GC
<i>carisoprodol tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>chlorzoxazone tabs 500 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>cyclobenzaprine hcl cp24</i>	1	AL(Up to 64 yrs old); MO; GC
<i>cyclobenzaprine hcl tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>metaxalone tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>orphenadrine citrate tb12 or 100 mg</i>	1	AL(Up to 64 yrs old); MO; GC
<i>tizanidine hcl caps 2 mg</i>	1	SL(18 ea daily); MO; GC
<i>tizanidine hcl caps 4 mg</i>	1	SL(9 ea daily); MO; GC
<i>tizanidine hcl caps 6 mg</i>	1	SL(6 ea daily); MO; GC
<i>tizanidine hcl tabs 2 mg</i>	1	SL(18 ea daily); MO; GC
<i>tizanidine hcl tabs 4 mg</i>	1	SL(9 ea daily); MO; GC
Direct Muscle Relaxants		
<i>dantrolene sodium caps</i>	1	MO; GC
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	AL(Up to 64 yrs old); MO; GC
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate susp</i>	1	MO; GC
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/ Limits
<i>olopatadine hcl (nasal) soln</i>	1	MO; GC
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	MO; GC
Nasal Steroids		
BECONASE AQ SUSP	3	MO; GC*
<i>flunisolide (nasal) soln</i>	1	MO; GC
<i>fluticasone propionate (nasal) susp</i>	1	RX/OTC; MO; GC
<i>mometasone furoate (nasal) susp</i>	1	MO; GC
OMNARIS SUSP	3	MO; GC*
QNASL AERS	3	MO; GC*
QNASL CHILDRENS AERS	3	MO; GC*
ZETONNA AERS	3	MO; GC*
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA SOLN	5^	PA; GC*
<i>riluzole tabs</i>	1	MO; GC
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	5^	PA; LA; MO; GC*
VYONDYS 53 SOLN	5^	PA; LA; MO; GC*
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR 100 UNIT	4	PA; GC*
BOTOX SOLR 200 UNIT	3	PA; GC*
XEOMIN SOLR	4	PA; MO; GC*
NUTRIENTS		
Carbohydrates		
<i>dextrose soln 5 %</i>	4	B/D; MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose soln 50 %, 10 %, 70 %</i>	4	B/D; GC*
Lipids		
INTRALIPID EMUL 20 GM/100ML	4	B/D; MO; GC*
NUTRILIPID EMUL	4	B/D; MO; GC*
Proteins		
<i>amino acid infusion 15%</i>	4	B/D; MO; GC*
CLINIMIX 4.25%/DEXTROSE 5% SOLN	4	B/D; GC*
PROSOL SOLN	4	B/D; GC*
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1	MO; GC
BETIMOL SOLN	3	MO; GC*
BETOPTIC-S SUSP	2	MO; GC*
<i>carteolol hcl (ophth) soln</i>	1	MO; GC
COMBIGAN SOLN	3	MO; GC*
<i>dorzolamide hcl-timolol maleate soln</i>	1	MO; GC
<i>levobunolol hcl soln</i>	1	MO; GC
<i>timolol maleate (ophth) solg</i>	1	MO; GC
<i>timolol maleate (ophth) soln</i>	1	MO; GC
TIMOPTIC OCUDOSE SOLN 0.25 %	3	MO; GC*
TIMOPTIC-XE SOLG 0.25 % (<i>timolol maleate (ophth)</i>)	3	MO; GC*
Cycloplegic Mydriatics		
<i>cyclopentolate hcl soln</i>	1	MO; GC
Miotics		
PHOSPHOLINE IODIDE SOLR	3	GC*

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl soln</i>	1	MO; GC
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	5^	PA; GC*
EYLEA SOLN	5^	PA; LA; GC*
EYLEA SOSY	5^	PA; LA; GC*
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	MO; GC*
<i>apraclonidine hcl soln</i>	1	MO; GC
<i>brimonidine tartrate soln</i>	1	MO; GC
SIMBRINZA SUSP	3	MO; GC*
Ophthalmic Anti-infectives		
AZASITE SOLN	3	MO; GC*
<i>bacitracin (ophthalmic) oint</i>	1	MO; GC
<i>bacitracin-polymyxin b (ophth) oint</i>	1	MO; GC
BESIVANCE SUSP	3	MO; GC*
CILOXAN OINT	3	MO; GC*
<i>ciprofloxacin hcl (ophth) soln</i>	1	MO; GC
<i>erythromycin (ophth) oint</i>	1	QL(0.5 gm daily); MO; GC
<i>gatifloxacin (ophth) soln</i>	1	MO; GC
<i>gentamicin sulfate (ophth) oint</i>	1	MO; GC
<i>gentamicin sulfate (ophth) soln</i>	1	MO; GC
<i>levofloxacin (ophth) soln</i>	1	MO; GC
MOXEZA SOLN (<i>moxifloxacin hcl (ophth)</i>)	2	MO; GC*
<i>moxifloxacin hcl (ophth) soln</i>	1	MO; GC
NATACYN SUSP	2	MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	MO; GC
<i>neomycin-polymyxin-gramicidin soln</i>	1	MO; GC
<i>ofloxacin (ophth) soln</i>	1	MO; GC
<i>polymyxin b-trimethoprim soln</i>	1	MO; GC
<i>sulfacetamide sodium (ophth) oint</i>	1	MO; GC
<i>sulfacetamide sodium (ophth) soln</i>	1	MO; GC
<i>tobramycin (ophth) soln</i>	1	MO; GC
TOBEX OINT	3	MO; GC*
<i>trifluridine soln</i>	1	MO; GC
ZIRGAN GEL	3	MO; GC*
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	MO; GC*
RESTASIS MULTIDOSE EMUL	2	MO; GC*
Ophthalmic Kinase Inhibitors		
ROCKLATAN SOLN	3	MO; GC*
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln</i>	1	MO; GC
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	5 ^A	PA; MO; GC*
Ophthalmic Steroids		
ALREX SUSP	3	MO; GC*
<i>bacitracin-poly-neomycin-hc oint</i>	1	MO; GC
BLEPHAMIDE SUSP	3	MO; GC*
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; GC
DUREZOL EMUL (<i>difluprednate</i>)	2	MO; GC*

Drug Name	Drug Tier	Requirements/Limits
FLAREX SUSP	2	MO; GC*
<i>fluorometholone (ophth) susp</i>	1	MO; GC
FML FORTE SUSP	2	MO; GC*
FML OINT	2	MO; GC*
LOTEMAX OINT	3	MO; GC*
LOTEMAX SM GEL	3	MO; GC*
<i>loteprednol etabonate gel</i>	1	MO; GC
<i>loteprednol etabonate susp</i>	1	MO; GC
MAXIDEX SUSP	3	MO; GC*
<i>neomycin-polymy-dexameth oint</i>	1	MO; GC
<i>neomycin-polymy-dexameth susp</i>	1	MO; GC
PRED MILD SUSP	2	MO; GC*
<i>prednisolone acetate (ophth) susp</i>	1	MO; GC
<i>sulfacetamide sod-prednisolone soln</i>	1	MO; GC
TOBRADEX OINT	3	QL(0.5 gm daily); MO; GC*
TOBRADEX ST SUSP	3	QL(0.67 ml daily); MO; GC*
<i>tobramycin-dexamethasone susp</i>	1	QL(0.67 ml daily); MO; GC
ZYLET SUSP	2	MO; GC*
Ophthalmics - Misc.		
ACUVAIL SOLN	3	QL(4 ea daily); MO; GC*
ALOCRIOL SOLN	3	MO; GC*
ALOMIDE SOLN	3	MO; GC*
<i>azelastine hcl (ophth) soln</i>	1	MO; GC
AZOPT SUSP (<i>brinzolamide</i>)	2	MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
<i>bepotastine besilate soln</i>	1	MO; GC
BEPREVE SOLN (<i>bepotastine besilate</i>)	3	MO; GC*
<i>bromfenac sodium (ophth) soln</i>	1	Once daily dosing; MO; GC
<i>cromolyn sodium (ophth) soln</i>	1	MO; GC
CYSTARAN SOLN	3	Limit 60mls per 28 days; QL(2.15 ml daily); LA; MO; GC*
<i>diclofenac sodium (ophth) soln</i>	1	MO; GC
<i>dorzolamide hcl soln</i>	1	MO; GC
<i>epinastine hcl (ophth) soln</i>	1	MO; GC
<i>flurbiprofen sodium soln</i>	1	MO; GC
ILEVRO SUSP	2	MO; GC*
<i>ketorolac tromethamine (ophth) soln</i>	1	QL(0.34 ml daily); MO; GC
LASTACAFT SOLN	3	MO; GC*
NEVANAC SUSP	2	MO; GC*
<i>olopatadine hcl soln</i>	1	RX/OTC; MO; GC
PROLENSA SOLN	3	MO; GC*
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	MO; GC
<i>latanoprost soln</i>	1	MO; GC
LUMIGAN SOLN	2	MO; GC*
<i>travoprost soln</i>	1	MO; GC
ZIOPTAN SOLN	3	MO; GC*
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid (otic) soln</i>	1	MO; GC
Otic Anti-infectives		
CETRAXAL SOLN (<i>ciprofloxacin hcl (otic)</i>)	3	MO; GC*
<i>ciprofloxacin hcl (otic) soln</i>	1	MO; GC
<i>ofloxacin (otic) soln</i>	1	MO; GC
Otic Combinations		
CIPRO HC SUSP	3	MO; GC*
CIPRODEX SUSP (<i>ciprofloxacin-dexamethasone</i>)	2	MO; GC*
CORTISPORIN-TC SUSP	3	MO; GC*
<i>neomycin-polymyxin-hc (otic) soln</i>	1	MO; GC
<i>neomycin-polymyxin-hc (otic) susp</i>	1	MO; GC
Otic Steroids		
<i>fluocinolone acetonide (otic) oil</i>	1	MO; GC
<i>hydrocortisone w/acetic acid soln</i>	1	MO; GC
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	1	MO; GC
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN 10 %, 5 GM/50ML	5^	B/D; GC*
CUVITRU SOLN 1 GM/5ML	3	B/D; LA; GC*
CUVITRU SOLN 10 GM/50ML	5^	B/D; GC*
CUVITRU SOLN 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	5^	B/D; LA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF SOLN 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	5^	B/D; GC*
FLEBOGAMMA DIF SOLN 5 GM/50ML	5^	B/D; 5 GM/50 ML; GC*
GAMASTAN INJ	4	B/D; GC*
GAMMAGARD LIQUID SOLN	5^	B/D; GC*
GAMMAKED SOLN	5^	B/D; GC*
GAMMAPLEX SOLN	5^	B/D; GC*
GAMUNEX-C SOLN	5^	B/D; GC*
HIZENTRA SOLN 1 GM/5ML	3	B/D; LA; GC*
HIZENTRA SOLN 10 GM/50ML	5^	B/D; GC*
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	5^	B/D; LA; GC*
HIZENTRA SOSY 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	5^	B/D; GC*
HYPERRAB S/D SOLN	4	GC*
IMOGAM RABIES-HT SOLN	4	GC*
KEDRAB SOLN	4	GC*
OCTAGAM SOLN	5^	B/D; GC*
PRIVIGEN SOLN	5^	B/D; GC*
VARIZIG SOLN	5^	GC*
Monoclonal Antibodies		
SYNAGIS SOLN	5^	GC*
ZINPLAVA SOLN	5^	PA; GC*
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5^	B/D; GC*

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	MO; GC
<i>amoxicillin chew</i>	1	MO; GC
<i>amoxicillin susr</i>	1	MO; GC
<i>amoxicillin tabs</i>	1	MO; GC
<i>ampicillin caps</i>	1	MO; GC
<i>ampicillin sodium solr ij 1 gm, 2 gm, 500 mg</i>	4	MO; GC*
<i>ampicillin sodium solr ij 250 mg</i>	4	GC*
<i>ampicillin sodium solr iv 10 gm, 2 gm</i>	4	GC*
Natural Penicillins		
BICILLIN L-A SUSP	4	MO; GC*
<i>penicillin g potassium solr 5000000 unit, 20 mu, 20000000 unit</i>	4	MO; GC*
<i>penicillin v potassium solr 250 mg/5ml</i>	1	MO; GC
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	MO; GC
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	MO; GC
<i>amoxicillin & pot clavulanate susr</i>	1	MO; GC
<i>amoxicillin & pot clavulanate tabs</i>	1	MO; GC
<i>amoxicillin & pot clavulanate tb12</i>	1	MO; GC
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm</i>	4	GC*
<i>ampicillin & sulbactam sodium solr ij 1 gm-2 gm</i>	4	MO; GC*
<i>ampicillin & sulbactam sodium solr iv 5 gm-10 gm</i>	4	GC*
<i>piperacillin sodium-tazobactam sodium solr</i>	4	GC*

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

Drug Name	Drug Tier	Requirements/Limits
ZOSYN SOLN 0.25 GM/50ML-2 GM/50ML-5 %, 0.375 GM/50ML-3 GM/50ML-5 %, 0.5 GM/100ML-4 GM/100ML-5 %	4	GC*
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	MO; GC
<i>nafcillin sodium solr ij 1 gm</i>	4	GC*
<i>nafcillin sodium solr ij 2 gm</i>	4	MO; GC*
<i>nafcillin sodium solr iv 10 gm</i>	5^	GC*
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate tabs</i>	1	MO; GC
<i>megestrol acetate (appetite) susp</i>	1	AL(Up to 64 yrs old); MO; GC
<i>norethindrone acetate tabs</i>	1	MO; GC
<i>progesterone caps or 100 mg, 200 mg</i>	1	MO; GC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	MO; GC
<i>disulfiram tabs</i>	1	MO; GC
LUCEMYRA TABS	5^	PA; SL(16 ea daily); MO; GC*
Anti-Cataleptic Agents		
XYREM SOLN	5^	LA; MO; GC*
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	1	MO; GC
<i>donepezil hydrochloride tbdp</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cp24</i>	1	MO; GC
<i>galantamine hydrobromide soln</i>	1	MO; GC
<i>galantamine hydrobromide tabs</i>	1	MO; GC
<i>memantine hcl cp24 14 mg</i>	1	AL(At least 60 yrs old); SL(2 ea daily); MO; GC
<i>memantine hcl cp24 21 mg</i>	1	AL(At least 60 yrs old); SL(1.33 ea daily); MO; GC
<i>memantine hcl cp24 28 mg</i>	1	AL(At least 60 yrs old); SL(1 ea daily); MO; GC
<i>memantine hcl cp24 7 mg</i>	1	AL(At least 60 yrs old); SL(4 ea daily); MO; GC
<i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i>	1	AL(At least 60 yrs old); MO; GC
<i>memantine hcl tabs 10 mg, 5 mg</i>	1	MO; GC
<i>rivastigmine pt24</i>	1	MO; GC
<i>rivastigmine tartrate caps</i>	1	MO; GC
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>olanzapine-fluoxetine hcl caps</i>	1	MO; GC
<i>perphenazine-amitriptyline tabs</i>	1	AL(Up to 64 yrs old); MO; GC
Fibromyalgia Agents		
SAVELLA TABS	3	PA; MO; GC*
SAVELLA TITRATION PACK MISC	3	PA; MO; GC*
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG	5^	PA; SL(4 ea daily); LA; GC*

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 6 MG	5^	PA; SL(8 ea daily); LA; GC*
AUSTEDO TABS 9 MG	5^	PA; SL(5.33 ea daily); LA; GC*
INGREZZA CAPS 40 MG	5^	PA; MO; GC*
INGREZZA CAPS 60 MG, 80 MG	5^	PA; LA; MO; GC*
INGREZZA CPPK	5^	PA; LA; MO; GC*
<i>tetrabenazine tabs 12.5 mg</i>	5^	PA; SL(8 ea daily); GC*
<i>tetrabenazine tabs 25 mg</i>	5^	PA; SL(4 ea daily); GC*
Multiple Sclerosis Agents		
AUBAGIO TABS	5^	PA; GC*
AVONEX PEN AJKT	5^	PA; Limited to 1 box per 28 days; QL(0.036 ml daily); GC*
AVONEX PSKT	5^	PA; Limited to 1 box per 28 days; QL(0.036 ml daily); GC*
BETASERON KIT	5^	PA; GC*
COPAXONE SOSY (<i>glatiramer acetate</i>)	5^	PA; GC*
<i>dalfampridine tb12</i>	5^	PA; GC*
EXTAVIA KIT	5^	PA; GC*
GILENYA CAPS 0.5 MG	5^	PA; GC*
LEMTRADA SOLN	5^	PA; LA; GC*
MAVENCLAD TBPK	5^	PA; 10 tabs; GC*
MAVENCLAD TBPK	5^	PA; LA; GC*
MAYZENT TABS	5^	PA; GC*
OCREVUS SOLN	5^	PA; GC*
PLEGRIDY SOPN	5^	PA; GC*

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SOSY	5^	PA; GC*
PLEGRIDY STARTER PACK SOPN	5^	PA; GC*
PLEGRIDY STARTER PACK SOSY	5^	PA; GC*
REBIF REBIDOSE SOAJ	5^	PA; GC*
REBIF REBIDOSE TITRATIONPACK SOAJ	5^	PA; GC*
REBIF SOSY	5^	PA; GC*
REBIF TITRATION PACK SOSY	5^	PA; GC*
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	5^	PA; QL(2 ea daily); GC*
TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	5^	PA; GC*
TYSABRI CONC	5^	PA; GC*
VUMERITY CPDR	5^	PA; QL(4 ea daily); GC*
VUMERITY CPDR	5^	PA; Starter Bottle; GC*
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE TABS 300 MG, 600 MG	3	MO; GC*
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA; MO; GC*
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	AL(Up to 64 yrs old); MO; GC
<i>pimozide tabs</i>	1	MO; GC
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	MO; GC*
Smoking Deterrents		
APO-VARENICLINE TABS	3	MO; GC*
<i>bupropion hcl (smoking deterrent) tb12</i>	1	SL(2 ea daily); MO; GC
CHANTIX CONTINUING MONTHPAK TABS	3	MO; GC*

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

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK TABS	3	MO; GC*
CHANTIX TABS	3	MO; GC*
NICOTROL INHALER INHA	3	Limit 3 boxes per month; SL(16.8 ea daily); MO; GC*
NICOTROL NS SOLN	2	MO; GC*
<i>varenicline tartrate tabs</i>	1	MO; GC
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	5^	PA; LA; MO; GC*
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor) caps</i>	1	MO; GC
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	5^	PA; LA; MO; GC*
ARALAST NP SOLR 500 MG	5^	PA; LA; GC*
GLASSIA SOLN	4	PA; LA; GC*
PROLASTIN-C SOLN	5^	PA; LA; MO; GC*
PROLASTIN-C SOLR	5^	PA; LA; MO; GC*
ZEMAIRA SOLR	5^	PA; LA; MO; GC*
Cystic Fibrosis Agents		
KALYDECO PACK	5^	PA; MO; GC*
KALYDECO TABS	5^	PA; MO; GC*
ORKAMBI PACK	5^	PA; LA; MO; GC*
ORKAMBI TABS	5^	PA; LA; MO; GC*
PULMOZYME SOLN	5^	B/D; GC*

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TBPK	5^	PA; LA; GC*
TRIKAFTA TBPK	5^	PA; LA; MO; GC*
Pulmonary Fibrosis Agents		
ESBRIET CAPS	5^	PA; LA; GC*
ESBRIET TABS	5^	PA; LA; GC*
OFEV CAPS	5^	PA; LA; GC*
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	1	MO; GC
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS OR 150 MG	5^	PA; MO; GC*
Glycylcyclines		
<i>tigecycline solr</i>	5^	GC*
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	MO; GC
<i>doxycycline (monohydrate) caps</i>	1	MO; GC
<i>doxycycline (monohydrate) susr</i>	1	MO; GC
<i>doxycycline (monohydrate) tabs</i>	1	MO; GC
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily); MO; GC
<i>doxycycline hyclate solr iv 100 mg</i>	4	QL(2 ea daily); MO; GC*
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	QL(2 ea daily); MO; GC
<i>doxycycline hyclate tbec or 100 mg, 200 mg, 150 mg</i>	1	MO; GC
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	1	MO; GC
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl caps</i>	1	MO; GC
VIBRAMYCIN SYRP 50 MG/5ML	2	MO; GC*
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	MO; GC
<i>propylthiouracil tabs</i>	1	MO; GC
Thyroid Hormones		
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; GC
<i>liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i>	1	MO; GC
SYNTHROID TABS (<i>levothyroxine sodium</i>)	3	MO; GC*
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	1	GC
BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	1	GC
BOOSTRIX SUSY 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML, 5 LF/0.5ML-18.5 MCG/0.5ML-2.5 LF/0.5ML	1	MO; GC
DAPTACEL SUSP	4	GC*
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	B/D; GC*
INFANRIX SUSP	4	GC*
KINRIX SUSP	4	GC*
KINRIX SUSY	4	GC*

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX SUSP	4	GC*
PENTACEL SUSR	4	GC*
QUADRACEL SUSP	4	GC*
TDVAX SUSP	4	B/D; GC*
TENIVAC INJ	4	B/D; GC*
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl caps or 10 mg</i>	1	MO; GC
<i>dicyclomine hcl tabs or 20 mg</i>	1	MO; GC
<i>glycopyrrolate soln ij 0.4 mg/2ml</i>	4	GC*
<i>glycopyrrolate soln ij 4 mg/20ml, 0.2 mg/ml, 1 mg/5ml</i>	4	MO; GC*
<i>glycopyrrolate tabs or 1 mg</i>	1	SL(8 ea daily); MO; GC
<i>glycopyrrolate tabs or 2 mg</i>	1	SL(4 ea daily); MO; GC
<i>methscopolamine bromide tabs</i>	1	MO; GC
H-2 Antagonists		
<i>cimetidine tabs 200 mg</i>	1	RX/OTC; MO; GC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	MO; GC
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	4	GC*
<i>famotidine susr or 40 mg/5ml</i>	1	MO; GC
<i>famotidine tabs or 20 mg</i>	1	RX/OTC; MO; GC
<i>famotidine tabs or 40 mg</i>	1	MO; GC
<i>nizatidine caps 150 mg, 300 mg</i>	1	MO; GC
Misc. Anti-Ulcer		

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

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate susp</i>	1	MO; GC
<i>sucralfate tabs</i>	1	MO; GC
Proton Pump Inhibitors		
DEXILANT CPDR	2	ST; MO; GC*
<i>esomeprazole magnesium cpdr 20 mg</i>	1	ST; RX/OTC; MO; GC
<i>esomeprazole magnesium cpdr 40 mg</i>	1	ST; MO; GC
<i>esomeprazole sodium solr</i>	4	GC*
<i>lansoprazole cpdr 15 mg</i>	1	RX/OTC; MO; GC
<i>lansoprazole cpdr 30 mg</i>	1	MO; GC
<i>lansoprazole tbdd 15 mg</i>	1	RX/OTC; MO; GC
<i>lansoprazole tbdd 30 mg</i>	1	MO; GC
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	MO; GC
<i>omeprazole cpdr 20 mg</i>	1	RX/OTC; MO; GC
<i>pantoprazole sodium solr iv 40 mg</i>	1	GC
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; GC
Ulcer Drugs - Prostaglandins		
<i>misoprostol tabs</i>	1	MO; GC
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	3	MO; GC*
<i>omeprazole-sodium bicarbonate caps 20 mg-1100 mg</i>	1	RX/OTC; MO; GC
<i>omeprazole-sodium bicarbonate pack 20 mg-1680 mg</i>	1	ST; 20MG-1680 MG; MO; GC
<i>omeprazole-sodium bicarbonate pack 40 mg-1680 mg</i>	1	MO; GC
PYLERA CAPS	3	MO; GC*

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	MO; GC
<i>oxybutynin chloride syrp</i>	1	MO; GC
<i>oxybutynin chloride tabs</i>	1	MO; GC
<i>oxybutynin chloride tb24</i>	1	MO; GC
<i>solifenacin succinate tabs</i>	1	MO; GC
<i>tolterodine tartrate cp24</i>	1	MO; GC
<i>tolterodine tartrate tabs</i>	1	MO; GC
TOVIAZ TB24	2	MO; GC*
<i>tropium chloride cp24</i>	1	MO; GC
<i>tropium chloride tabs</i>	1	MO; GC
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24 25 MG, 50 MG	3	MO; GC*
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	MO; GC
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	MO; GC
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	4	GC*
BCG VACCINE INJ	4	GC*
BEXSERO SUSY	4	GC*
HIBERIX SOLR	4	GC*
MENACTRA SOLN	4	GC*
MENQUADFI SOLN	4	GC*

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

Drug Name	Drug Tier	Requirements/Limits
MENVEO SOLR	4	GC*
PEDVAX HIB SUSP	4	GC*
TRUMENBA SUSY	4	GC*
TYPHIM VI SOLN	4	GC*
Viral Vaccines		
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D; GC*
GARDASIL 9 SUSP	4	GC*
GARDASIL 9 SUSY	4	GC*
HAVRIX SUSP	4	GC*
IMOVAX RABIES (H.D.C.V.) INJ	4	B/D; GC*
IPOL INACTIVATED IPV INJ	4	GC*
IXIARO SUSP	4	GC*
M-M-R II SOLR	4	GC*
PROQUAD SUSR	4	GC*
RABAVERT SUSR	4	B/D; GC*
RECOMBIVAX HB SUSP	4	B/D; GC*
ROTARIX SUSR	3	GC*
ROTATEQ SOLN	2	GC*
SHINGRIX SUSR	2	GC*
TICOVAC SUSY	4	GC*
TWINRIX SUSY	4	GC*
VAQTA SUSP	4	GC*
VARIVAX INJ	4	GC*
YF-VAX INJ	4	GC*
ZOSTAVAX SUSR	2	GC*

Drug Name	Drug Tier	Requirements/Limits
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN SUPP VA 100 MG	3	MO; GC*
<i>clindamycin phosphate vaginal crea</i>	1	MO; GC
<i>metronidazole vaginal gel</i>	1	MO; GC
<i>miconazole nitrate vaginal supp</i>	1	MO; GC
<i>terconazole vaginal crea</i>	1	MO; GC
<i>terconazole vaginal supp</i>	1	MO; GC
Vaginal Estrogens		
<i>estradiol vaginal tabs 10 mcg</i>	1	MO; GC
ESTRING RING	3	MO; GC*
FEMRING RING	3	MO; GC*
PREMARIN CREA VA 0.625 MG/GM	2	MO; GC*
Vaginal Progestins		
CRINONE GEL	3	PA; MO; GC*
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	MO; GC
Neurogenic Orthostatic Hypotension (NOH) -		
<i>droxidopa caps 100 mg</i>	5^	PA; SL(18 ea daily); GC*
<i>droxidopa caps 200 mg</i>	5^	PA; SL(9 ea daily); GC*
<i>droxidopa caps 300 mg</i>	5^	PA; SL(6 ea daily); GC*
Vasopressors		
<i>midodrine hcl tabs</i>	1	MO; GC
VITAMINS		

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

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

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

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HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	2	idarubicin hcl.....	33	INVEGA SUSTENNA.....	37
HUMIRA PEN-PS/UV STARTER.....	2	IDHIFA.....	33	INVEGA TRINZA.....	37
HUMULIN 70/30.....	21	IFEX.....	29	INVIRASE.....	40
HUMULIN 70/30 KWIKPEN.....	20	ifosfamide.....	29	INVOKAMET.....	18
HUMULIN N.....	21	IFOSFAMIDE.....	29	INVOKAMET XR.....	18
HUMULIN N KWIKPEN.....	21	ILARIS.....	3	INVOKANA.....	23
HUMULIN R.....	21	ILEVRO.....	68	IPOL INACTIVATED IPV.....	75
HUMULIN R U-500 (CONCENTRATED).....	21	ILUMYA.....	49	ipratropium bromide.....	10
HUMULIN R U-500 KWIKPEN.....	21	imatinib mesylate.....	33	ipratropium bromide (nasal).....	65
hydralazine hcl.....	28	IMBRUVICA.....	33	ipratropium-albuterol.....	12
hydrochlorothiazide.....	53	IMFINZI.....	31	irbesartan.....	27
hydrocodone bitartrate.....	4	imipenem-cilastatin.....	8	irbesartan-hydrochlorothiazide.....	28
hydrocodone polistirex-chlorpheniramine polistirex.....	47	imipramine hcl.....	18	IRESSA.....	31
hydrocodone-acetaminophen.....	6	imipramine pamoate.....	18	irinotecan hcl.....	36
hydrocodone-ibuprofen.....	6	imiquimod.....	52	irrigation solutions, physiological.....	64
hydrocortisone.....	46	IMLYGIC.....	36	ISENTRESS.....	40
hydrocortisone (intrarectal).....	7	IMOGAM RABIES-HT.....	69	ISENTRESS HD.....	40
hydrocortisone (rectal).....	7	IMOVAX RABIES (H.D.C.V.).....	75	isoniazid.....	29
hydrocortisone (topical).....	51	IMPAVIDO.....	7	isosorbide dinitrate.....	9
hydrocortisone butyrate.....	51	INCRELEX.....	54	isosorbide mononitrate.....	9
hydrocortisone butyrate hydrophilic lipo base.....	51	INCRUSE ELLIPTA.....	10	isotretinoin.....	48
hydrocortisone valerate.....	51	indapamide.....	53	ISTODAX (OVERFILL).....	34
		INDOCIN.....	3		
		indomethacin.....	3		
		INFANRIX.....	73		
		INFLECTRA.....	57		
		INFUGEM.....	30		

itraconazole	24	KOMBIGLYZE XR	19	levalbuterol hcl	12
ivermectin	7	KORLYM	19	levalbuterol tartrate	12
ivermectin (rosacea)	52	KOSELUGO	34	LEVEMIR	21
IXEMPRA KIT	35	KRINTAFEL	28	LEVEMIR FLEXTOUCH	21
IXIARO	75	KUVAN	55	levetiracetam	15
JAKAFI	34	KYPROLIS	34	levetiracetam in sodium chloride	15
JANUMET	18	labetalol hcl	42	levobunolol hcl	66
JANUMET XR	18,19	lactated ringer's	63	levocarnitine (metabolic modifiers)	55
JANUVIA	19,20	lactic acid (ammonium lactate)	52	levocetirizine dihydrochloride	25
JARDIANCE	23	lactulose	61	levofloxacin	57
JEMPERLI	31	lactulose (encephalopathy)	57	levofloxacin (ophth)	66
JENTADUETO	19	LAMICTAL XR	14	levofloxacin in d5w	57
JENTADUETO XR	19	lamivudine	40	levoleucovorin calcium	35
JEVTANA	35	lamivudine (hbv)	41	levonorgestrel & eth estradiol	45
JUBLIA	48	lamivudine-zidovudine	40	levonorgestrel-eth estradiol (triphasic)	45
JULUCA	40	lamotrigine	14,15	levonorgestrel-ethinyl estradiol (91-day)	45
JUXTAPID	26	LANOXIN	43	levonorgestrel-ethinyl estradiol (continuous)	45
JYNARQUE	56	LANOXIN PEDIATRIC	43	levothyroxine sodium	73
K-TAB	63	lansoprazole	74	LEXIVA	40
KADCYLA	31	lanthanum carbonate	58	LIBTAYO	31
KADIAN	4	LANTUS	21	lidocaine	52
KALBITOR	59	LANTUS SOLOSTAR	21	lidocaine hcl	52
KALYDECO	72	lapatinib ditosylate	34	lidocaine hcl (local anesth.)	61
KANJINTI	30	LASTACAFT	68	lidocaine hcl (mouth-throat)	64
KANUMA	55	latanoprost	68	lidocaine-prilocaine	52
KAZANO	19	LATUDA	37	lincomycin hcl	8
KEDRAB	69	LAZANDA	4,5	linezolid	9
KENALOG-10	46	leflunomide	3	linezolid in sodium chloride	9
KEPIVANCE	35	LEMTRADA	71	LINZESS	57
ketoconazole	24	LENVIMA 10 MG DAILY DOSE	30	liothyronine sodium	73
ketoconazole (topical)	48	LENVIMA 12MG DAILY DOSE	30	LIPOFEN	26
ketoprofen	3	LENVIMA 14 MG DAILY DOSE	30	lisinopril	27
ketorolac tromethamine	3	LENVIMA 18 MG DAILY DOSE	30	lisinopril & hydrochlorothiazide	28
ketorolac tromethamine (ophth)	68	LENVIMA 20 MG DAILY DOSE	30	LITHIUM	37
KEVEYIS	53	LENVIMA 24 MG DAILY DOSE	30	lithium carbonate	37
KEVZARA	3	LENVIMA 4 MG DAILY DOSE	30	LIVALO	26
KEYTRUDA	31	LENVIMA 8 MG DAILY DOSE	30	LO LOESTRIN FE	46
KHAPZORY	35	letrazole	32	LOKELMA	64
KINERET	2	leucovorin calcium	35	LONSURF	33
KINRIX	73	LEUKERAN	29	loperamide hcl	23
KISQALI	34	leuprolide acetate	32	lopinavir-ritonavir	40
KISQALI FEMARA 200 DOSE	33			lorazepam	10
KISQALI FEMARA 400 DOSE	33				
KISQALI FEMARA 600 DOSE	33				

LORBRENA	34	mefloquine hcl	28	metronidazole (topical)	52
losartan potassium	27	megestrol acetate	32	metronidazole in nacl	7
losartan potassium & hydrochlorothiazide	28	megestrol acetate (appetite)	70	metronidazole vaginal	75
LOTEMAX	67	MEKINIST	34	metyrosine	27
LOTEMAX SM	67	MEKTOVI	34	mexiletine hcl	10
loteprednol etabonate	67	meloxicam	3	micafungin sodium	24
lovastatin	26	melphalan	29	miconazole nitrate vaginal	75
loxapine succinate	38	melphalan hcl	29	midodrine hcl	75
lubiprostone	57	memantine hcl	70	miglitol	18
LUCEMYRA	70	MENACTRA	74	miglustat	59
luliconazole	48	MENOSTAR	56	MIGRANAL	62
LUMAKRAS	34	MENQUADFI	74	minocycline hcl	72
LUMIGAN	68	MENTAX	48	minoxidil	28
LUMIZYME	55	MENVEO	75	mirtazapine	16
LUMOXITI	31	meprobamate	9	MIRVASO	52
LUPANETA PACK	54	mercaptopurine	30	misoprostol	74
LUPRON DEPOT (1-MONTH)	32	meropenem	8	mitomycin	33
LUPRON DEPOT (3-MONTH)	32	mesalamine	57	mitoxantrone hcl	33
LUPRON DEPOT (4-MONTH)	32	mesalamine w/ cleanser	57	modafinil	2
LUPRON DEPOT (6-MONTH)	32	mesna	35	moexipril hcl	27
LUPRON DEPOT-PED (1-MONTH)	54	MESNEX	35	molindone hcl	38
LUPRON DEPOT-PED (3-MONTH)	54	metaxalone	65	mometasone furoate	51
LUZU	48	metformin hcl	19	mometasone furoate (nasal)	65
LYNPARZA	34	methadone hcl	5	MONJUVI	31
LYSODREN	32	methazolamide	53	montelukast sodium	10
M-M-R II	75	methenamine hippurate	9	morphine sulfate	5
magnesium sulfate	63	methimazole	73	morphine sulfate beads	5
malathion	52	methocarbamol	65	MOTOFEN	23
MARPLAN	16	methotrexate sodium	30	MOVANTIK	57
MARQIBO	35	methoxsalen rapid	49	MOXEZA	66
MATULANE	35	methscopolamine bromide	73	moxifloxacin hcl	57
MAVENCLAD	71	methyldopa	27	moxifloxacin hcl (ophth)	66
MAVYRET	41	methylergonovine maleate	68	MOZOBIL	60
MAXIDEX	67	methylphenidate hcl	1,2	MULPLETA	59
MAYZENT	71	methylprednisolone	47	MULTAQ	10
meclizine hcl	24	methylprednisolone acetate	46	mupirocin	48
meclofenamate sodium	3	methylprednisolone sod succ	46	MUSE	43
MEDROL	46	methyltestosterone	7	MVASI	30
medroxyprogesterone acetate	70	metoclopramide hcl	57	MYALEPT	55
medroxyprogesterone acetate (contraceptive)	46	metolazone	53	mycophenolate mofetil	63,64
mefenamic acid	3	metoprolol & hydrochlorothiazide	28	mycophenolate mofetil hcl	63
		metoprolol succinate	42	mycophenolate sodium	64
		metoprolol tartrate	42	MYLOTARG	31
		metronidazole	7	MYRBETRIQ	74
				MYTESI	23
				nabumetone	3

nadolol	42	nitrofurantoin	9	NOVOLOG FLEXPEN	22
nafticillin sodium	70	nitrofurantoin macrocrystal	9	NOVOLOG FLEXPEN RELION	22
naftifine hcl	48	nitrofurantoin monohyd macro	9	NOVOLOG MIX 70/30	22
NAFTIN	48	nitroglycerin	9	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	22
NAGLAZYME	55	NITROSTAT	9	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	22
naloxone hcl	23	nizatidine	73	NOVOLOG MIX 70/30 RELION	22
naltrexone hcl	23	NORDITROPIN FLEXPEN	54	NOVOLOG PENFILL	22
NAPRELAN	3	norelgestromin-ethinyl estradiol	46	NOVOLOG RELION	22
naproxen	3	norethin acet & estrad-fe	46	NOXAFIL	24
naproxen sodium	3	norethindrone & eth estradiol	46	NUBEQA	32
naproxen-esomeprazole magnesium	3	norethindrone & ethinyl estradiol-fe	46	NUCALA	10
naratriptan hcl	62	norethindrone (contraceptive)	46	NUCYNTA	5
NARCAN	23	norethindrone acet & eth estra	46	NUDEXTA	71
NASCOBAL	59	norethindrone acetate	70	NULOJIX	64
NATACYN	66	norethindrone acetate-ethinyl estradiol	56	NUPLAZID	37
nateglinide	22	norethindrone-eth estradiol (triphasic)	46	NUTRILIPID	66
NATPARA	54	norgestimate-ethinyl estradiol	46	NUTROPIN AQ NUSPIN 20	54
NAYZILAM	14	norgestimate-ethinyl estradiol (triphasic)	46	NUZYRA	72
nefazodone hcl	17	norgestrel & ethinyl estradiol	46	NYMALIZE	43
neomycin sulfate	2	NORITATE	52	nystatin	24
neomycin-bacitracin zn-polymyxin	67	NORPACE CR	10	nystatin (mouth-throat)	64
neomycin-polymy-dexameth	67	nortriptyline hcl	18	nystatin (topical)	48
neomycin-polymyxin-gramicidin	67	NORVIR	40	nystatin-triamcinolone	49
neomycin-polymyxin-hc (otic)	68	NOURIANZ	36	OALIVA	57
neomycin/polymyxin b gu	58	NOVAREL	54	OCREVUS	71
NERLYNX	34	NOVOLIN 70/30	21	OCTAGAM	69
NESINA	20	NOVOLIN 70/30 FLEXPEN	21	octreotide acetate	55
NEUPRO	36	NOVOLIN 70/30 RELION	21	ODEFSEY	40
NEVANAC	68	NOVOLIN N	22	ODOMZO	31
nevirapine	40	NOVOLIN N FLEXPEN	22	OFEV	72
NEXAVAR	34	NOVOLIN N FLEXPEN RELION	21	ofloxacin (ophth)	67
niacin (antihyperlipidemic)	26	NOVOLIN R	22	ofloxacin (otic)	68
nicardipine hcl	43	NOVOLIN R FLEXPEN	22	OGIVRI	30
NICOTROL INHALER	72	NOVOLIN R FLEXPEN RELION	22	olanzapine	38
NICOTROL NS	72	NOVOLIN R RELION	22	olanzapine-fluoxetine hcl	70
nifedipine	43	NOVOLOG	22	olmesartan medoxomil	27
nilutamide	32			olmesartan medoxomil-amlodipine-hydrochlorothiazide	28
nimodipine	43			olmesartan medoxomil-hydrochlorothiazide	28
NINLARO	34			olopatadine hcl	68
NIPENT	35			olopatadine hcl (nasal)	65
nisoldipine	43			OLUMIANT	2
nitazoxanide	8				
nitisinone	55				
NITRO-DUR	9				

omega-3-acid ethyl esters	25	paclitaxel	35	phenytoin sodium	16
omeprazole	74	PADCEV	31	phenytoin sodium extended	16
omeprazole-sodium bicarbonate	74	paliperidone	37	PHESGO	33
OMNARIS	65	PALYNZIQ	55	PHOSPHOLINE IODIDE	66
OMNITROPE	54	PANRETIN	49	phytonadione	76
ONCASPAR	35	pantoprazole sodium	74	PICATO	49
ondansetron	24	parenteral electrolytes	63	PIFELTRO	40
ondansetron hcl	24	paricalcitol	55	pilocarpine hcl	66
ONGLYZA	20	paromomycin sulfate	2	pilocarpine hcl (oral)	64
ONIVYDE	36	paroxetine hcl	17	pimecrolimus	52
ONUREG	30	paroxetine mesylate (vasomotor)	72	pimozide	71
OPDIVO	31	PASER	29	pindolol	42
opium tincture	23	PAXIL	17	pioglitazone hcl	20
OPSUMIT	44	PEDIARIX	73	pioglitazone hcl-glimepiride	19
ORACEA	52	pediatric vitamins acid w/ fluoride	64	pioglitazone hcl-metformin hcl	19
ORALAIR	2	PEDVAX HIB	75	piperacillin sodium-tazobactam sodium	69
ORBACTIV	8	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	61	PIQRAY 200MG DAILY DOSE	34
ORENCIA	4	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	61	PIQRAY 250MG DAILY DOSE	34
ORENCIA CLICKJECT	4	peg 3350-potassium chloride-sod bicarbonate-sod chloride	61	PIQRAY 300MG DAILY DOSE	34
ORENITRAM	44	PEGANONE	16	piroxicam	3
ORFADIN	55	PEGASYS	41	PLEGRIDY	71
ORGOVYX	32	PEMAZYRE	34	PLEGRIDY STARTER PACK	71
ORLISSA	54	penicillamine	63	PLENVU	61
ORKAMBI	72	penicillin g potassium	69	podofilox	52
orphenadrine citrate	65	penicillin v potassium	69	POLIVY	31
oseltamivir phosphate	42	PENNSAID	48	polymyxin b sulfate	9
OSENI	19	PENTACEL	73	polymyxin b-trimethoprim	67
OSMOLEX ER	36	pentamidine isethionate	8	POMALYST	32
OSMOPREP	61	pentoxifylline	59	PORTRAZZA	31
OSPHENA	54	PEPAXTO	29	posaconazole	24
OTEZLA	3	PERFOROMIST	12	potassium chloride	63
OTREXUP	2	perindopril erbumine	27	potassium chloride in dextrose & sodium chloride	63
oxaliplatin	29	PERJETA	30	potassium chloride microencapsulated crystals er	63
oxandrolone	7	permethrin	52	potassium citrate (alkalinizer)	58
oxaprozin	3	perphenazine	39	POTELIGEO	31
OXBRYTA	59	perphenazine-amitriptyline	70	PRADAXA	14
oxcarbazepine	15	PERSERIS	37	PRALUENT	26
OXERVATE	67	PEXEVA	17	pramipexole dihydrochloride	36
oxiconazole nitrate	49	phenelzine sulfate	16	prasugrel hcl	59
OXISTAT	49	phenobarbital	60	pravastatin sodium	26
oxybutynin chloride	74	phenoxybenzamine hcl	27		
oxycodone hcl	5	phenytoin	16		
oxycodone w/ acetaminophen	6				
oxymorphone hcl	5				
OZEMPIC	20				

praziquantel	7	PROQUAD	75	repaglinide	22
prazosin hcl	27	PROSOL	66	REPATHA	26
PRED MILD	67	protriptyline hcl	18	REPATHA PUSHTRONEX SYSTEM	26
prednisolone	47	PROVENTIL HFA	12	REPATHA SURECLICK	26
prednisolone acetate (ophth)	67	PRUDOXIN	49	RESTASIS	67
prednisolone sodium phosphate	47	PULMICORT FLEXHALER	11,12	RESTASIS MULTIDOSE	67
prednisone	47	PULMOZYME	72	RETACRIT	60
PREDNISONA INTENSOL	47	PURIXAN	30	RETEVMO	34
pregabalin	15	PYLERA	74	RETIN-A MICRO PUMP	48
PREGNYL W/DILUENT BENZYLALCOHOL/NACL	54	pyrazinamide	29	RETROVIR IV INFUSION	40
PREMARIN	56,75	pyridostigmine bromide	28	REVCovi	55
PREMPHASE	56	pyrimethamine	28	REVLIMID	63
PREMPRO	56	QINLOCK	34	REXULTI	39
PRETOMANID	29	QNASL	65	REYATAZ	40
PREVYMIS	41	QNASL CHILDRENS	65	REZUROCK	64
PREZCOBIX	40	QUADRACEL	73	ribavirin	42
PREZISTA	40	quetiapine fumarate	38	ribavirin (hepatitis c)	41
PRIFTIN	29	quinapril hcl	27	RIDAURA	2
primaquine phosphate	28	quinapril-hydrochlorothiazide	28	rifabutin	29
PRIMAQUINE PHOSPHATE	28	quinidine gluconate	10	rifampin	29
primidone	15	quinidine sulfate	10	riluzole	65
PRIVIGEN	69	quinine sulfate	28	rimantadine hydrochloride	42
PROAIR HFA	12	RABAVERT	75	RINVOQ	2
PROAIR RESPICLICK	12	RADICAVA	65	risedronate sodium	54
probenecid	58	raloxifene hcl	54	RISPERDAL CONSTA	38
prochlorperazine	39	ramelteon	61	risperidone	38
prochlorperazine edisylate	39	ramipril	27	ritonavir	40
prochlorperazine maleate	39	ranolazine	9	RITUXAN	31
PROCRT	60	rasagiline mesylate	37	RITUXAN HYCELA	33
PROCYSBI	58	RASUVO	2	rivastigmine	70
progesterone	70	RAVICTI	55	rivastigmine tartrate	70
PROGRAF	64	RAYALDEE	55	rizatriptan benzoate	62
PROLASTIN-C	72	REBIF	71	ROCKLATAN	67
PROLENSA	68	REBIF REBIDOSE	71	ROMIDEPSIN	34
PROLEUKIN	35	REBIF REBIDOSE TITRATIONPACK	71	ropinirole hydrochloride	36
PROLIA	54	REBIF TITRATION PACK	71	rosuvastatin calcium	26
PROMACTA	60	REBLOZYL	60	ROTARIX	75
promethazine & phenylephrine	47	RECOMBIVAX HB	75	ROTATEQ	75
promethazine hcl	25	RECTIV	7	ROZLYTREK	34
promethazine-phenylephrine-codeine	47	REGANEX	52	RUBRACA	34
propafenone hcl	10	RELENZA DISKHALER	42	RUCONEST	59
proparacaine hcl	67	RELISTOR	58	rufinamide	15
propranolol hcl	42	REMICADE	57	RUKOBIA	40
propylthiouracil	73	RENFLEXIS	57	RUXIENCE	31
				RUZURGI	28

RYBELSUS.....	20	sodium chloride (gu irrigant).....	58	sulfamethoxazole- trimethoprim.....	8
RYBREVANT.....	31	sodium polystyrene sulfonate.....	64	SULFAMYLON.....	50
RYDAPT.....	34	solifenacin succinate.....	74	sulfasalazine.....	57
RYLAZE.....	35	SOLTAMOX.....	32	sulindac.....	3
RYTARY.....	36	SOLU-CORTEF.....	47	sumatriptan.....	62
SAMSCA.....	56	SOLU-MEDROL.....	47	sumatriptan succinate.....	62
SANCUSO.....	24	SOMATULINE DEPOT.....	56	sumatriptan-naproxen sodium.....	62
SANDIMMUNE.....	64	SOMAVERT.....	54	sunitinib malate.....	34
SANDOSTATIN LAR DEPOT.....	55	SORILUX.....	49	SUNOSI.....	1
SANTYL.....	52	sotalol hcl.....	42	SUPREP BOWEL PREP KIT61	
SAPHRIS.....	38	sotalol hcl (afib/afI).....	42	SYMBICORT.....	13
sapropterin dihydrochloride.....	55	SOTYLIZE.....	42	SYMDEKO.....	72
SARCLISA.....	31	SOVALDI.....	41	SYMLINPEN 120.....	18
SAVAYSA.....	13	SPIRIVA HANDIHALER.....	10	SYMLINPEN 60.....	18
SAVELLA.....	70	SPIRIVA RESPIMAT.....	10	SYMPAZAN.....	14
SAVELLA TITRATION PACK.....	70	spironolactone.....	53	SYMTUZA.....	41
scopolamine.....	24	spironolactone & hydrochlorothiazide.....	53	SYNAGIS.....	69
SECUADO.....	38	SPRAVATO 56MG DOSE.....	17	SYNAREL.....	55
selegiline hcl.....	37	SPRAVATO 84MG DOSE.....	17	SYNDROS.....	24
selenium sulfide.....	49	SPRITAM.....	15	SYNERCID.....	9
SELZENTRY.....	40,41	SPRYCEL.....	34	SYNJARDY.....	19
SEREVENT DISKUS.....	12	STALEVO 100.....	36	SYNJARDY XR.....	19
SEROSTIM.....	54	STALEVO 125.....	36	SYNRIBO.....	35
sertraline hcl.....	17	STALEVO 150.....	37	SYNTHROID.....	73
sevelamer carbonate.....	58	STALEVO 200.....	37	TABLOID.....	30
SHINGRIX.....	75	STALEVO 50.....	37	TABRECTA.....	34
SIGNIFOR.....	56	STALEVO 75.....	37	TACLONEX.....	51
SIGNIFOR LAR.....	55,56	stavudine.....	41	tacrolimus.....	64
sildenafil citrate.....	43	STELARA.....	49	tacrolimus (topical).....	52
sildenafil citrate (pulmonary hypertension).....	44	STIMATE.....	55	tadalafil.....	43,44
SILIQ.....	49	STIOLTO RESPIMAT.....	13	tadalafil (pulmonary hypertension).....	44
silodosin.....	58	STIVARGA.....	34	TAFINLAR.....	34
silver sulfadiazine.....	50	STRENSIQ.....	55	TAGRISSO.....	31
SIMBRINZA.....	66	STRIBILD.....	41	TAKHZYRO.....	59
SIMPONI.....	2	STRIVERDI RESPIMAT.....	13	TALTZ.....	49
SIMPONI ARIA.....	2	SUBSYS.....	5,6	TALZENNA.....	34
SIMULECT.....	64	SUCRAID.....	52	tamoxifen citrate.....	32
simvastatin.....	26	sucralfate.....	74	tamsulosin hcl.....	58
sirolimus.....	64	sulfacetamide sod- prednisolone.....	67	TARGRETIN.....	49
SIRTURO.....	29	sulfacetamide sodium (acne).....	48	TASIGNA.....	34
SIVEXTRO.....	9	sulfacetamide sodium (ophth).....	67	tavaborole.....	49
SKYRIZI.....	49	sulfadiazine.....	72	TAVALISSE.....	59
SLYND.....	46			TAZAROTENE.....	48
sodium chloride.....	63			tazarotene.....	49

TAZORAC.....	49	timolol maleate (ophth)....	66	TRESIBA FLEXTOUCH.....	22
TAZVERIK.....	34	TIMOPTIC OCUDOSE.....	66	tretinoin.....	48
TDVAX.....	73	TIMOPTIC-XE.....	66	tretinoin (chemotherapy)....	35
TECENTRIQ.....	31	tinidazole.....	8	tretinoin microsphere.....	48
TECFIDERA.....	71	TIVDAK.....	31	TREXALL.....	30
TECFIDERA STARTER		TIVICAY.....	41	triamcinolone acetonide.....	47
PACK.....	71	TIVICAY PD.....	41	triamcinolone acetonide	
TEFLARO.....	45	tizanidine hcl.....	65	(mouth).....	64
TEGRETOL.....	15	TOBI PODHALER.....	2	triamcinolone acetonide	
TEGRETOL-XR.....	15	TOBRADEX.....	67	(topical).....	51
TEGSEDI.....	72	TOBRADEX ST.....	67	triamterene.....	53
TEKTURNA HCT.....	28	tobramycin.....	2	triamterene &	
telmisartan.....	27	tobramycin (ophth).....	67	hydrochlorothiazide.....	53
telmisartan-amlodipine.....	28	tobramycin sulfate.....	2	trientine hcl.....	63
telmisartan-hydrochlorothiazide		tobramycin-		trifluoperazine hcl.....	39
.....	28	dexamethasone.....	67	trifluridine.....	67
temazepam.....	60	TOBREX.....	67	trihexyphenidyl hcl.....	36
TEMIXYS.....	41	tolcapone.....	36	TRIKAFTA.....	72
TEMODAR.....	29	TOLSURA.....	25	trimethobenzamide hcl.....	24
temsirolimus.....	34	tolterodine tartrate.....	74	trimethoprim.....	8
TENIVAC.....	73	tolvaptan.....	56	trimipramine maleate.....	18
tenofovir disoproxil fumarate.....	41	topiramate.....	15	TRINATAL RX 1.....	64
TEPEZZA.....	54	topotecan hcl.....	36	TRINTELLIX.....	17
TEPMETKO.....	34	toremifene citrate.....	32	TRIPTODUR.....	55
terazosin hcl.....	27	torsemide.....	53	TRIUMEQ.....	41
terbinafine hcl.....	24	TOUJEO MAX.....	22	TRODELVY.....	36
terbutaline sulfate.....	13	SOLOSTAR.....	22	TROGARZO.....	41
terconazole vaginal.....	75	TOUJEO SOLOSTAR.....	22	tropium chloride.....	74
TERIPARATIDE.....	54	TOVIAZ.....	74	TRULICITY.....	20
testosterone.....	7	TPN ELECTROLYTES.....	63	TRUMENBA.....	75
testosterone cypionate.....	7	TRADJENTA.....	20	TRUSELTIQ.....	34
testosterone enanthate.....	7	tramadol hcl.....	6	TRUXIMA.....	31
tetrabenazine.....	71	tramadol-acetaminophen.....	6	TUKYSA.....	30
tetracycline hcl.....	73	trandolapril.....	27	TURALIO.....	34
THALOMID.....	63	trandolapril-verapamil hcl.....	28	TWINRIX.....	75
theophylline.....	13	tranexamic acid.....	60	TYBOST.....	41
thioridazine hcl.....	39	tranylcypramine sulfate.....	16	TYMLOS.....	54
thiotepa.....	29	travoprost.....	68	TYPHIM VI.....	75
thiothixene.....	39	TRAZIMERA.....	30	TYSABRI.....	71
THYMOGLOBULIN.....	64	trazodone hcl.....	17	TYVASO.....	44
tiagabine hcl.....	15	TREANDA.....	29	TYVASO REFILL.....	44
TIBSOVO.....	34	TRECATOR.....	29	TYVASO STARTER.....	44
TICE BCG.....	35	TRELEGY ELLIPTA.....	13	UCERIS.....	7
TICOVAC.....	75	TRELSTAR MIXJECT.....	32	UKONIQ.....	34
TIGAN.....	24	TREMFYA.....	49	ULTRAVATE.....	51
tigecycline.....	72	treprostinil.....	44	UPTRAVI.....	44
timolol maleate.....	42	TRESIBA.....	22	ursodiol.....	57

UVADEX	35	VIMPAT	15	XPOVIO 40 MG ONCE WEEKLY	32
VABOMERE	8	vinblastine sulfate	35	XPOVIO 40 MG TWICE WEEKLY	32
valacyclovir hcl	42	vincristine sulfate	35	XPOVIO 60 MG ONCE WEEKLY	32
VALCHLOR	49	vinorelbine tartrate	36	XPOVIO 60 MG TWICE WEEKLY	32
valganciclovir hcl	41	VIRACEPT	41	XPOVIO 80 MG ONCE WEEKLY	32
valproate sodium	16	VIREAD	41	XPOVIO 80 MG TWICE WEEKLY	32
valproic acid	16	VISTOGARD	23	XTANDI	32
valrubicin	33	VITRAKVI	34	XURIDEN	55
valsartan	27	VIZIMPRO	31	XYREM	70
valsartan-hydrochlorothiazide	28	voriconazole	25	YERVOY	31
VALTOCO	14	VOSEVI	41	YF-VAX	75
vancomycin hcl	8	VOTRIENT	34	YONDELIS	29
VANCOMYCIN HYDROCHLORIDE	8	VPRIV	59	YONSA	32
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	8	VRAYLAR	37	zafirlukast	10
VANTAS	32	VUMERITY	71	zaleplon	60
VAQTA	75	VYNDAMAX	44	ZALTRAP	30
vardenafil hcl	44	VYNDAQEL	44	ZANOSAR	29
varenicline tartrate	72	VYONDYS 53	65	ZARXIO	60
VARIVAX	75	VYVANSE	1	ZEJULA	34
VARIZIG	69	VYXEOS	33	ZELAPAR	37
VARUBI	24	WAKIX	1	ZELBORAF	34
VASCEPA	25	warfarin sodium	13	ZEMAIRA	72
VECTIBIX	31	water for irrigation, sterile	64	ZEMBRACE SYMTOUCH	62
VECTICAL	49	WELIREG	32	ZENPEP	53
VELCADE	34	WILZIN	63	ZEPATIER	41
VELTASSA	64	XALKORI	34	ZETONNA	65
VEMLIDY	41	XARELTO	13	zidovudine	41
VENCLEXTA	31	XARELTO STARTER PACK	13	zileuton	10
VENCLEXTA STARTING PACK	31	XATMEP	30	ZINPLAVA	69
venlafaxine hcl	17,18	XCOPRI	15	ZIOPTAN	68
VENTAVIS	44	XELJANZ	2	ziprasidone hcl	37
VENTOLIN HFA	13	XELJANZ XR	2	ziprasidone mesylate	37
verapamil hcl	43	XENLETA	9	ZIPSOR	3
VERELAN PM	43	XEOMIN	65	ZIRABEV	30
VERSACLOZ	38	XERESE	50	ZIRGAN	67
VERZENIO	34	XERMELO	58	ZITHROMAX	61
VIBERZI	57	XGEVA	54	ZOLADEX	32
VIBRAMYCIN	73	XIAFLEX	63	zoledronic acid	54
VICTOZA	20	XIFAXAN	8	ZOLINZA	34
vigabatrin	15	XIGDUO XR	19	zolmitriptan	62
VIIBRYD	17	XOLAIR	10	zolpidem tartrate	60
VIIBRYD STARTER PACK	17	XOSPATA	34	ZOMACTON	54
VIMIZIM	55	XPOVIO	32	ZOMIG	62
		XPOVIO 100 MG ONCE WEEKLY	32		

ZONALON.....	49
zonisamide.....	15
ZONTIVITY.....	59
ZORTRESS.....	64
ZOSTAVAX.....	75
ZOSYN.....	70
ZUBSOLV.....	7
ZULRESSO.....	16
ZYCLARA.....	52
ZYCLARA PUMP.....	52
ZYDELIG.....	34
ZYKADIA.....	35
ZYLET.....	67
ZYNLONTA.....	31
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This formulary was updated on 12/01/2021. 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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