



Health Net Seniority Plus Employer (HMO)

2020 Classic Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 20448, Version Number 16

This formulary was updated on 06/01/2020. 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 06/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

The enclosed formulary is current as of 06/01/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

Level of care changes

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

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

For more information

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

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

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

Health Net Seniority Plus Employer (HMO) Formulary

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

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

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

Abbreviations

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

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

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

Formulary tier descriptions

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

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

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

Section 1557 Non-Discrimination Language Notice of Non-Discrimination

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

Health Net:

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

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

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

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

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

Member Services Telephone Numbers by State Chart

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

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 | MO; * |
| <i>amphetamine-dextroamphetamine tabs</i> | 1 | MO; * |
| <i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i> | 1 | MO; * |
| <i>dextroamphetamine sulfate tabs 5 mg, 10 mg, 2.5 mg, 7.5 mg</i> | 1 | MO; * |
| VYVANSE CAPS 10 MG | 3 | SL(7 ea daily); MO; + |
| VYVANSE CAPS 20 MG | 3 | SL(3.5 ea daily); MO; + |
| VYVANSE CAPS 30 MG | 3 | SL(2.33 ea daily); MO; + |
| VYVANSE CAPS 40 MG | 3 | SL(1.75 ea daily); MO; + |
| VYVANSE CAPS 50 MG | 3 | SL(1.4 ea daily); MO; + |
| VYVANSE CAPS 60 MG | 3 | SL(1.16 ea daily); MO; + |
| VYVANSE CAPS 70 MG | 3 | SL(1 ea daily); MO; + |
| Attention-Deficit/Hyperactivity Disorder (ADHD) | | |
| <i>atomoxetine hcl caps 10 mg</i> | 1 | SL(10 ea daily); MO; * |
| <i>atomoxetine hcl caps 100 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>atomoxetine hcl caps 18 mg</i> | 1 | SL(5.55 ea daily); MO; * |
| <i>atomoxetine hcl caps 25 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>atomoxetine hcl caps 40 mg</i> | 1 | SL(2.5 ea daily); MO; * |
| <i>atomoxetine hcl caps 60 mg</i> | 1 | SL(1.66 ea daily); MO; * |
| <i>atomoxetine hcl caps 80 mg</i> | 1 | SL(1.25 ea daily); MO; * |
| <i>guanfacine hcl (adhd) tb24</i> | 1 | AL(Up to 64 yrs old); MO; * |
| Dopamine and Norepinephrine Reuptake | | |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>methylphenidate hcl tbc</i> 18 mg, 27 mg, 36 mg, 54 mg | 1 | MO; * |
| <i>methylphenidate hcl tbc</i> 20 mg | 1 | QL(3 ea daily); MO; * |
| <i>modafinil tabs</i> 100 mg | 1 | PA; MO; * |
| <i>modafinil tabs</i> 200 mg | 1 | PA; QL(1 ea daily); MO; * |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| Allergenic Extracts | | |
| ORALAIR SUBL | 3 | PA; MO; + |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| <i>amikacin sulfate soln</i> | 4 | MO; + |
| ARIKAYCE SUSP | 5 | PA; NDS;MO; + |
| BETHKIS NEBU | 5 | B/D; NDS; + |
| GENTAMICIN SULFATE PEDIATRIC SOLN | 4 | MO; + |
| <i>gentamicin sulfate soln</i> | 4 | MO; + |
| GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9 %-1 MG/ML | 4 | + |
| <i>neomycin sulfate tabs</i> | 1 | MO; * |
| <i>paromomycin sulfate caps</i> | 1 | MO; * |
| TOBI PODHALER CAPS | 5 | NDS; + |
| <i>tobramycin nebu</i> | 1 | B/D; * |
| <i>tobramycin sulfate soln</i> 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml | 4 | MO; + |
| <i>tobramycin sulfate soln</i> 1.2 gm | 4 | + |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT | 5 | PA; NDS; + |
| HUMIRA PEN PNKT | 5 | PA; NDS; + |
| HUMIRA PEN-CD/UC/HS STARTER PNKT | 5 | PA; NDS; + |
| HUMIRA PEN-PS/UV STARTER PNKT | 5 | PA; NDS; + |
| HUMIRA PSKT | 5 | PA; NDS; + |
| SIMPONI ARIA SOLN | 5 | PA; NDS; + |
| SIMPONI SOAJ | 5 | PA; NDS; + |
| SIMPONI SOSY | 5 | PA; NDS; + |
| Antirheumatic - Enzyme Inhibitors | | |
| OLUMIANT TABS | 5 | PA; NDS; + |
| RINVOQ TB24 | 5 | PA; NDS; + |
| XELJANZ TABS | 5 | PA; NDS; + |
| XELJANZ XR TB24 | 5 | PA; NDS; + |
| Antirheumatic Antimetabolites | | |
| OTREXUP SOAJ | 4 | PA; + |
| RASUVO SOAJ | 4 | PA; + |
| Gold Compounds | | |
| RIDAURA CAPS | 5 | NDS;MO; + |
| Interleukin-1 Blockers | | |
| ARCALYST SOLR | 5 | NDS;LA; + |
| Interleukin-1 Receptor Antagonist (IL-1Ra) | | |
| KINERET SOSY | 5 | PA; NDS;MO; + |
| Interleukin-1beta Blockers | | |
| ILARIS SOLN | 5 | PA; NDS;LA; + |
| Interleukin-6 Receptor Inhibitors | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| ACTEMRA SOLN | 5 | PA; NDS; + |
| ACTEMRA SOSY | 5 | PA; NDS; + |
| KEVZARA SOAJ | 5 | PA; NDS; + |
| KEVZARA SOSY | 5 | PA; NDS; + |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| <i>celecoxib caps</i> | 1 | MO; * |
| <i>diclofenac potassium tabs</i> | 1 | MO; * |
| <i>diclofenac sodium tb24</i> | 1 | MO; * |
| <i>diclofenac sodium tbec</i> | 1 | MO; * |
| <i>diclofenac w/ misoprostol tbec</i> | 1 | MO; * |
| DUEXIS TABS | 5 | PA; NDS;MO; + |
| <i>etodolac caps</i> | 1 | MO; * |
| <i>etodolac tabs</i> | 1 | MO; * |
| <i>etodolac tb24</i> | 1 | MO; * |
| <i>flurbiprofen tabs</i> | 1 | MO; * |
| <i>ibuprofen susp 100 mg/5ml</i> | 1 | RX/OTC; MO; * |
| <i>ibuprofen tabs 400 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>ibuprofen tabs 600 mg</i> | 1 | SL(5.33 ea daily); MO; * |
| <i>ibuprofen tabs 800 mg</i> | 1 | SL(4 ea daily); MO; * |
| INDOCIN SUSP OR 25 MG/5ML | 3 | AL(Up to 64 yrs old); MO; + |
| <i>indomethacin caps 25 mg, 50 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>indomethacin cpcr 75 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>ketoprofen cp24 200 mg</i> | 1 | MO; * |
| <i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i> | 4 | AL(Up to 64 yrs old); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i> | 4 | AL(Up to 64 yrs old); MO; + |
| <i>ketorolac tromethamine tabs or 10 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>meclofenamate sodium caps 100 mg</i> | 1 | MO; * |
| <i>mefenamic acid caps</i> | 1 | MO; * |
| <i>meloxicam tabs</i> | 1 | MO; * |
| <i>nabumetone tabs</i> | 1 | MO; * |
| NAPRELAN TB24 750 MG | 3 | MO; + |
| <i>naproxen sodium tabs</i> | 1 | MO; * |
| <i>naproxen sodium tb24</i> | 1 | MO; * |
| <i>naproxen tabs 250 mg, 375 mg, 500 mg</i> | 1 | MO; * |
| <i>naproxen tbec 375 mg, 500 mg</i> | 1 | MO; * |
| <i>naproxen-esomeprazole magnesium tbec</i> | 5 | PA; NDS;MO; + |
| <i>oxaprozin tabs</i> | 1 | MO; * |
| <i>piroxicam caps</i> | 1 | MO; * |
| <i>sulindac tabs</i> | 1 | MO; * |
| <i>tolmetin sodium caps 400 mg</i> | 1 | MO; * |
| VIMOVO TBEC (<i>naproxen-esomeprazole magnesium</i>) | 5 | PA; NDS;MO; + |
| ZIPSOR CAPS | 3 | MO; + |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | 5 | PA; NDS; + |
| OTEZLA TBPk | 5 | PA; NDS; + |
| Pyrimidine Synthesis Inhibitors | | |
| <i>leflunomide tabs</i> | 1 | MO; * |
| Selective Costimulation Modulators | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| ORENCIA CLICKJECT SOAJ | 5 | PA; NDS; + |
| ORENCIA SOLR | 5 | PA; NDS; + |
| ORENCIA SOSY | 5 | PA; NDS; + |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | 5 | PA; NDS; + |
| ENBREL SOLR | 5 | PA; NDS; + |
| ENBREL SOSY | 5 | PA; NDS; + |
| ENBREL SURECLICK SOAJ | 5 | PA; NDS; + |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Salicylates | | |
| <i>diflunisal tabs</i> | 1 | MO; * |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| ABSTRAL SUBL 100 MCG | 3 | PA; QL(16 ea daily); + |
| ABSTRAL SUBL 200 MCG | 5 | PA; NDS; QL(8 ea daily); + |
| ABSTRAL SUBL 400 MCG, 600 MCG, 800 MCG | 5 | PA; NDS; QL(4 ea daily); + |
| <i>codeine sulfate tabs 30 mg</i> | 1 | SL(12 ea daily); MO; * |
| <i>codeine sulfate tabs 60 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>fentanyl citrate lpop bu 200 mcg</i> | 5 | PA; NDS; QL(8 ea daily); MO; + |
| <i>fentanyl citrate lpop bu 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i> | 5 | PA; NDS; QL(4 ea daily); MO; + |
| FENTANYL CITRATE TABS BU 100 MCG | 5 | PA; NDS; QL(16 ea daily); MO; + |
| FENTANYL CITRATE TABS BU 200 MCG | 5 | PA; NDS; QL(8 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| FENTANYL CITRATE TABS BU 400 MCG, 600 MCG, 800 MCG | 5 | PA; NDS; QL(4 ea daily); MO; + |
| <i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i> | 1 | Limit 10 patches per month; QL(0.34 ea daily); MO; * |
| FENTORA TABS 100 MCG | 5 | PA; NDS; QL(16 ea daily); MO; + |
| FENTORA TABS 200 MCG | 5 | PA; NDS; QL(8 ea daily); MO; + |
| FENTORA TABS 400 MCG, 600 MCG, 800 MCG | 5 | PA; NDS; QL(4 ea daily); MO; + |
| <i>hydrocodone bitartrate c12a 10 mg, 15 mg</i> | 1 | PA; QL(3 ea daily); MO; * |
| <i>hydrocodone bitartrate c12a 20 mg, 30 mg, 40 mg, 50 mg</i> | 1 | PA; QL(2 ea daily); MO; * |
| <i>hydromorphone hcl liqd or 1 mg/ml</i> | 1 | QL(50 ml daily); MO; * |
| <i>hydromorphone hcl soln ij 1 mg/ml, 2 mg/ml</i> | 4 | MO; + |
| <i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i> | 4 | + |
| <i>hydromorphone hcl soln ij 2 mg/ml</i> | 4 | Preservative Free; + |
| HYDROMORPHONE HCL SOLN IJ 4 MG/ML | 4 | MO; + |
| <i>hydromorphone hcl t24a or 12 mg</i> | 1 | QL(4.17 ea daily); MO; * |
| <i>hydromorphone hcl t24a or 16 mg</i> | 1 | QL(3.14 ea daily); MO; * |
| <i>hydromorphone hcl t24a or 32 mg</i> | 1 | QL(1.57 ea daily); MO; * |
| <i>hydromorphone hcl t24a or 8 mg</i> | 1 | QL(6.27 ea daily); MO; * |
| <i>hydromorphone hcl tabs or 2 mg, 4 mg</i> | 1 | QL(9 ea daily); MO; * |
| <i>hydromorphone hcl tabs or 8 mg</i> | 1 | QL(6.25 ea daily); MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (hydromorphone hcl) | 4 | + |
| HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG | 3 | PA; QL(2 ea daily); MO; + |
| HYSINGLA ER T24A 80 MG, 100 MG, 120 MG | 3 | PA; QL(1 ea daily); MO; + |
| KADIAN CP24 200 MG | 3 | PA; QL(2 ea daily); MO; + |
| LAZANDA SOLN 100 MCG/ACT | 5 | PA; NDS; QL(1 ea daily); MO; + |
| LAZANDA SOLN 300 MCG/ACT | 5 | PA; NDS; Limit 15 boxes per month ;QL(0.5 ea daily); MO; + |
| LAZANDA SOLN 400 MCG/ACT | 5 | PA; NDS; Limit 8 bottles per month;QL(0.27 ea daily); MO; + |
| <i>methadone hcl conc or 10 mg/ml</i> | 1 | QL(6.67 ml daily); MO; * |
| <i>methadone hcl soln or 10 mg/5ml</i> | 1 | QL(33.34 ml daily); MO; * |
| <i>methadone hcl soln or 5 mg/5ml</i> | 1 | QL(15 ml daily); MO; * |
| <i>methadone hcl tabs or 5 mg, 10 mg</i> | 1 | QL(6 ea daily); MO; * |
| <i>morphine sulfate beads cp24 120 mg</i> | 1 | QL(1.67 ea daily); MO; * |
| <i>morphine sulfate beads cp24 30 mg</i> | 1 | QL(6.67 ea daily); MO; * |
| <i>morphine sulfate beads cp24 45 mg</i> | 1 | QL(4.44 ea daily); MO; * |
| <i>morphine sulfate beads cp24 60 mg</i> | 1 | QL(3.34 ea daily); MO; * |
| <i>morphine sulfate beads cp24 75 mg</i> | 1 | QL(2.67 ea daily); MO; * |
| <i>morphine sulfate beads cp24 90 mg</i> | 1 | QL(2.24 ea daily); MO; * |
| <i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg</i> | 1 | QL(3 ea daily); MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>morphine sulfate cp24 or 100 mg</i> | 5 | NDS;QL(2 ea daily); MO; + |
| <i>morphine sulfate cp24 or 40 mg</i> | 1 | PA; QL(3 ea daily); MO; * |
| <i>morphine sulfate cp24 or 60 mg</i> | 1 | QL(3.34 ea daily); MO; * |
| <i>morphine sulfate cp24 or 80 mg</i> | 1 | QL(2.5 ea daily); MO; * |
| <i>morphine sulfate soln ij 0.5 mg/ml</i> | 4 | + |
| <i>morphine sulfate soln ij 1 mg/ml</i> | 4 | MO; + |
| <i>morphine sulfate soln or 10 mg/5ml</i> | 1 | QL(100 ml daily); MO; * |
| <i>morphine sulfate soln or 20 mg/5ml</i> | 1 | QL(50 ml daily); MO; * |
| <i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i> | 1 | QL(10 ml daily); MO; * |
| <i>morphine sulfate tabs or 15 mg</i> | 1 | QL(13.34 ea daily); MO; * |
| MORPHINE SULFATE TABS OR 15 MG (morphine sulfate) | 3 | QL(13.34 ea daily); MO; + |
| <i>morphine sulfate tabs or 30 mg</i> | 1 | QL(6.67 ea daily); MO; * |
| MORPHINE SULFATE TABS OR 30 MG (morphine sulfate) | 3 | QL(6.67 ea daily); MO; + |
| <i>morphine sulfate tbc or 100 mg, 200 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg</i> | 1 | QL(3 ea daily); MO; * |
| NUCYNTA ER TB12 100 MG | 2 | QL(6.67 ea daily); MO; + |
| NUCYNTA ER TB12 150 MG | 2 | QL(4.44 ea daily); MO; + |
| NUCYNTA ER TB12 200 MG | 2 | QL(3.34 ea daily); MO; + |
| NUCYNTA ER TB12 250 MG | 2 | QL(2 ea daily); MO; + |
| NUCYNTA ER TB12 50 MG | 2 | QL(13.34 ea daily); MO; + |
| NUCYNTA TABS 100 MG | 3 | QL(6.67 ea daily); MO; + |
| NUCYNTA TABS 50 MG | 3 | QL(13.34 ea daily); MO; + |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--------------------------------|
| NUCYNTA TABS 75 MG | 3 | QL(8.88 ea daily); MO; + |
| oxycodone hcl caps 5 mg | 1 | QL(6 ea daily); MO; * |
| oxycodone hcl conc 100 mg/5ml | 1 | QL(6 ml daily); MO; * |
| oxycodone hcl tabs 30 mg | 1 | QL(4.44 ea daily); MO; * |
| oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg | 1 | QL(6 ea daily); MO; * |
| oxymorphone hcl tabs 5 mg, 10 mg | 1 | QL(6 ea daily); MO; * |
| oxymorphone hcl tb12 10 mg | 1 | QL(3 ea daily); MO; * |
| oxymorphone hcl tb12 15 mg | 1 | QL(4.44 ea daily); MO; * |
| oxymorphone hcl tb12 20 mg | 1 | QL(3.34 ea daily); MO; * |
| oxymorphone hcl tb12 30 mg | 1 | QL(2.22 ea daily); MO; * |
| oxymorphone hcl tb12 40 mg | 1 | QL(2 ea daily); MO; * |
| oxymorphone hcl tb12 5 mg | 1 | QL(13.34 ea daily); MO; * |
| oxymorphone hcl tb12 7.5 mg | 1 | QL(8.89 ea daily); MO; * |
| SUBSYS LIQD 100 MCG | 5 | PA; NDS;QL(16 ea daily); MO; + |
| SUBSYS LIQD 1200 MCG | 5 | PA; NDS;QL(2 ea daily); + |
| SUBSYS LIQD 200 MCG | 5 | PA; NDS;QL(8 ea daily); MO; + |
| SUBSYS LIQD 400 MCG, 600 MCG, 800 MCG, 1600 MCG | 5 | PA; NDS;QL(4 ea daily); MO; + |
| tramadol hcl tabs 50 mg | 1 | SL(8 ea daily); MO; * |
| tramadol hcl tb24 100 mg | 1 | SL(3 ea daily); MO; * |
| tramadol hcl tb24 200 mg | 1 | SL(1.5 ea daily); MO; * |
| tramadol hcl tb24 300 mg | 1 | SL(1 ea daily); MO; * |
| Opioid Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| acetaminophen w/ codeine soln 120 mg/5ml-12 mg/5ml | 1 | Limit 4500mls per month;SL(150 ml daily); MO; * |
| acetaminophen w/ codeine tabs 300 mg-15 mg | 1 | SL(13.3 ea daily); MO; * |
| acetaminophen w/ codeine tabs 300 mg-30 mg | 1 | SL(12 ea daily); MO; * |
| acetaminophen w/ codeine tabs 300 mg-60 mg | 1 | SL(6 ea daily); MO; * |
| butalbital-acetaminophen-caffeine w/ codeine caps | 1 | AL(Up to 64 yrs old); SL(6 ea daily); MO; * |
| butalbital-aspirin-caffeine w/cod caps | 1 | AL(Up to 64 yrs old); SL(6 ea daily); MO; * |
| hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml | 1 | Limit 5535mls per month;SL(184.5 ml daily); MO; * |
| hydrocodone-acetaminophen tabs 5 mg-300 mg, 10 mg-300 mg, 7.5 mg-300 mg | 1 | SL(13.3 ea daily); MO; * |
| hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 7.5 mg-325 mg | 1 | SL(12.3 ea daily); MO; * |
| hydrocodone-ibuprofen tabs | 1 | QL(5 ea daily); MO; * |
| oxycodone w/ acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 2.5 mg-325 mg, 7.5 mg-325 mg | 1 | SL(12.3 ea daily); MO; * |
| oxycodone-aspirin tabs | 1 | SL(12.3 ea daily); MO; * |
| tramadol-acetaminophen tabs | 1 | SL(8 ea daily); MO; * |
| Opioid Partial Agonists | | |
| BUNAVAIL FILM 2.1 MG-0.3 MG | 3 | QL(4 ea daily); + |
| BUNAVAIL FILM 4.2 MG-0.7 MG | 3 | QL(2 ea daily); + |
| BUNAVAIL FILM 6.3 MG-1 MG | 3 | QL(2 ea daily); MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>buprenorphine hcl subl sl 2 mg, 8 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>buprenorphine hcl-naloxone hcl dihydrate film 4 mg-1 mg, 8 mg-2 mg, 2 mg-0.5 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>buprenorphine hcl-naloxone hcl dihydrate subl 8 mg-2 mg, 2 mg-0.5 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>buprenorphine ptwk 10 mcg/hr</i> | 1 | Limit 8 patches per 28 days;SL(0.29 ea daily); MO; * |
| <i>buprenorphine ptwk 15 mcg/hr</i> | 1 | Limit 5 patches per 28 days;SL(0.19 ea daily); MO; * |
| <i>buprenorphine ptwk 20 mcg/hr</i> | 1 | Limit 4 patches per 28 days;SL(0.15 ea daily); MO; * |
| <i>buprenorphine ptwk 5 mcg/hr</i> | 1 | Limit 16 patches per 28 days;SL(0.58 ea daily); MO; * |
| <i>buprenorphine ptwk 7.5 mcg/hr</i> | 1 | Limit 10 patches per 28 days;SL(0.39 ea daily); MO; * |
| <i>butorphanol tartrate soln ij 2 mg/ml</i> | 4 | MO; + |
| <i>butorphanol tartrate soln na 10 mg/ml</i> | 1 | Limit 210mls per month;QL(7 ml daily); MO; * |
| BUTRANS PTWK 7.5 MCG/HR (<i>buprenorphine</i>) | 2 | Limit 10 patches per 28 days;SL(0.39 ea daily); MO; + |
| ZUBSOLV SUBL 0.7 MG-0.18 MG, 5.7 MG-1.4 MG, 1.4 MG-0.36 MG, 2.9 MG-0.71 MG | 3 | QL(3 ea daily); MO; + |
| ZUBSOLV SUBL 11.4 MG-2.9 MG | 3 | QL(1 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| ZUBSOLV SUBL 8.6 MG-2.1 MG | 3 | QL(2 ea daily); MO; + |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Anabolic Steroids | | |
| ANADROL-50 TABS | 5 | NDS;MO; + |
| <i>oxandrolone tabs 10 mg</i> | 5 | NDS;MO; + |
| <i>oxandrolone tabs 2.5 mg</i> | 1 | MO; * |
| Androgens | | |
| AVEED SOLN | 3 | LA; + |
| <i>danazol caps</i> | 1 | MO; * |
| <i>methyltestosterone caps</i> | 1 | MO; * |
| <i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i> | 4 | MO; + |
| <i>testosterone enanthate soln im</i> | 4 | MO; + |
| TESTOSTERONE ENANTHATE SOLN IM | 4 | MO; + |
| <i>testosterone gel td 1 %, 1.62 %, 50 mg/5gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i> | 1 | MO; * |
| <i>testosterone soln td 30 mg/act</i> | 1 | MO; * |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| CORTIFOAM FOAM | 3 | MO; + |
| <i>hydrocortisone (intrarectal) enem</i> | 1 | MO; * |
| UCERIS FOAM RE 2 MG/ACT | 3 | MO; + |
| Rectal Steroids | | |
| <i>hydrocortisone (rectal) crea</i> | 1 | MO; * |
| Vasodilating Agents | | |
| RECTIV OINT | 3 | MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| <i>albendazole tabs</i> | 1 | MO; * |
| <i>ivermectin tabs</i> | 1 | MO; * |
| <i>praziquantel tabs</i> | 1 | MO; * |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| IMPAVIDO CAPS | 5 | NDS;MO; + |
| <i>metronidazole caps or 375 mg</i> | 1 | SL(10.6 ea daily); MO; * |
| <i>metronidazole in nacl soln 0.79 %-500 mg/100ml, 0.79 %-5 mg/ml</i> | 4 | + |
| <i>metronidazole tabs or 250 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>metronidazole tabs or 500 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>pentamidine isethionate solr ij</i> | 4 | MO; + |
| <i>pentamidine isethionate solr in</i> | 1 | B/D; MO; * |
| <i>tinidazole tabs</i> | 1 | MO; * |
| <i>trimethoprim tabs</i> | 1 | MO; * |
| <i>vancomycin hcl solr iv 500 mg, 1000 mg</i> | 4 | + |
| XIFAXAN TABS 200 MG | 5 | NDS;MO; + |
| XIFAXAN TABS 550 MG | 5 | NDS;QL(3 ea daily); MO; + |
| Anti-infective Misc. - Combinations | | |
| <i>sulfamethoxazole-trimethoprim soln iv 80 mg/5ml-400 mg/5ml</i> | 4 | MO; + |
| <i>sulfamethoxazole-trimethoprim susp or 40 mg/5ml-200 mg/5ml</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>sulfamethoxazole-trimethoprim tabs or 80 mg-400 mg, 160 mg-800 mg</i> | 1 | MO; * |
| Antiprotozoal Agents | | |
| ALINIA TABS 500 MG | 3 | MO; + |
| <i>atovaquone susp</i> | 5 | NDS;MO; + |
| Carbapenems | | |
| <i>ertapenem sodium solr</i> | 4 | MO; + |
| <i>imipenem-cilastatin solr 250 mg-250 mg, 500 mg-500 mg</i> | 1 | MO; * |
| <i>meropenem solr 1 gm</i> | 4 | MO; + |
| <i>meropenem solr 500 mg</i> | 1 | * |
| VABOMERE SOLR | 4 | + |
| Chloramphenicols | | |
| CHLORAMPHENICOL SODIUM SUCCINATE SOLR | 4 | + |
| Cyclic Lipopeptides | | |
| <i>daptomycin solr 500 mg</i> | 5 | NDS; + |
| Glycopeptides | | |
| DALVANCE SOLR | 5 | NDS; + |
| FIRVANQ SOLR 25 MG/ML | 3 | + |
| FIRVANQ SOLR 50 MG/ML | 3 | MO; + |
| ORBACTIV SOLR | 5 | NDS;MO; + |
| <i>vancomycin hcl caps or 125 mg</i> | 3 | PA; MO; + |
| <i>vancomycin hcl caps or 250 mg</i> | 5 | PA; NDS;MO; + |
| <i>vancomycin hcl solr iv 1 gm, 5 gm, 10 gm, 750 mg, 1000 mg</i> | 4 | + |
| <i>vancomycin hcl solr iv 500 mg</i> | 4 | MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| VANCOMYCIN HYDROCHLORIDE SOLR IV 750 MG | 4 | + |
| VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML | 3 | MO; + |
| VANCOMYCIN HYDROCHLORIDE/DEXT ROSE SOLN 5 %-1 GM/200ML, 5 %-500 MG/100ML, 5 %-750 MG/150ML | 4 | + |
| Leprostatics | | |
| <i>dapsone tabs</i> | 1 | MO; * |
| Lincosamides | | |
| <i>clindamycin hcl caps</i> | 1 | MO; * |
| <i>clindamycin palmitate hydrochloride solr</i> | 1 | MO; * |
| <i>clindamycin phosphate in d5w soln</i> | 4 | + |
| <i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i> | 4 | MO; + |
| <i>clindamycin phosphate soln ij 9 gm/60ml, 300 mg/2ml, 9000 mg/60ml</i> | 4 | + |
| <i>clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i> | 4 | + |
| <i>lincomycin hcl soln</i> | 4 | MO; + |
| Monobactams | | |
| <i>aztreonam solr</i> | 4 | MO; + |
| CAYSTON SOLR | 5 | PA; NDS;LA; + |
| Oxazolidinones | | |
| <i>linezolid soln iv 600 mg/300ml</i> | 5 | NDS; + |
| LINEZOLID SOLN IV 600 MG/300ML-0.9 % | 5 | NDS; + |
| <i>linezolid susr or 100 mg/5ml</i> | 5 | NDS;MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>linezolid tabs or 600 mg</i> | 1 | MO; * |
| SIVEXTRO SOLR IV | 5 | NDS; + |
| SIVEXTRO TABS OR | 5 | NDS;MO; + |
| ZYVOX SOLN IV 200 MG/100ML | 5 | NDS; + |
| Pleuromutilins | | |
| XENLETA TABS OR 600 MG | 5 | PA; NDS;MO; + |
| Polymyxins | | |
| <i>colistimethate sodium solr</i> | 4 | MO; + |
| <i>polymyxin b sulfate solr</i> | 4 | + |
| Streptogramins | | |
| SYNERCID SOLR | 4 | + |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| <i>ranolazine tb12</i> | 1 | MO; * |
| Nitrates | | |
| DILATRATE SR CPR | 3 | MO; + |
| <i>isosorbide dinitrate tabs 40 mg</i> | 5 | NDS;MO; + |
| <i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg</i> | 1 | MO; * |
| <i>isosorbide mononitrate tabs</i> | 1 | MO; * |
| <i>isosorbide mononitrate tb24</i> | 1 | MO; * |
| NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR | 3 | MO; + |
| <i>nitroglycerin oint td 2 %</i> | 1 | MO; * |
| <i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 1 | MO; * |
| <i>nitroglycerin soln tl 0.4 mg/spray</i> | 1 | MO; * |
| <i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| NITROSTAT SUBL (nitroglycerin) | 2 | MO; + |
| ANTIANKXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>bupirone hcl tabs</i> | 1 | MO; * |
| <i>hydroxyzine hcl syrp or 10 mg/5ml</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| HYDROXYZINE HYDROCHLORIDE SOLN | 4 | AL(Up to 64 yrs old); MO; + |
| <i>hydroxyzine pamoate caps 25 mg, 50 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>meprobamate tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| Benzodiazepines | | |
| <i>alprazolam tabs</i> | 1 | MO; * |
| <i>alprazolam tb24</i> | 1 | MO; * |
| <i>alprazolam tbdp</i> | 1 | MO; * |
| <i>clorazepate dipotassium tabs</i> | 1 | MO; * |
| <i>diazepam conc or 5 mg/ml</i> | 1 | MO; * |
| <i>diazepam soln ij 5 mg/ml</i> | 1 | MO; * |
| <i>diazepam soln or 5 mg/5ml</i> | 1 | MO; * |
| <i>diazepam tabs or 2 mg, 5 mg, 10 mg</i> | 1 | MO; * |
| <i>lorazepam conc</i> | 1 | MO; * |
| <i>lorazepam soln</i> | 1 | MO; * |
| <i>lorazepam tabs</i> | 1 | MO; * |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate caps</i> | 1 | AL(Up to 64 yrs old); MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| NORPACE CR CP12 | 3 | AL(Up to 64 yrs old); MO; + |
| <i>quinidine gluconate tbc or 324 mg</i> | 1 | MO; * |
| <i>quinidine sulfate tabs 200 mg, 300 mg</i> | 1 | MO; * |
| Antiarrhythmics Type I-B | | |
| <i>mexiletine hcl caps</i> | 1 | MO; * |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate tabs 100 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>flecainide acetate tabs 150 mg</i> | 1 | SL(2.66 ea daily); MO; * |
| <i>flecainide acetate tabs 50 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>propafenone hcl cp12</i> | 1 | MO; * |
| <i>propafenone hcl tabs</i> | 1 | MO; * |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i> | 1 | MO; * |
| <i>dofetilide caps</i> | 1 | * |
| MULTAQ TABS | 2 | MO; + |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Anti-Inflammatory Agents | | |
| <i>cromolyn sodium nebu</i> | 1 | B/D; MO; * |
| Antiasthmatic - Monoclonal Antibodies | | |
| CINQAIR SOLN | 5 | PA; NDS;LA; + |
| FASENRA SOSY | 5 | PA; NDS; + |
| NUCALA SOLR 100 MG | 5 | PA; NDS;LA; + |
| XOLAIR SOLR | 5 | PA; NDS;LA; + |
| XOLAIR SOSY | 5 | PA; NDS;LA; + |
| Bronchodilators - Anticholinergics | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ATROVENT HFA AERS | 3 | Limit 2 inhalers per month; QL(0.86 gm daily); MO; + |
| INCRUSE ELLIPTA AEPB | 2 | QL(1 ea daily); MO; + |
| <i>ipratropium bromide soln</i> | 1 | B/D; MO; * |
| SPIRIVA HANDIHALER CAPS | 2 | QL(1 ea daily); MO; + |
| SPIRIVA RESPIMAT AERS | 2 | Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; + |
| TUDORZA PRESSAIR AEPB | 2 | Limit 2 inhalers per month (30 actuations); QL(0.07 ea daily); MO; + |
| TUDORZA PRESSAIR AEPB | 2 | Limit 1 inhaler per month (60 actuations); QL(0.04 ea daily); MO; + |
| Leukotriene Modulators | | |
| <i>montelukast sodium chew 4 mg, 5 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>montelukast sodium tabs 10 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>zafirlukast tabs</i> | 1 | MO; * |
| <i>zileuton tb12</i> | 5 | NDS; SL(4 ea daily); MO; + |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| DALIRESP TABS | 3 | QL(1 ea daily); MO; + |
| Steroid Inhalants | | |
| ALVESCO AERS 160 MCG/ACT | 3 | SL(0.41 gm daily); MO; + |
| ALVESCO AERS 80 MCG/ACT | 3 | SL(0.82 gm daily); MO; + |
| ARNUITY ELLIPTA AEPB | 2 | SL(1 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ASMANEX HFA AERO 100 MCG/ACT | 2 | Limit 2 inhalers per month; SL(0.87 gm daily); MO; + |
| ASMANEX HFA AERO 200 MCG/ACT | 2 | Limit 1 inhaler per month; SL(0.44 gm daily); MO; + |
| ASMANEX HFA AERO 50 MCG/ACT | 2 | Limit 4 inhalers per month; SL(1.74 gm daily); + |
| ASMANEX TWISTHALER 120 METERED DOSES AEPB | 2 | Limit 1 inhaler per month; SL(0.04 ea daily); MO; + |
| ASMANEX TWISTHALER 14 METERED DOSES AEPB | 2 | Limit 8 inhalers per month; SL(0.29 ea daily); MO; + |
| ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH | 2 | Limit 8 inhalers per month; SL(0.27 ea daily); MO; + |
| ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH | 2 | Limit 4 inhalers per month; SL(0.14 ea daily); MO; + |
| ASMANEX TWISTHALER 60 METERED DOSES AEPB | 2 | Limit 2 inhalers per month; SL(0.07 ea daily); MO; + |
| ASMANEX TWISTHALER 7 METERED DOSES AEPB | 2 | limit 35 inhalers per month; SL(1.17 ea daily); MO; + |
| <i>budesonide (inhalation) susp 0.25 mg/2ml</i> | 1 | B/D; QL(8 ml daily); MO; * |
| <i>budesonide (inhalation) susp 0.5 mg/2ml</i> | 1 | B/D; QL(4 ml daily); MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>budesonide (inhalation) susp 1 mg/2ml</i> | 1 | B/D; QL(2 ml daily); MO; * |
| FLOVENT DISKUS AEPB 100 MCG/BLIST | 2 | SL(20 ea daily); MO; + |
| FLOVENT DISKUS AEPB 250 MCG/BLIST | 2 | SL(8 ea daily); MO; + |
| FLOVENT DISKUS AEPB 50 MCG/BLIST | 2 | SL(40 ea daily); MO; + |
| FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT | 2 | Limit 2 inhalers per month; QL(0.8 gm daily); MO; + |
| FLOVENT HFA AERO 44 MCG/ACT | 2 | Limit 1 inhaler per month; QL(0.36 gm daily); MO; + |
| PULMICORT FLEXHALER AEPB 180 MCG/ACT | 3 | Limit 2 inhalers per month; QL(0.07 ea daily); MO; + |
| PULMICORT FLEXHALER AEPB 90 MCG/ACT | 3 | Limit 8 inhalers per month; QL(0.27 ea daily); MO; + |
| Sympathomimetics | | |
| ADVAIR HFA AERO | 2 | QL(4 gm daily); MO; + |
| <i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 0.5 %, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | 1 | B/D; MO; * |
| <i>albuterol sulfate syrup or 2 mg/5ml</i> | 1 | MO; * |
| <i>albuterol sulfate tabs or 2 mg, 4 mg</i> | 1 | MO; * |
| <i>albuterol sulfate tb12 or 4 mg, 8 mg</i> | 1 | MO; * |
| ANORO ELLIPTA AEPB | 2 | QL(2 ea daily); MO; + |
| ARCAPTA NEOHALER CAPS | 3 | QL(1 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| 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; + |
| 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; + |
| BROVANA NEBU | 3 | B/D; MO; + |
| COMBIVENT RESPIMAT AERS | 3 | Limit 3 inhalers per 2 months; SL(0.2 gm daily); MO; + |
| DULERA AERO 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT | 2 | QL(4 gm daily); MO; + |
| DULERA AERO 5 MCG/ACT-50 MCG/ACT | 2 | Limit 1 inhaler per month; SL(0.44 gm daily); MO; + |
| <i>fluticasone-salmeterol aepb</i> | 1 | QL(2 ea daily); MO; * |
| <i>ipratropium-albuterol soln</i> | 1 | B/D; MO; * |
| <i>levalbuterol hcl nebu</i> | 1 | B/D; MO; * |
| <i>levalbuterol tartrate aero</i> | 3 | MO; + |
| PERFOROMIST NEBU | 3 | B/D; QL(4 ml daily); MO; + |
| PROAIR HFA AERS (<i>albuterol sulfate</i>) | 2 | MO; + |
| PROAIR RESPICLICK AEPB | 2 | MO; + |
| PROVENTIL HFA AERS (<i>albuterol sulfate</i>) | 2 | MO; + |
| SEREVENT DISKUS AEPB | 2 | QL(2 ea daily); MO; + |
| STIOLTO RESPIMAT AERS | 2 | Limit 1 inhaler per month; SL(0.14 gm daily); MO; + |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| STRIVERDI RESPIMAT AERS | 2 | Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO; + |
| SYMBICORT AERO 4.5 MCG/ACT-160 MCG/ACT | 3 | Limit 2 inhalers per month (Institutional Pack);QL(0.4 gm daily); MO; + |
| SYMBICORT AERO 4.5 MCG/ACT-160 MCG/ACT | 3 | Limit 1 inhaler per month (60 actuations);QL(0.34 gm daily); MO; + |
| SYMBICORT AERO 4.5 MCG/ACT-80 MCG/ACT | 3 | Limit 1 inhaler per month;QL(0.34 gm daily); MO; + |
| SYMBICORT AERO 4.5 MCG/ACT-80 MCG/ACT | 3 | Limit 2 inhalers per month (Institutional Pack);QL(0.46 gm daily); MO; + |
| <i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i> | 1 | MO; * |
| TRELEGY ELLIPTA AEPB | 2 | MO; + |
| VENTOLIN HFA AERS | 3 | MO; + |
| Xanthines | | |
| <i>aminophylline soln</i> | 4 | + |
| <i>theophylline tb12 300 mg, 450 mg</i> | 1 | MO; * |
| <i>theophylline tb24 400 mg, 600 mg</i> | 1 | MO; * |
| ANTICOAGULANTS - Blood Thinners | | |
| Coumarin Anticoagulants | | |
| COUMADIN TABS (<i>warfarin sodium</i>) | 3 | MO; + |
| <i>warfarin sodium tabs</i> | 1 | MO; * |
| Direct Factor Xa Inhibitors | | |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>argatroban soln 250 mg/2.5ml</i> | 4 | + |
| PRADAXA CAPS | 2 | MO; + |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| AMPA Glutamate Receptor Antagonists | | |
| FYCOMPA SUSP | 3 | MO; + |
| FYCOMPA TABS | 3 | MO; + |
| Anticonvulsants - Benzodiazepines | | |
| <i>clobazam susp 2.5 mg/ml</i> | 1 | MO; * |
| <i>clobazam tabs 10 mg</i> | 1 | MO; * |
| <i>clobazam tabs 20 mg</i> | 5 | NDS;MO; + |
| <i>clonazepam tabs 0.5 mg</i> | 1 | SL(40 ea daily); MO; * |
| <i>clonazepam tabs 1 mg</i> | 1 | SL(20 ea daily); MO; * |
| <i>clonazepam tabs 2 mg</i> | 1 | SL(10 ea daily); MO; * |
| <i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1 | MO; * |
| DIASTAT ACUDIAL GEL | 3 | MO; + |
| DIASTAT PEDIATRIC GEL | 3 | MO; + |
| <i>diazepam (anticonvulsant) gel</i> | 3 | MO; + |
| DIAZEPAM RECTAL GEL GEL | 3 | MO; + |
| NAYZILAM SOLN | 5 | PA; NDS;SL(0.34 ea daily); MO; + |
| SYMPAZAN FILM 10 MG, 20 MG | 5 | PA; NDS;MO; + |
| SYMPAZAN FILM 5 MG | 3 | PA; MO; + |
| VALTOCO LIQD | 5 | PA; NDS;SL(0.17 ea daily); + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| VALTOCO LQPK | 5 | PA; NDS;SL(0.17 ea daily); + |
| Anticonvulsants - Misc. | | |
| APTIOM TABS 200 MG | 3 | MO; + |
| APTIOM TABS 400 MG, 600 MG, 800 MG | 5 | NDS;MO; + |
| BANZEL SUSP 40 MG/ML | 3 | MO; + |
| BANZEL TABS 200 MG | 3 | MO; + |
| BANZEL TABS 400 MG | 5 | NDS;MO; + |
| BRIVIACT SOLN IV 50 MG/5ML | 5 | NDS;SL(20 ml daily); + |
| BRIVIACT SOLN OR 10 MG/ML | 5 | PA; NDS;SL(20 ml daily); MO; + |
| BRIVIACT TABS OR 10 MG | 5 | PA; NDS;SL(20 ea daily); MO; + |
| BRIVIACT TABS OR 100 MG | 5 | PA; NDS;SL(2 ea daily); MO; + |
| BRIVIACT TABS OR 25 MG | 5 | PA; NDS;SL(8 ea daily); MO; + |
| BRIVIACT TABS OR 50 MG | 5 | PA; NDS;SL(4 ea daily); MO; + |
| BRIVIACT TABS OR 75 MG | 5 | PA; NDS;SL(2.67 ea daily); MO; + |
| <i>carbamazepine chew</i> | 1 | MO; * |
| <i>carbamazepine cp12</i> | 1 | MO; * |
| <i>carbamazepine susp</i> | 1 | MO; * |
| <i>carbamazepine tabs</i> | 1 | MO; * |
| <i>carbamazepine tb12</i> | 1 | MO; * |
| CARBATROL CP12 (<i>carbamazepine</i>) | 3 | MO; + |
| EPIDIOLEX SOLN | 5 | PA; NDS; + |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| SPRITAM TB3D 250 MG | 3 | PA; SL(12 ea daily); MO; + |
| SPRITAM TB3D 500 MG | 3 | PA; SL(6 ea daily); MO; + |
| SPRITAM TB3D 750 MG | 3 | PA; SL(4 ea daily); MO; + |
| TEGRETOL SUSP (<i>carbamazepine</i>) | 3 | MO; + |
| TEGRETOL TABS (<i>carbamazepine</i>) | 3 | MO; + |
| TEGRETOL-XR TB12 (<i>carbamazepine</i>) | 3 | MO; + |
| <i>topiramate cpsp</i> | 1 | MO; * |
| <i>topiramate tabs</i> | 1 | MO; * |
| VIMPAT SOLN IV 200 MG/20ML | 4 | + |
| VIMPAT SOLN OR 10 MG/ML | 3 | MO; + |
| VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG | 3 | MO; + |
| <i>zonisamide caps</i> | 1 | MO; * |
| Carbamates | | |
| <i>felbamate susp</i> | 1 | MO; * |
| <i>felbamate tabs</i> | 1 | MO; * |
| XCOPRI TABS 100 MG | 5 | PA; NDS;SL(4 ea daily); + |
| XCOPRI TABS 150 MG | 5 | PA; NDS;SL(2.67 ea daily); + |
| XCOPRI TABS 200 MG | 5 | PA; NDS;SL(2 ea daily); + |
| XCOPRI TABS 50 MG | 5 | PA; NDS;SL(8 ea daily); + |
| XCOPRI TBPK | 3 | PA; 12.5-25 MG; + |
| XCOPRI TBPK | 5 | PA; NDS; + |
| GABA Modulators | | |
| <i>tiagabine hcl tabs</i> | 1 | MO; * |
| <i>vigabatrin pack</i> | 5 | NDS;LA; MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>vigabatrin tabs</i> | 5 | NDS;LA; + |
| Hydantoins | | |
| DILANTIN INFATABS CHEW (<i>phenytoin</i>) | 3 | MO; + |
| DILANTIN-125 SUSP (<i>phenytoin</i>) | 3 | MO; + |
| <i>fosphenytoin sodium soln 100 mg pe/2ml</i> | 4 | + |
| <i>fosphenytoin sodium soln 500 mg pe/10ml</i> | 4 | MO; + |
| PEGANONE TABS | 3 | MO; + |
| <i>phenytoin chew</i> | 1 | MO; * |
| <i>phenytoin sodium extended caps 30 mg, 100 mg, 200 mg, 300 mg</i> | 1 | MO; * |
| <i>phenytoin sodium soln</i> | 4 | + |
| <i>phenytoin susp</i> | 1 | MO; * |
| Succinimides | | |
| CELONTIN CAPS | 3 | MO; + |
| <i>ethosuximide caps</i> | 1 | MO; * |
| <i>ethosuximide soln</i> | 1 | MO; * |
| Valproic Acid | | |
| DEPAKOTE ER TB24 (<i>divalproex sodium</i>) | 3 | MO; + |
| DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>) | 3 | MO; + |
| DEPAKOTE TBEC (<i>divalproex sodium</i>) | 3 | MO; + |
| <i>divalproex sodium csdr</i> | 1 | MO; * |
| <i>divalproex sodium tb24</i> | 1 | MO; * |
| <i>divalproex sodium tbec</i> | 1 | MO; * |
| <i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i> | 4 | + |
| <i>valproate sodium soln or 250 mg/5ml</i> | 1 | MO; * |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>nefazodone hcl tabs 50 mg, 100 mg, 150 mg, 200 mg, 250 mg</i> | 1 | MO; * |
| <i>trazodone hcl tabs</i> | 1 | MO; * |
| TRINTELLIX TABS 10 MG | 3 | ST; QL(2 ea daily); MO; + |
| TRINTELLIX TABS 20 MG | 3 | ST; QL(1 ea daily); MO; + |
| TRINTELLIX TABS 5 MG | 3 | ST; QL(4 ea daily); MO; + |
| VIIBRYD STARTER PACK KIT | 3 | ST; MO; + |
| VIIBRYD TABS | 3 | ST; MO; + |
| Serotonin-Norepinephrine Reuptake Inhibitors | | |
| DESVENLAFAXINE ER TB24 50 MG, 100 MG | 3 | ST; MO; + |
| <i>desvenlafaxine succinate tb24</i> | 1 | MO; * |
| DRIZALMA SPRINKLE CSDR 20 MG | 3 | ST; SL(6 ea daily); MO; + |
| DRIZALMA SPRINKLE CSDR 30 MG | 3 | ST; SL(4 ea daily); MO; + |
| DRIZALMA SPRINKLE CSDR 40 MG | 3 | ST; SL(3 ea daily); MO; + |
| DRIZALMA SPRINKLE CSDR 60 MG | 3 | ST; SL(2 ea daily); + |
| <i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i> | 1 | MO; * |
| FETZIMA CP24 20 MG | 3 | ST; QL(2 ea daily); MO; + |
| FETZIMA CP24 40 MG, 80 MG, 120 MG | 3 | ST; QL(1 ea daily); MO; + |
| FETZIMA TITRATION PACK C4PK | 3 | ST; MO; + |
| <i>venlafaxine hcl cp24 150 mg</i> | 1 | SL(1.5 ea daily); MO; * |
| <i>venlafaxine hcl cp24 37.5 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>venlafaxine hcl cp24 75 mg</i> | 1 | SL(3 ea daily); MO; * |
| <i>venlafaxine hcl tabs 100 mg</i> | 1 | SL(3.75 ea daily); MO; * |
| <i>venlafaxine hcl tabs 25 mg</i> | 1 | SL(15 ea daily); MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------------|
| <i>venlafaxine hcl tabs 37.5 mg</i> | 1 | SL(10 ea daily); MO; * |
| <i>venlafaxine hcl tabs 50 mg</i> | 1 | SL(7.5 ea daily); MO; * |
| <i>venlafaxine hcl tabs 75 mg</i> | 1 | SL(5 ea daily); MO; * |
| <i>venlafaxine hcl tb24 150 mg</i> | 1 | SL(1.5 ea daily); MO; * |
| <i>venlafaxine hcl tb24 225 mg</i> | 1 | ST; SL(1 ea daily); MO; * |
| <i>venlafaxine hcl tb24 37.5 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>venlafaxine hcl tb24 75 mg</i> | 1 | SL(3 ea daily); MO; * |
| Tricyclic Agents | | |
| <i>amitriptyline hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>amoxapine tabs</i> | 1 | MO; * |
| <i>clomipramine hcl caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>desipramine hcl tabs</i> | 1 | MO; * |
| <i>doxepin hcl caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>doxepin hcl conc</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>imipramine hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>imipramine pamoate caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i> | 1 | MO; * |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | 1 | MO; * |
| <i>protriptyline hcl tabs</i> | 1 | MO; * |
| <i>trimipramine maleate caps</i> | 1 | AL(Up to 64 yrs old); MO; * |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| <i>acarbose tabs</i> | 1 | QL(3 ea daily); MO; * |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| INVOKAMET XR TB24 50 MG-500 MG | 2 | SL(4 ea daily); MO; + |
| JANUMET TABS | 2 | SL(2 ea daily); MO; + |
| JANUMET XR TB24 100 MG-1000 MG | 2 | SL(1 ea daily); MO; + |
| JANUMET XR TB24 50 MG-500 MG, 50 MG-1000 MG | 2 | SL(2 ea daily); MO; + |
| JENTADUETO TABS | 2 | SL(2 ea daily); MO; + |
| JENTADUETO XR TB24 2.5 MG-1000 MG | 2 | SL(2 ea daily); MO; + |
| JENTADUETO XR TB24 5 MG-1000 MG | 2 | SL(1 ea daily); MO; + |
| KAZANO TABS | 3 | PA; SL(2 ea daily); MO; + |
| KOMBIGLYZE XR TB24 2.5 MG-1000 MG | 3 | PA; SL(2 ea daily); MO; + |
| KOMBIGLYZE XR TB24 5 MG-500 MG, 5 MG-1000 MG | 3 | PA; SL(1 ea daily); MO; + |
| OSENI TABS 12.5 MG-15 MG | 3 | PA; SL(2 ea daily); MO; + |
| OSENI TABS 12.5 MG-30 MG | 3 | PA; SL(1.5 ea daily); MO; + |
| OSENI TABS 25 MG-15 MG, 25 MG-30 MG, 25 MG-45 MG, 12.5 MG-45 MG | 3 | PA; SL(1 ea daily); MO; + |
| <i>pioglitazone hcl-glimepiride tabs</i> | 1 | SL(1.5 ea daily); MO; * |
| <i>pioglitazone hcl-metformin hcl tabs</i> | 1 | SL(3 ea daily); MO; * |
| SYNJARDY TABS 5 MG-1000 MG, 12.5 MG-1000 MG | 2 | SL(2 ea daily); MO; + |
| SYNJARDY TABS 5 MG-500 MG, 12.5 MG-500 MG | 2 | SL(4 ea daily); MO; + |
| SYNJARDY XR TB24 25 MG-1000 MG | 2 | SL(1 ea daily); MO; + |
| SYNJARDY XR TB24 5 MG-1000 MG, 10 MG-1000 MG, 12.5 MG-1000 MG | 2 | SL(2 ea daily); MO; + |
| XIGDUO XR TB24 10 MG-500 MG, 10 MG-1000 MG | 3 | SL(1 ea daily); MO; + |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>alogliptin benzoate tabs 6.25 mg</i> | 3 | PA; QL(4 ea daily); MO; + |
| JANUVIA TABS 100 MG | 2 | QL(1 ea daily); MO; + |
| JANUVIA TABS 25 MG | 2 | QL(4 ea daily); MO; + |
| JANUVIA TABS 50 MG | 2 | QL(2 ea daily); MO; + |
| NESINA TABS 12.5 MG | 3 | PA; QL(2 ea daily); MO; + |
| NESINA TABS 25 MG | 3 | PA; QL(1 ea daily); MO; + |
| NESINA TABS 6.25 MG | 3 | PA; QL(4 ea daily); MO; + |
| ONGLYZA TABS 2.5 MG | 3 | PA; QL(2 ea daily); MO; + |
| ONGLYZA TABS 5 MG | 3 | PA; QL(1 ea daily); MO; + |
| TRADJENTA TABS | 2 | QL(1 ea daily); MO; + |
| Dopamine Receptor Agonists - Antidiabetic | | |
| CYCLOSET TABS | 3 | QL(6 ea daily); MO; + |
| Incretin Mimetic Agents (GLP-1 Receptor) | | |
| BYDUREON BCISE AUJ | 2 | ST; MO; + |
| BYDUREON PEN PEN | 2 | ST; MO; + |
| BYDUREON SRER | 2 | ST; + |
| BYETTA SOPN | 2 | ST; MO; + |
| TRULICITY SOPN | 5 | ST; NDS;MO; + |
| VICTOZA SOPN | 2 | ST; QL(0.3 ml daily); MO; + |
| Insulin Sensitizing Agents | | |
| AVANDIA TABS 2 MG | 2 | SL(4 ea daily); MO; + |
| AVANDIA TABS 4 MG | 2 | SL(2 ea daily); MO; + |
| <i>pioglitazone hcl tabs 15 mg</i> | 1 | SL(3 ea daily); MO; * |
| <i>pioglitazone hcl tabs 30 mg</i> | 1 | SL(1.5 ea daily); MO; * |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| HUMULIN 70/30 KWIKPEN SUPN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| HUMULIN 70/30 SUSP | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| HUMULIN N KWIKPEN SUPN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| HUMULIN N SUSP | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| HUMULIN R SOLN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| HUMULIN R U-500 (CONCENTRATED) SOLN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| HUMULIN R U-500 KWIKPEN SOPN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| INSULIN ASPART FLEXPEN SOPN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| INSULIN ASPART PENFILL SOCT | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| INSULIN ASPART SOLN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| INSULIN LISPRO JUNIOR KWIKPEN SOPN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| LANTUS SOLN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| LANTUS SOLOSTAR SOPN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| LEVEMIR FLEXTOUCH SOPN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| LEVEMIR SOLN | 2 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN 70/30 FLEXPEN RELION SUPN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN 70/30 FLEXPEN SUPN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN 70/30 RELION SUSP | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN 70/30 SUSP | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN N FLEXPEN RELION SUPN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN N FLEXPEN SUPN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN N RELION SUSP | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN N SUSP | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN R RELION SOLN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |
| NOVOLIN R SOLN | 3 | Limit 45mls per month;QL(1.5 ml daily); MO; + |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Sodium-Glucose Co-Transporter 2 (SGLT2) | | |
| FARXIGA TABS | 3 | MO; + |
| INVOKANA TABS | 2 | MO; + |
| JARDIANCE TABS | 2 | MO; + |
| Sulfonylureas | | |
| <i>glimepiride tabs 1 mg</i> | 1 | AL(Up to 64 yrs old); SL(8 ea daily); MO; * |
| <i>glimepiride tabs 2 mg</i> | 1 | AL(Up to 64 yrs old); SL(4 ea daily); MO; * |
| <i>glimepiride tabs 4 mg</i> | 1 | AL(Up to 64 yrs old); SL(2 ea daily); MO; * |
| <i>glipizide tabs 10 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>glipizide tabs 5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>glipizide tb24 10 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>glipizide tb24 2.5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>glipizide tb24 5 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>glyburide micronized tabs 1.5 mg</i> | 1 | AL(Up to 64 yrs old); SL(8 ea daily); MO; * |
| <i>glyburide micronized tabs 3 mg</i> | 1 | AL(Up to 64 yrs old); SL(4 ea daily); MO; * |
| <i>glyburide micronized tabs 6 mg</i> | 1 | AL(Up to 64 yrs old); SL(2 ea daily); MO; * |
| <i>glyburide tabs 1.25 mg</i> | 1 | AL(Up to 64 yrs old); SL(16 ea daily); MO; * |
| <i>glyburide tabs 2.5 mg</i> | 1 | AL(Up to 64 yrs old); SL(8 ea daily); MO; * |
| <i>glyburide tabs 5 mg</i> | 1 | AL(Up to 64 yrs old); SL(4 ea daily); MO; * |
| <i>tolbutamide tabs</i> | 1 | SL(6 ea daily); MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antidiarrheal - Chloride Channel Antagonists | | |
| MYTESI TBEC | 3 | PA; QL(2 ea daily); MO; + |
| Antiperistaltic Agents | | |
| <i>diphenoxylate w/ atropine tabs</i> | 1 | MO; * |
| <i>loperamide hcl caps</i> | 1 | RX/OTC; MO; * |
| MOTOFEN TABS | 3 | MO; + |
| <i>opium tincture tinc</i> | 5 | NDS;MO; + |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET CAPS | 3 | MO; + |
| <i>deferasirox tabs</i> | 5 | NDS; + |
| <i>deferasirox tbso</i> | 5 | NDS; + |
| FERRIPROX TABS 500 MG, 1000 MG | 5 | PA; NDS;LA; MO; + |
| JADENU SPRINKLE PACK | 5 | NDS; + |
| JADENU TABS 180 MG (<i>deferasirox</i>) | 5 | NDS; + |
| Antidotes and Specific Antagonists | | |
| VISTOGARD PACK | 5 | NDS;MO; + |
| Opioid Antagonists | | |
| EVZIO SOAJ 2 MG/0.4ML | 3 | PA; MO; + |
| <i>naloxone hcl sosy 2 mg/2ml</i> | 1 | * |
| <i>naltrexone hcl tabs</i> | 1 | MO; * |
| NARCAN LIQD | 3 | 1box=15DS, 2boxes=30DS, Max 4 ea/month;QL(0.134 ea daily); MO; + |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungal - Glucan Synthesis Inhibitors | | |
| ERAXIS SOLR | 4 | + |
| <i>micafungin sodium solr 100 mg</i> | 5 | NDS; + |
| <i>micafungin sodium solr 50 mg</i> | 5 | NDS;MO; + |
| MYCAMINE SOLR 100 MG (<i>micafungin sodium</i>) | 5 | NDS; + |
| MYCAMINE SOLR 50 MG (<i>micafungin sodium</i>) | 5 | NDS;MO; + |
| Antifungals | | |
| ABELCET SUSP | 4 | PA; + |
| AMBISOME SUSR | 4 | PA; + |
| AMPHOTERICIN B SOLR | 4 | PA; MO; + |
| <i>flucytosine caps</i> | 1 | MO; * |
| <i>griseofulvin microsize susp</i> | 1 | MO; * |
| <i>griseofulvin microsize tabs</i> | 1 | MO; * |
| <i>griseofulvin ultramicrosize tabs</i> | 1 | MO; * |
| <i>nystatin tabs</i> | 1 | MO; * |
| <i>terbinafine hcl tabs</i> | 1 | MO; * |
| Imidazole-Related Antifungals | | |
| CRESEMBA CAPS OR 186 MG | 5 | NDS;MO; + |
| CRESEMBA SOLR IV 372 MG | 5 | NDS; + |
| <i>fluconazole in dextrose soln</i> | 4 | + |
| <i>fluconazole in nacl soln 200 mg/100ml-0.9 %, 400 mg/200ml-0.9 %</i> | 4 | + |
| <i>fluconazole susr</i> | 1 | MO; * |
| <i>fluconazole tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>itraconazole caps 100 mg</i> | 1 | MO; * |
| <i>itraconazole soln 10 mg/ml</i> | 5 | NDS;MO; + |
| <i>ketoconazole tabs</i> | 1 | MO; * |
| NOXAFIL SOLN IV 300 MG/16.7ML | 5 | NDS; + |
| NOXAFIL SUSP OR 40 MG/ML | 5 | NDS;MO; + |
| <i>posaconazole tbec</i> | 5 | NDS;MO; + |
| TOLSURA CAPS | 5 | PA; NDS;MO; + |
| <i>voriconazole solr iv 200 mg</i> | 1 | * |
| <i>voriconazole susr or 40 mg/ml</i> | 1 | MO; * |
| <i>voriconazole tabs or 50 mg, 200 mg</i> | 5 | NDS;MO; + |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Ethanolamines | | |
| <i>carbinoxamine maleate soln 4 mg/5ml</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>carbinoxamine maleate tabs 4 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>clemastine fumarate tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>diphenhydramine hcl soln ij 50 mg/ml</i> | 4 | MO; + |
| Antihistamines - Non-Sedating | | |
| <i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i> | 1 | RX/OTC; MO; * |
| <i>desloratadine tabs</i> | 1 | MO; * |
| <i>desloratadine tbdp</i> | 1 | MO; * |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i> | 1 | RX/OTC; MO; * |
| <i>levocetirizine dihydrochloride tabs 5 mg</i> | 1 | RX/OTC; MO; * |
| Antihistamines - Phenothiazines | | |
| <i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i> | 4 | AL(Up to 64 yrs old); MO; + |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| <i>colestipol hcl tabs</i> | 1 | MO; * |
| Fibric Acid Derivatives | | |
| ANTARA CAPS 30 MG | 3 | SL(4.33 ea daily); MO; + |
| ANTARA CAPS 90 MG | 3 | SL(1.44 ea daily); MO; + |
| <i>choline fenofibrate cpdr</i> | 1 | MO; * |
| FENOFIBRATE CAPS 50 MG, 150 MG | 3 | MO; + |
| <i>fenofibrate micronized caps 130 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>fenofibrate micronized caps 43 mg</i> | 1 | SL(3.02 ea daily); MO; * |
| <i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i> | 1 | MO; * |
| <i>fenofibrate tabs 40 mg, 48 mg, 54 mg, 120 mg, 145 mg, 160 mg</i> | 1 | MO; * |
| FENOFIBRIC ACID TABS | 3 | + |
| FIBRICOR TABS 35 MG, 105 MG | 3 | + |
| <i>gemfibrozil tabs</i> | 1 | MO; * |
| LIPOFEN CAPS | 3 | MO; + |
| HMG CoA Reductase Inhibitors | | |
| ALTOPREV TB24 | 3 | MO; + |
| <i>atorvastatin calcium tabs</i> | 1 | MO; * |
| <i>fluvastatin sodium caps 20 mg</i> | 1 | QL(3 ea daily); MO; * |
| <i>fluvastatin sodium caps 40 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>fluvastatin sodium tb24 80 mg</i> | 1 | MO; * |
| LIVALO TABS | 3 | MO; + |
| <i>lovastatin tabs 10 mg, 20 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>lovastatin tabs 40 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>pravastatin sodium tabs</i> | 1 | QL(1 ea daily); MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>rosuvastatin calcium tabs</i> | 1 | QL(1 ea daily); MO; * |
| <i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>simvastatin tabs 80 mg</i> | 1 | SL(1 ea daily); MO; * |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe tabs</i> | 1 | QL(1 ea daily); MO; * |
| Microsomal Triglyceride Transfer Protein (MTP) | | |
| JUXTAPID CAPS 10 MG | 5 | PA; NDS;SL(6 ea daily); LA; MO; + |
| JUXTAPID CAPS 20 MG | 5 | PA; NDS;SL(3 ea daily); LA; MO; + |
| JUXTAPID CAPS 30 MG | 5 | PA; NDS;SL(2 ea daily); LA; MO; + |
| JUXTAPID CAPS 40 MG | 5 | PA; NDS;SL(1.5 ea daily); LA; MO; + |
| JUXTAPID CAPS 5 MG | 5 | PA; NDS;SL(12 ea daily); LA; MO; + |
| JUXTAPID CAPS 60 MG | 5 | PA; NDS;SL(1 ea daily); LA; MO; + |
| Nicotinic Acid Derivatives | | |
| <i>niacin (antihyperlipidemic) tbc</i> | 1 | MO; * |
| Proprotein Convertase Subtilisin/Kexin Type 9 | | |
| PRALUENT SOAJ 150 MG/ML | 4 | PA; Limit 2mls per 28 days;SL(0.08 ml daily); MO; + |
| PRALUENT SOAJ 75 MG/ML | 4 | PA; Limit 4mls per 28 days;SL(0.15 ml daily); MO; + |
| REPATHA PUSHTRONEX SYSTEM SOCT | 4 | PA; MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| REPATHA SOSY | 4 | PA; MO; + |
| REPATHA SURECLICK SOAJ | 4 | PA; MO; + |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| <i>benazepril hcl tabs</i> | 1 | MO; * |
| <i>captopril tabs</i> | 1 | MO; * |
| <i>enalapril maleate tabs 10 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>enalapril maleate tabs 2.5 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>enalapril maleate tabs 20 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>enalapril maleate tabs 5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>fosinopril sodium tabs</i> | 1 | MO; * |
| <i>lisinopril tabs</i> | 1 | MO; * |
| <i>moexipril hcl tabs</i> | 1 | MO; * |
| <i>perindopril erbumine tabs 2 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>perindopril erbumine tabs 4 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>perindopril erbumine tabs 8 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>quinapril hcl tabs</i> | 1 | MO; * |
| <i>ramipril caps</i> | 1 | MO; * |
| <i>trandolapril tabs</i> | 1 | MO; * |
| Agents for Pheochromocytoma | | |
| DEMSEER CAPS | 5 | NDS;MO; + |
| <i>phenoxybenzamine hcl caps</i> | 1 | MO; * |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan cilexetil tabs</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| EDARBI TABS | 3 | QL(1 ea daily); MO; + |
| <i>eprosartan mesylate tabs</i> | 1 | * |
| <i>irbesartan tabs</i> | 1 | MO; * |
| <i>losartan potassium tabs</i> | 1 | MO; * |
| <i>olmesartan medoxomil tabs</i> | 1 | MO; * |
| <i>telmisartan tabs</i> | 1 | MO; * |
| <i>valsartan tabs</i> | 1 | MO; * |
| Antiadrenergic Antihypertensives | | |
| <i>clonidine hcl tabs</i> | 1 | MO; * |
| <i>clonidine ptwk</i> | 1 | MO; * |
| <i>doxazosin mesylate tabs</i> | 1 | MO; * |
| <i>guanfacine hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>methyldopa tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>prazosin hcl caps</i> | 1 | MO; * |
| <i>terazosin hcl caps</i> | 1 | MO; * |
| Antihypertensive Combinations | | |
| <i>amlodipine besylate-benazepril hcl caps</i> | 1 | MO; * |
| <i>amlodipine besylate-olmesartan medoxomil tabs</i> | 1 | MO; * |
| <i>amlodipine besylate-valsartan tabs 160 mg-5 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>amlodipine besylate-valsartan tabs 320 mg-5 mg, 160 mg-10 mg, 320 mg-10 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>amlodipine-valsartan-hydrochlorothiazide tabs 160 mg-5 mg-12.5 mg</i> | 1 | SL(2 ea daily); MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| <i>amlodipine-valsartan-hydrochlorothiazide tabs 160 mg-5 mg-25 mg, 160 mg-10 mg-25 mg, 320 mg-10 mg-25 mg, 160 mg-10 mg-12.5 mg</i> | 1 | SL(1 ea daily); MO; * |
| <i>atenolol & chlorthalidone tabs</i> | 1 | MO; * |
| <i>benazepril & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>bisoprolol & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>candesartan cilexetil-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>captopril & hydrochlorothiazide tabs</i> | 1 | MO; * |
| EDARBYCLOR TABS | 3 | QL(1 ea daily); MO; + |
| <i>enalapril maleate & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>fosinopril sodium & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>irbesartan-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>lisinopril & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>losartan potassium & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>metoprolol & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>nadolol & bendroflumethiazide tabs</i> | 1 | * |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>olmesartan medoxomil-hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>propranolol & hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>quinapril-hydrochlorothiazide tabs</i> | 1 | MO; * |
| TEKTURNA HCT TABS | 2 | MO; + |
| <i>telmisartan-amlodipine tabs</i> | 1 | MO; * |
| <i>telmisartan-hydrochlorothiazide tabs</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| <i>trandolapril-verapamil hcl tbc</i> 2 mg-240 mg, 4 mg-240 mg | 1 | MO; * |
| <i>valsartan-hydrochlorothiazide tabs</i> 160 mg-25 mg, 320 mg-25 mg, 320 mg-12.5 mg | 1 | SL(1 ea daily); MO; * |
| <i>valsartan-hydrochlorothiazide tabs</i> 80 mg-12.5 mg, 160 mg-12.5 mg | 1 | SL(2 ea daily); MO; * |
| Direct Renin Inhibitors | | |
| <i>aliskiren fumarate tabs</i> | 1 | MO; * |
| Selective Aldosterone Receptor Antagonists | | |
| <i>eplerenone tabs</i> | 1 | MO; * |
| Vasodilators | | |
| <i>hydralazine hcl tabs</i> or 10 mg, 25 mg, 50 mg, 100 mg | 1 | MO; * |
| <i>minoxidil tabs</i> | 1 | MO; * |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| <i>atovaquone-proguanil hcl tabs</i> | 1 | MO; * |
| COARTEM TABS | 3 | MO; + |
| Antimalarials | | |
| <i>chloroquine phosphate tabs</i> 250 mg, 500 mg | 1 | MO; * |
| DARAPRIM TABS (<i>pyrimethamine</i>) | 3 | MO; + |
| <i>hydroxychloroquine sulfate tabs</i> | 1 | MO; * |
| KRINTAFEL TABS | 3 | QL(0.067 ea daily); + |
| <i>mefloquine hcl tabs</i> | 1 | MO; * |
| <i>primaquine phosphate tabs</i> | 1 | MO; * |
| PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>) | 3 | MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| <i>pyrimethamine tabs</i> | 1 | MO; * |
| <i>quinine sulfate caps</i> | 1 | PA; MO; * |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| FIRDAPSE TABS | 5 | PA; NDS; SL(8 ea daily); LA; MO; + |
| GUANIDINE HCL TABS | 2 | + |
| <i>pyridostigmine bromide tabs</i> 60 mg | 1 | MO; * |
| <i>pyridostigmine bromide tbc</i> 180 mg | 1 | MO; * |
| RUZURGI TABS | 5 | PA; NDS; SL(10 ea daily); MO; + |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Anti TB Combinations | | |
| <i>isoniazid & rifampin caps</i> | 1 | MO; * |
| RIFATER TABS | 3 | MO; + |
| Antimycobacterial Agents | | |
| <i>aminosalicylic acid pack</i> | 1 | MO; * |
| CAPASTAT SULFATE SOLR | 4 | + |
| <i>ethambutol hcl tabs</i> | 1 | MO; * |
| <i>isoniazid tabs</i> or 100 mg, 300 mg | 1 | MO; * |
| PRETOMANID TABS | 3 | PA; + |
| PRIFTIN TABS | 3 | MO; + |
| <i>pyrazinamide tabs</i> | 1 | MO; * |
| <i>rifabutin caps</i> | 5 | NDS; MO; + |
| <i>rifampin caps</i> or 150 mg, 300 mg | 1 | MO; * |
| <i>rifampin solr iv</i> 600 mg | 4 | + |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>thiotepa solr 15 mg</i> | 5 | NDS; + |
| TREANDA SOLR | 5 | NDS; + |
| YONDELIS SOLR | 5 | NDS;LA; + |
| ZANOSAR SOLR | 4 | MO; + |
| Antimetabolites | | |
| ALIMTA SOLR | 5 | NDS; + |
| ARRANON SOLN | 5 | NDS; + |
| <i>azacitidine susr</i> | 5 | NDS; + |
| <i>cladribine soln</i> | 4 | PA; + |
| <i>clofarabine soln</i> | 4 | + |
| <i>cytarabine soln</i> | 4 | PA; + |
| CYTARABINEAQUEOUS SOLN | 4 | PA; + |
| <i>decitabine solr</i> | 1 | * |
| <i>fludarabine phosphate solr 50 mg</i> | 1 | * |
| <i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml, 500 mg/10ml</i> | 4 | PA; + |
| FOLOTYN SOLN | 5 | NDS; + |
| <i>gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i> | 5 | NDS; + |
| <i>gemcitabine hcl solr 1 gm, 2 gm</i> | 1 | * |
| <i>gemcitabine hcl solr 200 mg</i> | 5 | NDS; + |
| GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML | 3 | + |
| GEMCITABINE SOLN (<i>gemcitabine hcl</i>) | 5 | NDS; + |
| INFUGEM SOLN | 5 | NDS; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>mercaptopurine tabs</i> | 1 | MO; * |
| <i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i> | 4 | + |
| METHOTREXATE SODIUM SOLN IJ 250 MG/10ML | 4 | + |
| <i>methotrexate sodium solr ij 1 gm</i> | 4 | + |
| <i>methotrexate sodium tabs or 5 mg, 10 mg, 15 mg, 2.5 mg, 7.5 mg</i> | 1 | MO; * |
| PURIXAN SUSP | 5 | PA; NDS; + |
| TABLOID TABS | 2 | MO; + |
| XATMEP SOLN | 3 | PA; MO; + |
| Antineoplastic - Angiogenesis Inhibitors | | |
| AVASTIN SOLN | 5 | PA; NDS; + |
| CYRAMZA SOLN | 5 | NDS;LA; + |
| MVASI SOLN | 5 | NDS; + |
| ZALTRAP SOLN | 5 | PA; NDS; + |
| ZIRABEV SOLN | 5 | NDS; + |
| Antineoplastic - Antibodies | | |
| ARZERRA CONC | 5 | NDS; + |
| BAVENCIO SOLN | 5 | NDS;LA; + |
| BESPONSA SOLR | 5 | NDS; + |
| BLINCYTO SOLR | 5 | NDS; + |
| CAMPATH SOLN | 5 | NDS; + |
| DARZALEX SOLN | 5 | NDS;LA; + |
| EMPLICITI SOLR | 5 | NDS; + |
| ENHERTU SOLR | 5 | NDS; + |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------|-----------|-----------------------|
| ERBITUX SOLN | 5 | NDS; + |
| GAZYVA SOLN | 5 | NDS;LA; + |
| HERCEPTIN SOLR | 5 | PA; NDS; + |
| IMFINZI SOLN | 5 | NDS;LA; + |
| KADCYLA SOLR | 5 | PA; NDS; + |
| KANJINTI SOLR | 5 | NDS; + |
| KEYTRUDA SOLN | 5 | PA; NDS; + |
| LARTRUVO SOLN | 5 | NDS;LA; MO; + |
| LIBTAYO SOLN | 5 | NDS;LA; MO; + |
| LUMOXITI SOLR | 5 | NDS;LA; + |
| MYLOTARG SOLR | 5 | NDS; + |
| OGIVRI SOLR | 5 | NDS; + |
| OPDIVO SOLN | 5 | NDS; + |
| PADCEV SOLR 20 MG | 5 | NDS;SL(7 ea daily); + |
| PADCEV SOLR 30 MG | 5 | NDS;SL(5 ea daily); + |
| PERJETA SOLN | 5 | NDS; + |
| POLIVY SOLR | 5 | NDS; + |
| PORTRAZZA SOLN | 5 | NDS; + |
| POTELIGEO SOLN | 5 | NDS; + |
| RITUXAN SOLN | 5 | PA; NDS; + |
| RUXIENCE SOLN | 5 | NDS; + |
| SARCLISA SOLN | 5 | NDS; + |
| TECENTRIQ SOLN | 5 | PA; NDS; + |
| TRAZIMERA SOLR | 5 | NDS; + |
| TRUXIMA SOLN | 5 | NDS; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VECTIBIX SOLN | 5 | NDS; + |
| YERVOY SOLN | 5 | PA; NDS; + |
| Antineoplastic - BCL-2 Inhibitors | | |
| VENCLEXTA STARTING PACK TBPK | 3 | PA; LA; MO; + |
| VENCLEXTA TABS | 3 | PA; LA; MO; + |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO TABS | 5 | PA; NDS; + |
| ERIVEDGE CAPS | 5 | NDS;LA; + |
| ODOMZO CAPS | 5 | PA; NDS;LA; + |
| Antineoplastic - Hormonal and Related Agents | | |
| <i>abiraterone acetate tabs</i> | 5 | PA; NDS; + |
| <i>anastrozole tabs</i> | 1 | MO; * |
| <i>bicalutamide tabs</i> | 1 | MO; * |
| DEPO-PROVERA SUSP | 4 | MO; + |
| ELIGARD KIT | 4 | + |
| EMCYT CAPS | 3 | MO; + |
| ERLEADA TABS | 5 | PA; NDS; + |
| <i>exemestane tabs</i> | 1 | MO; * |
| FASLODEX SOLN (<i>fulvestrant</i>) | 5 | NDS;MO; + |
| FENSOLVI KIT | 4 | + |
| FIRMAGON SOLR 120 MG/VIAL | 5 | NDS; + |
| FIRMAGON SOLR 80 MG | 4 | + |
| <i>flutamide caps</i> | 1 | MO; * |
| <i>fulvestrant soln</i> | 5 | NDS;MO; + |
| FULVESTRANT SOLN | 5 | NDS;MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML | 5 | NDS; + |
| <i>letrozole tabs</i> | 1 | MO; * |
| <i>leuprolide acetate kit</i> | 4 | + |
| LUPRON DEPOT (1-MONTH) KIT 3.75 MG | 4 | + |
| LUPRON DEPOT (1-MONTH) KIT 7.5 MG | 5 | NDS; + |
| LUPRON DEPOT (3-MONTH) KIT | 5 | NDS; + |
| LUPRON DEPOT (4-MONTH) KIT | 5 | NDS; + |
| LUPRON DEPOT (6-MONTH) KIT | 5 | NDS; + |
| LYSODREN TABS | 2 | + |
| <i>megestrol acetate susp</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>megestrol acetate tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>nilutamide tabs</i> | 1 | MO; * |
| NUBEQA TABS | 5 | PA; NDS; + |
| SOLTAMOX SOLN | 3 | MO; + |
| <i>tamoxifen citrate tabs</i> | 1 | MO; * |
| <i>toremifene citrate tabs</i> | 5 | NDS;MO; + |
| TRELSTAR MIXJECT SUSR 22.5 MG | 5 | NDS; + |
| TRELSTAR MIXJECT SUSR 3.75 MG, 11.25 MG | 4 | + |
| VANTAS KIT | 5 | NDS; + |
| XTANDI CAPS | 5 | PA; NDS;LA; + |
| YONSA TABS | 5 | PA; NDS; + |
| ZOLADEX IMPL | 3 | + |
| ZYTIGA TABS 500 MG | 5 | PA; NDS; + |
| Antineoplastic - Immunomodulators | | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| POMALYST CAPS | 5 | NDS;LA; + |
| Antineoplastic - XPO1 Inhibitors | | |
| XPOVIO 100 MG ONCE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 60 MG ONCE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 80 MG ONCE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| XPOVIO 80 MG TWICE WEEKLY TBPB | 5 | PA; NDS;MO; + |
| Antineoplastic Antibiotics | | |
| ADRIAMYCIN SOLR | 4 | + |
| <i>bleomycin sulfate solr</i> | 4 | PA; + |
| <i>dactinomycin solr</i> | 4 | + |
| <i>daunorubicin hcl soln</i> | 4 | + |
| DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (<i>daunorubicin hcl</i>) | 4 | + |
| DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML | 5 | NDS; + |
| <i>doxorubicin hcl liposomal inj</i> | 1 | * |
| <i>doxorubicin hcl soln 2 mg/ml</i> | 4 | + |
| <i>doxorubicin hcl solr 50 mg</i> | 4 | + |
| <i>epirubicin hcl soln</i> | 4 | + |
| <i>idarubicin hcl soln</i> | 4 | + |
| <i>mitomycin solr</i> | 4 | + |
| <i>mitoxantrone hcl conc</i> | 1 | * |
| <i>valrubicin soln</i> | 5 | NDS; + |
| VALSTAR SOLN (<i>valrubicin</i>) | 5 | NDS; + |
| Antineoplastic Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| HERCEPTIN HYLECTA SOLN | 5 | NDS; + |
| KISQALI FEMARA 200 DOSE TBPB | 5 | PA; NDS; + |
| KISQALI FEMARA 400 DOSE TBPB | 5 | PA; NDS; + |
| KISQALI FEMARA 600 DOSE TBPB | 5 | PA; NDS; + |
| LONSURF TABS | 5 | PA; NDS; + |
| RITUXAN HYCELA SOLN | 5 | NDS; + |
| VYXEOS SUSR | 5 | NDS;MO; + |
| Antineoplastic Enzyme Inhibitors | | |
| AFINITOR DISPERZ TBSO | 5 | PA; NDS; + |
| AFINITOR TABS 10 MG | 5 | PA; NDS; + |
| ALECENSA CAPS | 5 | PA; NDS;LA; + |
| ALIQOPA SOLR | 5 | NDS;MO; + |
| ALUNBRIG TABS | 5 | PA; NDS;LA; + |
| ALUNBRIG TBPB | 5 | PA; NDS;LA; + |
| AYVAKIT TABS | 5 | PA; NDS;MO; + |
| BALVERSA TABS | 5 | PA; NDS;LA; MO; + |
| BELEODAQ SOLR | 5 | PA; NDS; + |
| BORTEZOMIB SOLR | 5 | NDS; + |
| BOSULIF TABS | 5 | PA; NDS; + |
| BRAFTOVI CAPS 75 MG | 5 | PA; NDS;MO; + |
| BRUKINSA CAPS | 5 | PA; NDS;MO; + |
| CABOMETYX TABS | 5 | PA; NDS; + |
| CALQUENCE CAPS | 5 | PA; NDS;LA; MO; + |
| CAPRELSA TABS | 5 | PA; NDS;LA; MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| COMETRIQ KIT | 5 | PA; NDS;LA; + |
| COPIKTRA CAPS | 5 | PA; NDS;MO; + |
| COTELLIC TABS | 5 | PA; NDS;LA; + |
| <i>erlotinib hcl tabs 100 mg, 150 mg</i> | 1 | PA; * |
| <i>erlotinib hcl tabs 25 mg</i> | 1 | PA; MO; * |
| <i>everolimus tabs</i> | 5 | PA; NDS; + |
| FARYDAK CAPS | 5 | PA; NDS;LA; + |
| GILOTRIF TABS | 5 | PA; NDS;LA; MO; + |
| IBRANCE CAPS | 5 | NDS;LA; + |
| IBRANCE TABS | 5 | NDS;LA; + |
| ICLUSIG TABS | 5 | PA; NDS;LA; MO; + |
| IDHIFA TABS | 5 | PA; NDS; + |
| <i>imatinib mesylate tabs</i> | 1 | PA; * |
| IMBRUVICA CAPS | 5 | PA; NDS;LA; MO; + |
| IMBRUVICA TABS | 5 | PA; NDS;LA; MO; + |
| INLYTA TABS | 5 | PA; NDS;LA; + |
| INREBIC CAPS | 5 | PA; NDS;LA; + |
| IRESSA TABS | 5 | NDS;LA; MO; + |
| ISTODAX (OVERFILL) SOLR | 5 | NDS; + |
| JAKAFI TABS | 5 | PA; NDS;LA; + |
| KISQALI TBPK | 5 | PA; NDS; + |
| KYPROLIS SOLR | 5 | NDS; + |
| LENVIMA 10 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 12MG DAILY DOSE CPPK | 5 | PA; NDS; + |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|-----------|---------------------|
| LENVIMA 14 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 18 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 20 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 24 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 4 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LENVIMA 8 MG DAILY DOSE CPPK | 5 | PA; NDS; + |
| LORBRENA TABS | 5 | PA; NDS; + |
| LYNPARZA TABS 100 MG, 150 MG | 5 | PA; NDS;LA; + |
| MEKINIST TABS | 5 | PA; NDS; + |
| MEKTOVI TABS | 5 | PA; NDS; + |
| NERLYNX TABS | 5 | PA; NDS;LA; + |
| NEXAVAR TABS | 5 | NDS;LA; + |
| NINLARO CAPS | 5 | PA; NDS; + |
| PIQRAY 200MG DAILY DOSE TBPK | 5 | PA; NDS; + |
| PIQRAY 250MG DAILY DOSE TBPK | 5 | PA; NDS; + |
| PIQRAY 300MG DAILY DOSE TBPK | 5 | PA; NDS; + |
| ROMIDEPSIN SOLN 27.5 MG/5.5ML | 5 | NDS; + |
| ROMIDEPSIN SOLR 10 MG | 5 | NDS; + |
| ROZLYTREK CAPS | 5 | PA; NDS; + |
| RUBRACA TABS | 5 | PA; NDS;LA; + |
| RYDAPT CAPS | 5 | PA; NDS; + |
| SPRYCEL TABS | 5 | PA; NDS; + |
| STIVARGA TABS | 5 | PA; NDS;LA; + |
| SUTENT CAPS | 5 | NDS; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|-----------|---------------------|
| TAFINLAR CAPS | 5 | NDS; + |
| TAGRISSO TABS | 5 | PA; NDS;LA; + |
| TALZENNA CAPS | 5 | PA; NDS; + |
| TASIGNA CAPS | 5 | PA; NDS; + |
| TAZVERIK TABS | 5 | PA; NDS;MO; + |
| <i>temsirolimus soln</i> | 5 | NDS; + |
| TIBSOVO TABS | 5 | PA; NDS;LA; + |
| TURALIO CAPS | 5 | PA; NDS;LA; MO; + |
| TYKERB TABS | 5 | NDS; + |
| VELCADE SOLR | 5 | NDS; + |
| VERZENIO TABS | 5 | PA; NDS; + |
| VITRAKVI CAPS | 5 | PA; NDS; + |
| VITRAKVI SOLN | 5 | PA; NDS; + |
| VIZIMPRO TABS | 5 | PA; NDS; + |
| VOTRIENT TABS | 5 | PA; NDS; + |
| XALKORI CAPS | 5 | PA; NDS; + |
| XOSPATA TABS | 5 | PA; NDS;LA; MO; + |
| ZEJULA CAPS | 5 | PA; NDS;LA; MO; + |
| ZELBORAF TABS | 5 | PA; NDS;LA; + |
| ZOLINZA CAPS | 5 | NDS; + |
| ZYDELIG TABS | 5 | PA; NDS;LA; + |
| ZYKADIA CAPS | 5 | PA; NDS;LA; + |
| ZYKADIA TABS | 5 | PA; NDS;LA; + |
| Antineoplastic Enzymes | | |
| ERWINAZE SOLR | 5 | NDS;MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ONCASPAR SOLN | 5 | NDS; + |
| Antineoplastics Misc. | | |
| ACTIMMUNE SOLN | 5 | NDS;LA; + |
| <i>arsenic trioxide soln</i> | 5 | NDS; + |
| <i>bexarotene caps</i> | 5 | NDS; + |
| DACARBAZINE SOLR 100 MG | 4 | + |
| <i>dacarbazine solr 200 mg</i> | 4 | + |
| <i>hydroxyurea caps</i> | 1 | MO; * |
| INTRON A SOLN 10 MU/ML | 5 | NDS; + |
| INTRON A SOLN 6000000 UNIT/ML | 4 | + |
| INTRON A SOLR 10 MU, 18 MU, 50 MU | 5 | NDS; + |
| MATULANE CAPS | 5 | NDS;LA; + |
| NIPENT SOLR | 4 | + |
| PROLEUKIN SOLR | 5 | NDS; + |
| SYLATRON KIT | 5 | NDS; + |
| SYNRIBO SOLR | 5 | NDS;MO; + |
| TICE BCG SUSR | 5 | NDS; + |
| <i>tretinoin (chemotherapy) caps</i> | 5 | NDS;MO; + |
| Chemotherapy Adjuncts | | |
| ELITEK SOLR | 5 | NDS; + |
| KEPIVANCE SOLR | 5 | NDS; + |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>dexrazoxane hcl solr</i> | 4 | + |
| KHAPZORY SOLR | 5 | NDS; + |
| <i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i> | 4 | + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>leucovorin calcium tabs or 5 mg, 10 mg, 15 mg, 25 mg</i> | 1 | MO; * |
| <i>levoleucovorin calcium soln 250 mg/25ml, 175 mg/17.5ml</i> | 5 | NDS; + |
| <i>levoleucovorin calcium solr 50 mg</i> | 4 | + |
| <i>mesna soln</i> | 4 | + |
| MESNEX TABS OR 400 MG | 5 | NDS;MO; + |
| Mitotic Inhibitors | | |
| ABRAXANE SUSR | 5 | NDS;MO; + |
| <i>docetaxel conc 20 mg/ml, 80 mg/4ml</i> | 5 | NDS; + |
| <i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i> | 5 | NDS; + |
| ETOPOPHOS SOLR | 4 | + |
| <i>etoposide soln</i> | 4 | + |
| HALAVEN SOLN | 5 | NDS; + |
| IXEMPRA KIT SOLR | 5 | NDS; + |
| JEVTANA SOLN | 5 | NDS; + |
| MARQIBO SUSP | 5 | NDS;MO; + |
| PACLITAXEL CONC 150 MG/25ML | 4 | + |
| <i>paclitaxel conc 6 mg/ml, 30 mg/5ml, 300 mg/50ml, 100 mg/16.7ml</i> | 4 | + |
| VINBLASTINE SULFATE SOLN | 4 | PA; MO; + |
| VINCRISTINE SULFATE SOLN | 4 | PA; MO; + |
| <i>vincristine sulfate soln</i> | 4 | PA; MO; + |
| <i>vinorelbine tartrate soln 10 mg/ml</i> | 4 | + |
| <i>vinorelbine tartrate soln 50 mg/5ml</i> | 4 | MO; + |
| Oncolytic Viral Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| IMLYGIC SUSP | 5 | NDS; 100000000 Unit/ML;MO; + |
| IMLYGIC SUSP | 4 | 1000000 Unit/ML;MO; + |
| Topoisomerase I Inhibitors | | |
| <i>irinotecan hcl soln 300 mg/15ml</i> | 4 | + |
| <i>irinotecan hcl soln 40 mg/2ml, 100 mg/5ml, 500 mg/25ml</i> | 1 | * |
| ONIVYDE INJ | 5 | NDS;MO; + |
| <i>topotecan hcl solr 4 mg</i> | 5 | NDS; + |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| <i>carbidopa tabs</i> | 1 | MO; * |
| Antiparkinson Anticholinergics | | |
| <i>benztropine mesylate soln ij 1 mg/ml</i> | 4 | MO; + |
| <i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>trihexyphenidyl hcl soln</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>trihexyphenidyl hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| Antiparkinson COMT Inhibitors | | |
| <i>entacapone tabs</i> | 1 | SL(8 ea daily); MO; * |
| <i>tolcapone tabs</i> | 1 | MO; * |
| Antiparkinson Dopaminergics | | |
| <i>amantadine hcl caps</i> | 1 | MO; * |
| <i>amantadine hcl syrup</i> | 1 | MO; * |
| <i>amantadine hcl tabs</i> | 1 | MO; * |
| APOKYN SOCT | 5 | NDS;LA; + |
| <i>bromocriptine mesylate caps</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| <i>bromocriptine mesylate tabs</i> | 1 | MO; * |
| <i>carbidopa-levodopa tabs</i> | 1 | MO; * |
| <i>carbidopa-levodopa tbc</i> | 1 | MO; * |
| <i>carbidopa-levodopa tbdp</i> | 1 | MO; * |
| CARBIDOPA/LEVODOPA/ENTACAPONE TABS | 3 | MO; + |
| DUOPA SUSP | 3 | B/D; MO; + |
| GOCOVRI CP24 | 5 | PA; NDS;MO; + |
| NEUPRO PT24 | 3 | MO; + |
| OSMOLEX ER TB24 129 MG, 193 MG, 258 MG | 3 | PA; SL(1 ea daily); MO; + |
| <i>pramipexole dihydrochloride tabs</i> | 1 | MO; * |
| <i>pramipexole dihydrochloride tb24</i> | 1 | MO; * |
| <i>ropinirole hydrochloride tabs</i> | 1 | MO; * |
| <i>ropinirole hydrochloride tb24</i> | 1 | MO; * |
| RYTARY CPCR | 3 | MO; + |
| STALEVO 100 TABS | 3 | MO; + |
| STALEVO 125 TABS | 3 | MO; + |
| STALEVO 150 TABS | 3 | MO; + |
| STALEVO 200 TABS | 3 | MO; + |
| STALEVO 50 TABS | 3 | MO; + |
| STALEVO 75 TABS | 3 | MO; + |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| <i>rasagiline mesylate tabs</i> | 1 | MO; * |
| <i>selegiline hcl caps</i> | 1 | MO; * |
| <i>selegiline hcl tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| ZELAPAR TBDP | 3 | MO; + |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| <i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i> | 1 | MO; * |
| <i>lithium carbonate tabs 300 mg</i> | 1 | MO; * |
| <i>lithium carbonate tbc 300 mg, 450 mg</i> | 1 | MO; * |
| LITHIUM SOLN | 2 | MO; + |
| Antipsychotics - Misc. | | |
| CAPLYTA CAPS | 5 | PA; NDS; + |
| EQUETRO CP12 | 3 | MO; + |
| GEODON SOLR IM 20 MG (<i>ziprasidone mesylate</i>) | 4 | MO; + |
| LATUDA TABS 120 MG | 5 | PA; NDS;SL(1.33 ea daily); MO; + |
| LATUDA TABS 20 MG | 5 | PA; NDS;SL(8 ea daily); MO; + |
| LATUDA TABS 40 MG | 5 | PA; NDS;SL(4 ea daily); MO; + |
| LATUDA TABS 60 MG | 5 | PA; NDS;SL(2.67 ea daily); MO; + |
| LATUDA TABS 80 MG | 5 | PA; NDS;SL(2 ea daily); MO; + |
| NUPLAZID CAPS | 5 | PA; NDS;LA; + |
| NUPLAZID TABS | 5 | PA; NDS;LA; + |
| VRAYLAR CAPS 1.5 MG | 3 | PA; SL(4 ea daily); MO; + |
| VRAYLAR CAPS 3 MG | 3 | PA; SL(2 ea daily); MO; + |
| VRAYLAR CAPS 4.5 MG | 3 | PA; SL(1.4 ea daily); MO; + |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|--|
| VRAYLAR CAPS 6 MG | 3 | PA; SL(1 ea daily); MO; + |
| VRAYLAR CPPK | 3 | PA; MO; + |
| <i>ziprasidone hcl caps</i> | 1 | MO; * |
| <i>ziprasidone mesylate solr</i> | 4 | MO; + |
| Benzisoxazoles | | |
| FANAPT TABS 1 MG, 2 MG, 4 MG, 10 MG | 3 | MO; + |
| FANAPT TABS 6 MG, 8 MG, 12 MG | 5 | NDS;MO; + |
| FANAPT TITRATION PACK TABS | 3 | MO; + |
| INVEGA SUSTENNA SUSY | 4 | MO; + |
| INVEGA TRINZA SUSY | 4 | + |
| <i>paliperidone tb24 1.5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>paliperidone tb24 3 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>paliperidone tb24 6 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>paliperidone tb24 9 mg</i> | 5 | NDS;SL(1.33 ea daily); MO; + |
| PERSERIS PRSY | 5 | PA; NDS; + |
| RISPERDAL CONSTA SRER 12.5 MG | 4 | Limit 8 vials per 28 days;SL(0.29 ea daily); MO; + |
| RISPERDAL CONSTA SRER 25 MG | 4 | Limit 4 vials per 28 days;SL(0.15 ea daily); MO; + |
| RISPERDAL CONSTA SRER 37.5 MG | 5 | NDS; Limit 4 vials per 42 days;SL(0.1 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| RISPERDAL CONSTA SRER 50 MG | 5 | NDS; Limit 2 vials per 28 days;SL(0.08 ea daily); MO; + |
| <i>risperidone soln</i> | 1 | MO; * |
| <i>risperidone tabs</i> | 1 | MO; * |
| <i>risperidone tbdp</i> | 1 | MO; * |
| Butyrophenones | | |
| <i>haloperidol decanoate soln</i> | 1 | MO; * |
| <i>haloperidol lactate conc</i> | 1 | MO; * |
| <i>haloperidol lactate soln</i> | 1 | MO; * |
| <i>haloperidol tabs</i> | 1 | MO; * |
| Dibenzapines | | |
| CLOZAPINE ODT TBDP 150 MG | 3 | + |
| CLOZAPINE ODT TBDP 200 MG | 5 | NDS; + |
| <i>clozapine tabs</i> | 1 | * |
| <i>clozapine tbdp</i> | 1 | * |
| CLOZARIL TABS 50 MG (<i>clozapine</i>) | 3 | + |
| FAZACLO TBDP 200 MG | 5 | NDS; + |
| <i>loxapine succinate caps</i> | 1 | MO; * |
| <i>olanzapine solr</i> | 1 | MO; * |
| <i>olanzapine tabs</i> | 1 | MO; * |
| <i>olanzapine tbdp</i> | 1 | MO; * |
| <i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i> | 1 | MO; * |
| <i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i> | 1 | PA; MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| SAPHRIS SUBL 10 MG | 5 | NDS;SL(2 ea daily); MO; + |
| SAPHRIS SUBL 2.5 MG | 3 | SL(8 ea daily); MO; + |
| SAPHRIS SUBL 5 MG | 3 | SL(4 ea daily); MO; + |
| SECUADO PT24 3.8 MG/24HR | 5 | PA; NDS;SL(2 ea daily); + |
| SECUADO PT24 5.7 MG/24HR | 5 | PA; NDS;SL(1.34 ea daily); + |
| SECUADO PT24 7.6 MG/24HR | 5 | PA; NDS;SL(1 ea daily); + |
| VERSACLOZ SUSP | 5 | PA; NDS;SL(18 ml daily); + |
| ZYPREXA RELPREVV SUSR | 4 | + |
| Dihydroindolones | | |
| <i>molindone hcl tabs</i> | 1 | * |
| Phenothiazines | | |
| CHLORPROMAZINE HCL SOLN IJ 25 MG/ML | 4 | MO; + |
| CHLORPROMAZINE HCL SOLN IJ 50 MG/2ML | 4 | + |
| <i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i> | 1 | MO; * |
| <i>fluphenazine decanoate soln</i> | 4 | MO; + |
| <i>fluphenazine hcl conc or 5 mg/ml</i> | 1 | MO; * |
| FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML | 4 | MO; + |
| <i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i> | 1 | MO; * |
| <i>perphenazine tabs</i> | 1 | MO; * |
| <i>prochlorperazine edisylate soln 10 mg/2ml</i> | 4 | MO; + |
| PROCHLORPERAZINE EDISYLATE SOLN 50 MG/10ML | 4 | + |
| <i>prochlorperazine maleate tabs</i> | 1 | MO; * |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| REXULTI TABS 3 MG | 5 | PA; NDS;SL(1.33 ea daily); MO; + |
| REXULTI TABS 4 MG | 5 | PA; NDS;SL(1 ea daily); MO; + |
| Thioxanthenes | | |
| <i>thiothixene caps</i> | 1 | MO; * |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |
| <i>abacavir sulfate soln</i> | 1 | MO; * |
| <i>abacavir sulfate tabs</i> | 1 | MO; * |
| <i>abacavir sulfate-lamivudine tabs</i> | 1 | MO; * |
| <i>abacavir sulfate-lamivudine-zidovudine tabs</i> | 5 | NDS;MO; + |
| APTIVUS CAPS 250 MG | 2 | MO; + |
| APTIVUS SOLN 100 MG/ML | 2 | + |
| <i>atazanavir sulfate caps</i> | 5 | NDS;MO; + |
| ATRIPLA TABS | 2 | MO; + |
| BIKTARVY TABS | 5 | NDS;MO; + |
| CIMDUO TABS | 5 | NDS;MO; + |
| COMPLERA TABS | 5 | NDS;MO; + |
| CRIXIVAN CAPS | 3 | MO; + |
| DELSTRIGO TABS | 5 | NDS;MO; + |
| DESCOVY TABS | 5 | NDS;MO; + |
| <i>didanosine cpdr</i> | 1 | MO; * |
| DOVATO TABS | 5 | NDS;MO; + |
| EDURANT TABS | 5 | NDS;MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|------------------------|
| <i>efavirenz caps</i> | 1 | MO; * |
| <i>efavirenz tabs</i> | 1 | MO; * |
| EMTRIVA CAPS | 3 | MO; + |
| EMTRIVA SOLN | 3 | MO; + |
| EVOTAZ TABS | 5 | NDS;MO; + |
| <i>fosamprenavir calcium tabs</i> | 5 | NDS;MO; + |
| FUZEON SOLR | 5 | NDS; + |
| GENVOYA TABS | 5 | NDS;MO; + |
| INTELENCE TABS 100 MG | 2 | MO; + |
| INTELENCE TABS 200 MG | 5 | NDS;MO; + |
| INTELENCE TABS 25 MG | 3 | + |
| INVIRASE CAPS | 5 | NDS;MO; + |
| INVIRASE TABS | 5 | NDS;MO; + |
| ISENTRESS CHEW 100 MG | 2 | SL(6 ea daily); MO; + |
| ISENTRESS CHEW 25 MG | 2 | SL(24 ea daily); MO; + |
| ISENTRESS HD TABS | 5 | NDS;MO; + |
| ISENTRESS PACK 100 MG | 3 | SL(2 ea daily); MO; + |
| ISENTRESS TABS 400 MG | 5 | NDS;MO; + |
| JULUCA TABS | 5 | NDS;MO; + |
| KALETRA TABS 100 MG-25 MG | 3 | MO; + |
| KALETRA TABS 200 MG-50 MG | 2 | MO; + |
| <i>lamivudine soln</i> | 1 | MO; * |
| <i>lamivudine tabs</i> | 1 | MO; * |
| <i>lamivudine-zidovudine tabs</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|-----------|---------------------|
| LEXIVA SUSP 50 MG/ML | 2 | MO; + |
| <i>lopinavir-ritonavir soln</i> | 1 | MO; * |
| <i>nevirapine susp 50 mg/5ml</i> | 1 | MO; * |
| <i>nevirapine tabs 200 mg</i> | 1 | MO; * |
| <i>nevirapine tb24 100 mg</i> | 1 | * |
| <i>nevirapine tb24 400 mg</i> | 1 | MO; * |
| NORVIR PACK 100 MG | 3 | MO; + |
| NORVIR SOLN 80 MG/ML | 2 | MO; + |
| ODEFSEY TABS | 5 | NDS;MO; + |
| PIFELTRO TABS | 5 | NDS;MO; + |
| PREZCOBIX TABS | 5 | NDS;MO; + |
| PREZISTA SUSP 100 MG/ML | 5 | NDS;MO; + |
| PREZISTA TABS 150 MG, 600 MG, 800 MG | 5 | NDS;MO; + |
| PREZISTA TABS 75 MG | 3 | MO; + |
| RESCRIPTOR TABS 200 MG | 3 | MO; + |
| RETROVIR IV INFUSION SOLN | 4 | + |
| REYATAZ PACK 50 MG | 5 | NDS;MO; + |
| <i>ritonavir tabs</i> | 1 | MO; * |
| SELZENTRY SOLN 20 MG/ML | 2 | + |
| SELZENTRY TABS 150 MG, 300 MG | 2 | MO; + |
| SELZENTRY TABS 25 MG, 75 MG | 2 | + |
| <i>stavudine caps</i> | 1 | MO; * |
| STRIBILD TABS | 5 | NDS;MO; + |
| SYMFI LO TABS | 5 | NDS;MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| SYMFI TABS | 5 | NDS;MO; + |
| SYMTUZA TABS | 5 | NDS;MO; + |
| TEMIXYS TABS | 5 | NDS;MO; + |
| <i>tenofovir disoproxil fumarate tabs</i> | 1 | MO; * |
| TIVICAY TABS 10 MG | 3 | MO; + |
| TIVICAY TABS 25 MG, 50 MG | 5 | NDS;MO; + |
| TRIUMEQ TABS | 5 | NDS;MO; + |
| TROGARZO SOLN | 5 | NDS; + |
| TRUVADA TABS 150 MG-100 MG, 200 MG-133 MG, 250 MG-167 MG | 5 | NDS;MO; + |
| TRUVADA TABS 300 MG-200 MG | 2 | MO; + |
| TYBOST TABS | 3 | MO; + |
| VIDEX EC CPDR 125 MG | 3 | MO; + |
| VIDEXPEDIATRIC SOLR 2 GM | 3 | MO; + |
| VIRACEPT TABS | 5 | NDS;MO; + |
| VIREAD POWD 40 MG/GM | 5 | NDS;MO; + |
| VIREAD TABS 150 MG, 200 MG, 250 MG | 5 | NDS;MO; + |
| <i>zidovudine caps</i> | 1 | MO; * |
| <i>zidovudine syrp</i> | 1 | MO; * |
| <i>zidovudine tabs</i> | 1 | MO; * |
| CMV Agents | | |
| <i>cidofovir soln</i> | 5 | NDS; + |
| <i>ganciclovir sodium solr</i> | 1 | PA; * |
| PREVYMIS TABS OR 240 MG, 480 MG | 5 | PA; NDS;MO; + |
| <i>valganciclovir hcl solr</i> | 5 | NDS;MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>valganciclovir hcl tabs</i> | 5 | NDS;MO; + |
| Hepatitis Agents | | |
| <i>adefovir dipivoxil tabs</i> | 5 | NDS;MO; + |
| BARACLUDGE SOLN 0.05 MG/ML | 2 | MO; + |
| DAKLINZA TABS 30 MG | 5 | PA; NDS; + |
| <i>entecavir tabs</i> | 1 | MO; * |
| EPCLUSA TABS | 5 | PA; NDS; + |
| EPIVIR HBV SOLN 5 MG/ML | 2 | MO; + |
| HARVONI TABS 200 MG-45 MG, 400 MG-90 MG | 5 | PA; NDS; + |
| <i>lamivudine (hbv) tabs</i> | 1 | MO; * |
| MAVYRET TABS | 5 | PA; NDS; + |
| PEGASYS PROCLICK SOLN 180 MCG/0.5ML | 5 | NDS; + |
| PEGASYS SOLN | 5 | NDS; + |
| PEGINTRON KIT | 5 | NDS; + |
| REBETOL SOLN 40 MG/ML | 2 | + |
| <i>ribavirin (hepatitis c) caps</i> | 1 | * |
| <i>ribavirin (hepatitis c) tabs</i> | 1 | * |
| SOVALDI TABS | 5 | PA; NDS; + |
| VEMLIDY TABS | 5 | ST; NDS;MO; + |
| VOSEVI TABS | 5 | PA; NDS; + |
| ZEPATIER TABS | 5 | PA; NDS; + |
| Herpes Agents | | |
| <i>acyclovir caps</i> | 1 | MO; * |
| <i>acyclovir sodium soln 50 mg/ml</i> | 4 | PA; + |
| <i>acyclovir susp</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>acyclovir tabs</i> | 1 | MO; * |
| <i>famciclovir tabs</i> | 1 | MO; * |
| <i>valacyclovir hcl tabs</i> | 1 | MO; * |
| Influenza Agents | | |
| <i>oseltamivir phosphate caps 30 mg</i> | 1 | QL(4 ea daily); MO; * |
| <i>oseltamivir phosphate caps 45 mg, 75 mg</i> | 1 | MO; * |
| <i>oseltamivir phosphate susr 6 mg/ml</i> | 1 | MO; * |
| RELENZA DISKHALER AEPB | 3 | MO; + |
| <i>rimantadine hydrochloride tabs</i> | 1 | MO; * |
| Respiratory Syncytial Virus (RSV) Agents | | |
| <i>ribavirin solr</i> | 1 | * |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| <i>carvedilol phosphate cp24</i> | 1 | MO; * |
| <i>carvedilol tabs 12.5 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>carvedilol tabs 25 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>carvedilol tabs 3.125 mg</i> | 1 | SL(32 ea daily); MO; * |
| <i>carvedilol tabs 6.25 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i> | 1 | MO; * |
| Beta Blockers Cardio-Selective | | |
| <i>acebutolol hcl caps</i> | 1 | MO; * |
| <i>atenolol tabs</i> | 1 | MO; * |
| <i>betaxolol hcl tabs</i> | 1 | MO; * |
| <i>bisoprolol fumarate tabs</i> | 1 | MO; * |
| BYSTOLIC TABS 20 MG | 3 | QL(2 ea daily); MO; + |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>diltiazem hcl coated beads cp24</i> | 1 | MO; * |
| <i>diltiazem hcl coated beads tb24</i> | 1 | MO; * |
| <i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i> | 1 | MO; * |
| <i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i> | 1 | MO; * |
| <i>diltiazem hcl extended release beads cp24</i> | 1 | MO; * |
| <i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</i> | 1 | MO; * |
| <i>felodipine tb24</i> | 1 | MO; * |
| <i>nicardipine hcl caps or 20 mg, 30 mg</i> | 1 | MO; * |
| <i>nifedipine caps 20 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>nifedipine tb24 30 mg, 60 mg, 90 mg</i> | 1 | MO; * |
| <i>nimodipine caps</i> | 1 | MO; * |
| <i>nisoldipine tb24</i> | 1 | MO; * |
| NYMALIZE SOLN | 5 | NDS; + |
| <i>verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | 1 | MO; * |
| <i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i> | 1 | MO; * |
| <i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i> | 1 | MO; * |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| <i>digoxin soln or 0.05 mg/ml</i> | 1 | MO; * |
| DIGOXIN SOLN OR 0.05 MG/ML (<i>digoxin</i>) | 2 | MO; + |
| <i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i> | 1 | MO; * |
| LANOXIN PEDIATRIC SOLN | 4 | + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| LANOXIN TABS OR 62.5 MCG | 3 | MO; + |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| <i>amlodipine besylate-atorvastatin calcium tabs</i> | 1 | MO; * |
| BIDIL TABS | 3 | MO; + |
| ENTRESTO TABS | 3 | PA; MO; + |
| Impotence Agents | | |
| CAVERJECT IMPULSE KIT | 2 | Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; + |
| CAVERJECT SOLR 20 MCG | 2 | Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; + |
| CAVERJECT SOLR 40 MCG | 2 | Check plan for coverage; Limit 4 vials per month; QL(0.14 29 ea daily); MO; NT; + |
| CIALIS TABS 5 MG (<i>tadalafil</i>) | 3 | PA; Check plan for coverage; MO; + |
| EDEX KIT | 2 | Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; + |
| MUSE PLLT | 2 | Check plan for coverage; Limit 4 boxes per month; QL(0.14 29 ea daily); MO; NT; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>sildenafil citrate tabs</i> | 1 | Check plan for coverage; QL(0.1429 ea daily); MO; NT; * |
| <i>tadalafil tabs 10 mg, 20 mg</i> | 1 | Check plan for coverage; QL(0.1429 ea daily); MO; NT; * |
| <i>tadalafil tabs 5 mg, 2.5 mg</i> | 1 | PA; Check plan for coverage; MO; * |
| <i>ardenafil hcl tabs</i> | 1 | Check plan for coverage; QL(0.1429 ea daily); MO; NT; * |
| <i>ardenafil hcl tbdp</i> | 1 | Check plan for coverage; QL(0.1429 ea daily); MO; NT; * |
| Prostaglandin Vasodilators | | |
| ORENITRAM TBCR 0.125 MG | 3 | PA; + |
| ORENITRAM TBCR 0.25 MG, 1 MG, 5 MG, 2.5 MG | 5 | PA; NDS; + |
| <i>treprostinil soln</i> | 5 | B/D; NDS; LA; + |
| TYVASO REFILL SOLN | 5 | B/D; NDS; LA; + |
| TYVASO SOLN | 5 | B/D; NDS; LA; + |
| TYVASO STARTER SOLN | 5 | B/D; NDS; LA; + |
| VENTAVIS SOLN 10 MCG/ML | 2 | B/D; LA; + |
| VENTAVIS SOLN 20 MCG/ML | 5 | B/D; NDS; LA; + |
| Pulmonary Hypertension - Endothelin Receptor | | |
| <i>ambrisentan tabs</i> | 5 | NDS; LA; + |
| <i>bosentan tabs 125 mg</i> | 5 | NDS; LA; + |
| <i>bosentan tabs 62.5 mg</i> | 5 | NDS; LA; MO; + |
| OPSUMIT TABS | 5 | PA; NDS; + |
| TRACLEER TBSO 32 MG | 5 | NDS; LA; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| Pulmonary Hypertension - Phosphodiesterase | | |
| <i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i> | 5 | PA; NDS; + |
| <i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i> | 1 | PA; * |
| <i>tadalafil (pulmonary hypertension) tabs</i> | 5 | PA; NDS; + |
| Pulmonary Hypertension - Prostacyclin Receptor | | |
| UPTRAVI TABS | 5 | PA; NDS;LA; + |
| UPTRAVI TBPk | 5 | PA; NDS;LA; + |
| Pulmonary Hypertension - Sol Guanylate Cyclase | | |
| ADEMPAS TABS 0.5 MG | 5 | PA; NDS;SL(15 ea daily); + |
| ADEMPAS TABS 1 MG | 5 | PA; NDS;SL(7.5 ea daily); + |
| ADEMPAS TABS 1.5 MG | 5 | PA; NDS;SL(5 ea daily); + |
| ADEMPAS TABS 2 MG | 5 | PA; NDS;SL(3.75 ea daily); + |
| ADEMPAS TABS 2.5 MG | 5 | PA; NDS;SL(3 ea daily); + |
| Sinus Node Inhibitors | | |
| CORLANOR SOLN 5 MG/5ML | 3 | SL(15 ml daily); + |
| CORLANOR TABS 5 MG | 3 | SL(3 ea daily); MO; + |
| CORLANOR TABS 7.5 MG | 3 | SL(2 ea daily); MO; + |
| Transthyretin Stabilizers | | |
| VYNDAMAX CAPS | 5 | PA; NDS;QL(1 ea daily); + |
| VYNDAQEL CAPS | 5 | PA; NDS;QL(4 ea daily); + |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| <i>cefadroxil caps</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cefadroxil susr</i> | 1 | MO; * |
| <i>cefadroxil tabs</i> | 1 | MO; * |
| <i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i> | 4 | MO; + |
| <i>cephalexin caps</i> | 1 | MO; * |
| <i>cephalexin susr</i> | 1 | MO; * |
| <i>cephalexin tabs</i> | 1 | MO; * |
| Cephalosporins - 2nd Generation | | |
| <i>cefaclor caps 250 mg, 500 mg</i> | 1 | MO; * |
| <i>cefaclor monohydrate tb12</i> | 1 | MO; * |
| <i>cefoxitin sodium solr ij 10 gm</i> | 4 | + |
| <i>cefoxitin sodium solr iv 1 gm, 2 gm</i> | 4 | + |
| <i>cefprozil susr</i> | 1 | MO; * |
| <i>cefprozil tabs</i> | 1 | MO; * |
| <i>cefuroxime axetil tabs</i> | 1 | MO; * |
| <i>cefuroxime sodium solr ij 7.5 gm</i> | 4 | + |
| <i>cefuroxime sodium solr ij 750 mg</i> | 4 | MO; + |
| <i>cefuroxime sodium solr iv 1.5 gm</i> | 4 | + |
| Cephalosporins - 3rd Generation | | |
| <i>cefdinir caps</i> | 1 | MO; * |
| <i>cefdinir susr</i> | 1 | MO; * |
| <i>cefixime caps</i> | 1 | MO; * |
| <i>cefixime susr</i> | 1 | MO; * |
| <i>cefpodoxime proxetil susr</i> | 1 | MO; * |
| <i>cefpodoxime proxetil tabs</i> | 1 | MO; * |
| <i>ceftazidime solr 1 gm, 2 gm</i> | 4 | MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>ceftazidime solr 6 gm</i> | 4 | + |
| CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE SOLN 20 MG/ML | 4 | SL(200 ml daily); + |
| <i>ceftriaxone sodium solr ij 1 gm</i> | 4 | SL(4 ea daily); MO; + |
| <i>ceftriaxone sodium solr ij 2 gm</i> | 4 | SL(2 ea daily); MO; + |
| <i>ceftriaxone sodium solr ij 250 mg</i> | 4 | SL(16 ea daily); MO; + |
| <i>ceftriaxone sodium solr ij 500 mg</i> | 4 | SL(8 ea daily); MO; + |
| <i>ceftriaxone sodium solr iv 1 gm</i> | 4 | SL(4 ea daily); + |
| <i>ceftriaxone sodium solr iv 10 gm</i> | 4 | MO; + |
| <i>ceftriaxone sodium solr iv 2 gm</i> | 4 | SL(2 ea daily); MO; + |
| Cephalosporins - 4th Generation | | |
| <i>cefepime hcl solr</i> | 4 | MO; + |
| CEFEPIME SOLN | 4 | + |
| Cephalosporins - 5th Generation | | |
| TEFLARO SOLR | 4 | + |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| <i>desogestrel & ethinyl estradiol tabs</i> | 1 | MO; * |
| <i>desogestrel-ethinyl estradiol (biphasic) tabs</i> | 1 | MO; * |
| <i>drospirenone-ethinyl estradiol tabs</i> | 1 | MO; * |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i> | 1 | MO; * |
| <i>ethynodiol diacet & eth estrad tabs</i> | 1 | MO; * |
| <i>levonorgestrel & eth estradiol tabs</i> | 1 | MO; * |
| <i>levonorgestrel-eth estradiol (triphasic) tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>levonorgestrel-ethinyl estradiol (91-day) tabs</i> | 1 | (QUARTETTE); MO; * |
| <i>levonorgestrel-ethinyl estradiol (91-day) tabs</i> | 1 | biphasic;MO; * |
| <i>levonorgestrel-ethinyl estradiol (continuous) tabs</i> | 1 | MO; * |
| LO LOESTRIN FE TABS | 3 | MO; + |
| <i>norethin acet & estrad-fe chew</i> | 1 | MO; * |
| <i>norethin acet & estrad-fe tabs</i> | 1 | MO; * |
| <i>norethindrone & eth estradiol tabs</i> | 1 | MO; * |
| <i>norethindrone & ethinyl estradiol-fe chew</i> | 1 | MO; * |
| <i>norethindrone acet & eth estra tabs</i> | 1 | MO; * |
| <i>norethindrone-eth estradiol (triphasic) tabs</i> | 1 | MO; * |
| <i>norgestimate-ethinyl estradiol (triphasic) tabs</i> | 1 | MO; * |
| <i>norgestimate-ethinyl estradiol tabs</i> | 1 | MO; * |
| <i>norgestrel & ethinyl estradiol tabs</i> | 1 | MO; * |
| TAYTULLA CAPS | 3 | MO; + |
| Combination Contraceptives - Transdermal | | |
| <i>norelgestromin-ethinyl estradiol ptwk</i> | 1 | MO; * |
| Combination Contraceptives - Vaginal | | |
| <i>etonogestrel-ethinyl estradiol ring</i> | 1 | MO; * |
| Emergency Contraceptives | | |
| ELLA TABS | 2 | + |
| Progestin Contraceptives - Injectable | | |
| DEPO-SUBQ PROVERA 104 SUSY | 4 | MO; + |
| <i>medroxyprogesterone acetate (contraceptive) susp</i> | 4 | MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>medroxyprogesterone acetate (contraceptive) susy</i> | 4 | MO; + |
| Progestin Contraceptives - Oral | | |
| <i>norethindrone (contraceptive) tabs</i> | 1 | MO; * |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| <i>betamethasone sod phosphate & acetate susp</i> | 4 | MO; + |
| <i>budesonide cpep 3 mg</i> | 1 | MO; * |
| <i>budesonide tb24 9 mg</i> | 5 | NDS;MO; + |
| <i>cortisone acetate tabs</i> | 1 | MO; * |
| DEPO-MEDROL SUSP 20 MG/ML | 4 | MO; + |
| <i>dexamethasone elix</i> | 1 | MO; * |
| <i>dexamethasone sodium phosphate soln ij 10 mg/ml</i> | 4 | Preservative Free;MO; + |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML | 4 | + |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML (<i>dexamethasone sodium phosphate</i>) | 4 | Preservative Free;MO; + |
| <i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml</i> | 4 | MO; + |
| <i>dexamethasone soln</i> | 1 | MO; * |
| <i>dexamethasone tabs</i> | 1 | MO; * |
| <i>dexamethasone tbpk</i> | 1 | MO; * |
| EMFLAZA SUSP | 5 | PA; NDS;LA; MO; + |
| EMFLAZA TABS | 5 | PA; NDS;LA; MO; + |
| <i>hydrocortisone tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| KENALOG-10 SUSP | 4 | MO; + |
| MEDROL TABS 2 MG | 2 | MO; + |
| <i>methylprednisolone acetate susp 40 mg/ml, 80 mg/ml</i> | 1 | MO; * |
| <i>methylprednisolone sod succ solr</i> | 1 | MO; * |
| <i>methylprednisolone tabs</i> | 1 | MO; * |
| <i>methylprednisolone tbpk</i> | 1 | MO; * |
| <i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml, 25 mg/5ml</i> | 1 | MO; * |
| <i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i> | 1 | MO; * |
| <i>prednisolone soln</i> | 1 | MO; * |
| <i>prednisolone tabs</i> | 1 | MO; * |
| <i>prednisone conc 5 mg/ml</i> | 1 | MO; * |
| <i>prednisone soln 5 mg/5ml</i> | 1 | MO; * |
| <i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i> | 1 | MO; * |
| <i>prednisone tbpk 5 mg, 10 mg</i> | 1 | MO; * |
| SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG | 4 | MO; + |
| SOLU-CORTEF SOLR 1000 MG | 4 | + |
| SOLU-MEDROL SOLR 2 GM | 4 | + |
| <i>triamcinolone acetate susp 40 mg/ml</i> | 4 | MO; + |
| Mineralocorticoids | | |
| <i>fludrocortisone acetate tabs</i> | 1 | MO; * |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| <i>benzonatate caps 100 mg, 150 mg, 200 mg</i> | 1 | MO; NT; * |
| Cough/Cold/Allergy Combinations | | |
| CLARINEX-D 12 HOUR TB12 | 3 | MO; + |
| <i>hydrocodone polistirex-chlorpheniramine polistirex suer</i> | 1 | AL(Up to 64 yrs old); MO; NT; * |
| <i>promethazine & phenylephrine soln</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>promethazine-phenylephrine-codeine syrp</i> | 1 | AL(Up to 64 yrs old); NT; * |
| PROMETHAZINE/PHENYL EPHRINE SYRP | 3 | AL(Up to 64 yrs old); MO; + |
| SEMPREX-D CAPS | 3 | MO; + |
| Mucolytics | | |
| <i>acetylcysteine soln</i> | 1 | B/D; MO; * |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| ABSORICA CAPS 10 MG, 20 MG, 25 MG, 35 MG, 40 MG | 3 | + |
| <i>adapalene crea 0.1 %</i> | 1 | MO; * |
| <i>adapalene gel 0.1 %</i> | 1 | RX/OTC; MO; * |
| <i>adapalene gel 0.3 %</i> | 1 | MO; * |
| <i>adapalene-benzoyl peroxide gel</i> | 1 | MO; * |
| AZELEX CREA | 3 | MO; + |
| <i>benzoyl peroxide-erythromycin gel</i> | 1 | MO; * |
| CLINDAGEL GEL | 3 | MO; + |
| <i>clindamycin phosphate (topical) foam</i> | 1 | MO; * |
| <i>clindamycin phosphate (topical) gel</i> | 1 | MO; * |
| <i>clindamycin phosphate (topical) lotn</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>clindamycin phosphate (topical) soln</i> | 1 | QL(2 ml daily); MO; * |
| <i>clindamycin phosphate (topical) swab</i> | 1 | MO; * |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i> | 1 | MO; * |
| <i>clindamycin phosphate-benzoyl peroxide gel</i> | 1 | MO; * |
| <i>clindamycin phosphate-tretinoin gel</i> | 1 | MO; * |
| <i>erythromycin (acne aid) gel</i> | 1 | MO; * |
| <i>erythromycin (acne aid) soln</i> | 1 | MO; * |
| FABIOR FOAM | 3 | Limit 100gms per month; QL(3.34 gm daily); MO; + |
| <i>isotretinoin caps</i> | 1 | * |
| RETIN-A MICRO PUMP GEL 0.08 % | 3 | MO; + |
| <i>sulfacetamide sodium (acne) lotn</i> | 1 | MO; * |
| <i>tretinoin crea</i> | 1 | MO; * |
| <i>tretinoin gel</i> | 1 | MO; * |
| <i>tretinoin microsphere gel</i> | 1 | MO; * |
| Anti-inflammatory Agents - Topical | | |
| DICLOFENAC EPOLAMINE PTCH | 3 | PA; MO; + |
| <i>diclofenac sodium (topical) gel 1 %</i> | 1 | SL(33.33 gm daily); MO; * |
| <i>diclofenac sodium (topical) soln 1.5 %</i> | 1 | QL(15 ml daily); MO; * |
| FLECTOR PTCH | 3 | PA; MO; + |
| PENNSAID SOLN | 5 | PA; NDS; QL(8 gm daily); MO; + |
| Antibiotics - Topical | | |
| CENTANY OINT | 3 | QL(0.74 gm daily); MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| CORTISPORIN CREA | 2 | MO; + |
| CORTISPORIN OINT | 2 | MO; + |
| <i>gentamicin sulfate (topical) crea</i> | 1 | MO; * |
| <i>mupirocin calcium (topical) crea</i> | 1 | QL(1 gm daily); MO; * |
| <i>mupirocin oint</i> | 1 | QL(0.74 gm daily); MO; * |
| Antifungals - Topical | | |
| <i>ciclopirox gel 0.77 %</i> | 1 | MO; * |
| <i>ciclopirox olamine crea</i> | 1 | MO; * |
| <i>ciclopirox olamine susp</i> | 1 | MO; * |
| <i>ciclopirox sham 1 %</i> | 1 | MO; * |
| <i>clotrimazole (topical) crea</i> | 1 | RX/OTC; MO; * |
| <i>clotrimazole (topical) soln</i> | 1 | RX/OTC; MO; * |
| <i>econazole nitrate crea</i> | 1 | MO; * |
| ERTACZO CREA | 3 | MO; + |
| EXELDERM SOLN | 3 | MO; + |
| JUBLIA SOLN | 3 | PA; MO; + |
| KERYDIN SOLN | 3 | PA; MO; + |
| <i>ketoconazole (topical) crea</i> | 1 | QL(2 gm daily); MO; * |
| <i>ketoconazole (topical) foam</i> | 1 | QL(3.34 gm daily); MO; * |
| <i>ketoconazole (topical) sham</i> | 1 | QL(4 ml daily); MO; * |
| LULICONAZOLE CREA | 3 | MO; + |
| LUZU CREA | 3 | MO; + |
| MENTAX CREA | 2 | RX/OTC; MO; + |
| <i>naftifine hcl crea 1 %, 2 %</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>naftifine hcl gel 1 %</i> | 1 | MO; * |
| NAFTIN GEL 1 % (<i>naftifine hcl</i>) | 3 | MO; + |
| NAFTIN GEL 1 %, 2 % | 3 | MO; + |
| <i>nystatin (topical) crea</i> | 1 | QL(2 gm daily); MO; * |
| <i>nystatin (topical) oint</i> | 1 | QL(2 gm daily); MO; * |
| <i>nystatin (topical) powd</i> | 1 | QL(2 gm daily); MO; * |
| <i>nystatin-triamcinolone crea</i> | 1 | MO; * |
| <i>nystatin-triamcinolone oint</i> | 1 | MO; * |
| <i>oxiconazole nitrate crea</i> | 1 | MO; * |
| OXISTAT LOTN | 3 | MO; + |
| Antineoplastic or Premalignant Lesion Agents - | | |
| CARAC CREA | 5 | NDS;MO; + |
| <i>diclofenac sodium (actinic keratoses) gel</i> | 3 | PA; QL(3.34 gm daily); MO; + |
| <i>fluorouracil (topical) crea</i> | 1 | MO; * |
| <i>fluorouracil (topical) soln</i> | 1 | MO; * |
| FLUOROURACIL CREA EX 0.5 % | 5 | NDS;MO; + |
| PANRETIN GEL | 2 | MO; + |
| PICATO GEL | 5 | NDS;MO; + |
| TARGRETIN GEL EX 1 % | 5 | NDS; + |
| VALCHLOR GEL | 5 | PA; NDS;MO; + |
| Antipruritics - Topical | | |
| <i>doxepin hcl (antipruritic) crea</i> | 3 | PA; QL(1.5 gm daily); MO; + |
| PRUDOXIN CREA | 3 | PA; QL(1.5 gm daily); MO; + |
| ZONALON CREA | 3 | PA; QL(1.5 gm daily); MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|-----------------------|
| Antipsoriatics | | |
| <i>acitretin caps 10 mg, 25 mg</i> | 1 | MO; * |
| <i>acitretin caps 17.5 mg</i> | 5 | NDS;MO; + |
| <i>calcipotriene crea</i> | 1 | QL(4 gm daily); MO; * |
| <i>calcipotriene oint</i> | 1 | MO; * |
| <i>calcipotriene soln</i> | 1 | MO; * |
| CALCITRIOL OINT EX 3 MCG/GM | 3 | MO; + |
| COSENTYX SENSOREADY PEN SOAJ | 5 | PA; NDS;LA; + |
| COSENTYX SOSY | 5 | PA; NDS;LA; + |
| ILUMYA SOSY | 5 | PA; NDS; + |
| <i>methoxsalen rapid caps</i> | 5 | NDS;MO; + |
| SILIQ SOSY | 5 | PA; NDS; + |
| SKYRIZI PSKT | 5 | PA; NDS; + |
| SORILUX FOAM | 3 | MO; + |
| STELARA SOLN | 5 | PA; NDS; + |
| STELARA SOSY | 5 | PA; NDS; + |
| TALTZ SOAJ | 5 | PA; NDs; + |
| TALTZ SOSY | 5 | PA; NDS; + |
| <i>tazarotene crea</i> | 1 | MO; * |
| TAZORAC CREA 0.05 % | 2 | MO; + |
| TAZORAC GEL 0.05 %, 0.1 % | 2 | MO; + |
| TREMFYA SOPN | 5 | PA; NDS; + |
| TREMFYA SOSY | 5 | PA; NDS; + |
| VECTICAL OINT | 3 | MO; + |
| Antiseborrheic Products | | |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>betamethasone valerate lotn</i> | 1 | MO; * |
| <i>betamethasone valerate oint</i> | 1 | MO; * |
| <i>calcipotriene-betamethasone dipropionate oint</i> | 5 | NDS;SL(14.28 gm daily); MO; + |
| CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE SUSP | 5 | NDS;SL(14.28 gm daily); MO; + |
| CAPEX SHAM | 3 | MO; + |
| <i>clobetasol propionate crea</i> | 1 | MO; * |
| <i>clobetasol propionate emollient base crea</i> | 1 | MO; * |
| <i>clobetasol propionate foam</i> | 1 | Non-emulsion;MO; * |
| <i>clobetasol propionate gel</i> | 1 | MO; * |
| <i>clobetasol propionate liqd</i> | 1 | MO; * |
| <i>clobetasol propionate lotn</i> | 1 | MO; * |
| <i>clobetasol propionate oint</i> | 1 | MO; * |
| <i>clobetasol propionate sham</i> | 1 | MO; * |
| <i>clobetasol propionate soln</i> | 1 | MO; * |
| CLOCORTOLONE PIVALATE CREA | 3 | MO; + |
| CLOCORTOLONE PIVALATE PUMP CREA | 3 | MO; + |
| CLODERM CREA | 3 | MO; + |
| CLODERM PUMP CREA | 3 | MO; + |
| CORDRAN TAPE 4 MCG/SQCM | 3 | MO; + |
| <i>desonide crea</i> | 1 | QL(2 gm daily); MO; * |
| <i>desonide lotn</i> | 1 | QL(3.94 ml daily); MO; * |
| <i>desonide oint</i> | 1 | QL(2 gm daily); MO; * |
| <i>desoximetasone crea 0.05 %, 0.25 %</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| <i>desoximetasone gel 0.05 %</i> | 1 | MO; * |
| <i>desoximetasone liqd 0.25 %</i> | 1 | MO; * |
| <i>desoximetasone oint 0.05 %, 0.25 %</i> | 1 | MO; * |
| <i>diflorasone diacetate crea</i> | 1 | MO; * |
| <i>diflorasone diacetate oint</i> | 1 | MO; * |
| ENSTILAR FOAM | 5 | NDS;SL(15 gm daily); MO; + |
| <i>fluocinolone acetonide crea</i> | 1 | MO; * |
| <i>fluocinolone acetonide oil</i> | 1 | MO; * |
| <i>fluocinolone acetonide oint</i> | 1 | MO; * |
| <i>fluocinolone acetonide soln</i> | 1 | MO; * |
| <i>fluocinonide crea 0.05 %</i> | 1 | MO; * |
| <i>fluocinonide emulsified base crea</i> | 1 | MO; * |
| <i>fluocinonide gel 0.05 %</i> | 1 | MO; * |
| <i>fluocinonide oint 0.05 %</i> | 1 | MO; * |
| <i>fluocinonide soln 0.05 %</i> | 1 | MO; * |
| <i>flurandrenolide crea</i> | 1 | MO; * |
| <i>flurandrenolide lotn</i> | 1 | MO; * |
| <i>fluticasone propionate crea</i> | 1 | MO; * |
| <i>fluticasone propionate lotn</i> | 1 | MO; * |
| <i>fluticasone propionate oint</i> | 1 | MO; * |
| <i>halcinonide crea</i> | 1 | MO; * |
| <i>halobetasol propionate crea</i> | 1 | MO; * |
| <i>halobetasol propionate oint</i> | 1 | MO; * |
| <i>hydrocortisone (topical) crea 1 %</i> | 1 | RX/OTC; MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>hydrocortisone (topical) crea 2.5 %</i> | 1 | MO; * |
| <i>hydrocortisone (topical) lotn 2.5 %</i> | 1 | MO; * |
| <i>hydrocortisone (topical) oint 1 %</i> | 1 | RX/OTC; MO; * |
| <i>hydrocortisone (topical) oint 2.5 %</i> | 1 | MO; * |
| <i>hydrocortisone butyrate crea</i> | 1 | QL(1.5 gm daily); MO; * |
| <i>hydrocortisone butyrate hydrophilic lipo base crea</i> | 1 | QL(1.5 gm daily); MO; * |
| <i>hydrocortisone butyrate lotn</i> | 1 | QL(3.94 ml daily); MO; * |
| <i>hydrocortisone butyrate oint</i> | 1 | QL(1.5 gm daily); MO; * |
| <i>hydrocortisone butyrate soln</i> | 1 | QL(2 ml daily); MO; * |
| <i>hydrocortisone valerate crea</i> | 1 | MO; * |
| <i>hydrocortisone valerate oint</i> | 1 | MO; * |
| <i>mometasone furoate crea</i> | 1 | MO; * |
| <i>mometasone furoate oint</i> | 1 | MO; * |
| <i>mometasone furoate soln</i> | 1 | MO; * |
| <i>prednicarbate crea</i> | 1 | MO; * |
| TACLONEX SUSP | 5 | NDS;SL(14.28 gm daily); MO; + |
| <i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i> | 1 | MO; * |
| <i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i> | 1 | MO; * |
| <i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i> | 1 | MO; * |
| <i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i> | 1 | MO; * |
| ULTRAVATE LOTN | 5 | PA; NDS;MO; + |
| Emollients | | |

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| <i>toremide tabs</i> | 1 | MO; * |
| Potassium Sparing Diuretics | | |
| <i>amiloride hcl tabs</i> | 1 | MO; * |
| <i>spironolactone tabs</i> | 1 | MO; * |
| <i>triamterene caps</i> | 1 | MO; * |
| Thiazides and Thiazide-Like Diuretics | | |
| <i>chlorothiazide tabs 250 mg, 500 mg</i> | 1 | MO; * |
| <i>chlorthalidone tabs</i> | 1 | MO; * |
| <i>hydrochlorothiazide caps</i> | 1 | MO; * |
| <i>hydrochlorothiazide tabs</i> | 1 | MO; * |
| <i>indapamide tabs</i> | 1 | MO; * |
| <i>metolazone tabs</i> | 1 | MO; * |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| <i>alendronate sodium tabs 10 mg</i> | 1 | MO; * |
| <i>alendronate sodium tabs 35 mg, 70 mg</i> | 1 | QL(0.15 ea daily); MO; * |
| <i>alendronate sodium tabs 5 mg</i> | 1 | * |
| <i>calcitonin (salmon) soln</i> | 1 | MO; * |
| FORTEO SOPN | 5 | PA; NDS; Limit 2.4mls per 28 days;QL(0.09 ml daily); + |
| FOSAMAX PLUS D TABS | 3 | QL(0.15 ea daily); MO; + |
| <i>ibandronate sodium soln iv 3 mg/3ml</i> | 4 | QL(0.036 ml daily); MO; + |
| <i>ibandronate sodium tabs or 150 mg</i> | 1 | Limit 1 tab per 28 days (3 per 84);QL(0.036 ea daily); MO; * |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Metabolic Modifiers | | |
| <i>calcitriol caps or 0.25 mcg, 0.5 mcg</i> | 1 | MO; * |
| <i>calcitriol soln or 1 mcg/ml</i> | 1 | MO; * |
| CARBAGLU TABS | 3 | LA; MO; + |
| <i>cinacalcet hcl tabs 30 mg</i> | 1 | * |
| <i>cinacalcet hcl tabs 60 mg, 90 mg</i> | 5 | NDS; + |
| CRYSVITA SOLN | 5 | PA; NDS;LA; + |
| CYSTADANE POWD | 3 | LA; MO; + |
| <i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i> | 1 | MO; * |
| FABRAZYME SOLR | 5 | NDS;LA; + |
| GALAFOLD CAPS | 5 | PA; NDS;LA; + |
| KANUMA SOLN | 5 | NDS;LA; + |
| KUVAN PACK | 5 | PA; NDS;LA; + |
| KUVAN TBSO | 5 | PA; NDS;LA; + |
| <i>levocarnitine (metabolic modifiers) tabs 330 mg</i> | 1 | RX/OTC; MO; * |
| LUMIZYME SOLR | 5 | NDS;LA; + |
| MYALEPT SOLR | 5 | NDS;LA; MO; + |
| NAGLAZYME SOLN | 5 | NDS;LA; + |
| <i>nitisinone caps</i> | 1 | LA; MO; * |
| ORFADIN CAPS 2 MG, 5 MG, 10 MG (<i>nitisinone</i>) | 2 | LA; MO; + |
| ORFADIN CAPS 20 MG | 2 | LA; MO; + |
| PALYNZIQ SOSY | 5 | PA; NDS;LA; + |
| <i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i> | 1 | MO; * |
| RAVICTI LIQD | 3 | LA; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| RAYALDEE CPR | 3 | PA; MO; + |
| REVCIVI SOLN | 5 | PA; NDS;LA; MO; + |
| STRENSIQ SOLN | 5 | PA; NDS;LA; MO; + |
| VIMIZIM SOLN | 5 | NDS;LA; + |
| XURIDEN PACK | 5 | NDS;SL(4 ea daily); MO; + |
| Posterior Pituitary Hormones | | |
| <i>desmopressin acetate soln ij 4 mcg/ml</i> | 4 | MO; + |
| <i>desmopressin acetate spray refrigerated soln</i> | 1 | MO; * |
| <i>desmopressin acetate spray soln</i> | 1 | MO; * |
| <i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i> | 1 | MO; * |
| STIMATE SOLN | 3 | + |
| Prolactin Inhibitors | | |
| <i>cabergoline tabs</i> | 1 | MO; * |
| Somatostatic Agents | | |
| <i>octreotide acetate soln 200 mcg/ml, 1000 mcg/5ml</i> | 4 | MO; + |
| <i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i> | 4 | + |
| SANDOSTATIN LAR DEPOT KIT | 5 | NDS; + |
| SIGNIFOR LAR SRER 10 MG | 5 | NDS; Limit 6 vials per 28 days;SL(0.22 ea daily); LA; MO; + |
| SIGNIFOR LAR SRER 20 MG | 5 | NDS; Limit 3 vials per 28 days;SL(0.11 ea daily); LA; MO; + |
| SIGNIFOR LAR SRER 30 MG | 5 | NDS; Limit 2 vials per 28 days;SL(0.08 ea daily); LA; MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| SIGNIFOR LAR SRER 40 MG | 5 | NDS; Limit 3 vials per 56 days;SL(0.054 ea daily); LA; MO; + |
| SIGNIFOR LAR SRER 60 MG | 5 | NDS; Limit 1 vial per 28 days;SL(0.036 ea daily); LA; MO; + |
| SIGNIFOR SOLN | 5 | NDS;LA; MO; + |
| SOMATULINE DEPOT SOLN | 5 | NDS; + |
| Vasopressin Receptor Antagonists | | |
| JYNARQUE TABS 15 MG, 30 MG | 5 | NDS;MO; + |
| JYNARQUE TBPK | 5 | PA; NDS;LA; + |
| SAMSCA TABS | 5 | NDS;MO; + |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| CLIMARA PRO PTWK | 3 | AL(Up to 64 yrs old); MO; + |
| COMBIPATCH PTTW | 3 | AL(Up to 64 yrs old); MO; + |
| DUAVEE TABS | 3 | AL(Up to 64 yrs old); MO; + |
| <i>estradiol & norethindrone acetate tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>norethindrone acetate-ethinyl estradiol tabs 2.5 mcg-0.5 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| PREMPHASE TABS | 3 | AL(Up to 64 yrs old); MO; + |
| PREMPRO TABS | 3 | AL(Up to 64 yrs old); MO; + |
| Estrogens | | |
| DELESTROGEN OIL 10 MG/ML | 4 | MO; + |
| DIVIGEL GEL | 3 | AL(Up to 64 yrs old); MO; + |
| ELESTRIN GEL | 3 | AL(Up to 64 yrs old); MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>estradiol valerate oil</i> | 4 | MO; + |
| EVAMIST SOLN | 3 | AL(Up to 64 yrs old); MO; + |
| MENOSTAR PTWK | 3 | AL(Up to 64 yrs old); MO; + |
| PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG | 3 | AL(Up to 64 yrs old); MO; + |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| BAXDELA SOLR IV 300 MG | 5 | PA; NDS; + |
| BAXDELA TABS OR 450 MG | 5 | ST; NDS;MO; + |
| CIPRO SUSR 5 GM/100ML, 500 MG/5ML | 3 | MO; + |
| <i>ciprofloxacin hcl tabs</i> | 1 | MO; * |
| <i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i> | 4 | + |
| <i>ciprofloxacin in d5w soln 400 mg/200ml-5 %</i> | 4 | MO; + |
| <i>ciprofloxacin susr or 500 mg/5ml</i> | 1 | MO; * |
| <i>levofloxacin in d5w soln</i> | 4 | + |
| <i>levofloxacin soln iv 25 mg/ml</i> | 4 | + |
| <i>levofloxacin soln or 25 mg/ml</i> | 1 | MO; * |
| <i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i> | 1 | MO; * |
| <i>moxifloxacin hcl tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Farnesoid X Receptor (FXR) Agonists | | |
| OCALIVA TABS 10 MG | 5 | PA; NDS;SL(1 ea daily); + |
| OCALIVA TABS 5 MG | 5 | PA; NDS;SL(2 ea daily); + |
| Gallstone Solubilizing Agents | | |
| CHENODAL TABS | 5 | NDS;LA; + |
| <i>ursodiol caps</i> | 1 | MO; * |
| <i>ursodiol tabs</i> | 1 | MO; * |
| Gastrointestinal Antiallergy Agents | | |
| <i>cromolyn sodium (mastocytosis) conc</i> | 1 | MO; * |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA CAPS | 2 | MO; + |
| Gastrointestinal Stimulants | | |
| <i>metoclopramide hcl soln ij 5 mg/ml</i> | 4 | MO; + |
| <i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i> | 1 | MO; * |
| <i>metoclopramide hcl tabs or 5 mg, 10 mg</i> | 1 | MO; * |
| Inflammatory Bowel Agents | | |
| <i>balsalazide disodium caps</i> | 1 | MO; * |
| CIMZIA KIT | 5 | PA; NDS; + |
| CIMZIA STARTER KIT KIT | 5 | PA; NDS; + |
| DIPENTUM CAPS | 5 | NDS;MO; + |
| ENTYVIO SOLR | 5 | PA; NDS; + |
| INFLECTRA SOLR | 5 | PA; NDS; + |
| <i>mesalamine cp24 or 0.375 gm</i> | 1 | MO; * |
| <i>mesalamine cpdr or 400 mg</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>mesalamine enem re 4 gm</i> | 1 | MO; * |
| <i>mesalamine supp re 1000 mg</i> | 5 | NDS;MO; + |
| <i>mesalamine tbec or 1.2 gm, 800 mg</i> | 1 | MO; * |
| <i>mesalamine w/ cleanser kit</i> | 1 | MO; * |
| REMICADE SOLR | 5 | PA; NDS; + |
| RENFLEXIS SOLR | 5 | PA; NDS; + |
| STELARA SOLN | 5 | PA; NDS; + |
| <i>sulfasalazine tabs</i> | 1 | MO; * |
| <i>sulfasalazine tbec</i> | 1 | MO; * |
| Intestinal Acidifiers | | |
| <i>lactulose (encephalopathy) soln</i> | 1 | MO; * |
| Irritable Bowel Syndrome (IBS) Agents | | |
| <i>alose tron hcl tabs</i> | 5 | PA; NDS;MO; + |
| LINZESS CAPS | 2 | MO; + |
| VIBERZI TABS | 5 | PA; NDS;MO; + |
| Peripheral Opioid Receptor Antagonists | | |
| MOVANTIK TABS | 3 | MO; + |
| RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML | 5 | NDS;MO; + |
| RELISTOR TABS OR 150 MG | 5 | PA; NDS;MO; + |
| Phosphate Binder Agents | | |
| <i>calcium acetate (phosphate binder) caps</i> | 1 | MO; * |
| <i>calcium acetate (phosphate binder) tabs</i> | 1 | RX/OTC; MO; * |
| <i>lanthanum carbonate chew</i> | 1 | MO; * |
| <i>sevelamer carbonate pack 0.8 gm, 2.4 gm</i> | 5 | NDS;MO; + |
| <i>sevelamer carbonate tabs 800 mg</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Short Bowel Syndrome (SBS) Agents | | |
| GATTEX KIT | 5 | PA; NDS;LA; + |
| Tryptophan Hydroxylase Inhibitors | | |
| XERMELO TABS | 5 | PA; NDS;LA; MO; + |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| <i>potassium citrate (alkalinizer) tbc r</i> | 1 | MO; * |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 3 | + |
| PROCYSBI CPDR 25 MG, 75 MG | 3 | LA; + |
| Genitourinary Irrigants | | |
| <i>acetic acid soln</i> | 1 | MO; * |
| <i>neomycin/polymyxin b gu soln</i> | 1 | MO; * |
| <i>sodium chloride (gu irrigant) soln</i> | 1 | MO; * |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 3 | MO; + |
| Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl tb24</i> | 1 | MO; * |
| CARDURA XL TB24 | 3 | MO; + |
| <i>dutasteride caps</i> | 1 | MO; * |
| <i>dutasteride-tamsulosin hcl caps</i> | 1 | MO; * |
| <i>finasteride tabs</i> | 1 | MO; * |
| <i>silodosin caps</i> | 1 | MO; * |
| <i>tamsulosin hcl caps</i> | 1 | MO; * |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>colchicine w/ probenecid tabs</i> | 1 | MO; * |
| Gout Agents | | |
| <i>allopurinol tabs 100 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>allopurinol tabs 300 mg</i> | 1 | SL(2.66 ea daily); MO; * |
| <i>colchicine tabs</i> | 1 | MO; * |
| <i>febuxostat tabs</i> | 1 | MO; * |
| ZURAMPIC TABS | 3 | PA; SL(1 ea daily); MO; + |
| Uricosurics | | |
| <i>probenecid tabs</i> | 1 | MO; * |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant acetate soln</i> | 5 | PA; NDS; + |
| Complement Inhibitors | | |
| BERINERT KIT | 5 | NDS;LA; + |
| CINRYZE SOLR | 5 | PA; NDS;LA; + |
| HAEGARDA SOLR | 5 | PA; NDS; + |
| RUCONEST SOLR | 5 | NDS; + |
| Hemataologic - Tyrosine Kinase Inhibitors | | |
| TAVALISSE TABS | 5 | PA; NDS; + |
| Hematorheologic Agents | | |
| <i>pentoxifylline tbcr</i> | 1 | MO; * |
| Plasma Kallikrein Inhibitors | | |
| KALBITOR SOLN | 5 | NDS; + |
| TAKHZYRO SOLN | 5 | PA; NDS; + |
| Platelet Aggregation Inhibitors | | |
| <i>anagrelide hcl caps</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>aspirin-dipyridamole cp12</i> | 1 | MO; * |
| BRILINTA TABS | 2 | MO; + |
| CABLIVI KIT | 5 | PA; NDS;MO; + |
| <i>cilostazol tabs</i> | 1 | MO; * |
| <i>clopidogrel bisulfate tabs</i> | 1 | MO; * |
| <i>dipyridamole tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>prasugrel hcl tabs</i> | 1 | MO; * |
| ZONTIVITY TABS | 2 | MO; + |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Gaucher Disease | | |
| CERDELGA CAPS | 5 | PA; NDS; + |
| CEREZYME SOLR | 5 | PA; NDS;LA; + |
| ELELYSO SOLR | 5 | NDS; + |
| <i>miglustat caps</i> | 5 | NDS;LA; MO; + |
| VPRIV SOLR | 5 | NDS; + |
| Agents for Sickle Cell Disease | | |
| ADAKVEO SOLN | 5 | PA; NDS; + |
| DROXIA CAPS | 3 | MO; + |
| ENDARI PACK | 5 | PA; NDS;MO; + |
| OXBRYTA TABS | 5 | PA; NDS;LA; + |
| Cobalamins | | |
| <i>cyanocobalamin soln</i> | 4 | MO; NT; + |
| NASCOBAL SOLN | 3 | MO; NT; + |
| Folic Acid/Folates | | |
| <i>folic acid tabs</i> | 1 | RX/OTC; MO; NT; * |
| Hematopoietic Growth Factors | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ARANESP ALBUMIN FREE SOLN 200 MCG/ML, 300 MCG/ML | 5 | PA; NDS; + |
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4 | PA; + |
| ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 25 MCG/0.42ML | 4 | PA; + |
| ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML | 5 | PA; NDS; + |
| DOPTELET TABS | 5 | PA; NDS;LA; + |
| EPOGEN SOLN 10000 UNIT/ML | 3 | PA; + |
| EPOGEN SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 4 | PA; + |
| EPOGEN SOLN 20000 UNIT/ML | 5 | PA; NDS; + |
| GRANIX SOSY 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA; NDS; + |
| LEUKINE SOLR | 5 | PA; NDS; + |
| MULPLETA TABS | 5 | PA; NDS; + |
| NEULASTA ONPRO KIT PSKT | 5 | PA; NDS; + |
| NEULASTA SOSY | 5 | PA; NDS; + |
| NEUPOGEN SOLN | 5 | PA; NDS; + |
| NEUPOGEN SOSY | 5 | PA; NDS; + |
| NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA; NDS; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML | 2 | PA; + |
| PROCRIT SOLN 20000 UNIT/ML, 40000 UNIT/ML | 5 | PA; NDS; + |
| PROMACTA PACK 12.5 MG | 5 | PA; NDS;SL(12 ea daily); LA; + |
| PROMACTA PACK 25 MG | 5 | PA; NDS;SL(6 ea daily); LA; + |
| PROMACTA TABS 12.5 MG | 5 | PA; NDS;SL(12 ea daily); LA; + |
| PROMACTA TABS 25 MG | 5 | PA; NDS;SL(6 ea daily); LA; + |
| PROMACTA TABS 50 MG | 5 | PA; NDS;SL(3 ea daily); LA; + |
| PROMACTA TABS 75 MG | 5 | PA; NDS;SL(2 ea daily); LA; + |
| RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML | 4 | PA; + |
| ZARXIO SOSY | 5 | PA; NDS; + |
| Stem Cell Mobilizers | | |
| MOZOBIL SOLN | 5 | PA; NDS; + |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| <i>aminocaproic acid soln or 0.25 gm/ml</i> | 5 | NDS;MO; + |
| <i>aminocaproic acid tabs or 1000 mg</i> | 5 | NDS;MO; + |
| <i>aminocaproic acid tabs or 500 mg</i> | 1 | MO; * |
| <i>tranexamic acid soln iv 1000 mg/10ml</i> | 1 | * |
| <i>tranexamic acid tabs or 650 mg</i> | 1 | MO; * |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| <i>phenobarbital elix</i> | 1 | AL(Up to 64 yrs old); MO; * |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>ramelteon tabs</i> | 1 | MO; * |
| LAXATIVES - Bowel Treatment Drugs | | |
| Laxative Combinations | | |
| <i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i> | 1 | * |
| CLENPIQ SOLN | 3 | MO; + |
| GOLYTELY SOLR 227.1 GM-21.5 GM-5.53 GM-2.82 GM-6.36 GM | 3 | MO; + |
| MOVIPREP SOLR | 3 | MO; + |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i> | 1 | MO; * |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i> | 1 | MO; * |
| PLENVU SOLR | 3 | MO; + |
| PREPOPIK PACK | 3 | MO; + |
| SUPREP BOWEL PREP KIT SOLN | 3 | MO; + |
| Laxatives - Miscellaneous | | |
| <i>lactulose soln 10 gm/15ml, 20 gm/30ml</i> | 1 | MO; * |
| <i>polyethylene glycol 3350 pack</i> | 1 | RX/OTC; MO; * |
| Saline Laxatives | | |
| OSMOPREP TABS | 3 | MO; + |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| Local Anesthetics - Amides | | |
| <i>lidocaine hcl (local anesth.) soln</i> | 4 | + |
| LIDOCAINE HCL SOLN IJ 4 % | 4 | + |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| AZITHROMYCIN PACK OR 1 GM | 2 | MO; + |
| <i>azithromycin solr iv 500 mg</i> | 4 | MO; + |
| <i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i> | 1 | MO; * |
| <i>azithromycin tabs or 250 mg, 500 mg</i> | 1 | MO; * |
| <i>azithromycin tabs or 600 mg</i> | 1 | QL(0.29 ea daily); MO; * |
| ZITHROMAX PACK OR 1 GM | 2 | MO; + |
| Clarithromycin | | |
| <i>clarithromycin susr 250 mg/5ml</i> | 1 | MO; * |
| <i>clarithromycin tabs 250 mg, 500 mg</i> | 1 | MO; * |
| <i>clarithromycin tb24 500 mg</i> | 1 | MO; * |
| Erythromycins | | |
| ERYTHROCIN LACTOBIONATE SOLR | 4 | SL(8 ea daily); + |
| <i>erythromycin base cpep 250 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>erythromycin base tabs 250 mg</i> | 1 | SL(16 ea daily); MO; * |
| <i>erythromycin base tabs 500 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>erythromycin ethylsuccinate susr 200 mg/5ml</i> | 1 | SL(100 ml daily); MO; * |
| <i>erythromycin ethylsuccinate susr 400 mg/5ml</i> | 1 | SL(50 ml daily); MO; * |
| <i>erythromycin ethylsuccinate tabs 400 mg</i> | 1 | SL(10 ea daily); MO; * |
| Fidaxomicin | | |
| DIFICID TABS | 5 | NDS;MO; + |
| MEDICAL DEVICES AND SUPPLIES | | |
| Bandages-Dressings-Tape | | |
| <i>gauze pads 2" x 2"</i> | 1 | RX/OTC; MO; * |
| Misc. Devices | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| ALCOHOL PADS | 2 | RX/OTC; MO; + |
| Parenteral Therapy Supplies | | |
| INSULIN SYRINGES AND PEN NEEDLES | 2 | RX/OTC; MO; + |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) | | |
| AIMOVIQ SOAJ | 4 | PA; MO; + |
| AJOVY SOSY | 4 | PA; MO; + |
| EMGALITY SOAJ 120 MG/ML | 4 | PA; MO; + |
| EMGALITY SOSY 100 MG/ML | 5 | PA; NDS; + |
| EMGALITY SOSY 120 MG/ML | 4 | PA; MO; + |
| Migraine Combinations | | |
| <i>ergotamine w/ caffeine supp</i> | 1 | MO; * |
| <i>ergotamine w/ caffeine tabs</i> | 1 | MO; * |
| <i>sumatriptan-naproxen sodium tabs</i> | 1 | MO; * |
| TREXIMET TABS 10 MG-60 MG | 3 | + |
| Migraine Products - NSAIDs | | |
| CAMBIA PACK | 3 | MO; + |
| Migraine Products | | |
| <i>dihydroergotamine mesylate soln ij 1 mg/ml</i> | 1 | MO; * |
| <i>dihydroergotamine mesylate soln na 4 mg/ml</i> | 5 | NDS;MO; + |
| <i>ergotamine tartrate subl</i> | 1 | * |
| MIGRANAL SOLN (<i>dihydroergotamine mesylate</i>) | 5 | NDS;MO; + |
| Serotonin Agonists | | |
| <i>almotriptan malate tabs</i> | 1 | QL(0.4 ea daily); MO; * |
| <i>eletriptan hydrobromide tabs</i> | 1 | QL(0.2 ea daily); MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>frovatriptan succinate tabs</i> | 1 | QL(0.6 ea daily); MO; * |
| <i>naratriptan hcl tabs</i> | 1 | QL(0.3 ea daily); MO; * |
| <i>rizatriptan benzoate tabs</i> | 1 | QL(0.4 ea daily); MO; * |
| <i>rizatriptan benzoate tbdp</i> | 1 | QL(0.4 ea daily); MO; * |
| <i>sumatriptan soln 20 mg/act</i> | 1 | QL(0.4 ea daily); MO; * |
| <i>sumatriptan soln 5 mg/act</i> | 1 | QL(0.6 ea daily); MO; * |
| <i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i> | 4 | Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO; + |
| <i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i> | 4 | Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; + |
| <i>sumatriptan succinate soln sc 6 mg/0.5ml</i> | 4 | Limit 4mls per month; QL(0.14 ml daily); MO; + |
| SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML | 4 | Limit 4mls per month; QL(0.14 ml daily); + |
| <i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i> | 1 | QL(0.3 ea daily); MO; * |
| ZEMBRACE SYMTOUCH SOAJ | 4 | SL(2 ml daily); MO; + |
| <i>zolmitriptan tabs 2.5 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>zolmitriptan tabs 5 mg</i> | 1 | SL(2 ea daily); MO; * |
| <i>zolmitriptan tbdp 2.5 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>zolmitriptan tbdp 5 mg</i> | 1 | SL(2 ea daily); MO; * |
| ZOMIG SOLN NA 2.5 MG | 3 | SL(4 ea daily); MO; + |
| ZOMIG SOLN NA 5 MG | 3 | SL(2 ea daily); MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| MINERALS & ELECTROLYTES | | |
| Electrolyte Mixtures | | |
| DEXTROSE 2.5%/NACL 0.45% SOLN | 4 | + |
| <i>dextrose in lactated ringers soln</i> | 4 | + |
| <i>dextrose w/ sodium chloride soln 0.33 %-5 %, 0.45 %-5 %, 0.2 %-5 %</i> | 4 | + |
| <i>dextrose w/ sodium chloride soln 0.9 %-5 %</i> | 4 | MO; + |
| HYPERLYTE-CR CONC | 4 | B/D; + |
| <i>lactated ringer's soln</i> | 4 | + |
| LACTATED RINGERS SOLN | 4 | + |
| LACTATED RINGERS VIAFLEX SOLN (<i>lactated ringer's</i>) | 4 | + |
| <i>potassium chloride in dextrose & sodium chloride soln 0.45 %-20 meq/l-5 %, 0.45 %-0.15 %-5 %</i> | 4 | + |
| TPN ELECTROLYTES CONC | 4 | B/D; + |
| Magnesium | | |
| <i>magnesium sulfate soln ij 50 %</i> | 4 | + |
| Potassium | | |
| K-TAB TBCR 20 MEQ (<i>potassium chloride</i>) | 3 | MO; + |
| K-TAB TBCR 8 MEQ | 3 | MO; + |
| <i>potassium chloride cpcr or 8 meq, 10 meq</i> | 1 | MO; * |
| POTASSIUM CHLORIDE ER TBCR | 3 | MO; + |
| <i>potassium chloride microencapsulated crystals er tbcr</i> | 1 | MO; * |
| <i>potassium chloride soln iv 2 meq/ml</i> | 4 | MO; + |
| <i>potassium chloride soln or 10 %, 20 %</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>potassium chloride tbc</i> or 8 meq, 10 meq, 20 meq | 1 | MO; * |
| Sodium | | |
| <i>sodium chloride soln iv</i> 0.45 % | 4 | + |
| <i>sodium chloride soln iv</i> 0.9 %, 3 %, 5 % | 4 | MO; + |
| Zinc | | |
| GALZIN CAPS | 3 | MO; NT; + |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| <i>penicillamine tabs</i> | 1 | MO; * |
| <i>trientine hcl caps</i> | 5 | NDS;MO; + |
| Enzymes | | |
| XIAFLEX SOLR | 5 | NDS;MO; + |
| Immunomodulators | | |
| REVLIMID CAPS | 5 | PA; NDS;LA; + |
| THALOMID CAPS | 2 | + |
| Immunosuppressive Agents | | |
| ASTAGRAF XL CP24 | 3 | B/D; MO; + |
| ATGAM INJ | 4 | B/D; + |
| AZATHIOPRINE SOLR IJ 100 MG | 4 | B/D; + |
| <i>azathioprine tabs</i> or 50 mg, 75 mg, 100 mg | 1 | B/D; MO; * |
| <i>cyclosporine caps</i> or 25 mg, 100 mg | 1 | B/D; MO; * |
| <i>cyclosporine modified (for microemulsion) caps</i> | 1 | B/D; MO; * |
| <i>cyclosporine modified (for microemulsion) soln</i> | 1 | B/D; MO; * |
| <i>cyclosporine soln iv</i> 50 mg/ml | 4 | B/D; MO; + |
| ENVARUSUS XR TB24 | 3 | B/D; MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>everolimus (immunosuppressant) tabs</i> 0.25 mg | 1 | B/D; MO; * |
| <i>everolimus (immunosuppressant) tabs</i> 0.75 mg, 0.5 mg | 5 | B/D; NDS;MO; + |
| <i>mycophenolate mofetil caps</i> 250 mg | 1 | B/D; MO; * |
| <i>mycophenolate mofetil hcl solr</i> | 4 | B/D; + |
| <i>mycophenolate mofetil susr</i> 200 mg/ml | 5 | B/D; NDS;MO; + |
| <i>mycophenolate mofetil tabs</i> 500 mg | 1 | B/D; MO; * |
| <i>mycophenolate sodium tbec</i> | 1 | B/D; MO; * |
| NULOJIX SOLR | 5 | B/D; NDS; + |
| PROGRAF PACK OR 0.2 MG | 5 | B/D; NDS;MO; + |
| PROGRAF PACK OR 1 MG | 3 | B/D; MO; + |
| PROGRAF SOLN IV 5 MG/ML | 4 | B/D; + |
| SANDIMMUNE SOLN OR 100 MG/ML | 3 | B/D; MO; + |
| SIMULECT SOLR | 5 | B/D; NDS; + |
| <i>sirolimus soln</i> | 1 | B/D; MO; * |
| <i>sirolimus tabs</i> | 1 | B/D; MO; * |
| <i>tacrolimus caps</i> | 1 | B/D; MO; * |
| THYMOGLOBULIN SOLR | 2 | B/D; + |
| ZORTRESS TABS 1 MG | 5 | B/D; NDS;MO; + |
| Irrigation Solutions | | |
| <i>irrigation solutions, physiological soln</i> | 1 | * |
| <i>water for irrigation, sterile soln</i> | 1 | MO; * |
| Potassium Removing Agents | | |
| LOKELMA PACK | 3 | ST; MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| <i>sodium polystyrene sulfonate powd or</i> | 1 | MO; * |
| <i>sodium polystyrene sulfonate susp or 15 gm/60ml</i> | 1 | MO; * |
| VELTASSA PACK 16.8 GM | 3 | ST; SL(1.5 ea daily); LA; MO; + |
| VELTASSA PACK 25.2 GM | 3 | ST; SL(1 ea daily); LA; MO; + |
| VELTASSA PACK 8.4 GM | 5 | ST; NDS; SL(3 ea daily); LA; MO; + |
| Systemic Lupus Erythematosus Agents | | |
| BENLYSTA SOAJ | 5 | PA; NDS; + |
| BENLYSTA SOLR | 5 | PA; NDS; + |
| BENLYSTA SOSY | 5 | PA; NDS; + |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| <i>lidocaine hcl (mouth-throat) soln</i> | 1 | MO; * |
| Anti-infectives - Throat | | |
| <i>clotrimazole lozq</i> | 1 | MO; * |
| <i>clotrimazole troc</i> | 1 | MO; * |
| <i>nystatin (mouth-throat) susp</i> | 1 | MO; * |
| Antiseptics - Mouth/Throat | | |
| <i>chlorhexidine gluconate (mouth-throat) soln</i> | 1 | MO; * |
| Steroids - Mouth/Throat/Dental | | |
| <i>triamcinolone acetonide (mouth) pste</i> | 1 | MO; * |
| Throat Products - Misc. | | |
| <i>cevimeline hcl caps</i> | 1 | MO; * |
| <i>pilocarpine hcl (oral) tabs</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| <i>baclofen tabs or 10 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>baclofen tabs or 20 mg</i> | 1 | SL(4 ea daily); MO; * |
| BACLOFEN TABS OR 5 MG | 3 | SL(16 ea daily); MO; + |
| <i>carisoprodol tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>chlorzoxazone tabs 500 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>cyclobenzaprine hcl cp24</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>cyclobenzaprine hcl tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>metaxalone tabs 400 mg, 800 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>methocarbamol tabs or 500 mg, 750 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>orphenadrine citrate tb12 or 100 mg</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>tizanidine hcl caps 2 mg</i> | 1 | SL(18 ea daily); MO; * |
| <i>tizanidine hcl caps 4 mg</i> | 1 | SL(9 ea daily); MO; * |
| <i>tizanidine hcl caps 6 mg</i> | 1 | SL(6 ea daily); MO; * |
| <i>tizanidine hcl tabs 2 mg</i> | 1 | SL(18 ea daily); MO; * |
| <i>tizanidine hcl tabs 4 mg</i> | 1 | SL(9 ea daily); MO; * |
| Direct Muscle Relaxants | | |
| <i>dantrolene sodium caps</i> | 1 | MO; * |
| Muscle Relaxant Combinations | | |
| <i>carisoprodol w/ aspirin & codeine tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>carisoprodol w/ aspirin tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Agent Combinations | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>azelastine hcl-fluticasone propionate susp</i> | 1 | MO; * |
| Nasal Anti-infectives | | |
| BACTROBAN NASAL OINT | 3 | MO; + |
| Nasal Antiallergy | | |
| <i>azelastine hcl soln</i> | 1 | MO; * |
| <i>olopatadine hcl (nasal) soln</i> | 1 | MO; * |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal) soln</i> | 1 | MO; * |
| Nasal Steroids | | |
| BECONASE AQ SUSP | 3 | MO; + |
| <i>flunisolide (nasal) soln</i> | 1 | MO; * |
| <i>fluticasone propionate (nasal) susp</i> | 1 | RX/OTC; MO; * |
| <i>mometasone furoate (nasal) susp</i> | 1 | MO; * |
| OMNARIS SUSP | 3 | MO; + |
| QNASL AERS | 3 | MO; + |
| QNASL CHILDRENS AERS | 3 | MO; + |
| ZETONNA AERS | 3 | MO; + |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| RADICAVA SOLN | 5 | PA; NDS;MO; + |
| <i>riluzole tabs</i> | 1 | MO; * |
| Muscular Dystrophy Agents | | |
| EXONDYS 51 SOLN | 5 | PA; NDS;LA; MO; + |
| VYONDYS 53 SOLN | 5 | PA; NDS;LA; MO; + |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| BOTOX SOLR 100 UNIT | 4 | PA; MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| BOTOX SOLR 200 UNIT | 3 | PA; MO; + |
| XEOMIN SOLR | 4 | PA; MO; + |
| NUTRIENTS | | |
| Carbohydrates | | |
| <i>dextrose soln 10 %, 50 %, 70 %</i> | 4 | B/D; + |
| <i>dextrose soln 5 %</i> | 4 | B/D; MO; + |
| Lipids | | |
| <i>fat emulsion plant based emul</i> | 4 | B/D; + |
| Proteins | | |
| <i>amino acid infusion 15%</i> | 4 | B/D; MO; + |
| CLINIMIX 4.25%/DEXTROSE 5% SOLN | 4 | B/D; + |
| PROSOL SOLN | 4 | B/D; + |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Beta-blockers - Ophthalmic | | |
| <i>betaxolol hcl (ophth) soln</i> | 1 | MO; * |
| BETIMOL SOLN | 3 | MO; + |
| BETOPTIC-S SUSP | 2 | MO; + |
| <i>carteolol hcl (ophth) soln</i> | 1 | MO; * |
| COMBIGAN SOLN | 3 | MO; + |
| <i>dorzolamide hcl-timolol maleate soln</i> | 1 | MO; * |
| <i>levobunolol hcl soln</i> | 1 | MO; * |
| <i>timolol maleate (ophth) solg</i> | 1 | MO; * |
| <i>timolol maleate (ophth) soln</i> | 1 | MO; * |
| TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.25 % | 3 | MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TIMOPTIC OCUDOSE SOLN | 3 | MO; + |
| TIMOPTIC-XE SOLG 0.25 % | 3 | MO; + |
| Cycloplegic Mydriatics | | |
| <i>cyclopentolate hcl soln</i> | 1 | MO; * |
| Miotics | | |
| PHOSPHOLINE IODIDE SOLR | 3 | + |
| <i>pilocarpine hcl soln</i> | 1 | MO; * |
| Ophthalmic - Angiogenesis Inhibitors | | |
| BEOVU SOLN | 5 | PA; NDS; + |
| EYLEA SOLN | 5 | PA; NDS;LA; + |
| EYLEA SOSY | 5 | PA; NDS;LA; + |
| Ophthalmic Adrenergic Agents | | |
| ALPHAGAN P SOLN 0.1 % | 2 | MO; + |
| <i>apraclonidine hcl soln</i> | 1 | MO; * |
| <i>brimonidine tartrate soln</i> | 1 | MO; * |
| SIMBRINZA SUSP | 3 | MO; + |
| Ophthalmic Anti-infectives | | |
| AZASITE SOLN | 3 | MO; + |
| <i>bacitracin (ophthalmic) oint</i> | 1 | MO; * |
| <i>bacitracin-polymyxin b (ophth) oint</i> | 1 | MO; * |
| BESIVANCE SUSP | 3 | MO; + |
| CILOXAN OINT | 3 | MO; + |
| <i>ciprofloxacin hcl (ophth) soln</i> | 1 | MO; * |
| <i>erythromycin (ophth) oint</i> | 1 | MO; * |
| <i>gatifloxacin (ophth) soln</i> | 1 | MO; * |
| <i>gentamicin sulfate (ophth) oint</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>gentamicin sulfate (ophth) soln</i> | 1 | MO; * |
| <i>levofloxacin (ophth) soln</i> | 1 | MO; * |
| MOXEZA SOLN (<i>moxifloxacin hcl (ophth)</i>) | 2 | MO; + |
| <i>moxifloxacin hcl (ophth) soln</i> | 1 | MO; * |
| NATACYN SUSP | 2 | MO; + |
| <i>neomycin-bacitracin zn-polymyxin oint</i> | 1 | MO; * |
| <i>neomycin-polymyxin-gramicidin soln</i> | 1 | MO; * |
| <i>ofloxacin (ophth) soln</i> | 1 | MO; * |
| <i>polymyxin b-trimethoprim soln</i> | 1 | MO; * |
| <i>sulfacetamide sodium (ophth) oint</i> | 1 | MO; * |
| <i>sulfacetamide sodium (ophth) soln</i> | 1 | MO; * |
| <i>tobramycin (ophth) soln</i> | 1 | MO; * |
| TOBEX OINT | 3 | MO; + |
| <i>trifluridine soln</i> | 1 | MO; * |
| ZIRGAN GEL | 3 | MO; + |
| Ophthalmic Immunomodulators | | |
| RESTASIS EMUL | 2 | MO; + |
| RESTASIS MULTIDOSE EMUL | 2 | MO; + |
| Ophthalmic Local Anesthetics | | |
| <i>proparacaine hcl soln</i> | 1 | MO; * |
| Ophthalmic Nerve Growth Factors | | |
| OXERVATE SOLN | 5 | PA; NDS;MO; + |
| Ophthalmic Steroids | | |
| ALREX SUSP | 3 | MO; + |
| <i>bacitracin-poly-neomycin-hc oint</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| BLEPHAMIDE SUSP | 3 | MO; + |
| <i>dexamethasone sodium phosphate (ophth) soln</i> | 1 | MO; * |
| DUREZOL EMUL | 2 | MO; + |
| FLAREX SUSP | 2 | MO; + |
| <i>fluorometholone (ophth) susp</i> | 1 | MO; * |
| FML FORTE SUSP | 2 | MO; + |
| FML OINT | 2 | MO; + |
| LOTEMAX GEL | 3 | MO; + |
| LOTEMAX OINT | 3 | MO; + |
| LOTEMAX SM GEL | 3 | MO; + |
| <i>loteprednol etabonate susp</i> | 1 | MO; * |
| MAXIDEX SUSP | 3 | MO; + |
| <i>neomycin-polymyx-dexameth oint</i> | 1 | MO; * |
| <i>neomycin-polymyx-dexameth susp</i> | 1 | MO; * |
| PRED MILD SUSP | 2 | MO; + |
| <i>prednisolone acetate (ophth) susp</i> | 1 | MO; * |
| <i>sulfacetamide sod-prednisolone soln</i> | 1 | MO; * |
| TOBRADEX OINT | 3 | MO; + |
| TOBRADEX ST SUSP | 3 | MO; + |
| <i>tobramycin-dexamethasone susp</i> | 1 | MO; * |
| ZYLET SUSP | 2 | MO; + |
| Ophthalmics - Misc. | | |
| ACUVAIL SOLN | 3 | MO; + |
| ALOCRI SOLN | 3 | MO; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| ALOMIDE SOLN | 3 | MO; + |
| <i>azelastine hcl (ophth) soln</i> | 1 | MO; * |
| AZOPT SUSP | 2 | MO; + |
| BEPREVE SOLN | 3 | MO; + |
| <i>bromfenac sodium (ophth) soln</i> | 1 | Once daily dosing; MO; * |
| <i>cromolyn sodium (ophth) soln</i> | 1 | MO; * |
| CYSTARAN SOLN | 3 | Limit 60mls per 28 days; QL(2.15 ml daily); LA; MO; + |
| <i>diclofenac sodium (ophth) soln</i> | 1 | MO; * |
| <i>dorzolamide hcl soln</i> | 1 | MO; * |
| <i>epinastine hcl (ophth) soln</i> | 1 | MO; * |
| <i>flurbiprofen sodium soln</i> | 1 | MO; * |
| ILEVRO SUSP | 2 | MO; + |
| <i>ketorolac tromethamine (ophth) soln</i> | 1 | MO; * |
| LASTACAFT SOLN | 3 | MO; + |
| NEVANAC SUSP | 2 | MO; + |
| <i>olopatadine hcl soln</i> | 1 | RX/OTC; MO; * |
| PROLENSA SOLN | 3 | MO; + |
| Prostaglandins - Ophthalmic | | |
| <i>bimatoprost soln</i> | 1 | MO; * |
| <i>latanoprost soln</i> | 1 | MO; * |
| LUMIGAN SOLN | 2 | MO; + |
| TRAVATAN Z SOLN (<i>travoprost</i>) | 2 | MO; + |
| ZIOPTAN SOLN | 3 | MO; + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <i>acetic acid (otic) soln</i> | 1 | MO; * |
| Otic Anti-infectives | | |
| CETRAXAL SOLN | 3 | MO; + |
| CIPROFLOXACIN SOLN OT 0.2 % | 3 | MO; + |
| <i>ofloxacin (otic) soln</i> | 1 | MO; * |
| Otic Combinations | | |
| CIPRO HC SUSP | 3 | MO; + |
| CIPRODEX SUSP | 2 | MO; + |
| CORTISPORIN-TC SUSP | 3 | MO; + |
| <i>neomycin-polymyxin-hc (otic) soln</i> | 1 | MO; * |
| <i>neomycin-polymyxin-hc (otic) susp</i> | 1 | MO; * |
| Otic Steroids | | |
| <i>fluocinolone acetonide (otic) oil</i> | 1 | MO; * |
| <i>hydrocortisone w/acetic acid soln</i> | 1 | MO; * |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding | | |
| Oxytocics | | |
| <i>methylergonovine maleate tabs</i> | 1 | MO; * |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |
| BIVIGAM SOLN | 5 | B/D; NDS; + |
| CUVITRU SOLN 1 GM/5ML | 3 | B/D; LA; + |
| CUVITRU SOLN 10 GM/50ML | 5 | B/D; NDS; + |
| CUVITRU SOLN 2 GM/10ML, 4 GM/20ML | 4 | B/D; LA; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| CUVITRU SOLN 8 GM/40ML | 5 | B/D; NDS; LA; + |
| FLEBOGAMMA DIF SOLN 0.5 GM/10ML, 10 GM/100ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML | 5 | B/D; NDS; + |
| FLEBOGAMMA DIF SOLN 5 GM/100ML, 10 GM/200ML | 5 | B/D; NDS; MO; + |
| FLEBOGAMMA DIF SOLN 5 GM/50ML | 5 | B/D; NDS; 5 GM/50 ML; + |
| GAMASTAN INJ | 4 | B/D; + |
| GAMASTAN S/D INJ | 4 | B/D; + |
| GAMMAGARD LIQUID SOLN | 5 | B/D; NDS; + |
| GAMMAKED SOLN | 5 | B/D; NDS; + |
| GAMMAPLEX SOLN 5 GM/100ML, 10 GM/200ML | 5 | B/D; NDS; MO; + |
| GAMMAPLEX SOLN 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 20 GM/400ML | 5 | B/D; NDS; + |
| GAMUNEX-C SOLN | 5 | B/D; NDS; + |
| HIZENTRA SOLN 1 GM/5ML | 3 | B/D; LA; + |
| HIZENTRA SOLN 10 GM/50ML | 5 | B/D; NDS; + |
| HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML | 4 | B/D; LA; + |
| HIZENTRA SOSY 1 GM/5ML, 2 GM/10ML, 4 GM/20ML | 5 | B/D; NDS; + |
| HYPERRAB S/D SOLN | 4 | + |
| IMOGAM RABIES-HT SOLN 300 UNIT/2ML | 4 | + |
| KEDRAB SOLN | 4 | + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 5 GM/50ML, 10 GM/100ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML | 5 | B/D; NDS; + |
| OCTAGAM SOLN 5 GM/100ML, 10 GM/200ML | 5 | B/D; NDS; MO; + |
| PRIVIGEN SOLN | 5 | B/D; NDS; + |
| VARIZIG SOLN | 5 | NDS; + |
| Monoclonal Antibodies | | |
| SYNAGIS SOLN | 5 | NDS; + |
| ZINPLAVA SOLN | 5 | PA; NDS; + |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA KIT | 5 | B/D; NDS; + |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| <i>amoxicillin caps</i> | 1 | MO; * |
| <i>amoxicillin chew</i> | 1 | MO; * |
| <i>amoxicillin susr</i> | 1 | MO; * |
| <i>amoxicillin tabs</i> | 1 | MO; * |
| <i>ampicillin caps</i> | 1 | MO; * |
| <i>ampicillin sodium solr ij 1 gm, 2 gm, 500 mg</i> | 4 | MO; + |
| <i>ampicillin sodium solr ij 250 mg</i> | 4 | + |
| <i>ampicillin sodium solr iv 2 gm, 10 gm</i> | 4 | + |
| Natural Penicillins | | |
| BICILLIN L-A SUSP | 4 | MO; + |
| <i>penicillin g potassium solr</i> | 4 | MO; + |
| <i>penicillin v potassium solr 250 mg/5ml</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| <i>penicillin v potassium tabs 250 mg, 500 mg</i> | 1 | MO; * |
| Penicillin Combinations | | |
| <i>amoxicillin & pot clavulanate chew</i> | 1 | MO; * |
| <i>amoxicillin & pot clavulanate susr</i> | 1 | MO; * |
| <i>amoxicillin & pot clavulanate tabs</i> | 1 | MO; * |
| <i>amoxicillin & pot clavulanate tb12</i> | 1 | MO; * |
| <i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm</i> | 4 | + |
| <i>ampicillin & sulbactam sodium solr ij 1 gm-2 gm</i> | 4 | MO; + |
| <i>ampicillin & sulbactam sodium solr iv 5 gm-10 gm</i> | 4 | + |
| <i>piperacillin sodium- tazobactam sodium solr</i> | 4 | + |
| ZOSYN SOLN 0.375 GM/50ML-3 GM/50ML-5 %, 0.5 GM/100ML-4 GM/100ML-5 %, 0.25 GM/50ML-2 GM/50ML-5 % | 4 | + |
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin sodium caps</i> | 1 | MO; * |
| <i>nafcillin sodium solr ij 1 gm</i> | 4 | + |
| NAFCILLIN SODIUM SOLR IJ 10 GM | 5 | NDS; + |
| <i>nafcillin sodium solr ij 2 gm</i> | 4 | MO; + |
| <i>nafcillin sodium solr iv 10 gm</i> | 5 | NDS; + |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| <i>medroxyprogesterone acetate tabs</i> | 1 | MO; * |
| <i>megestrol acetate (appetite) susp</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>norethindrone acetate tabs</i> | 1 | MO; * |
| <i>progesterone micronized caps</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| <i>acamprosate calcium tbec</i> | 1 | MO; * |
| <i>disulfiram tabs</i> | 1 | MO; * |
| LUCEMYRA TABS | 5 | PA; NDS;SL(16 ea daily); MO; + |
| Anti-Cataleptic Agents | | |
| XYREM SOLN | 5 | NDS;LA; MO; + |
| Antidementia Agents | | |
| <i>donepezil hydrochloride tabs</i> | 1 | MO; * |
| <i>donepezil hydrochloride tbdp</i> | 1 | MO; * |
| <i>galantamine hydrobromide cp24</i> | 1 | MO; * |
| <i>galantamine hydrobromide soln</i> | 1 | MO; * |
| <i>galantamine hydrobromide tabs</i> | 1 | MO; * |
| <i>memantine hcl cp24 14 mg</i> | 1 | AL(At least 60 yrs old); SL(2 ea daily); MO; * |
| <i>memantine hcl cp24 21 mg</i> | 1 | AL(At least 60 yrs old); SL(1.33 ea daily); MO; * |
| <i>memantine hcl cp24 28 mg</i> | 1 | AL(At least 60 yrs old); SL(1 ea daily); MO; * |
| <i>memantine hcl cp24 7 mg</i> | 1 | AL(At least 60 yrs old); SL(4 ea daily); MO; * |
| <i>memantine hcl soln 2 mg/ml, 10 mg/5ml</i> | 1 | AL(At least 60 yrs old); MO; * |
| <i>memantine hcl tabs 5 mg, 10 mg</i> | 1 | MO; * |
| NAMENDA XR TITRATION PACK CP24 | 3 | AL(At least 60 yrs old); MO; + |
| <i>rivastigmine pt24</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>rivastigmine tartrate caps</i> | 1 | MO; * |
| Combination Psychotherapeutics | | |
| <i>chlordiazepoxide-amitriptyline tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>olanzapine-fluoxetine hcl caps</i> | 1 | MO; * |
| <i>perphenazine-amitriptyline tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| Fibromyalgia Agents | | |
| SAVELLA TABS | 3 | PA; MO; + |
| SAVELLA TITRATION PACK MISC | 3 | PA; MO; + |
| Movement Disorder Drug Therapy | | |
| AUSTEDO TABS 12 MG | 5 | PA; NDS;SL(4 ea daily); LA; + |
| AUSTEDO TABS 6 MG | 5 | PA; NDS;SL(8 ea daily); LA; + |
| AUSTEDO TABS 9 MG | 5 | PA; NDS;SL(5.33 ea daily); LA; + |
| INGREZZA CAPS | 5 | PA; NDS;LA; MO; + |
| INGREZZA CPPK | 5 | PA; NDS;LA; MO; + |
| <i>tetrabenazine tabs</i> | 5 | PA; NDS; + |
| Multiple Sclerosis Agents | | |
| AUBAGIO TABS 14 MG | 5 | PA; NDS;MO; + |
| AUBAGIO TABS 7 MG | 5 | PA; NDS; + |
| AVONEX KIT 30 MCG/VIAL | 5 | PA; NDS; Limited to 4 dose packs (1 box) per 28 days;QL(0.143 ea daily); + |
| AVONEX PEN AJKT | 5 | PA; NDS; Limited to 1 box per 28 days;QL(0.036 ea daily); + |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| AVONEX PSKT 30 MCG/0.5ML | 5 | PA; NDS; Limited to 1 box per 28 days;QL(0.036 ml daily); + |
| BETASERON KIT | 5 | PA; NDS; + |
| <i>dalfampridine tb12</i> | 5 | PA; NDS; + |
| EXTAVIA KIT | 5 | PA; NDS; + |
| GILENYA CAPS 0.5 MG | 5 | PA; NDS; + |
| <i>glatiramer acetate sosy</i> | 5 | PA; NDS; + |
| LEMTRADA SOLN | 5 | PA; NDS;LA; + |
| MAVENCLAD TBPK | 5 | PA; NDS;LA; + |
| MAYZENT TABS | 5 | PA; NDS; + |
| OCREVUS SOLN | 5 | PA; NDS; + |
| PLEGRIDY SOPN | 5 | PA; NDS; + |
| PLEGRIDY SOSY | 5 | PA; NDS; + |
| PLEGRIDY STARTER PACK SOPN | 5 | PA; NDS; + |
| PLEGRIDY STARTER PACK SOSY | 5 | PA; NDS; + |
| REBIF REBIDOSE SOAJ | 5 | PA; NDS; + |
| REBIF REBIDOSE TITRATIONPACK SOAJ | 5 | PA; NDS; + |
| REBIF SOSY | 5 | PA; NDS; + |
| REBIF TITRATION PACK SOSY | 5 | PA; NDS; + |
| TECFIDERA CPDR | 5 | PA; NDS; + |
| TECFIDERA STARTER PACK MISC | 5 | PA; NDS; + |
| TYSABRI CONC | 5 | PA; NDS; + |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain | | |
| GRALISE STARTER MISC | 3 | MO; + |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| GRALISE TABS | 3 | MO; + |
| Pseudobulbar Affect (PBA) Agents | | |
| NUEDEXTA CAPS | 3 | PA; MO; + |
| Psychotherapeutic and Neurological Agents - | | |
| <i>ergoloid mesylates tabs</i> | 1 | AL(Up to 64 yrs old); MO; * |
| <i>pimozide tabs</i> | 1 | MO; * |
| Restless Leg Syndrome (RLS) Agents | | |
| HORIZANT TBCR | 3 | MO; + |
| Smoking Deterrents | | |
| <i>bupropion hcl (smoking deterrent) tb12</i> | 1 | SL(2 ea daily); MO; * |
| CHANTIX CONTINUING MONTHPAK TABS | 3 | MO; + |
| CHANTIX STARTING MONTH PAK TABS | 3 | MO; + |
| CHANTIX TABS | 3 | MO; + |
| NICOTROL INHALER INHA | 3 | Limit 3 boxes per month;SL(16.8 ea daily); MO; + |
| NICOTROL NS SOLN | 2 | MO; + |
| Tranthyretin Amyloidosis Agents | | |
| TEGSEDI SOSY | 5 | PA; NDS;LA; MO; + |
| Vasomotor Symptom Agents | | |
| <i>paroxetine mesylate (vasomotor) caps</i> | 1 | MO; * |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| ARALAST NP SOLR 1000 MG | 5 | NDS;LA; MO; + |
| ARALAST NP SOLR 500 MG | 5 | NDS;LA; + |
| GLASSIA SOLN | 4 | LA; + |

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| BOOSTRIX SUSP | 1 | * |
| DAPTACEL SUSP | 4 | + |
| DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP | 4 | B/D; + |
| INFANRIX SUSP | 4 | + |
| KINRIX SUSP | 4 | + |
| PEDIARIX SUSP | 4 | + |
| PENTACEL SUSR | 4 | + |
| QUADRACEL SUSP | 4 | + |
| TDVAX SUSP | 4 | B/D; + |
| TENIVAC INJ | 4 | B/D; + |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| <i>dicyclomine hcl caps or 10 mg</i> | 1 | MO; * |
| <i>dicyclomine hcl tabs or 20 mg</i> | 1 | MO; * |
| <i>glycopyrrolate soln ij 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml</i> | 4 | MO; + |
| <i>glycopyrrolate soln ij 0.4 mg/2ml</i> | 4 | + |
| <i>glycopyrrolate tabs or 1 mg</i> | 1 | SL(8 ea daily); MO; * |
| <i>glycopyrrolate tabs or 2 mg</i> | 1 | SL(4 ea daily); MO; * |
| <i>methscopolamine bromide tabs</i> | 1 | MO; * |
| H-2 Antagonists | | |
| <i>cimetidine tabs 200 mg</i> | 1 | RX/OTC; MO; * |
| <i>cimetidine tabs 300 mg, 400 mg, 800 mg</i> | 1 | MO; * |
| <i>famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</i> | 4 | + |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| <i>famotidine susr or 40 mg/5ml</i> | 1 | MO; * |
| <i>famotidine tabs or 20 mg</i> | 1 | RX/OTC; MO; * |
| <i>famotidine tabs or 40 mg</i> | 1 | MO; * |
| <i>nizatidine caps 150 mg, 300 mg</i> | 1 | MO; * |
| Misc. Anti-Ulcer | | |
| <i>sucralfate susp</i> | 1 | MO; * |
| <i>sucralfate tabs</i> | 1 | MO; * |
| Proton Pump Inhibitors | | |
| DEXILANT CPDR | 2 | ST; MO; + |
| <i>esomeprazole magnesium cpdr 20 mg</i> | 1 | RX/OTC; MO; * |
| <i>esomeprazole magnesium cpdr 40 mg</i> | 1 | MO; * |
| <i>esomeprazole magnesium pack 10 mg, 20 mg, 40 mg</i> | 1 | ST; MO; * |
| <i>esomeprazole sodium solr 40 mg</i> | 4 | + |
| <i>lansoprazole cpdr 15 mg</i> | 1 | RX/OTC; MO; * |
| <i>lansoprazole cpdr 30 mg</i> | 1 | MO; * |
| <i>lansoprazole tbdd 15 mg</i> | 1 | RX/OTC; MO; * |
| <i>lansoprazole tbdd 30 mg</i> | 1 | MO; * |
| NEXIUM PACK 5 MG, 2.5 MG | 3 | ST; MO; + |
| <i>omeprazole cpdr 10 mg, 40 mg</i> | 1 | MO; * |
| <i>omeprazole cpdr 20 mg</i> | 1 | RX/OTC; MO; * |
| <i>pantoprazole sodium solr iv 40 mg</i> | 1 | * |
| <i>pantoprazole sodium tbec or 20 mg, 40 mg</i> | 1 | MO; * |
| PROTONIX PACK OR 40 MG | 3 | QL(1 ea daily); MO; + |
| Ulcer Drugs - Prostaglandins | | |
| <i>misoprostol tabs</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| Ulcer Therapy Combinations | | |
| <i>amoxicillin-clarithromycin w/ lansoprazole misc</i> | 3 | MO; + |
| <i>omeprazole-sodium bicarbonate caps 20 mg-1100 mg</i> | 1 | RX/OTC; MO; * |
| <i>omeprazole-sodium bicarbonate caps 40 mg-1100 mg</i> | 1 | MO; * |
| <i>omeprazole-sodium bicarbonate pack 20 mg-1680 mg</i> | 1 | ST; 20MG-1680 MG;MO; * |
| <i>omeprazole-sodium bicarbonate pack 40 mg-1680 mg</i> | 1 | MO; * |
| PYLERA CAPS | 3 | MO; + |
| URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections | | |
| Urinary Anti-infectives | | |
| <i>methenamine hippurate tabs</i> | 1 | MO; * |
| <i>nitrofurantoin macrocrystal caps</i> | 1 | MO; * |
| <i>nitrofurantoin monohyd macro caps</i> | 1 | MO; * |
| <i>nitrofurantoin susp</i> | 1 | MO; * |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics | | |
| <i>darifenacin hydrobromide tb24</i> | 1 | MO; * |
| GELNIQUE GEL | 3 | MO; + |
| GELNIQUE PUMP GEL | 3 | MO; + |
| <i>oxybutynin chloride syrp</i> | 1 | MO; * |
| <i>oxybutynin chloride tabs</i> | 1 | MO; * |
| <i>oxybutynin chloride tb24</i> | 1 | MO; * |
| OXYTROL PTTW | 3 | RX/OTC; MO; + |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>tolterodine tartrate cp24</i> | 1 | MO; * |
| <i>tolterodine tartrate tabs</i> | 1 | MO; * |
| TOVIAZ TB24 | 2 | MO; + |
| <i>tropium chloride cp24</i> | 1 | MO; * |
| <i>tropium chloride tabs</i> | 1 | MO; * |
| VESICARE TABS (<i>solifenacin succinate</i>) | 2 | MO; + |
| Urinary Antispasmodics - Beta-3 Adrenergic | | |
| MYRBETRIQ TB24 | 3 | MO; + |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| <i>bethanechol chloride tabs</i> | 1 | MO; * |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| <i>flavoxate hcl tabs</i> | 1 | MO; * |
| VACCINES | | |
| Bacterial Vaccines | | |
| ACTHIB SOLR | 4 | + |
| BCG VACCINE INJ | 4 | + |
| BEXSERO SUSY | 4 | + |
| HIBERIX SOLR | 4 | + |
| MENACTRA INJ | 4 | + |
| MENVEO SOLR | 4 | + |
| PEDVAX HIB SUSP | 4 | + |
| TRUMENBA SUSY | 4 | + |
| TYPHIM VI SOLN | 4 | + |
| Viral Vaccines | | |
| ENGERIX-B SUSP IJ 20 MCG/ML, 10 MCG/0.5ML | 4 | B/D; + |
| GARDASIL 9 SUSP | 4 | + |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| GARDASIL 9 SUSY | 4 | + |
| HAVRIX SUSP | 4 | + |
| IMOVAX RABIES (H.D.C.V.) INJ | 4 | B/D; + |
| IPOL INACTIVATED IPV INJ | 4 | + |
| IXIARO SUSP | 4 | + |
| M-M-R II SOLR | 4 | + |
| PROQUAD SUSR | 4 | + |
| RABAVERT SUSR | 4 | B/D; + |
| RECOMBIVAX HB SUSP | 4 | B/D; + |
| ROTARIX SUSR | 3 | + |
| ROTATEQ SOLN | 2 | + |
| SHINGRIX SUSR | 2 | + |
| TWINRIX SUSP | 4 | + |
| TWINRIX SUSY | 4 | + |
| VAQTA SUSP | 4 | + |
| VARIVAX INJ | 4 | + |
| YF-VAX INJ | 4 | + |
| ZOSTAVAX SUSR | 2 | + |
| VAGINAL AND RELATED PRODUCTS | | |
| Vaginal Anti-infectives | | |
| CLEOCIN SUPP VA 100 MG | 3 | MO; + |
| <i>clindamycin phosphate vaginal crea</i> | 1 | MO; * |
| <i>metronidazole vaginal gel</i> | 1 | MO; * |
| <i>miconazole nitrate vaginal supp</i> | 1 | MO; * |
| <i>terconazole vaginal crea</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| <i>terconazole vaginal supp</i> | 1 | MO; * |
| Vaginal Estrogens | | |
| <i>estradiol vaginal tabs 10 mcg</i> | 1 | MO; * |
| ESTRING RING | 3 | MO; + |
| FEMRING RING | 3 | MO; + |
| PREMARIN CREA VA 0.625 MG/GM | 2 | MO; + |
| Vaginal Progestins | | |
| CRINONE GEL | 3 | PA; MO; + |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| <i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | 1 | MO; * |
| EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>) | 2 | MO; + |
| Neurogenic Orthostatic Hypotension (NOH) - | | |
| NORTHERA CAPS 100 MG | 5 | PA; NDS;SL(18 ea daily); + |
| NORTHERA CAPS 200 MG | 5 | PA; NDS;SL(9 ea daily); + |
| NORTHERA CAPS 300 MG | 5 | PA; NDS;SL(6 ea daily); + |
| Vasopressors | | |
| <i>dobutamine hcl soln</i> | 4 | + |
| <i>midodrine hcl tabs</i> | 1 | MO; * |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| <i>ergocalciferol caps 1.25 mg, 50000 unit</i> | 1 | MO; NT; * |
| <i>phytonadione tabs</i> | 1 | MO; NT; * |

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

Index of Drugs

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| abacavir sulfate-lamivudine | 39 | ALECENSA | 32 | amoxicillin & pot clavulanate | 69 |
| abacavir sulfate-lamivudine-zidovudine | 39 | alendronate sodium | 53 | amoxicillin-clarithromycin w/ lansoprazole | 74 |
| ABELCET | 24 | alfuzosin hcl | 57 | amphetamine- dextroamphetamine | 1 |
| ABILIFY MAINTENA | 38 | ALIMTA | 29 | AMPHOTERICIN B | 24 |
| abiraterone acetate | 31 | ALINIA | 8 | ampicillin | 69 |
| ABRAXANE | 35 | ALIQOPA | 32 | ampicillin & sulbactam sodium | 69 |
| ABSORICA | 47 | aliskiren fumarate | 28 | ampicillin sodium | 69 |
| ABSTRAL | 4 | allopurinol | 58 | ANADROL-50 | 7 |
| acamprosate calcium | 70 | almotriptan malate | 61 | anagrelide hcl | 58 |
| acarbose | 18 | ALOCRI | 67 | anastrozole | 31 |
| acebutolol hcl | 41 | alogliptin benzoate | 19,20 | ANORO ELLIPTA | 12 |
| acetaminophen w/ codeine | 6 | alogliptin-metformin hcl | 18 | ANTARA | 25 |
| acetazolamide | 52 | alogliptin-pioglitazone | 18 | APIDRA | 20 |
| acetic acid | 57 | ALOMIDE | 67 | APIDRA SOLOSTAR | 20 |
| acetic acid (otic) | 68 | alosetron hcl | 57 | APLENZIN | 16 |
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| ADAKVEO | 58 | amiloride hcl | 53 | ARISTADA | 38 |
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| adefovir dipivoxil | 41 | aminophylline | 13 | ARNUITY ELLIPTA | 11 |
| ADEMPAS | 44 | aminosalicylic acid | 28 | ARRANON | 29 |
| ADRIAMYCIN | 32 | amiodarone hcl | 10 | arsenic trioxide | 34 |
| ADVAIR HFA | 12 | AMITIZA | 56 | ARZERRA | 30 |
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| AFINITOR DISPERZ | 32 | amlodipine besylate | 42 | ASMANEX TWISTHALER 120 METERED DOSES | 11 |
| AFREZZA | 20 | amlodipine besylate- atorvastatin calcium | 43 | ASMANEX TWISTHALER 14 METERED DOSES | 11 |
| AIMOVIG | 61 | amlodipine besylate-benazepril hcl | 27 | ASMANEX TWISTHALER 30 METERED DOSES | 11 |
| AJOVY | 61 | amlodipine besylate-olmesartan medoxomil | 27 | ASMANEX TWISTHALER 60 METERED DOSES | 11 |
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| albuterol sulfate | 12 | amoxapine | 18 | | |
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| aztreonam | 9 | BEXSERO | 74 | butorphanol tartrate | 7 |
| bacitracin (ophthalmic) | 66 | bicalutamide | 31 | BUTRANS | 7 |
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| CARBIDOPA/LEVODOPA/ENTERIC CAPONE | 36 | CHEMET | 23 | clemastine fumarate | 24 |
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| carboplatin | 29 | CHLORAMPHENICOL SODIUM SUCCINATE | 8 | CLEOCIN | 75 |
| CARDIZEM LA | 42 | chlordiazepoxide-amitriptyline | 70 | CLIMARA PRO | 55 |
| CARDURA XL | 57 | chlorhexidine gluconate (mouth-throat) | 64 | CLINDAGEL | 47 |
| carisoprodol | 64 | chloroquine phosphate | 28 | clindamycin hcl | 9 |
| carisoprodol w/ aspirin | 64 | chlorothiazide | 53 | clindamycin palmitate hydrochloride | 9 |
| carisoprodol w/ aspirin & codeine | 64 | CHLORPROMAZINE HCL | 38 | clindamycin phosphate | 9 |
| carmustine | 29 | chlorthalidone | 53 | clindamycin phosphate (topical) | 47 |
| carteolol hcl (ophth) | 65 | chlorzoxazone | 64 | clindamycin phosphate in d5w9 | 9 |
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| CLOCORTOLONE PIVALATE PUMP | 50 | cromolyn sodium (mastocytosis) | 56 | DENAVIR | 49 |
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This formulary was updated on 06/01/2020. 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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