



Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO)

## 2020 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 20445, Version Number 10

This formulary was updated on 10/09/2019. For more recent information or other questions, please contact Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO) at:

State	Phone Number
California (HMO Plans)	1-800-275-4737
California (HMO SNP Plans) Health Net Seniority Plus Sapphire (HMO) Health Net Seniority Plus Sapphire Premier (HMO) Health Net Seniority Plus Sapphire Premier II (HMO)	1-800-431-9007
Oregon/Washington	1-888-445-8913

or, for TTY users, 711, from October 1 – March 31, seven 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. A messaging system is used after hours, on weekends, and on federal holidays, or visit:

State	Website Address
California	<a href="http://ca.healthnetadvantage.com">ca.healthnetadvantage.com</a>
Oregon	<a href="http://or.healthnetadvantage.com">or.healthnetadvantage.com</a>

**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, Health Net Community Solutions Inc., Health Net Life Insurance Company, and Health Net Health Plan of Oregon, Inc. When it refers to “plan” or “our plan,” it means Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/09/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

**What is the Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO) 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 Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO) 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 Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health

Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO) Formulary?”

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

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

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

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

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

### **Medical Condition**

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

### **Alphabetical Listing**

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

## **What are generic drugs?**

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

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

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

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

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO) Formulary?" on page v for information about how to request an exception.

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

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

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

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

## **How do I request an exception to the Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO) 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 Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus**

## Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO) 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.



Abbreviation	Definition	Description
NT	Non-TrOOP	<b>Only for Health Net Gold Select (HMO):</b> 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.
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	This drug requires step therapy. This means that you must first try certain drugs to treat your medical condition before we cover another drug for that condition.  For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
*	Additional Gap Coverage	<b>Only for Health Net Gold Select (HMO), Health Net Healthy Heart (HMO) plans in Los Angeles, Orange, Riverside and San Bernardino Counties, and Health Net Jade (HMO C-SNP) plans in Kern, Los Angeles and Orange Counties:</b> 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 six 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:

State	Plan Name	Tier 1 Preferred Generic Drugs (includes preferred generic drugs)	Tier 2 Generic Drugs (includes generic drugs)	Tier 3 Preferred Brand Drugs (includes preferred brand drugs and may include some generic drugs)	Tier 4 Non- Preferred Drugs (includes non- preferred brand drugs and non- preferred generic drugs)	Tier 5 Specialty <sup>1</sup> (includes high cost brand and generic drugs)	Tier 6 Select Care Drugs (includes some generic drugs and may include some brand drugs used to treat specific chronic conditions)
CA	Health Net Gold Select (HMO)	\$0*^	\$10*^	\$37^	\$90^	33%	\$0*
CA	Health Net Healthy Heart (HMO) in <i>Alameda and Stanislaus Counties</i>	\$5^	\$15^	\$37^	\$90^	28%	\$0
CA	Health Net Healthy Heart (HMO) in <i>Fresno County</i>	\$0^	\$10^	\$37^	\$90^	33%	\$0
CA	Health Net Healthy Heart (HMO) in <i>Imperial County</i>	\$3^	\$10^	\$37^	\$90^	33%	\$0

<b>State</b>	<b>Plan Name</b>	<b>Tier 1</b> Preferred Generic Drugs (includes preferred generic drugs)	<b>Tier 2</b> Generic Drugs (includes generic drugs)	<b>Tier 3</b> Preferred Brand Drugs (includes preferred brand drugs and may include some generic drugs)	<b>Tier 4</b> Non- Preferred Drugs (includes non- preferred brand drugs and non- preferred generic drugs)	<b>Tier 5</b> Specialty <sup>1</sup> (includes high cost brand and generic drugs)	<b>Tier 6</b> Select Care Drugs (includes some generic drugs and may include some brand drugs used to treat specific chronic conditions)
CA	Health Net Healthy Heart (HMO) in Los Angeles, Orange, Riverside, and San Bernardino Counties	\$5*^	\$10*^	\$37^	\$90^	33%	\$0*
CA	Health Net Healthy Heart (HMO) in Placer and Sacramento Counties	\$3^	\$13^	\$37^	\$90^	33%	\$0
CA	Health Net Healthy Heart (HMO) in San Diego County	\$5^	\$12^	\$37^	\$90^	33%	\$0
CA	Health Net Healthy Heart (HMO) in San Francisco County	\$0^	\$7^	\$37^	\$90^	33%	\$0
CA	Health Net Healthy Heart (HMO) in Santa Clara and Stanislaus Counties	\$5^	\$10^	\$40^	\$90^	33%	\$0

<b>State</b>	<b>Plan Name</b>	<b>Tier 1</b> Preferred Generic Drugs (includes preferred generic drugs)	<b>Tier 2</b> Generic Drugs (includes generic drugs)	<b>Tier 3</b> Preferred Brand Drugs (includes preferred brand drugs and may include some generic drugs)	<b>Tier 4</b> Non- Preferred Drugs (includes non- preferred brand drugs and non- preferred generic drugs)	<b>Tier 5</b> Specialty <sup>1</sup> (includes high cost brand and generic drugs)	<b>Tier 6</b> Select Care Drugs (includes some generic drugs and may include some brand drugs used to treat specific chronic conditions)
CA	Health Net Healthy Heart (HMO) in Yolo County	\$7 <sup>^</sup>	\$12 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	33%	\$0
CA	Health Net Jade (HMO C-SNP) in Fresno County	\$0 <sup>^</sup>	\$5 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	33%	\$0
CA	Health Net Jade (HMO C-SNP) in Kern, Los Angeles, and Orange Counties	\$0* <sup>^</sup>	\$10* <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	33%	\$0*
CA	Health Net Jade (HMO C-SNP) in San Diego County	\$0 <sup>^</sup>	\$12 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	33%	\$0
CA	Health Net Jade (HMO C-SNP) in San Francisco County	\$0 <sup>^</sup>	\$10 <sup>^</sup>	\$42 <sup>^</sup>	\$95 <sup>^</sup>	33%	\$0
CA	Health Net Ruby Select (HMO) in Alameda County	\$3 <sup>^</sup>	\$10 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	33%	\$0

<b>State</b>	<b>Plan Name</b>	<b>Tier 1</b> Preferred Generic Drugs (includes preferred generic drugs)	<b>Tier 2</b> Generic Drugs (includes generic drugs)	<b>Tier 3</b> Preferred Brand Drugs (includes preferred brand drugs and may include some generic drugs)	<b>Tier 4</b> Non- Preferred Drugs (includes non- preferred brand drugs and non- preferred generic drugs)	<b>Tier 5</b> Specialty <sup>1</sup> (includes high cost brand and generic drugs)	<b>Tier 6</b> Select Care Drugs (includes some generic drugs and may include some brand drugs used to treat specific chronic conditions)
CA	Health Net Ruby Select (HMO) <i>in Fresno County</i>	\$0^	\$5^	\$37^	\$90^	33%	\$0
CA	Health Net Ruby Select (HMO) <i>in San Francisco County</i>	\$5^	\$12^	\$37^	\$90^	33%	\$0
CA	Health Net Ruby Select (HMO) <i>in Yolo County</i>	\$8^	\$15^	\$37^	\$90^	33%	\$0
CA	Health Net Seniority Plus Amber I (HMO D- SNP)	\$0	\$20	\$47	\$100	26%	\$0
CA	Health Net Seniority Plus Amber II (HMO D- SNP)	\$0	\$20	\$47	\$100	26%	\$0
CA	Health Net Seniority Plus Amber II Premier (HMO D-SNP)	\$0	\$20	\$47	\$100	25%	\$0

<b>State</b>	<b>Plan Name</b>	<b>Tier 1</b> Preferred Generic Drugs (includes preferred generic drugs)	<b>Tier 2</b> Generic Drugs (includes generic drugs)	<b>Tier 3</b> Preferred Brand Drugs (includes preferred brand drugs and may include some generic drugs)	<b>Tier 4</b> Non- Preferred Drugs (includes non- preferred brand drugs and non- preferred generic drugs)	<b>Tier 5</b> Specialty <sup>1</sup> (includes high cost brand and generic drugs)	<b>Tier 6</b> Select Care Drugs (includes some generic drugs and may include some brand drugs used to treat specific chronic conditions)
CA	Health Net Seniority Plus Ruby (HMO)	\$0^	\$15^	\$37^	\$90^	33%	\$0
CA	Health Net Seniority Plus Sapphire (HMO)	\$0	\$20	\$47	\$100	26%	\$0
CA	Health Net Seniority Plus Sapphire Premier (HMO) in Alameda, Fresno, Kern, Los Angeles, Orange, San Diego, San Francisco, and Tulare Counties	\$0	\$20	\$47	\$100	26%	\$0
CA	Health Net Seniority Plus Sapphire Premier (HMO) in Imperial, Riverside, and San Bernardino Counties	\$0	\$20	\$47	\$100	27%	\$0

<b>State</b>	<b>Plan Name</b>	<b>Tier 1</b> Preferred Generic Drugs (includes preferred generic drugs)	<b>Tier 2</b> Generic Drugs (includes generic drugs)	<b>Tier 3</b> Preferred Brand Drugs (includes preferred brand drugs and may include some generic drugs)	<b>Tier 4</b> Non- Preferred Drugs (includes non- preferred brand drugs and non- preferred generic drugs)	<b>Tier 5</b> Specialty <sup>1</sup> (includes high cost brand and generic drugs)	<b>Tier 6</b> Select Care Drugs (includes some generic drugs and may include some brand drugs used to treat specific chronic conditions)
CA	Health Net Seniority Plus Sapphire Premier II (HMO) in Alameda, Fresno, Kern, Los Angeles, Orange, San Diego, San Francisco, and Tulare Counties	\$0	\$20	\$47	\$100	25%	\$0
CA	Health Net Seniority Plus Sapphire Premier II (HMO) in Imperial, Riverside, and San Bernardino Counties	\$0	\$20	\$47	\$100	26%	\$0
OR	Health Net Ruby (HMO)	\$3 <sup>^</sup>	\$8 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	30%	\$0
OR/ WA	Health Net Violet 1 (PPO)	\$5 <sup>^</sup>	\$10 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	31%	\$0
OR/ WA	Health Net Violet 2 (PPO)	\$5 <sup>^</sup>	\$15 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	30%	\$0

<b>State</b>	<b>Plan Name</b>	<b>Tier 1</b> Preferred Generic Drugs (includes preferred generic drugs)	<b>Tier 2</b> Generic Drugs (includes generic drugs)	<b>Tier 3</b> Preferred Brand Drugs (includes preferred brand drugs and may include some generic drugs)	<b>Tier 4</b> Non- Preferred Drugs (includes non- preferred brand drugs and non- preferred generic drugs)	<b>Tier 5</b> Specialty <sup>1</sup> (includes high cost brand and generic drugs)	<b>Tier 6</b> Select Care Drugs (includes some generic drugs and may include some brand drugs used to treat specific chronic conditions)
OR	Health Net Violet 3 (PPO)	\$5 <sup>^</sup>	\$15 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	29%	\$0
OR	Health Net Violet 4 (PPO)	\$3 <sup>^</sup>	\$8 <sup>^</sup>	\$37 <sup>^</sup>	\$90 <sup>^</sup>	30%	\$0

<sup>1</sup> Drugs in this tier are not eligible for exceptions for payment at a lower tier.

\* We provide additional coverage of these prescription drugs in the coverage gap. Please refer to your *Evidence of Coverage* for more information about this coverage.

<sup>^</sup> This is the preferred retail 30-day supply copayment or coinsurance amount. Please refer to your *Provider and Pharmacy Directory* to find pharmacies that offer preferred cost-sharing.



## Section 1557 Non-Discrimination Language Notice of Non-Discrimination

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

Health Net:

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

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

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

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

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

### Member Services Telephone Numbers by State Chart

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

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

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

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

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

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

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

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

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

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

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

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

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

**ខ្មែរ (Mon-Khmer, Cambodian):** សេវាកម្មជំនួយភាសា ជំនួយជំនួស និងសេវាកម្មនានា នឹងទប់ ដែលមានជម្រើស លើសសេដ្ឋកិច្ចសង្គម ដែលសេវាកម្មកម្មករអាចរកបានសោយឥតគិតថ្លៃ។ សេវាទាំងនេះ អាចទទួលបានឥតគិតថ្លៃសេវា៖ ០០១២៣៤៥៦៧៨៩០១២៣៤៥៦៧៨៩

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

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

**ไทย Thai):** การช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติดต่อ

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
<i>amphetamine-dextroamphetamine cp24 1.25mg-1.25mg-1.25mg-1.25mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg, 5mg-5mg-5mg-5mg, 6.25mg-6.25mg-6.25mg-6.25mg, 7.5mg-7.5mg-7.5mg-7.5mg</i>	4	MO
<i>amphetamine-dextroamphetamine tabs 1.25mg-1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.125mg-3.125mg-3.125mg-3.125mg, 3.75mg-3.75mg-3.75mg-3.75mg, 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg</i>	2	MO; *
<i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i>	4	MO
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	4	MO
<i>methamphetamine hcl tabs</i>	4	PA; MO
VYVANSE CAPS 10 MG	4	SL(7 ea daily); MO
VYVANSE CAPS 20 MG	4	SL(3.5 ea daily); MO
VYVANSE CAPS 30 MG	4	SL(2.33 ea daily); MO
VYVANSE CAPS 40 MG	4	SL(1.75 ea daily); MO
VYVANSE CAPS 50 MG	4	SL(1.4 ea daily); MO
VYVANSE CAPS 60 MG	4	SL(1.16 ea daily); MO
VYVANSE CAPS 70 MG	4	SL(1 ea daily); MO
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl caps 10 mg</i>	2	SL(10 ea daily); MO; *
<i>atomoxetine hcl caps 100 mg</i>	2	SL(1 ea daily); MO; *
<i>atomoxetine hcl caps 18 mg</i>	2	SL(5.55 ea daily); MO; *
<i>atomoxetine hcl caps 25 mg</i>	2	SL(4 ea daily); MO; *
<i>atomoxetine hcl caps 40 mg</i>	2	SL(2.5 ea daily); MO; *
<i>atomoxetine hcl caps 60 mg</i>	2	SL(1.66 ea daily); MO; *
<i>atomoxetine hcl caps 80 mg</i>	2	SL(1.25 ea daily); MO; *
<i>clonidine hcl (adhd) tb12</i>	4	MO
<i>guanfacine hcl (adhd) tb24</i>	2	AL(Up to 64 yrs old); MO; *
<b>Stimulants - Misc.</b>		
<i>armodafinil tabs</i>	4	PA; MO
DAYTRANA PTCH	4	MO
<i>dexmethylphenidate hcl cp24 10 mg</i>	4	SL(4 ea daily); MO
<i>dexmethylphenidate hcl cp24 15 mg</i>	4	SL(2.66 ea daily); MO
<i>dexmethylphenidate hcl cp24 20 mg</i>	4	SL(2 ea daily); MO
<i>dexmethylphenidate hcl cp24 25 mg</i>	4	SL(1.6 ea daily); MO
<i>dexmethylphenidate hcl cp24 30 mg</i>	4	SL(1.33 ea daily); MO
<i>dexmethylphenidate hcl cp24 35 mg</i>	4	SL(1.14 ea daily); MO
<i>dexmethylphenidate hcl cp24 40 mg</i>	4	SL(1 ea daily); MO
<i>dexmethylphenidate hcl cp24 5 mg</i>	4	SL(8 ea daily); MO
<i>dexmethylphenidate hcl tabs 2.5 mg, 5 mg, 10 mg</i>	3	MO
<i>methylphenidate hcl cp24 10 mg, 60 mg</i>	2	MO; *
<i>methylphenidate hcl cp24 20 mg, 30 mg, 40 mg</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	4	QL(1 ea daily); MO
<i>methylphenidate hcl cpcr 20 mg</i>	4	QL(2 ea daily); MO
<i>methylphenidate hcl cpcr 30 mg</i>	4	MO
<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	3	QL(3 ea daily); MO
<i>methylphenidate hcl tb24 18 mg, 36 mg, 54 mg</i>	3	Non-Osmotic Release
<i>methylphenidate hcl tbcr 10 mg, 18 mg, 27 mg, 36 mg, 54 mg</i>	4	MO
<i>methylphenidate hcl tbcr 20 mg</i>	4	QL(3 ea daily); MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 27 MG	3	Non-Osmotic Release
<i>modafinil tabs 100 mg</i>	3	PA; MO
<i>modafinil tabs 200 mg</i>	3	PA; QL(1 ea daily); MO
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
ORALAIR SUBL	4	PA; MO
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate soln</i>	3	MO
BETHKIS NEBU	5	B/D; NDS
<i>gentamicin in saline soln 0.9%-1mg/ml</i>	2	*
<i>gentamicin sulfate soln 40 mg/ml</i>	2	MO; *
<i>neomycin sulfate tabs</i>	3	MO
<i>paromomycin sulfate caps</i>	3	MO
TOBI PODHALER CAPS	5	NDS
<i>tobramycin nebu</i>	2	B/D; *

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	3	MO
<i>tobramycin sulfate solr 1.2 gm</i>	1	*
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; NDS
HUMIRA PEN PNKT	5	PA; NDS
HUMIRA PEN-CD/UC/HS STARTER PNKT	5	PA; NDS
HUMIRA PEN-PS/UV STARTER PNKT	5	PA; NDS
HUMIRA PSKT	5	PA; NDS
SIMPONI ARIA SOLN	5	PA; NDS
SIMPONI SOAJ	5	PA; NDS
SIMPONI SOSY	5	PA; NDS
<b>Antirheumatic - Enzyme Inhibitors</b>		
OLUMIANT TABS	5	PA; NDS
XELJANZ TABS	5	PA; NDS
XELJANZ XR TB24	5	PA; NDS
<b>Antirheumatic Antimetabolites</b>		
OTREXUP SOAJ	3	PA
RASUVO SOAJ 20 MG/0.4ML	3	PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	4	PA
<b>Gold Compounds</b>		

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

Drug Name	Drug Tier	Requirements/Limits
RIDAURA CAPS	5	NDS;MO
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR	5	NDS;LA
<b>Interleukin-1beta Blockers</b>		
ILARIS SOLN	5	PA; NDS;LA
ILARIS SOLR	5	PA; NDS;LA
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA SOSY SC 162 MG/0.9ML	5	PA; NDS
KEVZARA SOAJ	5	PA; NDS
KEVZARA SOSY	5	PA; NDS
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
<i>celecoxib caps</i>	3	MO
<i>diclofenac potassium tabs</i>	3	MO
<i>diclofenac sodium tb24 100 mg</i>	3	MO
<i>diclofenac sodium tbec 25 mg, 50 mg, 75 mg</i>	2	MO; *
<i>diclofenac w/ misoprostol tbec</i>	4	MO
<i>etodolac caps 200 mg, 300 mg</i>	3	MO
<i>etodolac tabs 400 mg, 500 mg</i>	3	MO
<i>etodolac tb24 400 mg, 500 mg, 600 mg</i>	4	MO
<i>flurbiprofen tabs</i>	3	MO
<i>ibuprofen susp 100 mg/5ml</i>	2	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	4	AL(Up to 64 yrs old); MO

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin caps 25 mg, 50 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>indomethacin cpcr 75 mg</i>	3	AL(Up to 64 yrs old); MO
<i>ketoprofen caps 75 mg</i>	3	
<i>ketoprofen cp24 200 mg</i>	3	MO
<i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i>	3	AL(Up to 64 yrs old); MO
<i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i>	3	AL(Up to 64 yrs old); MO
<i>ketorolac tromethamine tabs or 10 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>mefenamic acid caps</i>	4	MO
<i>meloxicam tabs</i>	1	MO; *
<i>nabumetone tabs</i>	3	MO
NAPRELAN TB24 750 MG	4	MO
<i>naproxen sodium tabs 275 mg, 550 mg</i>	3	MO
<i>naproxen sodium tb24 375 mg, 500 mg</i>	4	MO
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	MO; *
<i>naproxen tbec 375 mg, 500 mg</i>	2	MO; *
<i>oxaprozin tabs</i>	4	MO
<i>piroxicam caps</i>	3	MO
<i>sulindac tabs</i>	2	MO; *
TOLMETIN SODIUM CAPS 400 MG	3	MO
<i>tolmetin sodium tabs 200 mg</i>	1	*
VIMOVO TBEC	5	PA; NDS;MO
ZIPSOR CAPS	4	MO
<b>Pyrimidine Synthesis Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide tabs</i>	3	MO
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOLR	5	PA; NDS
ENBREL SOSY	5	PA; NDS
ENBREL SURECLICK SOAJ	5	PA; NDS
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Salicylates</b>		
<i>diflunisal tabs</i>	1	MO; *
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ABSTRAL SUBL 100 MCG	4	PA; QL(16 ea daily)
ABSTRAL SUBL 200 MCG	5	PA; NDS;QL(8 ea daily)
ABSTRAL SUBL 300 MCG	5	PA; NDS;QL(5.34 ea daily)
ABSTRAL SUBL 400 MCG, 600 MCG, 800 MCG	5	PA; NDS;QL(4 ea daily)
<i>codeine sulfate tabs 30 mg</i>	2	SL(12 ea daily); MO; *
<i>codeine sulfate tabs 60 mg</i>	2	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 200 MCG	5	PA; NDS;QL(8 ea daily); MO
FENTANYL CITRATE TABS BU 400 MCG, 600 MCG, 800 MCG	5	PA; NDS;QL(4 ea daily); MO
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	4	Limit 10 patches per month;QL(0.34 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
FENTORA TABS 100 MCG	5	PA; NDS;QL(16 ea daily); MO
FENTORA TABS 200 MCG	5	PA; NDS;QL(8 ea daily); MO
FENTORA TABS 400 MCG, 600 MCG, 800 MCG	5	PA; NDS;QL(4 ea daily); MO
<i>hydromorphone hcl liqd or 1 mg/ml</i>	3	QL(50 ml daily); MO
<i>hydromorphone hcl soln ij 1 mg/ml</i>	4	MO
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	3	
<i>hydromorphone hcl soln ij 2 mg/ml</i>	3	MO
<i>hydromorphone hcl t24a or 12 mg</i>	2	QL(4.17 ea daily); MO; *
<i>hydromorphone hcl t24a or 16 mg</i>	2	QL(3.14 ea daily); MO; *
<i>hydromorphone hcl t24a or 32 mg</i>	2	QL(1.57 ea daily); MO; *
<i>hydromorphone hcl t24a or 8 mg</i>	2	QL(6.27 ea daily); MO; *
<i>hydromorphone hcl tabs or 2 mg, 4 mg</i>	2	QL(9 ea daily); MO; *
<i>hydromorphone hcl tabs or 8 mg</i>	2	QL(6.25 ea daily); MO; *
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG	4	PA; QL(2 ea daily); MO
HYSINGLA ER T24A 80 MG, 100 MG, 120 MG	4	PA; QL(1 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>meperidine hcl tabs or 100 mg</i>	4	AL(Up to 64 yrs old); QL(20 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl tabs or 50 mg</i>	4	AL(Up to 64 yrs old); QL(40 ea daily); MO
<i>methadone hcl soln or 10 mg/5ml</i>	3	QL(33.34 ml daily); MO
<i>methadone hcl soln or 5 mg/5ml</i>	3	QL(15 ml daily); MO
<i>methadone hcl tabs or 5 mg, 10 mg</i>	3	QL(6 ea daily); MO
<i>morphine sulfate beads cp24 120 mg</i>	2	QL(1.67 ea daily); MO; *
<i>morphine sulfate beads cp24 30 mg</i>	2	QL(6.67 ea daily); MO; *
<i>morphine sulfate beads cp24 45 mg</i>	2	QL(4.44 ea daily); MO; *
<i>morphine sulfate beads cp24 60 mg</i>	2	QL(3.34 ea daily); MO; *
<i>morphine sulfate beads cp24 75 mg</i>	2	QL(2.67 ea daily); MO; *
<i>morphine sulfate beads cp24 90 mg</i>	2	QL(2.24 ea daily); MO; *
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg</i>	4	QL(3 ea daily); MO
<i>morphine sulfate cp24 or 100 mg</i>	5	NDS; QL(2 ea daily); MO
<i>morphine sulfate cp24 or 40 mg</i>	4	PA; QL(3 ea daily); MO
<i>morphine sulfate cp24 or 60 mg</i>	4	QL(3.34 ea daily); MO
<i>morphine sulfate cp24 or 80 mg</i>	4	QL(2.5 ea daily); MO
<i>morphine sulfate soln ij 0.5 mg/ml</i>	3	
<i>morphine sulfate soln ij 1 mg/ml</i>	3	MO
<i>morphine sulfate soln or 10 mg/5ml</i>	3	QL(100 ml daily); MO
<i>morphine sulfate soln or 20 mg/5ml</i>	3	QL(50 ml daily); MO
<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	3	QL(10 ml daily); MO
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	4	QL(13.34 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE TABS OR 15 MG, 30 MG ( <i>Morphine Sulfate</i> )	4	QL(13.34 ea daily); MO
<i>morphine sulfate tbcr or 100 mg, 200 mg</i>	4	QL(2 ea daily); MO
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg</i>	4	QL(3 ea daily); MO
NUCYNTA ER TB12 100 MG	3	QL(6.67 ea daily); MO
NUCYNTA ER TB12 150 MG	3	QL(4.44 ea daily); MO
NUCYNTA ER TB12 200 MG	3	QL(3.34 ea daily); MO
NUCYNTA ER TB12 250 MG	3	QL(2 ea daily); MO
NUCYNTA ER TB12 50 MG	3	QL(13.34 ea daily); MO
NUCYNTA TABS 100 MG	4	QL(6.67 ea daily); MO
NUCYNTA TABS 50 MG	4	QL(13.34 ea daily); MO
NUCYNTA TABS 75 MG	4	QL(8.88 ea daily); MO
<i>oxycodone hcl caps 5 mg</i>	4	QL(6 ea daily); MO
<i>oxycodone hcl conc 100 mg/5ml</i>	4	QL(6 ml daily); MO
<i>oxycodone hcl tabs 30 mg</i>	3	QL(4.44 ea daily); MO
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	3	QL(6 ea daily); MO
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	4	QL(6 ea daily); MO
<i>oxymorphone hcl tb12 10 mg</i>	4	QL(3 ea daily); MO
<i>oxymorphone hcl tb12 15 mg</i>	4	QL(4.44 ea daily); MO
<i>oxymorphone hcl tb12 20 mg</i>	4	QL(3.34 ea daily); MO
<i>oxymorphone hcl tb12 30 mg</i>	4	QL(2.22 ea daily); MO
<i>oxymorphone hcl tb12 40 mg</i>	4	QL(2 ea daily); MO
<i>oxymorphone hcl tb12 5 mg</i>	4	QL(13.34 ea daily); MO

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



Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tb12 7.5 mg</i>	4	QL(8.89 ea daily); MO
SUBSYS LIQD 100 MCG	5	PA; NDS; QL(16 ea daily); MO
SUBSYS LIQD 1200 MCG	5	PA; NDS; QL(2 ea daily)
SUBSYS LIQD 200 MCG	5	PA; NDS; QL(8 ea daily); MO
SUBSYS LIQD 400 MCG, 600 MCG, 800 MCG, 1600 MCG	5	PA; NDS; QL(4 ea daily); MO
<i>tramadol hcl tabs 50 mg</i>	1	SL(8 ea daily); MO; *
<i>tramadol hcl tb24 100 mg</i>	4	SL(3 ea daily); MO
<i>tramadol hcl tb24 200 mg</i>	4	SL(1.5 ea daily); MO
<i>tramadol hcl tb24 300 mg</i>	4	SL(1 ea daily); MO
ZOHYDRO ER C12A 10 MG, 15 MG	4	PA; QL(3 ea daily); MO
ZOHYDRO ER C12A 20 MG, 30 MG, 40 MG, 50 MG	4	PA; QL(2 ea daily); MO
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	Limit 4500mls per month; SL(150 ml daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	2	SL(13.3 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	2	SL(12 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	2	SL(6 ea daily); MO; *
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	4	AL(Up to 64 yrs old); SL(6 ea daily); MO
<i>butalbital-aspirin-caffeine w/cod caps</i>	4	AL(Up to 64 yrs old); SL(6 ea daily); MO
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	3	Limit 2700mls per month; SL(90 ml daily); MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tabs 10mg-325mg, 7.5mg-300mg, 7.5mg-325mg, 10mg-300mg</i>	2	SL(6 ea daily); MO; *
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 5mg-325mg</i>	2	SL(8 ea daily); MO; *
<i>hydrocodone-ibuprofen tabs</i>	3	QL(5 ea daily); MO
<i>oxycodone w/ acetaminophen tabs 10mg-325mg</i>	3	SL(12.3 ea daily); MO
<i>oxycodone w/ acetaminophen tabs 2.5mg-325mg, 5mg-325mg, 7.5mg-325mg</i>	2	SL(12.3 ea daily); MO; *
<i>oxycodone-aspirin tabs</i>	3	SL(12.3 ea daily); MO
<i>tramadol-acetaminophen tabs</i>	3	SL(8 ea daily); MO
<b>Opioid Partial Agonists</b>		
BUNAVAIL FILM 2.1MG-0.3MG	4	QL(4 ea daily)
BUNAVAIL FILM 4.2MG-0.7MG	4	QL(2 ea daily)
BUNAVAIL FILM 6.3MG-1MG	4	QL(2 ea daily); MO
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	2	QL(3 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate film 12mg-3mg</i>	2	QL(2 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate film 2mg-0.5mg, 4mg-1mg, 8mg-2mg</i>	2	QL(3 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 2mg-0.5mg, 8mg-2mg</i>	3	QL(3 ea daily); MO
<i>buprenorphine ptwk 10 mcg/hr</i>	2	Limit 8 patches per 28 days; SL(0.29 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine ptwk 15 mcg/hr</i>	2	Limit 5 patches per 28 days;SL(0.19 ea daily); MO; *
<i>buprenorphine ptwk 20 mcg/hr</i>	2	Limit 4 patches per 28 days;SL(0.15 ea daily); MO; *
<i>buprenorphine ptwk 5 mcg/hr</i>	2	Limit 16 patches per 28 days;SL(0.58 ea daily); MO; *
BUPRENORPHINE PTWK 7.5 MCG/HR	3	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>	4	Limit 210mls per month;QL(7 ml daily); MO
BUTRANS PTWK 7.5 MCG/HR	3	Limit 10 patches per 28 days;SL(0.39 ea daily); MO
<i>pentazocine w/ naloxone tabs</i>	4	AL(Up to 64 yrs old); QL(9.07 ea daily); MO
ZUBSOLV SUBL 0.7MG-0.18MG, 1.4MG-0.36MG, 2.9MG-0.71MG, 5.7MG-1.4MG	4	QL(3 ea daily); MO
ZUBSOLV SUBL 11.4MG-2.9MG	4	QL(1 ea daily); MO
ZUBSOLV SUBL 8.6MG-2.1MG	4	QL(2 ea daily); MO
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS	5	NDS;MO
<i>oxandrolone tabs 10 mg</i>	5	NDS;MO
<i>oxandrolone tabs 2.5 mg</i>	2	MO; *
<b>Androgens</b>		

Drug Name	Drug Tier	Requirements/ Limits
ANDRODERM PT24	4	MO
AVEED SOLN	4	LA
<i>danazol caps</i>	4	MO
<i>methyltestosterone caps</i>	2	MO; *
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	2	MO; *
<i>testosterone enanthate soln im</i>	3	MO
<i>testosterone gel td 10 mg/act</i>	2	MO; *
<i>testosterone gel td 20.25 mg/1.25gm, 40.5 mg/2.5gm, 1.62 %</i>	4	MO
<i>testosterone gel td 25 mg/2.5gm, 1 %, 50 mg/5gm</i>	3	MO
<i>testosterone soln td 30 mg/act</i>	4	MO
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTIFOAM FOAM	4	MO
<i>hydrocortisone (intrarectal) enem</i>	4	MO
UCERIS FOAM RE 2 MG/ACT	4	MO
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) crea</i>	1	MO; *
<b>Vasodilating Agents</b>		
RECTIV OINT	4	MO
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	2	MO; *
<i>ivermectin tabs</i>	3	MO
<i>praziquantel tabs</i>	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
IMPAVIDO CAPS	5	NDS;MO
<i>metronidazole caps or 375 mg</i>	4	SL(10.6 ea daily); MO
<i>metronidazole in nacl soln</i>	2	*
<i>metronidazole tabs or 250 mg</i>	2	SL(16 ea daily); MO; *
<i>metronidazole tabs or 500 mg</i>	2	SL(8 ea daily); MO; *
NEBUPENT SOLR	3	B/D; MO
PENTAM 300 SOLR ( <i>Pentamidine Isethionate</i> )	4	MO
<i>pentamidine isethionate solr</i>	2	MO; *
<i>tinidazole tabs</i>	3	MO
<i>trimethoprim tabs</i>	2	MO; *
XIFAXAN TABS 550 MG	5	NDS;MO
<b>Anti-infective Misc. - Combinations</b>		
<i>sulfamethoxazole-trimethoprim soln iv 80mg/5ml-400mg/5ml</i>	2	MO; *
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	4	MO
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	1	MO; *
<b>Antiprotozoal Agents</b>		
ALINIA TABS 500 MG	4	MO
<i>atovaquone susp</i>	5	NDS;MO
<b>Carbapenems</b>		
DORIBAX SOLR	4	
DORIPENEM SOLR 500 MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium solr</i>	2	MO; *
<i>imipenem-cilastatin solr 250mg-250mg</i>	1	MO; *
<i>imipenem-cilastatin solr 500mg-500mg</i>	3	MO
<i>meropenem solr 1 gm</i>	4	MO
<i>meropenem solr 500 mg</i>	4	
VABOMERE SOLR	4	
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate solr</i>	2	*
<b>Cyclic Lipopeptides</b>		
<i>daptomycin solr 500 mg</i>	5	NDS
<b>Glycopeptides</b>		
DALVANCE SOLR	5	NDS
FIRVANQ SOLR 25 MG/ML	4	
FIRVANQ SOLR 50 MG/ML	4	MO
ORBACTIV SOLR	5	NDS
<i>vancomycin hcl caps or 125 mg</i>	4	PA; MO
<i>vancomycin hcl caps or 250 mg</i>	5	PA; NDS;MO
VANCOMYCIN HCL IN DEXTROSE SOLN	4	
<i>vancomycin hcl solr iv 500 mg</i>	3	MO
<i>vancomycin hcl solr iv 750 mg, 1 gm, 1000 mg, 5 gm, 10 gm</i>	3	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	4	MO
<b>Leprostatics</b>		
<i>dapsone tabs</i>	2	MO; *
<b>Lincosamides</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl caps</i>	1	MO; *
<i>clindamycin palmitate hydrochloride solr</i>	3	MO
<i>clindamycin phosphate in d5w soln</i>	2	*
<i>clindamycin phosphate soln ij 300 mg/2ml, 9 gm/60ml, 9000 mg/60ml</i>	3	
<i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i>	3	MO
<i>clindamycin phosphate soln iv 300 mg/2ml, 900 mg/6ml</i>	3	
<i>clindamycin phosphate soln iv 600 mg/4ml</i>	2	*
<i>lincomycin hcl soln</i>	2	MO; *
<b>Monobactams</b>		
<i>aztreonam solr</i>	4	MO
CAYSTON SOLR	5	PA; NDS;LA
<b>Oxazolidinones</b>		
<i>linezolid soln iv 600 mg/300ml</i>	5	NDS
LINEZOLID SOLN IV 600MG/300ML-0.9%	5	NDS
<i>linezolid susr or 100 mg/5ml</i>	5	NDS;MO
<i>linezolid tabs or 600 mg</i>	4	MO
SIVEXTRO SOLR IV	5	NDS
SIVEXTRO TABS OR	5	NDS;MO
ZYVOX SOLN IV 200 MG/100ML	5	NDS
<b>Polymyxins</b>		
<i>colistimethate sodium solr</i>	4	MO
<i>polymyxin b sulfate solr</i>	2	*
<b>Streptogramins</b>		

Drug Name	Drug Tier	Requirements/Limits
SYNERCID SOLR	5	NDS
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12 ( <i>Ranolazine</i> )	4	MO
<i>ranolazine tb12</i>	2	MO; *
<b>Nitrates</b>		
DILATRATE SR CPR	4	MO
ISORDIL TITRADOSE TABS 40 MG	5	NDS;MO
ISOSORBIDE DINITRATE ER TBCR	3	MO
<i>isosorbide dinitrate tabs 30 mg</i>	2	MO; *
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</i>	3	MO
<i>isosorbide mononitrate tabs</i>	2	MO; *
<i>isosorbide mononitrate tb24</i>	2	MO; *
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	4	MO
NITROGLYCERIN LINGUAL AERS	4	MO
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	3	MO
<i>nitroglycerin soln tl 0.4 mg/spray</i>	4	MO
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	2	MO; *
NITROSTAT SUBL ( <i>Nitroglycerin</i> )	3	MO
<b>ANTIANSXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>buspirone hcl tabs</i>	2	MO; *
<i>hydroxyzine hcl soln im 50 mg/ml</i>	2	AL(Up to 64 yrs old); MO; *
<i>hydroxyzine hcl syrj or 10 mg/5ml</i>	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 vii.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	3	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>	4	AL(Up to 64 yrs old); MO
<b>Benzodiazepines</b>		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	MO
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	4	MO
<i>chlordiazepoxide hcl caps</i>	1	MO; *
<i>clorazepate dipotassium tabs</i>	3	MO
<i>diazepam conc or 5 mg/ml</i>	2	MO; *
<i>diazepam soln ij 5 mg/ml</i>	2	MO; *
<i>diazepam soln or 5 mg/5ml</i>	2	MO; *
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	MO; *
<i>lorazepam conc or 2 mg/ml</i>	2	MO; *
<i>lorazepam soln ij 2 mg/ml, 20 mg/10ml, 4 mg/ml</i>	1	MO; *
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	3	MO
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	3	AL(Up to 64 yrs old); MO
NORPACE CR CP12 100 MG	4	AL(Up to 64 yrs old); MO
<i>quinidine gluconate tbc or 324 mg</i>	4	MO
<i>quinidine sulfate tabs 200 mg, 300 mg</i>	1	MO; *
<b>Antiarrhythmics Type I-B</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (cardiac) sosy</i>	1	*
<i>mexiletine hcl caps</i>	3	MO
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs 100 mg</i>	3	SL(4 ea daily); MO
<i>flecainide acetate tabs 150 mg</i>	3	SL(2.66 ea daily); MO
<i>flecainide acetate tabs 50 mg</i>	3	SL(8 ea daily); MO
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	4	MO
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	3	MO
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	2	MO; *
<i>dofetilide caps</i>	4	
MULTAQ TABS	3	MO
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1	B/D; MO; *
<b>Antiasthmatic - Monoclonal Antibodies</b>		
CINQAIR SOLN	5	PA; NDS;LA
FASENRA SOSY	5	PA; NDS
NUCALA SOLR 100 MG	5	PA; NDS;LA
XOLAIR SOLR	5	PA; NDS;LA
XOLAIR SOSY	5	PA; NDS;LA
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	4	Limit 2 inhalers per month;QL(0.86 gm daily); MO
INCRUSE ELLIPTA AEPB	3	QL(1 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide soln</i>	2	B/D; MO; *
SPIRIVA HANDIHALER CAPS	3	QL(1 ea daily); MO
SPIRIVA RESPIMAT AERS	3	Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO
TUDORZA PRESSAIR AEPB	3	Limit 1 inhaler per month (60 actuations);QL(0.04 ea daily); MO
TUDORZA PRESSAIR AEPB	3	Limit 2 inhalers per month (30 actuations);QL(0.07 ea daily); MO
<b>Leukotriene Modulators</b>		
<i>montelukast sodium chew 4 mg, 5 mg</i>	3	QL(1 ea daily); MO
<i>montelukast sodium tabs 10 mg</i>	2	QL(1 ea daily); MO; *
<i>zafirlukast tabs</i>	4	MO
<i>zileuton tb12</i>	5	NDS;SL(4 ea daily); MO
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP TABS	4	QL(1 ea daily); MO
<b>Steroid Inhalants</b>		
ARNUITY ELLIPTA AEPB	3	SL(1 ea daily); MO
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	4	B/D; QL(8 ml daily); MO
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	4	B/D; QL(4 ml daily); MO
<i>budesonide (inhalation) susp 1 mg/2ml</i>	4	B/D; QL(2 ml daily); MO
FLOVENT DISKUS AEPB 100 MCG/BLIST	3	SL(20 ea daily); MO
FLOVENT DISKUS AEPB 250 MCG/BLIST	3	SL(8 ea daily); MO
FLOVENT DISKUS AEPB 50 MCG/BLIST	3	SL(40 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	3	Limit 2 inhalers per month;QL(0.8 gm daily); MO
FLOVENT HFA AERO 44 MCG/ACT	3	Limit 1 inhaler per month;QL(0.36 gm daily); MO
PULMICORT FLEXHALER AEPB 180 MCG/ACT	4	Limit 2 inhalers per month;QL(0.07 ea daily); MO
PULMICORT FLEXHALER AEPB 90 MCG/ACT	4	Limit 8 inhalers per month;QL(0.27 ea daily); MO
<b>Sympathomimetics</b>		
ADVAIR HFA AERO	3	QL(4 gm daily); MO
<i>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D; MO; *
<i>albuterol sulfate syrp or 2 mg/5ml</i>	2	MO; *
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	4	MO
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	MO; *
ANORO ELLIPTA AEPB	3	QL(2 ea daily); MO
ARCAPTA NEOHALER CAPS	4	QL(1 ea daily); MO
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	3	Limit 1 inhaler per month;SL(2 ea daily); MO
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	3	Limit 2 inhalers per month (Institutional Pack);SL(2 ea daily); MO
BROVANA NEBU	4	B/D; MO
COMBIVENT RESPIMAT AERS	4	Limit 3 inhalers per 2 months;SL(0.2 gm daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aepb</i>	2	SL(2 ea daily); MO; *
<i>ipratropium-albuterol soln</i>	2	B/D; MO; *
<i>levalbuterol hcl nebu</i>	4	B/D; MO
<i>levalbuterol tartrate aero</i>	4	MO
PERFOROMIST NEBU	4	B/D; QL(4 ml daily); MO
PROAIR HFA AERS	3	MO
PROAIR RESPICLICK AEPB	3	MO
SEREVENT DISKUS AEPB	3	QL(2 ea daily); MO
STIOLTO RESPIMAT AERS	3	Limit 1 inhaler per month; SL(0.14 gm daily); MO
STRIVERDI RESPIMAT AERS	3	Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO
SYMBICORT AERO 4.5MCG/ACT-160MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack); QL(0.4 gm daily); MO
SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack); QL(0.46 gm daily); MO
SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT, 4.5MCG/ACT-160MCG/ACT	3	Limit 1 inhaler per month; QL(0.34 gm daily); MO
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	3	MO
TRELEGY ELLIPTA AEPB	3	MO
<b>Xanthines</b>		
<i>aminophylline soln</i>	2	*

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	2	MO; *
<i>theophylline tb24 400 mg, 600 mg</i>	3	MO
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS ( <i>Warfarin Sodium</i> )	4	MO
<i>warfarin sodium tabs</i>	1	MO; *
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS 40 MG	4	QL(1 ea daily)
BEVYXXA CAPS 80 MG	4	QL(1 ea daily); MO
ELIQUIS STARTER PACK TABS	3	MO
ELIQUIS TABS	3	MO
XARELTO STARTER PACK TBPK	3	MO
XARELTO TABS	3	MO
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium soln</i>	4	MO
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	MO
<i>fondaparinux sodium soln 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	NDS;MO
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	MO
FRAGMIN SOLN 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 95000 UNIT/3.8ML	5	NDS;MO
<i>heparin sodium (porcine) soln</i>	3	MO
<b>Thrombin Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>argatroban soln 250 mg/2.5ml</i>	2	*
PRADAXA CAPS	4	MO
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	4	MO
FYCOMPA TABS	4	MO
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp 2.5 mg/ml</i>	2	MO; *
<i>clobazam tabs 10 mg</i>	2	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>	3	MO
DIASTAT ACUDIAL GEL	4	MO
DIASTAT PEDIATRIC GEL	4	MO
<i>diazepam (anticonvulsant) gel</i>	4	MO
DIAZEPAM RECTAL GEL GEL	4	MO
SYMPAZAN FILM 10 MG, 20 MG	5	PA; NDS;MO
SYMPAZAN FILM 5 MG	4	PA; MO
<b>Anticonvulsants - Misc.</b>		
APTIOM TABS 200 MG	4	MO
APTIOM TABS 400 MG, 600 MG, 800 MG	5	NDS;MO
BANZEL SUSP 40 MG/ML	4	MO

Drug Name	Drug Tier	Requirements/Limits
BANZEL TABS 200 MG	4	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 100 mg</i>	3	MO
<i>carbamazepine cp12 100 mg, 200 mg, 300 mg</i>	3	MO
<i>carbamazepine susp 100 mg/5ml</i>	2	MO; *
<i>carbamazepine tabs 200 mg</i>	2	MO; *
<i>carbamazepine tb12 100 mg, 200 mg, 400 mg</i>	2	MO; *
EPIDIOLEX SOLN	5	PA; NDS
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	2	MO; *
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	3	MO
<i>gabapentin tabs 600 mg, 800 mg</i>	3	MO
LAMICTAL XR KIT	4	MO
<i>lamotrigine chew 5 mg, 25 mg</i>	2	MO; *
<i>lamotrigine kit 25 mg</i>	2	MO; *
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	MO; *
<i>lamotrigine tb24 100 mg, 250 mg</i>	2	MO; *

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



Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tb24 25 mg, 50 mg, 200 mg, 300 mg</i>	4	MO
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	2	MO; *
<i>levetiracetam in sodium chloride soln</i>	3	
<i>levetiracetam soln iv 500 mg/5ml</i>	3	MO
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	3	MO
<i>levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg</i>	2	MO; *
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	3	MO
LYRICA CAPS 150 MG, 200 MG, 225 MG (Pregabalin)	3	QL(2 ea daily); MO
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG (Pregabalin)	3	QL(3 ea daily); MO
LYRICA CAPS 300 MG (Pregabalin)	3	SL(2 ea daily); MO
LYRICA SOLN 20 MG/ML (Pregabalin)	3	SL(30 ml daily); MO
<i>oxcarbazepine susp</i>	3	MO
<i>oxcarbazepine tabs</i>	3	MO
<i>primidone tabs</i>	2	MO; *
SPRITAM TB3D 1000 MG	4	PA; SL(3 ea daily); MO
SPRITAM TB3D 250 MG	4	PA; SL(12 ea daily); MO
SPRITAM TB3D 500 MG	4	PA; SL(6 ea daily); MO
SPRITAM TB3D 750 MG	4	PA; SL(4 ea daily); MO
TEGRETOL SUSP (Carbamazepine)	4	MO
TEGRETOL TABS (Carbamazepine)	4	MO
TEGRETOL-XR TB12 (Carbamazepine)	4	MO
<i>topiramate csp 15 mg, 25 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	2	MO; *
VIMPAT SOLN IV 200 MG/20ML	4	
VIMPAT SOLN OR 10 MG/ML	4	MO
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	4	MO
<i>zonisamide caps</i>	3	MO
<b>Carbamates</b>		
<i>felbamate susp 600 mg/5ml</i>	2	MO; *
<i>felbamate tabs 400 mg</i>	2	MO; *
<i>felbamate tabs 600 mg</i>	4	MO
<b>GABA Modulators</b>		
<i>tiagabine hcl tabs 12 mg, 16 mg</i>	2	MO; *
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	4	MO
<i>vigabatrin pack</i>	5	NDS;LA; MO
<i>vigabatrin tabs</i>	5	NDS;LA
<b>Hydantoins</b>		
DILANTIN INFATABS CHEW (Phenytoin)	4	MO
DILANTIN-125 SUSP (Phenytoin)	4	MO
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	2	*
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	2	MO; *
PEGANONE TABS	4	MO
<i>phenytoin chew 50 mg</i>	2	MO; *
<i>phenytoin sodium extended caps 30 mg, 100 mg, 200 mg, 300 mg</i>	2	MO; *
<i>phenytoin sodium soln</i>	2	*
<i>phenytoin susp 125 mg/5ml</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<b>Succinimides</b>		
CELONTIN CAPS	4	MO
<i>ethosuximide caps 250 mg</i>	1	MO; *
<i>ethosuximide soln 250 mg/5ml</i>	2	MO; *
ZARONTIN CAPS 250 MG ( <i>Ethosuximide</i> )	4	MO
<b>Valproic Acid</b>		
DEPACON SOLN ( <i>Valproate Sodium</i> )	4	
DEPAKENE CAPS ( <i>Valproic Acid</i> )	4	MO
DEPAKENE SOLN ( <i>Valproate Sodium</i> )	4	MO
DEPAKOTE ER TB24 ( <i>Divalproex Sodium</i> )	4	MO
DEPAKOTE SPRINKLES CSDR ( <i>Divalproex Sodium</i> )	4	MO
DEPAKOTE TBEC ( <i>Divalproex Sodium</i> )	4	MO
<i>divalproex sodium csdr 125 mg</i>	2	MO; *
<i>divalproex sodium tb24 250 mg, 500 mg</i>	3	MO
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	2	MO; *
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	2	*
<i>valproate sodium soln or 250 mg/5ml</i>	2	MO; *
<i>valproic acid caps</i>	3	MO
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs 7.5 mg, 15 mg, 30 mg, 45 mg</i>	2	MO; *
<i>mirtazapine tbdp 15 mg, 30 mg, 45 mg</i>	3	MO
<b>Antidepressants - Misc.</b>		
APLENZIN TB24 174 MG	4	ST; SL(3 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
APLENZIN TB24 348 MG	4	ST; SL(1.5 ea daily); MO
APLENZIN TB24 522 MG	4	ST; SL(1 ea daily); MO
<i>bupropion hcl tabs 100 mg</i>	3	SL(4.5 ea daily); MO
<i>bupropion hcl tabs 75 mg</i>	3	SL(6 ea daily); MO
<i>bupropion hcl tb12 100 mg</i>	2	SL(4 ea daily); MO; *
<i>bupropion hcl tb12 150 mg</i>	2	SL(2.66 ea daily); MO; *
<i>bupropion hcl tb12 200 mg</i>	2	SL(2 ea daily); MO; *
<i>bupropion hcl tb24 150 mg</i>	3	SL(3 ea daily); MO
<i>bupropion hcl tb24 300 mg</i>	3	SL(1.5 ea daily); MO
BUPROPION HYDROCHLORIDE ER (XL) TB24	4	ST; MO
FORFIVO XL TB24	4	ST; MO
<i>maprotiline hcl tabs 25 mg, 50 mg</i>	1	MO; *
<i>maprotiline hcl tabs 75 mg</i>	2	MO; *
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24	5	NDS;MO
MARPLAN TABS	4	MO
<i>phenelzine sulfate tabs</i>	2	MO; *
<i>tranylcypromine sulfate tabs</i>	4	MO
<b>N-Methyl-D-aspartic acid (NMDA) Receptor</b>		
SPRAVATO 56MG DOSE SOPK	5	PA; NDS;MO
SPRAVATO 84MG DOSE SOPK	5	PA; NDS;MO
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	4	SL(20 ml daily); MO
<i>citalopram hydrobromide tabs 10 mg</i>	1	SL(4 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 5 mg/5ml</i>	4	MO
<i>escitalopram oxalate tabs 5 mg, 10 mg, 20 mg</i>	1	MO; *
<i>fluoxetine hcl caps 10 mg, 20 mg, 40 mg</i>	1	MO; *
<i>fluoxetine hcl cpdr 90 mg</i>	2	MO; *
<i>fluoxetine hcl soln 20 mg/5ml</i>	2	MO; *
<i>fluoxetine hcl tabs 10 mg, 20 mg, 60 mg</i>	2	MO; *
<i>fluvoxamine maleate cp24 100 mg, 150 mg</i>	4	MO
<i>fluvoxamine maleate tabs 25 mg, 50 mg, 100 mg</i>	2	MO; *
<i>paroxetine hcl tabs 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO; *
<i>paroxetine hcl tb24 12.5 mg, 25 mg, 37.5 mg</i>	4	MO
PAXIL SUSP 10 MG/5ML	4	MO
PEXEVA TABS	4	ST; MO
<i>sertraline hcl conc 20 mg/ml</i>	3	MO
<i>sertraline hcl tabs 25 mg, 50 mg, 100 mg</i>	1	MO; *
<b>Serotonin Modulators</b>		
<i>nefazodone hcl tabs 100 mg, 150 mg, 200 mg</i>	2	MO; *
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	3	MO
<i>trazodone hcl tabs</i>	1	MO; *
TRINTELLIX TABS 10 MG	4	ST; QL(2 ea daily); MO
TRINTELLIX TABS 20 MG	4	ST; QL(1 ea daily); MO
TRINTELLIX TABS 5 MG	4	ST; QL(4 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD STARTER PACK KIT	4	ST; MO
VIIBRYD TABS	4	ST; MO
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
DESVENLAFAXINE ER TB24 50 MG, 100 MG	4	ST; MO
<i>desvenlafaxine succinate tb24</i>	2	MO; *
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	4	MO
FETZIMA CP24 20 MG	4	ST; QL(2 ea daily); MO
FETZIMA CP24 40 MG, 80 MG, 120 MG	4	ST; QL(1 ea daily); MO
FETZIMA TITRATION PACK C4PK	4	ST; MO
KHEDEZLA TB24	4	ST; MO
<i>venlafaxine hcl cp24 150 mg</i>	2	SL(1.5 ea daily); MO; *
<i>venlafaxine hcl cp24 37.5 mg</i>	2	SL(6 ea daily); MO; *
<i>venlafaxine hcl cp24 75 mg</i>	2	SL(3 ea daily); MO; *
<i>venlafaxine hcl tabs 100 mg</i>	2	SL(3.75 ea daily); MO; *
<i>venlafaxine hcl tabs 25 mg</i>	2	SL(15 ea daily); MO; *
<i>venlafaxine hcl tabs 37.5 mg</i>	2	SL(10 ea daily); MO; *
<i>venlafaxine hcl tabs 50 mg</i>	2	SL(7.5 ea daily); MO; *
<i>venlafaxine hcl tabs 75 mg</i>	2	SL(5 ea daily); MO; *
<i>venlafaxine hcl tb24 150 mg</i>	2	SL(1.5 ea daily); MO; *
<i>venlafaxine hcl tb24 225 mg</i>	2	ST; SL(1 ea daily); MO; *
<i>venlafaxine hcl tb24 37.5 mg</i>	2	SL(6 ea daily); MO; *
<i>venlafaxine hcl tb24 75 mg</i>	2	SL(3 ea daily); MO; *
<b>Tricyclic Agents</b>		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amitriptyline hcl tabs</i>	2	AL(Up to 64 yrs old); MO; *
<i>amoxapine tabs 150 mg</i>	2	MO; *
<i>amoxapine tabs 25 mg, 50 mg, 100 mg</i>	1	MO; *
<i>clomipramine hcl caps</i>	4	AL(Up to 64 yrs old); MO
<i>desipramine hcl tabs</i>	3	MO
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	3	AL(Up to 64 yrs old); MO
<i>doxepin hcl conc 10 mg/ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>imipramine hcl tabs</i>	2	AL(Up to 64 yrs old); MO; *
<i>imipramine pamoate caps</i>	4	AL(Up to 64 yrs old); MO
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; *
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	MO; *
<i>protriptyline hcl tabs</i>	1	MO; *
<i>trimipramine maleate caps 100 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>trimipramine maleate caps 25 mg, 50 mg</i>	4	AL(Up to 64 yrs old); MO
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	6	QL(3 ea daily); MO; *
<i>miglitol tabs</i>	3	QL(3 ea daily); MO
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO
SYMLINPEN 60 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO
<b>Antidiabetic Combinations</b>		

Drug Name	Drug Tier	Requirements/ Limits
ACTOPLUS MET XR TB24 15MG-1000MG	3	SL(2 ea daily)
ACTOPLUS MET XR TB24 30MG-1000MG	3	SL(1.5 ea daily)
<i>glipizide-metformin hcl tabs 2.5mg-250mg</i>	6	SL(8 ea daily); MO; *
<i>glipizide-metformin hcl tabs 2.5mg-500mg, 5mg-500mg</i>	6	SL(4 ea daily); MO; *
<i>glyburide-metformin tabs 1.25mg-250mg</i>	2	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glyburide-metformin tabs 2.5mg-500mg, 5mg-500mg</i>	2	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
INVOKAMET TABS 50MG-1000MG, 150MG-500MG, 150MG-1000MG	3	SL(2 ea daily); MO
INVOKAMET TABS 50MG-500MG	3	SL(4 ea daily); MO
INVOKAMET XR TB24 50MG-1000MG, 150MG-500MG, 150MG-1000MG	3	SL(2 ea daily); MO
INVOKAMET XR TB24 50MG-500MG	3	SL(4 ea daily); MO
JANUMET TABS	3	SL(2 ea daily); MO
JANUMET XR TB24 100MG-1000MG	3	SL(1 ea daily); MO
JANUMET XR TB24 50MG-500MG, 50MG-1000MG	3	SL(2 ea daily); MO
JENTADUETO TABS	3	SL(2 ea daily); MO
JENTADUETO XR TB24 2.5MG-1000MG	3	SL(2 ea daily); MO
JENTADUETO XR TB24 5MG-1000MG	3	SL(1 ea daily); MO
<i>pioglitazone hcl-glimepiride tabs</i>	6	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl-metformin hcl tabs</i>	6	SL(3 ea daily); MO; *
<i>repaglinide-metformin hcl tabs</i>	2	SL(5 ea daily); MO; *
SYNJARDY TABS 5MG-1000MG, 12.5MG-1000MG	3	SL(2 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABS 5MG-500MG, 12.5MG-500MG	3	SL(4 ea daily); MO
SYNJARDY XR TB24 25MG-1000MG	3	SL(1 ea daily); MO
SYNJARDY XR TB24 5MG-1000MG, 10MG-1000MG, 12.5MG-1000MG	3	SL(2 ea daily); MO
<b>Biguanides</b>		
<i>metformin hcl tabs 1000 mg</i>	6	SL(2.55 ea daily); MO; *
<i>metformin hcl tabs 500 mg</i>	6	SL(5.1 ea daily); MO; *
<i>metformin hcl tabs 850 mg</i>	6	SL(3 ea daily); MO; *
<i>metformin hcl tb24 500 mg</i>	6	(GLUCOPHAGE XR); SL(4 ea daily); MO; *
<i>metformin hcl tb24 750 mg</i>	6	(GLUCOPHAGE XR); SL(2.66 ea daily); MO; *
RIOMET SOLN	3	SL(25.5 ml daily); MO
<b>Diabetic Other</b>		
GLUCAGEN HYPOKIT SOLR	3	MO
<i>glucagon (rdna) kit</i>	1	MO; *
KORLYM TABS	4	PA; SL(4 ea daily); LA; MO
PROGLYCEM SUSP	4	MO
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUVIA TABS 100 MG	3	QL(1 ea daily); MO
JANUVIA TABS 25 MG	3	QL(4 ea daily); MO
JANUVIA TABS 50 MG	3	QL(2 ea daily); MO
TRADJENTA TABS	3	QL(1 ea daily); MO
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS	4	QL(6 ea daily); MO
<b>Incretin Mimetic Agents (GLP-1 Receptor</b>		

Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE AUIJ	3	ST; MO
BYDUREON PEN PEN	3	ST; MO
BYDUREON SRER	3	ST
BYETTA SOPN	3	ST; MO
TRULICITY SOPN	5	ST; NDS; MO
VICTOZA SOPN	3	ST; MO
<b>Insulin Sensitizing Agents</b>		
AVANDIA TABS 2 MG	4	SL(4 ea daily); MO
AVANDIA TABS 4 MG	4	SL(2 ea daily); MO
<i>pioglitazone hcl tabs 15 mg</i>	6	SL(3 ea daily); MO; *
<i>pioglitazone hcl tabs 30 mg</i>	6	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl tabs 45 mg</i>	6	SL(1 ea daily); MO; *
<b>Insulin</b>		
HUMALOG JUNIOR KWIKPEN SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG KWIKPEN SOPN 100 UNIT/ML	3	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG MIX 50/50 KWIKPEN SUPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG MIX 50/50 SUSP	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG MIX 75/25 KWIKPEN SUPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG MIX 75/25 SUSP	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 vii.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOCT	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMALOG SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN 70/30 KWIKPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN N KWIKPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN N SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN R SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN R U-500 (CONCENTRATED) SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN R U-500 KWIKPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
LANTUS SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
LANTUS SOLOSTAR SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
LEVEMIR FLEXTOUCH SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
LEVEMIR SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
TOUJEO MAX SOLOSTAR SOPN	3	Limit 15mls per month;QL(0.5 ml daily)
TOUJEO SOLOSTAR SOPN	3	Limit 15mls per month;QL(0.5 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	3	Limit 45mls per month;QL(1.5 ml daily); MO

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	3	Limit 27mls per month;QL(0.9 ml daily); MO
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	6	QL(3 ea daily); MO; *
<i>repaglinide tabs 0.5 mg</i>	6	SL(32 ea daily); MO; *
<i>repaglinide tabs 1 mg</i>	6	SL(16 ea daily); MO; *
<i>repaglinide tabs 2 mg</i>	6	SL(8 ea daily); MO; *
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
INVOKANA TABS	3	MO
JARDIANCE TABS	3	MO
<b>Sulfonylureas</b>		
<i>glimepiride tabs 1 mg</i>	2	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glimepiride tabs 2 mg</i>	2	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
<i>glimepiride tabs 4 mg</i>	2	AL(Up to 64 yrs old); SL(2 ea daily); MO; *
<i>glipizide tabs 10 mg</i>	6	SL(4 ea daily); MO; *
<i>glipizide tabs 5 mg</i>	6	SL(8 ea daily); MO; *
<i>glipizide tb24 10 mg</i>	6	SL(2 ea daily); MO; *
<i>glipizide tb24 2.5 mg</i>	6	SL(8 ea daily); MO; *
<i>glipizide tb24 5 mg</i>	6	SL(4 ea daily); MO; *
<i>glyburide micronized tabs 1.5 mg</i>	2	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glyburide micronized tabs 3 mg</i>	2	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
<i>glyburide micronized tabs 6 mg</i>	2	AL(Up to 64 yrs old); SL(2 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tabs 1.25 mg</i>	2	AL(Up to 64 yrs old); SL(16 ea daily); MO; *
<i>glyburide tabs 2.5 mg</i>	2	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glyburide tabs 5 mg</i>	2	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
TOLAZAMIDE TABS 250 MG	6	SL(4 ea daily); *
TOLAZAMIDE TABS 500 MG	6	SL(2 ea daily); MO; *
TOLBUTAMIDE TABS	6	SL(6 ea daily); MO; *

### ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

#### Antidiarrheal - Chloride Channel Antagonists

MYTESI TBEC	4	PA; QL(2 ea daily); MO
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#### Antiperistaltic Agents

<i>diphenoxylate w/ atropine tabs</i>	3	MO
<i>loperamide hcl caps</i>	2	RX/OTC; MO; *
MOTOFEN TABS	4	MO
<i>opium tincture tinc</i>	5	NDS;MO

### ANTIDOTES AND SPECIFIC ANTAGONISTS

#### Antidotes - Chelating Agents

CHEMET CAPS	4	MO
<i>deferasirox tbso</i>	5	NDS
EXJADE TBSO ( <i>Deferasirox</i> )	5	NDS;LA
FERRIPROX TABS 500 MG	5	PA; NDS;LA; MO
JADENU SPRINKLE PACK	5	NDS
JADENU TABS	5	NDS

#### Antidotes and Specific Antagonists

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PACK	5	NDS;MO
<b>Opioid Antagonists</b>		
EVZIO SOAJ 2 MG/0.4ML	4	PA; MO
<i>naloxone hcl sosy 2 mg/2ml</i>	2	*
<i>naltrexone hcl tabs</i>	1	MO; *
NARCAN LIQD	4	1box=15DS, 2boxes=30DS, Max 4 ea/month;QL(0.134 ea daily); MO

### ANTIEMETICS - Drugs to Treat Nausea and Vomiting

#### 5-HT3 Receptor Antagonists

<i>granisetron hcl tabs or 1 mg</i>	4	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>	4	B/D; MO
<i>ondansetron hcl tabs or 24 mg</i>	2	B/D; *
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	2	B/D; MO; *
<i>ondansetron tbdp</i>	2	B/D; MO; *
SANCUSO PTCH	5	NDS;MO

#### Antiemetics - Anticholinergic

<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	2	RX/OTC; MO; *
<i>scopolamine pt72</i>	2	MO; *
TRANSDERM SCOP PT72 ( <i>Scopolamine</i> )	4	MO
TRANSDERM-SCOP PT72 ( <i>Scopolamine</i> )	4	MO
<i>trimethobenzamide hcl caps</i>	3	MO

#### Antiemetics - Miscellaneous

AKYNZEO CAPS OR 300MG-0.5MG	4	B/D; MO
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You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
CESAMET CAPS	4	B/D; MO
<i>dronabinol caps</i>	4	B/D; MO
SYNDROS SOLN	5	B/D; NDS;MO
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps 40 mg</i>	2	PA; MO; *
<i>aprepitant caps 80 mg, 125 mg</i>	2	B/D; MO; *
VARUBI TABS OR 90 MG	4	B/D
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
ERAXIS SOLR	4	
MYCAMINE SOLR 100 MG	5	NDS
MYCAMINE SOLR 50 MG	5	NDS;MO
<b>Antifungals</b>		
ABELCET SUSP	4	PA
AMBISOME SUSR	4	PA
<i>amphotericin b solr</i>	1	PA; MO; *
<i>flucytosine caps</i>	2	MO; *
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	MO; *
<i>griseofulvin microsize tabs 500 mg</i>	3	MO
<i>griseofulvin ultramicrosize tabs</i>	4	MO
<i>nystatin tabs</i>	3	MO
<i>terbinafine hcl tabs</i>	2	MO; *
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS OR 186 MG	5	NDS;MO
CRESEMBA SOLR IV 372 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in dextrose soln</i>	2	*
<i>fluconazole in nacl soln 200mg/100ml-0.9%, 400mg/200ml-0.9%</i>	3	
<i>fluconazole susr 10 mg/ml, 40 mg/ml</i>	3	MO
<i>fluconazole tabs 50 mg, 100 mg, 150 mg, 200 mg</i>	2	MO; *
<i>itraconazole caps 100 mg</i>	4	MO
<i>itraconazole soln 10 mg/ml</i>	5	NDS;MO
<i>ketoconazole tabs</i>	3	MO
NOXAFIL SOLN IV 300 MG/16.7ML	5	NDS
NOXAFIL SUSP OR 40 MG/ML	5	NDS;MO
NOXAFIL TBEC OR 100 MG ( <i>Posaconazole</i> )	5	NDS;MO
<i>posaconazole tbec</i>	5	NDS;MO
<i>voriconazole solr iv 200 mg</i>	2	*
<i>voriconazole susr or 40 mg/ml</i>	2	MO; *
<i>voriconazole tabs or 50 mg, 200 mg</i>	5	NDS;MO
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	AL(Up to 64 yrs old); MO; *
<i>carbinoxamine maleate tabs 4 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>clemastine fumarate tabs</i>	3	AL(Up to 64 yrs old); MO
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	MO; *
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl soln 1 mg/ml</i>	1	RX/OTC; MO; *
DESLORATADINE ODT TBDP 5 MG	4	MO
<i>desloratadine tabs</i>	3	MO

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



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

Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light powd</i>	1	MO; *
<i>cholestyramine pack 4 gm</i>	3	MO
<i>cholestyramine powd 4 gm/dose</i>	3	Powder Canister;MO
<i>colesevelam hcl pack</i>	2	MO; *
<i>colesevelam hcl tabs</i>	2	MO; *
<i>colestipol hcl gran 5 gm</i>	1	MO; *
<i>colestipol hcl pack 5 gm</i>	1	MO; *
<i>colestipol hcl tabs 1 gm</i>	3	MO
<b>Fibric Acid Derivatives</b>		
ANTARA CAPS 30 MG	4	SL(4.33 ea daily); MO
ANTARA CAPS 90 MG	4	SL(1.44 ea daily); MO
<i>choline fenofibrate cpdr</i>	4	MO
FENOFIBRATE CAPS 50 MG, 150 MG	4	MO
<i>fenofibrate micronized caps 130 mg</i>	3	SL(1 ea daily); MO
<i>fenofibrate micronized caps 43 mg</i>	3	SL(3.02 ea daily); MO
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	3	MO
<i>fenofibrate tabs 40 mg, 48 mg, 54 mg, 120 mg, 145 mg, 160 mg</i>	2	MO; *
<i>gemfibrozil tabs</i>	2	MO; *
LIPOFEN CAPS	4	MO
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24	4	MO
<i>atorvastatin calcium tabs</i>	6	MO; *
<i>fluvastatin sodium caps 20 mg</i>	6	QL(3 ea daily); MO; *
<i>fluvastatin sodium caps 40 mg</i>	6	QL(2 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium tb24 80 mg</i>	4	MO
LIVALO TABS	4	MO
<i>lovastatin tabs 10 mg, 20 mg</i>	6	QL(1 ea daily); MO; *
<i>lovastatin tabs 40 mg</i>	6	QL(2 ea daily); MO; *
<i>pravastatin sodium tabs</i>	6	QL(1 ea daily); MO; *
<i>rosuvastatin calcium tabs</i>	2	QL(1 ea daily); MO; *
<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>	6	QL(1 ea daily); MO; *
<i>simvastatin tabs 80 mg</i>	6	SL(1 ea daily); MO; *
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	2	QL(1 ea daily); MO; *
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
JUXTAPID CAPS 10 MG	5	PA; NDS;SL(6 ea daily); LA; MO
JUXTAPID CAPS 20 MG	5	PA; NDS;SL(3 ea daily); LA; MO
JUXTAPID CAPS 30 MG	5	PA; NDS;SL(2 ea daily); LA; MO
JUXTAPID CAPS 40 MG	5	PA; NDS;SL(1.5 ea daily); LA; MO
JUXTAPID CAPS 5 MG	5	PA; NDS;SL(12 ea daily); LA; MO
JUXTAPID CAPS 60 MG	5	PA; NDS;SL(1 ea daily); LA; MO
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i>	4	MO
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
PRALUENT SOAJ 150 MG/ML	4	PA; Limit 2mls per 28 days;SL(0.08 ml daily)

Drug Name	Drug Tier	Requirements/Limits
PRALUENT SOAJ 75 MG/ML	4	PA; Limit 4mls per 28 days;SL(0.15 ml daily)
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; MO
REPATHA SOSY	4	PA; MO
REPATHA SURECLICK SOAJ	4	PA; MO
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
<i>benazepril hcl tabs</i>	6	MO; *
<i>captopril tabs</i>	6	MO; *
<i>enalapril maleate tabs 10 mg</i>	6	SL(4 ea daily); MO; *
<i>enalapril maleate tabs 2.5 mg</i>	6	SL(16 ea daily); MO; *
<i>enalapril maleate tabs 20 mg</i>	6	SL(2 ea daily); MO; *
<i>enalapril maleate tabs 5 mg</i>	6	SL(8 ea daily); MO; *
<i>enalaprilat inj</i>	6	*
<i>fosinopril sodium tabs</i>	6	MO; *
<i>lisinopril tabs</i>	6	MO; *
<i>moexipril hcl tabs</i>	6	MO; *
<i>perindopril erbumine tabs 2 mg</i>	6	SL(8 ea daily); MO; *
<i>perindopril erbumine tabs 4 mg</i>	6	SL(4 ea daily); MO; *
<i>perindopril erbumine tabs 8 mg</i>	6	SL(2 ea daily); MO; *
<i>quinapril hcl tabs</i>	6	MO; *
<i>ramipril caps</i>	6	MO; *
<i>trandolapril tabs</i>	6	MO; *
<b>Agents for Pheochromocytoma</b>		

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

Drug Name	Drug Tier	Requirements/Limits
DEMSER CAPS	5	NDS;MO
<i>phenoxybenzamine hcl caps</i>	2	MO; *
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil tabs</i>	6	MO; *
EDARBI TABS	4	QL(1 ea daily); MO
EPROSARTAN MESYLATE TABS	6	MO; *
<i>irbesartan tabs</i>	6	MO; *
<i>losartan potassium tabs</i>	6	MO; *
<i>olmesartan medoxomil tabs</i>	2	MO; *
<i>telmisartan tabs</i>	3	MO
<i>valsartan tabs</i>	6	MO; *
<b>Antiadrenergic Antihypertensives</b>		
<i>clonidine hcl tabs</i>	2	MO; *
<i>clonidine ptwk</i>	4	MO
<i>doxazosin mesylate tabs</i>	3	MO
<i>guanfacine hcl tabs</i>	2	AL(Up to 64 yrs old); MO; *
<i>methyldopa tabs</i>	2	AL(Up to 64 yrs old); MO; *
<i>prazosin hcl caps</i>	3	MO
<i>terazosin hcl caps</i>	1	MO; *
<b>Antihypertensive Combinations</b>		
<i>amlodipine besylate-benazepril hcl caps</i>	6	MO; *
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	2	MO; *
<i>amlodipine besylate-valsartan tabs 160mg-5mg</i>	3	SL(2 ea daily); MO
<i>amlodipine besylate-valsartan tabs 320mg-5mg, 160mg-10mg, 320mg-10mg</i>	3	SL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tabs 160mg-5mg-12.5mg</i>	4	SL(2 ea daily); MO
<i>amlodipine-valsartan-hydrochlorothiazide tabs 160mg-5mg-25mg, 160mg-10mg-12.5mg, 160mg-10mg-25mg, 320mg-10mg-25mg</i>	4	SL(1 ea daily); MO
<i>atenolol &amp; chlorthalidone tabs</i>	2	MO; *
<i>benazepril &amp; hydrochlorothiazide tabs</i>	6	MO; *
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	2	MO; *
BYVALSON TABS	4	MO
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	6	MO; *
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS	6	MO; *
EDARBYCLOR TABS	4	QL(1 ea daily); MO
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	6	MO; *
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	6	MO; *
<i>irbesartan-hydrochlorothiazide tabs</i>	6	MO; *
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	6	MO; *
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	6	MO; *
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	3	MO
<i>moexipril-hydrochlorothiazide tabs 15mg-12.5mg</i>	6	MO; *
<i>moexipril-hydrochlorothiazide tabs 7.5mg-12.5mg, 15mg-25mg</i>	6	*
<i>nadolol &amp; bendroflumethiazide tabs</i>	1	*
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	2	MO; *
<i>quinapril-hydrochlorothiazide tabs</i>	6	MO; *
TEKTURNA HCT TABS	3	MO
<i>telmisartan-amlodipine tabs</i>	4	MO
<i>telmisartan-hydrochlorothiazide tabs</i>	4	MO
<i>valsartan-hydrochlorothiazide tabs 160mg-25mg, 320mg-12.5mg, 320mg-25mg</i>	6	SL(1 ea daily); MO; *
<i>valsartan-hydrochlorothiazide tabs 80mg-12.5mg, 160mg-12.5mg</i>	6	SL(2 ea daily); MO; *
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate tabs</i>	2	MO; *
TEKTURNA TABS 150 MG, 300 MG ( <i>Aliskiren Fumarate</i> )	3	MO
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	4	MO
<b>Vasodilators</b>		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	2	MO; *
<i>minoxidil tabs</i>	2	MO; *
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	4	MO
COARTEM TABS	3	MO
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs</i>	2	MO; *
DARAPRIM TABS	4	
<i>hydroxychloroquine sulfate tabs</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
KRINTAFEL TABS	4	QL(0.067 ea daily)
<i>mefloquine hcl tabs</i>	3	MO
<i>primaquine phosphate tabs</i>	2	MO; *
PRIMAQUINE PHOSPHATE TABS ( <i>Primaquine Phosphate</i> )	4	MO
<i>quinine sulfate caps</i>	3	PA; MO
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE TABS	5	PA; NDS; SL(8 ea daily); LA; MO
GUANIDINE HCL TABS	3	
<i>pyridostigmine bromide tabs 60 mg</i>	3	MO
<i>pyridostigmine bromide tbc 180 mg</i>	4	MO
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAPS	4	MO
RIFATER TABS	4	MO
<b>Antimycobacterial Agents</b>		
<i>aminosalicylic acid pack</i>	2	MO; *
CAPASTAT SULFATE SOLR	4	
<i>ethambutol hcl tabs</i>	1	MO; *
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	MO; *
PRIFTIN TABS	4	MO
<i>pyrazinamide tabs</i>	1	MO; *
<i>rifabutin caps</i>	5	NDS; MO
<i>rifampin caps or 150 mg</i>	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin caps or 300 mg</i>	3	MO
<i>rifampin solr iv 600 mg</i>	2	*
SIRTURO TABS	5	NDS;LA
TRECTOR TABS	4	MO
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
BENDEKA SOLN	5	NDS
<i>busulfan soln</i>	2	*
<i>carboplatin soln</i>	4	
<i>carmustine solr</i>	2	*
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>	2	B/D; MO; *
<i>cyclophosphamide solr ij 500 mg, 1 gm, 2 gm</i>	4	
EVOMELA SOLR	5	NDS
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG	3	MO
HEXALEN CAPS	5	NDS;MO
IFEX SOLR 3 GM	4	
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	2	*
<i>ifosfamide solr 1 gm</i>	2	*
IFOSFAMIDE SOLR 3 GM	4	
LEUKERAN TABS	4	MO
<i>melphalan hcl solr</i>	2	*
<i>melphalan tabs</i>	2	B/D; MO; *

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>gemcitabine hcl solr 2 gm</i>	2	*
<i>gemcitabine hcl solr 200 mg</i>	5	NDS
GEMCITABINE HYDROCHLORIDE SOLN 200 MG/2ML, 1 GM/10ML, 2 GM/20ML	4	
GEMCITABINE SOLN ( <i>Gemcitabine HCl</i> )	5	NDS
INFUGEM SOLN	5	NDS
<i>mercaptopurine tabs</i>	4	MO
<i>methotrexate sodium soln ij 50 mg/2ml, 250 mg/10ml</i>	2	*
<i>methotrexate sodium soln ij 50 mg/2ml, 250 mg/10ml, 1 gm/40ml</i>	1	Preservative Free; *
<i>methotrexate sodium solr ij 1 gm</i>	2	*
<i>methotrexate sodium tabs or 10 mg, 15 mg</i>	1	MO; *
<i>methotrexate sodium tabs or 2.5 mg, 5 mg, 7.5 mg</i>	2	MO; *
PURIXAN SUSP	5	PA; NDS
TABLOID TABS	3	MO
XATMEP SOLN	4	PA; MO
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
AVASTIN SOLN	5	PA; NDS
CYRAMZA SOLN	5	NDS;LA
ZALTRAP SOLN	5	PA; NDS
<b>Antineoplastic - Antibodies</b>		
ARZERRA CONC	5	NDS
BAVENCIO SOLN	5	NDS;LA
BESPONSA SOLR	5	NDS;MO
BLINCYTO SOLR	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
CAMPATH SOLN	5	NDS
DARZALEX SOLN	5	NDS;LA
EMPLICITI SOLR	5	NDS
ERBITUX SOLN	5	NDS
GAZYVA SOLN	5	NDS;LA
HERCEPTIN SOLR	5	PA; NDS
IMFINZI SOLN	5	NDS;LA
KADCYLA SOLR	5	PA; NDS
KEYTRUDA SOLN	5	PA; NDS
LARTRUVO SOLN	5	NDS;LA; MO
LIBTAYO SOLN	5	NDS;LA; MO
LUMOXITI SOLR	5	NDS;LA
MYLOTARG SOLR	5	NDS;MO
OPDIVO SOLN	5	NDS
PERJETA SOLN	5	NDS
POLIVY SOLR	5	NDS
PORTRAZZA SOLN	5	NDS
POTELIGEO SOLN	5	NDS
RITUXAN SOLN	5	PA; NDS
TECENTRIQ SOLN	5	PA; NDS
VECTIBIX SOLN	5	NDS
YERVOY SOLN	5	PA; NDS
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPK	4	PA; LA; MO
VENCLEXTA TABS	4	PA; LA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS	5	PA; NDS
ERIVEDGE CAPS	5	NDS;LA
ODOMZO CAPS	5	PA; NDS;LA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs</i>	5	PA; NDS
<i>anastrozole tabs</i>	3	MO
<i>bicalutamide tabs</i>	3	MO
DEPO-PROVERA SUSP	4	MO
ELIGARD KIT	4	
EMCYT CAPS	4	MO
ERLEADA TABS	5	PA; NDS
<i>exemestane tabs</i>	4	MO
FASLODEX SOLN ( <i>Fulvestrant</i> )	5	NDS;MO
FIRMAGON SOLR 120 MG	5	NDS
FIRMAGON SOLR 80 MG	4	
<i>flutamide caps</i>	4	MO
FULVESTRANT SOLN	5	NDS;MO
<i>fulvestrant soln</i>	5	NDS;MO
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	5	NDS
<i>letrozole tabs</i>	1	MO; *
<i>leuprolide acetate kit</i>	1	*
LUPRON DEPOT (1-MONTH) KIT	5	NDS
LUPRON DEPOT (3-MONTH) KIT	5	NDS

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4-MONTH) KIT	5	NDS
LUPRON DEPOT (6-MONTH) KIT	5	NDS
LYSODREN TABS	3	
<i>megestrol acetate susp 40 mg/ml, 400 mg/10ml</i>	3	AL(Up to 64 yrs old); MO
<i>megestrol acetate tabs 20 mg, 40 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>nilutamide tabs</i>	2	MO; *
NUBEQA TABS	5	PA; NDS
SOLTAMOX SOLN	4	MO
<i>tamoxifen citrate tabs</i>	2	MO; *
<i>toremifene citrate tabs</i>	5	NDS;MO
TRELSTAR MIXJECT SUSR 3.75 MG, 11.25 MG, 22.5 MG	5	NDS
VANTAS KIT	5	NDS
XTANDI CAPS	5	PA; NDS;LA
YONSA TABS	5	PA; NDS
ZOLADEX IMPL	4	
ZYTIGA TABS 500 MG	5	PA; NDS
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	5	NDS;LA
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY TBPK	5	PA; NDS;MO
XPOVIO 60 MG ONCE WEEKLY TBPK	5	PA; NDS;MO
XPOVIO 80 MG ONCE WEEKLY TBPK	5	PA; NDS;MO
XPOVIO 80 MG TWICE WEEKLY TBPK	5	PA; NDS;MO
<b>Antineoplastic Antibiotics</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin sulfate solr</i>	2	PA; *
<i>dactinomycin solr</i>	2	*
<i>daunorubicin hcl soln</i>	2	*
DAUNORUBICIN HYDROCHLORIDE SOLN	4	
<i>doxorubicin hcl liposomal inj</i>	2	*
<i>doxorubicin hcl soln 2 mg/ml</i>	4	
<i>doxorubicin hcl solr 10 mg, 50 mg</i>	1	*
<i>epirubicin hcl soln 200 mg/100ml</i>	4	
<i>epirubicin hcl soln 50 mg/25ml</i>	2	*
<i>idarubicin hcl soln</i>	2	*
<i>mitomycin solr</i>	2	*
<i>mitoxantrone hcl conc</i>	2	*
<i>valrubicin soln</i>	5	NDS
VALSTAR SOLN ( <i>Valrubicin</i> )	5	NDS
<b>Antineoplastic Combinations</b>		
HERCEPTIN HYLECTA SOLN	5	NDS
KISQALI FEMARA 200 DOSE TBPK	5	PA; NDS
KISQALI FEMARA 400 DOSE TBPK	5	PA; NDS
KISQALI FEMARA 600 DOSE TBPK	5	PA; NDS
LONSURF TABS	5	PA; NDS
RITUXAN HYCELA SOLN	5	NDS
VYXEOS SUSR	5	NDS;MO
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ TBSO	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
AFINITOR TABS	5	PA; NDS
ALECENSA CAPS	5	PA; NDS;LA
ALIQOPA SOLR	5	NDS;MO
ALUNBRIG TABS	5	PA; NDS;LA
ALUNBRIG TBPK	5	PA; NDS;LA
BALVERSA TABS	5	PA; NDS;LA; MO
BELEODAQ SOLR	5	PA; NDS
BORTEZOMIB SOLR	5	NDS
BOSULIF TABS	5	PA; NDS
BRAFTOVI CAPS	5	PA; NDS;MO
CABOMETYX TABS	5	PA; NDS
CALQUENCE CAPS	5	PA; NDS;LA; MO
CAPRELSA TABS	5	PA; NDS;LA; MO
COMETRIQ KIT	5	PA; NDS;LA; MO
COPIKTRA CAPS	5	PA; NDS;MO
COTELLIC TABS	5	PA; NDS;LA
<i>erlotinib hcl tabs 100 mg, 150 mg</i>	5	PA; NDS
<i>erlotinib hcl tabs 25 mg</i>	5	PA; NDS;MO
FARYDAK CAPS	5	PA; NDS;LA
GILOTRIF TABS	5	PA; NDS;LA; MO
IBRANCE CAPS	5	NDS;LA
ICLUSIG TABS	5	PA; NDS;LA; MO
IDHIFA TABS	5	PA; NDS
<i>imatinib mesylate tabs</i>	5	PA; NDS

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



Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS	5	PA; NDS;LA; MO
IMBRUVICA TABS	5	PA; NDS;LA; MO
INLYTA TABS	5	PA; NDS;LA
IRESSA TABS	3	LA; MO
ISTODAX (OVERFILL) SOLR	5	NDS
JAKAFI TABS	5	PA; NDS;LA
KISQALI TBPK	5	PA; NDS
KYPROLIS SOLR	5	NDS
LENVIMA 10 MG DAILY DOSE CPPK	5	PA; NDS;MO
LENVIMA 12MG DAILY DOSE CPPK	5	PA; NDS;MO
LENVIMA 14 MG DAILY DOSE CPPK	5	PA; NDS;MO
LENVIMA 18 MG DAILY DOSE CPPK	5	PA; NDS;MO
LENVIMA 20 MG DAILY DOSE CPPK	5	PA; NDS;MO
LENVIMA 24 MG DAILY DOSE CPPK	5	PA; NDS;MO
LENVIMA 4 MG DAILY DOSE CPPK	5	PA; NDS;MO
LENVIMA 8 MG DAILY DOSE CPPK	5	PA; NDS;MO
LORBRENA TABS	5	PA; NDS
LYNPARZA 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

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE TBPK	5	PA; NDS
PIQRAY 300MG DAILY DOSE TBPK	5	PA; NDS
ROMIDEPSIN SOLR	5	NDS
RUBRACA TABS	5	PA; NDS;LA
RYDAPT CAPS	5	PA; NDS
SPRYCEL TABS	5	PA; NDS
STIVARGA TABS	5	PA; NDS;LA
SUTENT CAPS	5	NDS
TAFINLAR CAPS	5	NDS
TAGRISSE TABS	5	PA; NDS;LA
TALZENNA CAPS	5	PA; NDS
TASIGNA CAPS	5	PA; NDS
<i>temsirolimus soln</i>	5	NDS
TIBSOVO TABS	5	PA; NDS;LA
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

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

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF TABS	5	PA; NDS;LA
ZOLINZA CAPS	5	NDS
ZYDELIG TABS	5	PA; NDS;LA
ZYKADIA CAPS	5	PA; NDS;LA
<b>Antineoplastic Enzymes</b>		
ERWINAZE SOLR	5	NDS;MO
ONCASPAR SOLN	5	NDS
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN	5	NDS;LA
<i>arsenic trioxide soln</i>	5	NDS
<i>bexarotene caps</i>	5	NDS
<i>dacarbazine solr</i>	2	*
<i>hydroxyurea caps</i>	3	MO
INTRON A SOLN 10 MU/ML	5	NDS
INTRON A SOLN 6000000 UNIT/ML	4	
INTRON A SOLR 10 MU, 18 MU, 50 MU	5	NDS
MATULANE CAPS	5	NDS;LA
NIPENT SOLR	4	
PROLEUKIN SOLR	5	NDS
SYLATRON KIT	5	NDS
SYNRIBO SOLR	5	NDS;MO
TICE BCG SUSR	5	NDS
<i>tretinoin (chemotherapy) caps</i>	5	NDS;MO
TRISENOX SOLN 12 MG/6ML ( <i>Arsenic Trioxide</i> )	5	NDS
UVADEX SOLN	4	

Drug Name	Drug Tier	Requirements/Limits
<b>Chemotherapy Adjuncts</b>		
ELITEK SOLR	5	NDS
KEPIVANCE SOLR	5	NDS
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>dexrazoxane hcl solr</i>	2	*
KHAPZORY SOLR	5	NDS
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg</i>	3	
<i>leucovorin calcium solr ij 50 mg, 500 mg</i>	2	*
<i>leucovorin calcium tabs or 5 mg, 10 mg, 15 mg, 25 mg</i>	2	MO; *
<i>levoleucovorin calcium soln 175 mg/17.5ml, 250 mg/25ml</i>	5	NDS
<i>levoleucovorin calcium solr 50 mg</i>	2	*
<i>mesna soln</i>	2	*
MESNEX TABS OR 400 MG	5	NDS;MO
<b>Mitotic Inhibitors</b>		
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>	2	*
HALAVEN SOLN	5	NDS
IXEMPRA KIT SOLR	5	NDS
JEVTANA SOLN	5	NDS
MARQIBO SUSP	5	NDS;MO
<i>paclitaxel conc 150 mg/25ml</i>	2	*

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

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel conc 30 mg/5ml, 100 mg/16.7ml, 300 mg/50ml</i>	4	
<i>vinblastine sulfate soln</i>	2	PA; MO; *
VINCRIStINE SULFATE SOLN	4	PA; MO
<i>vincristine sulfate soln</i>	2	PA; MO; *
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	
<i>vinorelbine tartrate soln 50 mg/5ml</i>	4	MO
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR SOLN 300 MG/15ML	4	
<i>irinotecan hcl soln</i>	2	*
ONIVYDE INJ	5	NDS;MO
<i>topotecan hcl solr 4 mg</i>	2	*
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa tabs</i>	4	MO
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln ij 1 mg/ml</i>	2	MO; *
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	3	AL(Up to 64 yrs old); MO
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	1	AL(Up to 64 yrs old); MO; *
<b>Antiparkinson COMT Inhibitors</b>		
<i>entacapone tabs</i>	4	SL(8 ea daily); MO
<i>tolcapone tabs</i>	2	MO; *
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps 100 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl syrps 50 mg/5ml</i>	2	MO; *
<i>amantadine hcl tabs 100 mg</i>	3	MO
APOKYN SOCT	5	NDS;LA
<i>bromocriptine mesylate caps</i>	4	MO
<i>bromocriptine mesylate tabs</i>	4	MO
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	2	MO; *
<i>carbidopa-levodopa tbc 25mg-100mg, 50mg-200mg</i>	3	MO
<i>carbidopa-levodopa tbdp 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	2	MO; *
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	4	MO
DUOPA SUSP	4	B/D; MO
GOCOVRI CP24	5	PA; NDS;MO
NEUPRO PT24	4	MO
OSMOLEX ER TB24	4	PA; SL(1 ea daily)
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	MO; *
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	4	MO
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	2	MO; *
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	MO; *
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 8 mg, 12 mg</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
STALEVO 100 TABS	4	MO
STALEVO 125 TABS	4	MO
STALEVO 150 TABS	4	MO
STALEVO 200 TABS	4	MO
STALEVO 50 TABS	4	MO
STALEVO 75 TABS	4	MO
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate tabs</i>	2	MO; *
<i>selegiline hcl caps</i>	2	MO; *
SELEGILINE HCL TABS	4	MO
<i>selegiline hcl tabs</i>	4	MO
ZELAPAR TBDP	4	MO
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	1	MO; *
<i>lithium carbonate tabs 300 mg</i>	2	MO; *
<i>lithium carbonate tbc 300 mg, 450 mg</i>	2	MO; *
<i>lithium soln</i>	1	MO; *
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12	4	MO
GEODON SOLR IM 20 MG	4	MO
LATUDA TABS 120 MG	5	PA; NDS;SL(1.33 ea daily); MO
LATUDA TABS 20 MG	5	PA; NDS;SL(8 ea daily); MO
LATUDA TABS 40 MG	5	PA; NDS;SL(4 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
LATUDA TABS 60 MG	5	PA; NDS;SL(2.67 ea daily); MO
LATUDA TABS 80 MG	5	PA; NDS;SL(2 ea daily); MO
NUPLAZID CAPS	5	PA; NDS;LA
NUPLAZID TABS	5	PA; NDS;LA
VRAYLAR CAPS 1.5 MG	4	PA; SL(4 ea daily); MO
VRAYLAR CAPS 3 MG	4	PA; SL(2 ea daily); MO
VRAYLAR CAPS 4.5 MG	4	PA; SL(1.4 ea daily); MO
VRAYLAR CAPS 6 MG	4	PA; SL(1 ea daily); MO
VRAYLAR CPPK	4	PA; MO
<i>ziprasidone hcl caps</i>	3	MO
<b>Benzisoxazoles</b>		
FANAPT TABS 1 MG, 2 MG, 4 MG, 10 MG	4	MO
FANAPT TABS 6 MG, 8 MG, 12 MG	5	NDS;MO
FANAPT TITRATION PACK TABS	4	MO
INVEGA SUSTENNA SUSY 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	5	NDS;MO
INVEGA SUSTENNA SUSY 39 MG/0.25ML, 78 MG/0.5ML	4	MO
INVEGA TRINZA SUSY	5	NDS
<i>paliperidone tb24 1.5 mg</i>	4	SL(8 ea daily); MO
<i>paliperidone tb24 3 mg</i>	4	SL(4 ea daily); MO
<i>paliperidone tb24 6 mg</i>	4	SL(2 ea daily); MO
<i>paliperidone tb24 9 mg</i>	5	NDS;SL(1.33 ea daily); MO
PERSERIS PRSY	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA SRER 12.5 MG	4	Limit 8 vials per 28 days;SL(0.29 ea daily)
RISPERDAL CONSTA SRER 25 MG	4	Limit 4 vials per 28 days;SL(0.15 ea daily)
RISPERDAL CONSTA SRER 37.5 MG	5	NDS, Limit 4 vials per 42 days;SL(0.1 ea daily)
RISPERDAL CONSTA SRER 50 MG	5	NDS, Limit 2 vials per 28 days;SL(0.08 ea daily)
<i>risperidone soln 1 mg/ml</i>	4	MO
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO; *
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	MO
<b>Butyrophenones</b>		
<i>haloperidol decanoate soln</i>	3	MO
<i>haloperidol lactate conc or 2 mg/ml</i>	2	MO; *
<i>haloperidol lactate soln ij 5 mg/ml</i>	3	MO
<i>haloperidol tabs</i>	3	MO
<b>Dibenzapines</b>		
CLOZAPINE ODT TBDP 150 MG	4	
CLOZAPINE ODT TBDP 200 MG	5	NDS
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	3	
CLOZAPINE TABS 50 MG (Clozapine)	4	
<i>clozapine tbdp 12.5 mg</i>	2	*
<i>clozapine tbdp 25 mg, 100 mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
FAZACLO TBDP 150 MG	4	
FAZACLO TBDP 200 MG	5	NDS
<i>loxapine succinate caps 25 mg, 50 mg</i>	3	MO
<i>loxapine succinate caps 5 mg, 10 mg</i>	2	MO; *
<i>olanzapine solr im 10 mg</i>	4	MO
<i>olanzapine tabs or 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg</i>	2	MO; *
<i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i>	4	MO
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	2	MO; *
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	2	PA; MO; *
SAPHRIS SUBL 10 MG	5	NDS;SL(2 ea daily); MO
SAPHRIS SUBL 2.5 MG	4	SL(8 ea daily); MO
SAPHRIS SUBL 5 MG	4	SL(4 ea daily); MO
VERSACLOZ SUSP	5	PA; NDS;SL(18 ml daily)
ZYPREXA RELPREVV SUSR	4	
<b>Dihydroindolones</b>		
MOLINDONE HYDROCHLORIDE TABS 5 MG	4	
<b>Phenothiazines</b>		
<i>chlorpromazine hcl soln ij 25 mg/ml</i>	2	MO; *
<i>chlorpromazine hcl soln ij 50 mg/2ml</i>	2	*
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	4	MO
<i>fluphenazine decanoate soln</i>	3	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 0.25 MG	5	PA; NDS;SL(16 ea daily); MO
REXULTI TABS 0.5 MG	5	PA; NDS;SL(8 ea daily); MO
REXULTI TABS 1 MG	5	PA; NDS;SL(4 ea daily); MO
REXULTI TABS 2 MG	5	PA; NDS;SL(2 ea daily); MO
REXULTI TABS 3 MG	5	PA; NDS;SL(1.33 ea daily); MO
REXULTI TABS 4 MG	5	PA; NDS;SL(1 ea daily); MO
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	3	MO
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	2	MO; *
<i>abacavir sulfate tabs 300 mg</i>	4	MO
<i>abacavir sulfate-lamivudine tabs</i>	4	MO
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	5	NDS;MO
APTIVUS CAPS 250 MG	5	NDS;MO
APTIVUS SOLN 100 MG/ML	3	
<i>atazanavir sulfate caps</i>	5	NDS;MO
ATRIPLA TABS	5	NDS;MO
BIKTARVY TABS	5	NDS;MO
CIMDUO TABS	5	NDS;MO
COMPLERA TABS	5	NDS;MO
CRIXIVAN CAPS	4	MO
DELSTRIGO TABS	5	NDS;MO
DESCOVY TABS	5	NDS;MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine cpdr</i>	1	MO; *
DOVATO TABS	5	NDS;MO
EDURANT TABS	5	NDS;MO
<i>efavirenz caps</i>	2	MO; *
<i>efavirenz tabs</i>	2	MO; *
EMTRIVA CAPS	4	MO
EMTRIVA SOLN	4	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, 200 MG	5	NDS;MO
INTELENCE TABS 25 MG	4	
INVIRASE CAPS	5	NDS;MO
INVIRASE TABS	5	NDS;MO
ISENTRESS CHEW 100 MG	3	SL(6 ea daily); MO
ISENTRESS CHEW 25 MG	3	SL(24 ea daily); MO
ISENTRESS HD TABS	5	NDS;MO
ISENTRESS PACK 100 MG	4	SL(2 ea daily); MO
ISENTRESS TABS 400 MG	5	NDS;MO
JULUCA TABS	5	NDS;MO
KALETRA TABS 100MG-25MG	4	MO
KALETRA TABS 200MG-50MG	5	NDS;MO
<i>lamivudine soln 10 mg/ml</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine tabs 150 mg, 300 mg</i>	4	MO
<i>lamivudine-zidovudine tabs</i>	2	MO; *
LEXIVA SUSP 50 MG/ML	3	MO
<i>lopinavir-ritonavir soln</i>	5	NDS;MO
<i>nevirapine susp 50 mg/5ml</i>	2	MO; *
<i>nevirapine tabs 200 mg</i>	2	MO; *
<i>nevirapine tb24 100 mg</i>	2	*
<i>nevirapine tb24 400 mg</i>	2	MO; *
NORVIR PACK 100 MG	4	MO
NORVIR SOLN 80 MG/ML	4	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	4	MO
RESCRIPTOR TABS 200 MG	4	MO
RETROVIR IV INFUSION SOLN	4	
REYATAZ PACK 50 MG	5	NDS;MO
<i>ritonavir tabs</i>	2	MO; *
SELZENTRY SOLN 20 MG/ML	3	
SELZENTRY TABS 150 MG, 300 MG	3	MO
SELZENTRY TABS 25 MG, 75 MG	3	
<i>stavudine caps 15 mg</i>	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine caps 20 mg, 30 mg, 40 mg</i>	1	MO; *
STRIBILD TABS	5	NDS;MO
SYMFI LO TABS	5	NDS;MO
SYMFI TABS	5	NDS;MO
SYMTUZA TABS	5	NDS;MO
TEMIXYS TABS	5	NDS;MO
<i>tenofovir disoproxil fumarate tabs</i>	4	MO
TIVICAY TABS 10 MG	4	MO
TIVICAY TABS 25 MG, 50 MG	5	NDS;MO
TRIUMEQ TABS	5	NDS;MO
TROGARZO SOLN	5	NDS
TRUVADA TABS	5	NDS;MO
TYBOST TABS	4	MO
VIDEX EC CPDR 125 MG	4	MO
VIDEXPEDIATRIC SOLR	4	MO
VIRACEPT TABS	5	NDS;MO
VIREAD POWD 40 MG/GM	5	NDS;MO
VIREAD TABS 150 MG, 200 MG, 250 MG	5	NDS;MO
ZERIT SOLR 1 MG/ML	4	MO
<i>zidovudine caps 100 mg</i>	1	MO; *
<i>zidovudine syrp 50 mg/5ml</i>	2	MO; *
<i>zidovudine tabs 300 mg</i>	1	MO; *
<b>CMV Agents</b>		
<i>cidofovir soln</i>	5	NDS
<i>ganciclovir sodium solr</i>	2	PA; MO; *

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS	5	PA; NDS;MO
<i>valganciclovir hcl solr</i>	5	NDS;MO
<i>valganciclovir hcl tabs</i>	5	NDS;MO
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil tabs</i>	5	NDS;MO
BARACLUDGE SOLN 0.05 MG/ML	4	MO
COPEGUS TABS ( <i>Ribavirin (Hepatitis C)</i> )	3	
DAKLINZA TABS 30 MG, 60 MG	5	PA; NDS
<i>entecavir tabs</i>	4	MO
EPCLUSA TABS	5	PA; NDS
EPIVIR HBV SOLN 5 MG/ML	3	MO
HARVONI TABS	5	PA; NDS
<i>lamivudine (hbv) tabs</i>	3	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	3	
<i>ribavirin (hepatitis c) caps 200 mg</i>	4	
<i>ribavirin (hepatitis c) tabs 200 mg</i>	3	
<i>ribavirin (hepatitis c) tabs 600 mg</i>	2	*
<i>ribavirin (hepatitis c) tbpk 400 mg, 600 mg</i>	2	*
SOVALDI TABS	5	PA; NDS
VEMLIDY TABS	5	ST; NDS;MO

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



Drug Name	Drug Tier	Requirements/Limits
VOSEVI TABS	5	PA; NDS
ZEPATIER TABS	5	PA; NDS
<b>Herpes Agents</b>		
<i>acyclovir caps 200 mg</i>	2	MO; *
<i>acyclovir sodium soln 50 mg/ml</i>	2	PA; *
<i>acyclovir susp 200 mg/5ml</i>	4	MO
<i>acyclovir tabs 400 mg, 800 mg</i>	2	MO; *
<i>famciclovir tabs</i>	3	MO
<i>valacyclovir hcl tabs</i>	3	MO
<b>Influenza Agents</b>		
<i>oseltamivir phosphate caps 30 mg</i>	3	QL(4 ea daily); MO
<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	3	MO
<i>oseltamivir phosphate susr 6 mg/ml</i>	2	MO; *
RELENZA DISKHALER AEPB	4	MO
<i>rimantadine hydrochloride tabs</i>	2	MO; *
<b>Respiratory Syncytial Virus (RSV) Agents</b>		
<i>ribavirin solr</i>	2	*
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate cp24</i>	2	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>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	2	MO; *
<i>atenolol tabs</i>	1	MO; *
<i>betaxolol hcl tabs</i>	2	MO; *
<i>bisoprolol fumarate tabs</i>	2	MO; *
BYSTOLIC TABS 2.5 MG, 5 MG, 10 MG	4	QL(1 ea daily); MO
BYSTOLIC TABS 20 MG	4	QL(2 ea daily); MO
<i>metoprolol succinate tb24</i>	2	MO; *
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg</i>	1	MO; *
<b>Beta Blockers Non-Selective</b>		
HEMANGEOL SOLN	4	
INDERAL XL CP24 80 MG, 120 MG	4	MO
INNOPRAN XL CP24 80 MG, 120 MG	4	MO
<i>nadolol tabs</i>	3	MO
<i>pindolol tabs</i>	1	MO; *
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	3	MO
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MO; *
<i>sotalol hcl (afib/af) tabs</i>	3	MO
<i>sotalol hcl tabs</i>	2	tabs; MO; *
SOTYLIZE SOLN	4	MO
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate tabs 10 mg</i>	1	SL(1 ea daily); MO; *
<i>amlodipine besylate tabs 2.5 mg</i>	1	SL(4 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tabs 5 mg</i>	1	SL(2 ea daily); MO; *
CARDIZEM LA TB24 120 MG	4	MO
<i>diltiazem hcl coated beads cp24</i>	3	MO
<i>diltiazem hcl coated beads tb24</i>	3	MO
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i>	4	MO
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	3	MO
<i>diltiazem hcl extended release beads cp24</i>	3	MO
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</i>	2	MO; *
<i>felodipine tb24</i>	3	MO
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	4	MO
<i>nifedipine caps 10 mg, 20 mg</i>	3	AL(Up to 64 yrs old); MO
<i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>	2	MO; *
<i>nimodipine caps</i>	4	MO
<i>nisoldipine tb24</i>	4	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>	3	MO
<i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i>	1	MO; *
<i>verapamil hcl tbcr or 120 mg, 180 mg, 240 mg</i>	2	MO; *
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
DIGOXIN SOLN OR 0.05 MG/ML	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tabs or 0.125 mg, 125 mcg, 0.25 mg, 250 mcg</i>	3	MO
LANOXIN PEDIATRIC SOLN	4	
LANOXIN TABS OR 125 MCG, 250 MCG ( <i>Digoxin</i> )	4	MO
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	4	MO
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	4	MO
BIDIL TABS	4	MO
ENTRESTO TABS	3	MO
<b>Impotence Agents</b>		
<i>sildenafil citrate tab 25 mg, 50 mg, 100 mg</i>	1	Covered for Health Net Gold Select Only; QL(0.1429 ea daily); MO; NT; *
<i>tadalafil tab 10 mg, 20 mg</i>	1	Covered for Health Net Gold Select Only; QL(0.1429 ea daily); MO; NT; *
<i>ildenafil citrate tab 25 mg, 50 mg, 100 mg</i>	1	Covered for Health Net Gold Select Only; QL(0.1429 ea daily); MO; NT; *
<i>vardeafil hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	Covered for Health Net Gold Select Only; QL(0.1429 ea daily); MO; NT; *
<i>vardeafil hcl tbdp 10 mg</i>	1	Covered for Health Net Gold Select Only; QL(0.1429 ea daily); MO; NT; *

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

Drug Name	Drug Tier	Requirements/Limits
<b>Prostaglandin Vasodilators</b>		
ORENITRAM TBCR 0.125 MG	4	PA
ORENITRAM TBCR 0.25 MG, 1 MG, 2.5 MG, 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	3	B/D; LA
VENTAVIS SOLN 20 MCG/ML	5	B/D; NDS;LA
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<i>ambrisentan tabs</i>	5	NDS;LA
<i>bosentan tabs 125 mg</i>	5	NDS;LA
<i>bosentan tabs 62.5 mg</i>	5	NDS;LA; MO
LETAIRIS TABS ( <i>Ambrisentan</i> )	5	NDS;LA
OPSUMIT TABS	5	PA; NDS
TRACLEER TBSO 32 MG	5	NDS;LA
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
<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>	2	PA; *
<i>tadalafil (pulmonary hypertension) tabs</i>	5	PA; NDS
<b>Pulmonary Hypertension - Prostacyclin Receptor</b>		
UPTRAVI TABS	5	PA; NDS;LA
UPTRAVI TBPK	5	PA; NDS;LA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 0.5 MG	5	PA; NDS;SL(15 ea daily)
ADEMPAS TABS 1 MG	5	PA; NDS;SL(7.5 ea daily)
ADEMPAS TABS 1.5 MG	5	PA; NDS;SL(5 ea daily)
ADEMPAS TABS 2 MG	5	PA; NDS;SL(3.75 ea daily)
ADEMPAS TABS 2.5 MG	5	PA; NDS;SL(3 ea daily)
<b>Sinus Node Inhibitors</b>		
CORLANOR TABS 5 MG	4	SL(3 ea daily); MO
CORLANOR TABS 7.5 MG	4	SL(2 ea daily); MO
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps 500 mg</i>	2	MO; *
<i>cefadroxil susr 250 mg/5ml, 500 mg/5ml</i>	1	MO; *
<i>cefadroxil tabs 1 gm</i>	1	MO; *
<i>cefazolin sodium solr ij 500 mg, 1 gm, 10 gm</i>	4	MO
<i>cephalexin caps 250 mg, 500 mg, 750 mg</i>	1	MO; *
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	3	MO
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps 250 mg, 500 mg</i>	3	MO
<i>cefoxitin sodium solr ij 10 gm</i>	2	*
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	2	*
<i>cefprozil susr 125 mg/5ml, 250 mg/5ml</i>	1	MO; *
<i>cefprozil tabs 250 mg, 500 mg</i>	3	MO
<i>cefuroxime axetil tabs</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium solr ij 7.5 gm</i>	1	*
<i>cefuroxime sodium solr ij 750 mg</i>	4	MO
<i>cefuroxime sodium solr iv 1.5 gm</i>	1	*
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	3	MO
<i>cefdinir susr</i>	3	MO
<i>cefpodoxime proxetil susr 50 mg/5ml, 100 mg/5ml</i>	2	MO; *
<i>cefpodoxime proxetil tabs 100 mg, 200 mg</i>	4	MO
<i>ceftazidime solr 1 gm, 2 gm</i>	4	MO
<i>ceftazidime solr 6 gm</i>	4	
<i>ceftriaxone sodium solr ij 1 gm</i>	3	SL(4 ea daily); MO
<i>ceftriaxone sodium solr ij 2 gm</i>	3	SL(2 ea daily); MO
<i>ceftriaxone sodium solr ij 250 mg</i>	3	SL(16 ea daily); MO
<i>ceftriaxone sodium solr ij 500 mg</i>	3	SL(8 ea daily); MO
<i>ceftriaxone sodium solr iv 1 gm</i>	3	SL(4 ea daily)
<i>ceftriaxone sodium solr iv 10 gm</i>	3	MO
<i>ceftriaxone sodium solr iv 2 gm</i>	3	SL(2 ea daily); MO
SUPRAX CAPS 400 MG (Cefixime)	4	MO
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl solr</i>	4	MO
CEFEPIME SOLN	4	
<b>Cephalosporins - 5th Generation</b>		
TEFLARO SOLR	4	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Combination Contraceptives - Oral</b>		
<i>desogestrel &amp; ethinyl estradiol tabs</i>	2	MO; *
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	MO; *
<i>drospirenone-ethinyl estradiol tabs</i>	3	MO
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	2	MO; *
<i>ethynodiol diacet &amp; eth estrad tabs 1mg-35mcg</i>	2	MO; *
<i>ethynodiol diacet &amp; eth estrad tabs 1mg-50mcg</i>	4	MO
<i>levonorgestrel &amp; eth estradiol tabs</i>	2	MO; *
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	3	biphasic;MO
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	2	(QUARTETTE); MO; *
LO LOESTRIN FE TABS	4	MO
<i>norethin acet &amp; estrad-fe chew 75mg-20mcg-1mg</i>	2	MO; *
<i>norethin acet &amp; estrad-fe tabs 75mg-20mcg-1mg</i>	4	24-Day;MO
<i>norethin acet &amp; estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	1	MO; *
<i>norethindrone &amp; eth estradiol tabs 0.4mg-35mcg</i>	1	MO; *
<i>norethindrone &amp; eth estradiol tabs 0.5mg-35mcg, 1mg-35mcg</i>	2	MO; *
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	2	MO; *
<i>norethindrone acet &amp; eth estra tabs</i>	1	MO; *
<i>norethindrone-eth estradiol (triphasic) tabs</i>	2	MO; *
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol tabs</i>	2	MO; *
<i>norgestrel &amp; ethinyl estradiol tabs</i>	2	MO; *
TAYTULLA CAPS	4	MO
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	2	MO; *
<b>Combination Contraceptives - Vaginal</b>		
NUVARING RING	3	MO
<b>Emergency Contraceptives</b>		
ELLA TABS	3	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-SUBQ PROVERA 104 SUSY	4	MO
<i>medroxyprogesterone acetate (contraceptive) susp</i>	2	MO; *
<i>medroxyprogesterone acetate (contraceptive) susy</i>	2	MO; *
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	2	MO; *
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>betamethasone sod phosphate &amp; acetate susp</i>	1	MO; *
<i>budesonide cpep 3 mg</i>	4	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 0.5 mg/5ml</i>	3	MO
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	1	*

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	1	Preservative Free;MO; *
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml, 100 mg/10ml</i>	2	MO; *
<i>dexamethasone soln 0.5 mg/5ml</i>	2	MO; *
<i>dexamethasone tabs 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO; *
<i>dexamethasone tbpk 1.5 mg</i>	2	MO; *
EMFLAZA SUSP	5	PA; NDS;LA; MO
EMFLAZA TABS	5	PA; NDS;LA; MO
<i>hydrocortisone tabs</i>	3	MO
KENALOG-10 SUSP	4	MO
MEDROL TABS 2 MG	3	MO
<i>methylprednisolone acetate susp 40 mg/ml, 80 mg/ml</i>	1	MO; *
<i>methylprednisolone sod succ solr</i>	3	MO
<i>methylprednisolone tabs 4 mg, 8 mg, 16 mg, 32 mg</i>	3	MO
<i>methylprednisolone tbpk 4 mg</i>	2	MO; *
MILLIPRED TABS 5 MG	4	MO
<i>prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml</i>	1	MO; *
<i>prednisolone sodium phosphate soln or 25 mg/5ml</i>	2	MO; *
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	2	MO; *
<i>prednisolone soln</i>	1	MO; *
<i>prednisolone syrpf</i>	1	MO; *
<i>prednisone conc 5 mg/ml</i>	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone soln 5 mg/5ml</i>	2	MO; *
<i>prednisone tabs 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	1	MO; *
<i>prednisone tbpk 5 mg, 10 mg</i>	2	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 acetonide susp 40 mg/ml</i>	1	MO; *
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs</i>	3	MO
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Cough/Cold/Allergy Combinations</b>		
CLARINEX-D 12 HOUR TB12	4	MO
<i>promethazine &amp; phenylephrine soln</i>	3	AL(Up to 64 yrs old); MO
PROMETHAZINE/PHENYL EPHRINE SYRP	4	AL(Up to 64 yrs old); MO
SEMPREX-D CAPS	4	MO
<b>Mucolytics</b>		
<i>acetylcysteine soln</i>	3	B/D; MO
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
<i>adapalene crea 0.1 %</i>	4	MO
<i>adapalene gel 0.1 %</i>	4	RX/OTC; MO
<i>adapalene gel 0.3 %</i>	4	MO
<i>adapalene-benzoyl peroxide gel</i>	2	MO; *
AZELEX CREA	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-erythromycin gel</i>	4	MO
<i>clindamycin phosphate (topical) foam</i>	3	MO
<i>clindamycin phosphate (topical) gel</i>	3	MO
<i>clindamycin phosphate (topical) lotn</i>	4	MO
<i>clindamycin phosphate (topical) soln</i>	3	QL(2 ml daily); MO
<i>clindamycin phosphate (topical) swab</i>	3	MO
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	4	MO
<i>clindamycin phosphate-benzoyl peroxide gel 1%-5%</i>	4	MO
<i>clindamycin phosphate-benzoyl peroxide gel 1.2%-2.5%</i>	2	MO; *
<i>clindamycin phosphate-tretinoin gel</i>	2	MO; *
<i>erythromycin (acne aid) gel</i>	1	MO; *
<i>erythromycin (acne aid) soln</i>	3	MO
FABIOR FOAM	4	Limit 100gms per month;QL(3.34 gm daily); MO
<i>isotretinoin caps 10 mg, 20 mg, 40 mg</i>	4	
<i>isotretinoin caps 30 mg</i>	2	*
RETIN-A MICRO PUMP GEL 0.08 %	4	MO
<i>sulfacetamide sodium (acne) lotn</i>	3	MO
<i>tretinoin crea</i>	4	MO
<i>tretinoin gel</i>	4	MO
<i>tretinoin microsphere gel</i>	4	MO
<b>Agents for External Genital and Perianal Warts</b>		

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

Drug Name	Drug Tier	Requirements/Limits
VEREGEN OINT	4	MO
<b>Anti-inflammatory Agents - Topical</b>		
DICLOFENAC EPOLAMINE PTCH	4	PA; MO
<i>diclofenac sodium (topical) gel 1 %</i>	3	SL(33.33 gm daily); MO
<i>diclofenac sodium (topical) soln 1.5 %</i>	4	QL(15 ml daily); MO
FLECTOR PTCH	4	PA; MO
PENNSAID SOLN	5	PA; NDS; QL(8 gm daily); MO
<b>Antibiotics - Topical</b>		
CORTISPORIN CREA	3	MO
CORTISPORIN OINT	3	MO
<i>gentamicin sulfate (topical) crea</i>	1	MO; *
<i>mupirocin calcium (topical) crea</i>	4	MO
<i>mupirocin oint</i>	2	MO; *
<b>Antifungals - Topical</b>		
<i>ciclopirox gel 0.77 %</i>	4	MO
<i>ciclopirox olamine crea</i>	4	MO
<i>ciclopirox olamine susp</i>	3	MO
<i>ciclopirox sham 1 %</i>	4	MO
<i>ciclopirox soln 8 %</i>	3	MO
<i>clotrimazole (topical) crea</i>	2	RX/OTC; MO; *
<i>clotrimazole (topical) soln</i>	2	RX/OTC; MO; *
<i>clotrimazole w/ betamethasone crea</i>	3	MO
<i>clotrimazole w/ betamethasone lotn</i>	4	MO
<i>econazole nitrate crea</i>	4	MO
EXELDERM SOLN	4	MO

Drug Name	Drug Tier	Requirements/Limits
JUBLIA SOLN	4	PA; MO
KERYDIN SOLN	4	PA; MO
<i>ketconazole (topical) crea</i>	3	MO
<i>ketconazole (topical) foam</i>	4	MO
<i>ketconazole (topical) sham</i>	2	MO; *
LULICONAZOLE CREA	4	MO
LUZU CREA	4	MO
<i>naftifine hcl crea 1 %, 2 %</i>	2	MO; *
<i>naftifine hcl gel 1 %</i>	4	MO
NAFTIN GEL 1 %, 2 %	4	MO
<i>nystatin (topical) crea</i>	3	MO
<i>nystatin (topical) oint</i>	3	MO
<i>nystatin (topical) powd</i>	3	MO
<i>nystatin-triamcinolone crea</i>	4	MO
<i>nystatin-triamcinolone oint</i>	4	MO
<i>oxiconazole nitrate crea</i>	2	MO; *
OXISTAT LOTN	4	MO
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA	5	NDS; MO
<i>diclofenac sodium (actinic keratoses) gel</i>	4	PA; QL(3.33 gm daily); MO
<i>fluorouracil (topical) crea</i>	4	MO
FLUOROURACIL CREA EX 0.5 %	5	NDS; MO
FLUOROURACIL SOLN EX 2 %, 5 %	3	MO
PANRETIN GEL	5	NDS; MO
PICATO GEL	5	NDS; MO

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

Drug Name	Drug Tier	Requirements/Limits
TARGRETIN GEL EX 1 %	5	NDS
VALCHLOR GEL	5	PA; NDS;MO
<b>Antipruritics - Topical</b>		
DOXEPIN HYDROCHLORIDE CREA	4	PA; QL(1.5 gm daily); MO
PRUDOXIN CREA	4	PA; QL(1.5 gm daily); MO
ZONALON CREA	4	PA; QL(1.5 gm daily); MO
<b>Antipsoriatics</b>		
<i>acitretin caps 10 mg, 25 mg</i>	4	MO
<i>acitretin caps 17.5 mg</i>	5	NDS;MO
<i>calcipotriene crea</i>	4	QL(4 gm daily); MO
<i>calcipotriene oint</i>	4	MO
<i>calcipotriene soln</i>	4	MO
CALCITRIOL OINT EX 3 MCG/GM	4	MO
ILUMYA SOSY	5	PA; NDS
<i>methoxsalen rapid caps</i>	5	NDS;MO
SILIQ SOSY	5	PA; NDS
SORILUX FOAM	4	MO
STELARA SOLN	5	PA; NDS
STELARA SOSY	5	PA; NDS
<i>tazarotene crea</i>	2	MO; *
TAZORAC CREA 0.05 %	3	MO
TAZORAC GEL 0.05 %, 0.1 %	3	MO
TREMFYA SOSY	5	PA; NDS
VECTICAL OINT	4	MO
<b>Antiseborrheic Products</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide lotn 2.5 %</i>	2	MO; *
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	5	NDS;MO
<i>acyclovir topical oint</i>	4	MO
DENAVIR CREA	5	NDS;MO
XERESE CREA	4	MO
<b>Burn Products</b>		
<i>silver sulfadiazine crea</i>	2	MO; *
SULFAMYLLON CREA 85 MG/GM	4	MO
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate crea</i>	1	MO; *
<i>alclometasone dipropionate oint</i>	3	MO
AMCINONIDE CREA	3	MO
<i>betamethasone dipropionate (topical) crea</i>	4	MO
<i>betamethasone dipropionate (topical) lotn</i>	3	MO
<i>betamethasone dipropionate (topical) oint</i>	4	MO
<i>betamethasone dipropionate augmented crea</i>	3	MO
<i>betamethasone dipropionate augmented gel</i>	4	MO
<i>betamethasone dipropionate augmented lotn</i>	4	MO
<i>betamethasone dipropionate augmented oint</i>	4	MO
<i>betamethasone valerate crea 0.1 %</i>	3	MO
<i>betamethasone valerate foam 0.12 %</i>	4	MO

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



Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate lotn 0.1 %</i>	3	MO
<i>betamethasone valerate oint 0.1 %</i>	3	MO
<i>calcipotriene-betamethasone dipropionate oint</i>	5	NDS;SL(14.28 gm daily); MO
CAPEX SHAM	4	MO
<i>clobetasol propionate crea</i>	4	MO
<i>clobetasol propionate emollient base crea</i>	4	MO
<i>clobetasol propionate emulsion foam</i>	4	MO
<i>clobetasol propionate foam</i>	4	MO
<i>clobetasol propionate gel</i>	4	MO
<i>clobetasol propionate liqd</i>	4	MO
<i>clobetasol propionate lotn</i>	4	MO
<i>clobetasol propionate oint</i>	4	MO
<i>clobetasol propionate sham</i>	4	MO
<i>clobetasol propionate soln</i>	4	MO
CLOCORTOLONE PIVALATE PUMP CREA	4	MO
CORDRAN TAPE 4 MCG/SQCM	4	MO
<i>desonide crea</i>	4	QL(2 gm daily); MO
<i>desonide lotn</i>	4	QL(3.93 ml daily); MO
<i>desonide oint</i>	4	QL(2 gm daily); MO
<i>desoximetasone crea 0.25 %</i>	3	MO
<i>desoximetasone gel 0.05 %</i>	3	MO
<i>desoximetasone liqd 0.25 %</i>	2	MO; *
<i>desoximetasone oint 0.05 %</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone oint 0.25 %</i>	3	MO
<i>diflorasone diacetate oint</i>	4	MO
ENSTILAR FOAM	5	NDS;SL(15 gm daily); MO
<i>fluocinolone acetonide crea</i>	4	MO
<i>fluocinolone acetonide oil</i>	4	MO
<i>fluocinolone acetonide oint</i>	4	MO
<i>fluocinolone acetonide soln</i>	4	MO
<i>fluocinonide crea 0.05 %</i>	4	MO
<i>fluocinonide emulsified base crea</i>	4	MO
<i>fluocinonide gel 0.05 %</i>	4	MO
<i>fluocinonide oint 0.05 %</i>	4	MO
<i>fluocinonide soln 0.05 %</i>	4	MO
<i>flurandrenolide lotn</i>	4	MO
<i>fluticasone propionate crea 0.05 %</i>	3	MO
<i>fluticasone propionate lotn 0.05 %</i>	4	MO
<i>fluticasone propionate oint 0.005 %</i>	2	MO; *
<i>halobetasol propionate crea</i>	4	MO
<i>halobetasol propionate oint</i>	4	MO
HALOG CREA (Halcinonide)	4	MO
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) crea 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) lotn 2.5 %</i>	3	MO
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) oint 2.5 %</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate crea</i>	4	QL(1.5 gm daily); MO
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	4	QL(1.5 gm daily); MO
<i>hydrocortisone butyrate lotn</i>	4	QL(3.93 ml daily); MO
<i>hydrocortisone butyrate oint</i>	4	QL(1.5 gm daily); MO
<i>hydrocortisone butyrate soln</i>	4	QL(2 ml daily); MO
<i>hydrocortisone valerate crea</i>	4	MO
<i>hydrocortisone valerate oint</i>	4	MO
<i>mometasone furoate crea</i>	3	MO
<i>mometasone furoate oint</i>	3	MO
<i>mometasone furoate soln</i>	3	MO
<i>prednicarbate crea</i>	3	MO
TACLONEX SUSP	5	NDS;SL(14.28 gm daily); MO
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	4	MO
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	2	MO; *
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	3	MO
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</i>	2	MO; *
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	4	MO
ULTRAVATE LOTN	5	PA; NDS;MO
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) crea</i>	2	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn</i>	2	RX/OTC; MO; *
<b>Enzymes - Topical</b>		

Drug Name	Drug Tier	Requirements/Limits
SANTYL OINT	4	MO
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod crea</i>	4	MO
IMIQUIMOD PUMP CREA	5	NDS;MO
ZYCLARA CREA	5	NDS;MO
ZYCLARA PUMP CREA 2.5 %, 3.75 %	5	NDS;MO
<b>Immunosuppressive Agents - Topical</b>		
<i>pimecrolimus crea</i>	2	PA; MO; *
<i>tacrolimus (topical) oint</i>	4	PA; MO
<b>Keratolytic/Antimitotic Agents</b>		
CONDYLOX GEL	4	MO
<i>podofilox soln</i>	3	MO
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl gel ex 2 %</i>	2	QL(4 ml daily); MO; *
<i>lidocaine hcl prsy ex 2 %</i>	2	QL(4 ml daily); MO; *
<i>lidocaine hcl soln ex 4 %</i>	2	QL(6.66 ml daily); MO; *
<i>lidocaine oint</i>	4	QL(5 gm daily); MO
<i>lidocaine ptch</i>	4	PA; SL(3 ea daily); MO
<i>lidocaine-prilocaine crea</i>	4	QL(2 gm daily); MO
<b>Rosacea Agents</b>		
<i>azelaic acid gel</i>	2	MO; *
DOXYCYCLINE CPDR	4	MO
FINACEA FOAM	4	MO
<i>metronidazole (topical) crea</i>	4	MO
<i>metronidazole (topical) gel</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) lotn</i>	4	MO
MIRVASO GEL	4	PA; MO
NORITATE CREA	5	NDS;MO
ORACEA CPDR	4	MO
SOOLANTRA CREA	4	MO
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn</i>	2	MO; *
EURAX CREA	4	MO
EURAX LOTN ( <i>Crotamiton</i> )	4	MO
<i>malathion lotn</i>	3	MO
<i>permethrin crea</i>	2	MO; *
<b>Wound Care Products</b>		
REGRANEX GEL	5	NDS;MO
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP 76000UNIT-24000UNIT- 120000UNIT	4	MO
CREON CPEP 9500UNIT- 3000UNIT-15000UNIT, 19000UNIT-6000UNIT- 30000UNIT, 38000UNIT- 12000UNIT-60000UNIT, 114000UNIT-36000UNIT- 180000UNIT	3	MO
PANCREAZE CPEP	3	MO
PERTZYE CPEP	4	MO
SUCRAID SOLN	4	LA
VIOKACE TABS	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>toremide tabs</i>	2	MO; *
<b>Potassium Sparing Diuretics</b>		
<i>amiloride hcl tabs</i>	3	MO
DYRENIUM CAPS (Triamterene)	4	MO
<i>spironolactone tabs</i>	1	MO; *
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorothiazide tabs 500 mg</i>	3	MO
<i>chlorthalidone tabs</i>	2	MO; *
<i>hydrochlorothiazide caps</i>	1	MO; *
<i>hydrochlorothiazide tabs</i>	1	MO; *
<i>indapamide tabs</i>	2	MO; *
<i>metolazone tabs</i>	3	MO
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily); MO; *
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	MO; *
<i>calcitonin (salmon) soln</i>	3	MO
FORTEO SOLN	5	PA; NDS, Limit 2.4mls per 28 days;QL(0.09 ml daily)
FOSAMAX PLUS D TABS	4	QL(0.15 ea daily); MO
<i>ibandronate sodium soln iv 3 mg/3ml</i>	3	QL(0.036 ml daily); MO
<i>ibandronate sodium tabs or 150 mg</i>	3	Limit 1 tab per 28 days (3 per 84);QL(0.036 ea daily); MO
MIACALCIN SOLN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
NATPARA CART	5	PA; NDS;LA
PROLIA SOSY	3	PA; QL(0.006 ml daily)
<i>risedronate sodium tabs 150 mg</i>	4	QL(0.04 ea daily); MO
<i>risedronate sodium tabs 35 mg</i>	4	QL(0.15 ea daily); MO
<i>risedronate sodium tabs 5 mg, 30 mg</i>	4	QL(1 ea daily); MO
<i>risedronate sodium tbec 35 mg</i>	4	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>	4	QL(0.28 ml daily)
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN SOLR	4	PA
NOVAREL SOLR 5000 UNIT	4	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA
<b>GnRH/LHRH Antagonists</b>		
ORILISSA TABS	5	PA; NDS;MO
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR	5	PA; NDS;LA
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA SOLR	5	NDS
<b>Growth Hormones</b>		
NORDITROPIN FLEXP SOLN 5 MG/1.5ML, 10 MG/1.5ML	5	PA; NDS
NUTROPIN AQ NUSPIN 20 SOLN	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<b>Hormone Receptor Modulators</b>		
OSPHENA TABS	4	MO
<i>raloxifene hcl tabs</i>	3	QL(1 ea daily); MO
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	4	LA
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
LUPANETA PACK KIT	5	NDS
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	4	
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG, 11.25 MG	5	NDS
LUPRON DEPOT-PED (3-MONTH) KIT	5	NDS
SYNAREL SOLN	5	NDS;MO
TRIPTODUR SRER	5	NDS;MO
<b>Metabolic Modifiers</b>		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	2	MO; *
<i>calcitriol soln or 1 mcg/ml</i>	4	MO
CARBAGLU TABS	4	LA; MO
<i>cinacalcet hcl tabs 30 mg</i>	3	
<i>cinacalcet hcl tabs 60 mg, 90 mg</i>	5	NDS
CRYSVITA SOLN	5	PA; NDS;LA
CYSTADANE POWD	4	LA; MO
<i>doxercalciferol caps or 0.5 mcg, 2.5 mcg</i>	4	MO
<i>doxercalciferol caps or 1 mcg</i>	2	MO; *
FABRAZYME SOLR	5	NDS;LA
GALAFOLD CAPS	5	PA; NDS;LA
KANUMA SOLN	5	NDS;LA

Drug Name	Drug Tier	Requirements/Limits
KUVAN PACK	5	PA; NDS;LA
KUVAN TBSO	5	PA; NDS;LA
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	3	RX/OTC; MO
LUMIZYME SOLR	5	NDS;LA
MYALEPT SOLR	5	NDS;LA; MO
NAGLAZYME SOLN	5	NDS;LA
<i>nitisinone caps</i>	3	LA; MO
ORFADIN CAPS 2 MG, 5 MG, 10 MG ( <i>Nitisinone</i> )	3	LA; MO
ORFADIN CAPS 20 MG	3	LA; MO
PALYNZIQ SOSY	5	PA; NDS;LA
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	4	MO
RAVICTI LIQD	4	LA
RAYALDEE CPCR	4	PA; MO
REVCOVI SOLN	5	PA; NDS;LA; MO
STRENSIQ SOLN	5	PA; NDS;LA; MO
VIMIZIM SOLN	5	NDS;LA
XURIDEN PACK	5	NDS;SL(4 ea daily); MO
<b>Posterior Pituitary Hormones</b>		
<i>desmopressin acetate soln ij 4 mcg/ml</i>	4	MO
<i>desmopressin acetate spray refrigerated soln</i>	4	MO
<i>desmopressin acetate spray soln</i>	4	MO
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	3	MO
STIMATE SOLN	4	
<b>Prolactin Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline tabs</i>	3	MO
<b>Somatostatic Agents</b>		
<i>octreotide acetate soln 100 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	
<i>octreotide acetate soln 50 mcg/ml, 200 mcg/ml, 1000 mcg/5ml</i>	1	*
SANDOSTATIN LAR DEPOT KIT	5	NDS
SIGNIFOR LAR SRER 10 MG	5	NDS; Limit 6 vials per 28 days;SL(0.22 ea daily); LA; MO
SIGNIFOR LAR SRER 20 MG	5	NDS, Limit 3 vials per 28 days;SL(0.11 ea daily); LA; MO
SIGNIFOR LAR SRER 30 MG	5	NDS; Limit 2 vials per 28 days;SL(0.08 ea daily); LA; MO
SIGNIFOR LAR SRER 40 MG	5	NDS, Limit 3 vials per 56 days;SL(0.054 ea daily); LA; MO
SIGNIFOR LAR SRER 60 MG	5	NDS, Limit 1 vial per 28 days;SL(0.036 ea daily); LA; MO
SIGNIFOR SOLN	5	NDS;LA; MO
SOMATULINE DEPOT SOLN	5	NDS
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS 15 MG, 30 MG	5	NDS;MO
JYNARQUE TBPK	5	PA; NDS;LA
SAMSCA TABS	5	NDS;MO

Drug Name	Drug Tier	Requirements/Limits
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ANGELIQ TABS 0.5MG-1MG	4	AL(Up to 64 yrs old); MO
CLIMARA PRO PTWK	4	AL(Up to 64 yrs old); MO
COMBIPATCH PTTW	4	AL(Up to 64 yrs old); MO
DUAVEE TABS	4	AL(Up to 64 yrs old); MO
<i>estradiol &amp; norethindrone acetate tabs</i>	4	AL(Up to 64 yrs old); MO
<i>norethindrone acetate-ethinyl estradiol tabs 2.5mcg-0.5mg</i>	3	AL(Up to 64 yrs old); MO
PREMPHASE TABS	4	AL(Up to 64 yrs old); MO
PREMPRO TABS	4	AL(Up to 64 yrs old); MO
<b>Estrogens</b>		
DIVIGEL GEL	4	AL(Up to 64 yrs old); MO
ELESTRIN GEL	4	AL(Up to 64 yrs old); MO
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	3	AL(Up to 64 yrs old); MO
<i>estradiol ptwk td 0.025 mg/24hr, 37.5 mcg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	3	AL(Up to 64 yrs old); MO
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>estradiol valerate oil</i>	3	MO
<i>estropipate tabs 0.75 mg, 1.5 mg</i>	2	AL(Up to 64 yrs old); *
EVAMIST SOLN	4	AL(Up to 64 yrs old); MO
MENOSTAR PTWK	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 vii.

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	AL(Up to 64 yrs old); MO
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
BAXDELA SOLR IV 300 MG	5	PA; NDS
BAXDELA TABS OR 450 MG	5	ST; NDS;MO
CIPRO SUSR 5 GM/100ML	4	MO
CIPRO SUSR 500 MG/5ML ( <i>Ciprofloxacin</i> )	4	MO
CIPROFLOXACIN ER TB24	3	
<i>ciprofloxacin hcl tabs</i>	1	MO; *
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	3	
<i>ciprofloxacin in d5w soln 400mg/200ml-5%</i>	3	MO
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	2	MO; *
<i>levofloxacin in d5w soln</i>	3	
<i>levofloxacin soln iv 25 mg/ml</i>	4	
<i>levofloxacin soln or 25 mg/ml</i>	4	MO
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	2	MO; *
<i>moxifloxacin hcl tabs or 400 mg</i>	4	MO
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA TABS 10 MG	5	PA; NDS;SL(1 ea daily)
OCALIVA TABS 5 MG	5	PA; NDS;SL(2 ea daily)
<b>Gallstone Solubilizing Agents</b>		
CHENODAL TABS	5	NDS;LA

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol caps 300 mg</i>	4	MO
<i>ursodiol tabs 250 mg</i>	3	MO
<i>ursodiol tabs 500 mg</i>	4	MO
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium (mastocytosis) conc</i>	3	MO
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS	3	MO
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	2	MO; *
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	2	MO; *
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	MO; *
<b>Inflammatory Bowel Agents</b>		
<i>balsalazide disodium caps</i>	4	MO
DIPENTUM CAPS	5	NDS;MO
ENTYVIO SOLR	5	PA; NDS
INFLECTRA SOLR	5	PA; NDS
<i>mesalamine enem re 4 gm</i>	4	MO
<i>mesalamine supp re 1000 mg</i>	5	NDS;MO
<i>mesalamine tbec or 1.2 gm</i>	2	MO; *
<i>mesalamine tbec or 800 mg</i>	3	MO
<i>mesalamine w/ cleanser kit</i>	4	MO
REMICADE SOLR	5	PA; NDS
STELARA SOLN	5	PA; NDS
<i>sulfasalazine tabs</i>	2	MO; *
<i>sulfasalazine tbec</i>	3	MO
<b>Intestinal Acidifiers</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose (encephalopathy) soln</i>	2	MO; *
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alosetron hcl tabs</i>	5	PA; NDS;MO
LINZESS CAPS	3	MO
<b>Peripheral Opioid Receptor Antagonists</b>		
MOVANTIK TABS	4	MO
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	5	NDS;MO
RELISTOR TABS OR 150 MG	5	PA; NDS;MO
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) caps</i>	4	MO
<i>calcium acetate (phosphate binder) tabs</i>	2	RX/OTC; MO; *
<i>lanthanum carbonate chew</i>	2	MO; *
<i>sevelamer carbonate pack 0.8 gm, 2.4 gm</i>	5	NDS;MO
<i>sevelamer carbonate tabs 800 mg</i>	4	MO
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX KIT	5	PA; NDS;LA
<b>Tryptophan Hydroxylase Inhibitors</b>		
XERMELO TABS	5	PA; NDS;LA; MO
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) tbc</i>	4	MO
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	4	
PROCYSBI CPDR	4	LA; MO
<b>Genitourinary Irrigants</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid soln</i>	1	MO; *
<i>neomycin/polymyxin b gu soln</i>	1	MO; *
<i>sodium chloride (gu irrigant) soln</i>	2	MO; *
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	4	MO
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	2	MO; *
CARDURA XL TB24	4	MO
<i>dutasteride caps</i>	3	MO
<i>dutasteride-tamsulosin hcl caps</i>	4	MO
<i>finasteride tabs</i>	1	MO; *
<i>silodosin caps</i>	2	MO; *
<i>tamsulosin hcl caps</i>	2	MO; *
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	3	MO
DUZALLO TABS 200MG-300MG	4	SL(1 ea daily); MO
<b>Gout Agents</b>		
<i>allopurinol tabs 100 mg</i>	2	SL(8 ea daily); MO; *
<i>allopurinol tabs 300 mg</i>	2	SL(2.66 ea daily); MO; *
<i>colchicine tabs</i>	3	MO
<b>Uricosurics</b>		
<i>probenecid tabs</i>	3	MO
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		

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



Drug Name	Drug Tier	Requirements/Limits
FIRAZYR SOLN ( <i>Icatibant Acetate</i> )	5	PA; NDS
<b>Complement Inhibitors</b>		
CINRYZE SOLR	5	PA; NDS;LA
HAEGARDA SOLR	5	PA; NDS
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE TABS	5	PA; NDS
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbc</i>	2	MO; *
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SOLN	5	NDS
TAKHZYRO SOLN	5	PA; NDS
<b>Platelet Aggregation Inhibitors</b>		
<i>anagrelide hcl caps</i>	3	MO
<i>aspirin-dipyridamole cp12</i>	2	MO; *
BRILINTA TABS	3	MO
<i>cilostazol tabs</i>	2	MO; *
<i>clopidogrel bisulfate tabs</i>	1	MO; *
<i>dipyridamole tabs</i>	3	AL(Up to 64 yrs old); MO
<i>prasugrel hcl tabs</i>	2	MO; *
ZONTIVITY TABS	3	MO
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS	5	PA; NDS
CEREZYME SOLR	5	PA; NDS;LA
ELELYSO SOLR	5	NDS
<i>miglustat caps</i>	5	NDS;LA; MO

Drug Name	Drug Tier	Requirements/Limits
VPRIV SOLR	5	NDS
<b>Agents for Sickle Cell Anemia</b>		
DROXIA CAPS	4	MO
ENDARI PACK	5	PA; NDS;MO
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PA; NDS
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; NDS
DOPTELET TABS	5	PA; NDS;LA
EPOGEN SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital elix 20 mg/5ml</i>	4	AL(Up to 64 yrs old); MO
<i>phenobarbital soln 20 mg/5ml</i>	4	AL(Up to 64 yrs old); MO
<i>phenobarbital tabs 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</i>	2	AL(Up to 64 yrs old); MO; *
<b>Hypnotics - Tricyclic Agents</b>		
SILENOR TABS 3 MG	4	QL(2 ea daily); MO
SILENOR TABS 6 MG	4	QL(1 ea daily); MO
<b>Non-Barbiturate Hypnotics</b>		
EDLUAR SUBL 10 MG	4	SL(1 ea daily); MO
EDLUAR SUBL 5 MG	4	SL(2 ea daily); MO
<i>eszopiclone tabs</i>	4	MO
<i>flurazepam hcl caps</i>	1	MO; *
<i>temazepam caps</i>	2	MO; *
<i>triazolam tabs</i>	3	MO
<i>zaleplon caps</i>	3	MO
<i>zolpidem tartrate subl sl 1.75 mg</i>	2	SL(2 ea daily); MO; *
<i>zolpidem tartrate subl sl 3.5 mg</i>	2	SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 10 mg</i>	2	SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 5 mg</i>	2	SL(2 ea daily); MO; *
<i>zolpidem tartrate tbcr or 12.5 mg</i>	4	SL(1 ea daily); MO
<i>zolpidem tartrate tbcr or 6.25 mg</i>	4	SL(2 ea daily); MO
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS 10 MG	4	PA; SL(2 ea daily); MO
BELSOMRA TABS 15 MG	4	PA; SL(1.33 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA TABS 20 MG	4	PA; SL(1 ea daily); MO
BELSOMRA TABS 5 MG	4	PA; SL(4 ea daily); MO
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	5	PA; NDS;MO
ROZEREM TABS (Ramelteon)	4	MO
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Laxative Combinations</b>		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	3	
CLENPIQ SOLN	4	MO
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM- 2.82GM-6.36GM	4	MO
MOVIPREP SOLR	4	MO
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	2	MO; *
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	2	MO; *
PLENVU SOLR	4	MO
PREPOPIK PACK	4	MO
SUPREP BOWEL PREP KIT SOLN	4	MO
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	3	MO
<i>polyethylene glycol 3350 pack</i>	2	RX/OTC; MO; *
<b>Saline Laxatives</b>		
OSMOPREP TABS	4	MO
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (local anesth.) soln 0.5 %</i>	4	
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1.5 %, 2 %</i>	4	Preservative Free
<i>lidocaine hcl (local anesth.) soln 1 %</i>	1	Preservative Free; *
<i>lidocaine hcl (local anesth.) soln 1 %, 2 %</i>	1	*
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin solr iv 500 mg</i>	2	MO; *
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	3	MO
<i>azithromycin tabs or 250 mg, 500 mg</i>	2	MO; *
<i>azithromycin tabs or 600 mg</i>	2	QL(0.29 ea daily); MO; *
<b>Clarithromycin</b>		
<i>clarithromycin susr 250 mg/5ml</i>	3	MO
<i>clarithromycin tabs 250 mg, 500 mg</i>	3	MO
<i>clarithromycin tb24 500 mg</i>	3	MO
<b>Erythromycins</b>		
ERYPED 400 SUSR (Erythromycin Ethylsuccinate)	4	SL(50 ml daily); MO
<i>erythromycin base cpep 250 mg</i>	2	SL(16 ea daily); MO; *
<i>erythromycin base tabs 250 mg</i>	2	SL(16 ea daily); MO; *
<i>erythromycin base tabs 500 mg</i>	2	SL(8 ea daily); MO; *
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	2	SL(100 ml daily); MO; *
<i>erythromycin ethylsuccinate susr 400 mg/5ml</i>	2	SL(50 ml daily); MO; *
<i>erythromycin ethylsuccinate tabs 400 mg</i>	2	SL(10 ea daily); MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin lactobionate solr</i>	2	SL(8 ea daily); *
<b>Fidaxomicin</b>		
DIFICID TABS	5	NDS;MO
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
<i>gauze pads 2"x2"</i>	1	RX/OTC;MO; *
<b>Misc. Devices</b>		
ALCOHOL PADS	3	RX/OTC;MO
<b>Parenteral Therapy Supplies</b>		
INSULIN SYRINGES AND PEN NEEDLES	3	RX/OTC;MO
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
MIGERGOT SUPP	4	MO
<i>sumatriptan-naproxen sodium tabs</i>	2	MO; *
TREXIMET TABS 10MG-60MG	4	
<b>Migraine Products - Monoclonal Antibodies</b>		
AIMOVIG SOAJ	4	PA; MO
AJOVY SOSY	4	PA; MO
EMGALITY SOAJ 120 MG/ML	4	PA; MO
EMGALITY SOSY 100 MG/ML	5	PA; NDS
EMGALITY SOSY 120 MG/ML	4	PA; MO
<b>Migraine Products</b>		
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	2	MO; *
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	5	NDS;MO
ERGOMAR SUBL	4	
MIGRANAL SOLN	5	NDS;MO

Drug Name	Drug Tier	Requirements/Limits
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs</i>	4	QL(0.4 ea daily); MO
<i>eletriptan hydrobromide tabs</i>	2	QL(0.2 ea daily); MO; *
<i>frovatriptan succinate tabs</i>	4	QL(0.6 ea daily); MO
<i>naratriptan hcl tabs</i>	3	QL(0.3 ea daily); MO
<i>rizatriptan benzoate tabs</i>	3	QL(0.4 ea daily); MO
<i>rizatriptan benzoate tbdp</i>	3	QL(0.4 ea daily); MO
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month;QL(0.14 ml daily); MO
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	4	Limit 4mls per month;QL(0.14 ml daily); MO
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 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
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	2	Prefilled syringe;QL(0.14 ml daily); *
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	2	QL(0.3 ea daily); MO; *
SUMAVEL DOSEPRO SOTJ	4	Limit 4mls per month;QL(0.14 ml daily)
<i>zolmitriptan tabs 2.5 mg</i>	4	SL(4 ea daily); MO
<i>zolmitriptan tabs 5 mg</i>	4	SL(2 ea daily); MO
<i>zolmitriptan tbdp 2.5 mg</i>	4	SL(4 ea daily); MO
<i>zolmitriptan tbdp 5 mg</i>	4	SL(2 ea daily); MO
ZOMIG SOLN NA 2.5 MG	4	SL(4 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN NA 5 MG	4	SL(2 ea daily); MO
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Electrolyte Mixtures</b>		
<i>dextrose in lactated ringers soln</i>	1	*
<i>dextrose w/ sodium chloride soln 0.2%-5%, 0.33%-5%</i>	4	
<i>dextrose w/ sodium chloride soln 0.45%-2.5%, 0.45%-5%</i>	2	*
<i>dextrose w/ sodium chloride soln 0.9%-5%</i>	2	MO; *
<i>lactated ringer's soln</i>	2	*
<i>parenteral electrolytes soln 20meq/20ml-5meq/20ml-35meq/20ml-35meq/20ml-4.5meq/20ml-29.5meq/20ml</i>	2	B/D; *
<i>potassium chloride in dextrose &amp; sodium chloride soln 0.45%-20meq/l-5%</i>	3	
<b>Magnesium</b>		
<i>magnesium sulfate soln ij 50 %</i>	3	
<b>Potassium</b>		
K-TAB TBCR 20 MEQ	4	MO
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	3	MO
<i>potassium chloride microencapsulated crystals er tbc</i>	2	MO; *
<i>potassium chloride soln iv 2 meq/ml</i>	3	MO
<i>potassium chloride soln or 10 %, 20 %</i>	3	MO
<i>potassium chloride tbc or 8 meq, 10 meq, 20 meq</i>	2	MO; *
<b>Sodium</b>		
<i>sodium chloride soln iv 0.45 %</i>	2	*

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride soln iv 0.9 %, 3 %, 5 %</i>	3	MO
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
DEPEN TITRATABS TABS	3	MO
<i>trientine hcl caps</i>	5	NDS;MO
<b>Enzymes</b>		
XIAFLEX SOLR	5	NDS;MO
<b>Immunomodulators</b>		
REVLIMID CAPS	5	PA; NDS;LA
THALOMID CAPS	5	NDS
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL CP24	4	B/D; MO
ATGAM INJ	4	B/D
AZATHIOPRINE SOLR IJ 100 MG	4	B/D
<i>azathioprine tabs or 50 mg</i>	3	B/D; MO
<i>azathioprine tabs or 75 mg, 100 mg</i>	2	B/D; MO; *
<i>cyclosporine caps or 25 mg, 100 mg</i>	4	B/D; MO
<i>cyclosporine modified (for microemulsion) caps 25 mg, 100 mg</i>	4	B/D; MO
<i>cyclosporine modified (for microemulsion) caps 50 mg</i>	2	B/D; MO; *
<i>cyclosporine soln iv 50 mg/ml</i>	2	B/D; *
ENVARUSUS XR TB24	4	B/D; MO
<i>mycophenolate mofetil caps 250 mg</i>	3	B/D; MO
<i>mycophenolate mofetil hcl solr</i>	2	B/D; *
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	B/D; NDS;MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil tabs 500 mg</i>	3	B/D; MO
<i>mycophenolate sodium tbec 180 mg</i>	4	B/D; MO
<i>mycophenolate sodium tbec 360 mg</i>	2	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	4	B/D; MO
PROGRAF SOLN IV 5 MG/ML	4	B/D
SANDIMMUNE SOLN OR 100 MG/ML	4	B/D; MO
SIMULECT SOLR	5	B/D; NDS
<i>sirolimus soln 1 mg/ml</i>	2	B/D; MO; *
<i>sirolimus tabs 0.5 mg, 1 mg</i>	2	B/D; MO; *
<i>sirolimus tabs 2 mg</i>	5	B/D; NDS;MO
<i>tacrolimus caps</i>	3	B/D; MO
THYMOGLOBULIN SOLR	3	B/D
ZORTRESS TABS 0.25 MG	3	B/D; MO
ZORTRESS TABS 0.5 MG, 0.75 MG, 1 MG	5	B/D; NDS;MO
<b>Irrigation Solutions</b>		
<i>irrigation solutions, physiological soln</i>	2	*
<i>water for irrigation, sterile soln</i>	1	MO; *
<b>Potassium Removing Agents</b>		
LOKELMA PACK	4	ST; MO
<i>sodium polystyrene sulfonate powd or</i>	2	MO; *
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	2	MO; *
VELTASSA PACK 16.8 GM	4	ST; SL(1.5 ea daily); LA; MO

Drug Name	Drug Tier	Requirements/ Limits
VELTASSA PACK 25.2 GM	4	ST; SL(1 ea daily); LA; MO
VELTASSA PACK 8.4 GM	5	ST; NDS;SL(3 ea daily); LA; MO
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOAJ	5	PA; NDS
BENLYSTA SOLR	5	PA; NDS
BENLYSTA SOSY	5	PA; NDS
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) soln</i>	2	MO; *
<b>Anti-infectives - Throat</b>		
<i>clotrimazole lozg</i>	3	MO
<i>clotrimazole troc</i>	3	MO
<i>nystatin (mouth-throat) susp</i>	2	MO; *
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; *
<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth) pste</i>	4	MO
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl caps</i>	4	MO
<i>pilocarpine hcl (oral) tabs</i>	4	MO
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen tabs or 10 mg</i>	2	SL(8 ea daily); MO; *
<i>baclofen tabs or 20 mg</i>	2	SL(4 ea daily); MO; *
<i>carisoprodol tabs</i>	2	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 vii.

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone tabs 500 mg</i>	3	AL(Up to 64 yrs old); MO
<i>cyclobenzaprine hcl tabs 5 mg, 7.5 mg, 10 mg</i>	2	AL(Up to 64 yrs old); MO; *
METAXALONE TABS 400 MG	3	AL(Up to 64 yrs old); MO
<i>metaxalone tabs 800 mg</i>	4	AL(Up to 64 yrs old); MO
<i>methocarbamol tabs or 500 mg, 750 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>orphenadrine citrate tb12 or 100 mg</i>	3	AL(Up to 64 yrs old); MO
<i>tizanidine hcl caps 2 mg</i>	4	SL(18 ea daily); MO
<i>tizanidine hcl caps 4 mg</i>	4	SL(9 ea daily); MO
<i>tizanidine hcl caps 6 mg</i>	4	SL(6 ea daily); MO
<i>tizanidine hcl tabs 2 mg</i>	2	SL(18 ea daily); MO; *
<i>tizanidine hcl tabs 4 mg</i>	2	SL(9 ea daily); MO; *
<b>Direct Muscle Relaxants</b>		
<i>dantrolene sodium caps 100 mg</i>	1	MO; *
<i>dantrolene sodium caps 25 mg, 50 mg</i>	4	MO
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin &amp; codeine tabs</i>	2	AL(Up to 64 yrs old); MO; *
<i>carisoprodol w/ aspirin tabs</i>	3	AL(Up to 64 yrs old); MO
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
DYMISTA SUSP	4	MO
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL OINT	4	MO
<b>Nasal Antiallergy</b>		
<i>azelastine hcl soln</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl (nasal) soln</i>	4	MO
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln</i>	3	MO
<b>Nasal Steroids</b>		
BECONASE AQ SUSP	4	MO
<i>flunisolide (nasal) soln</i>	2	MO; *
<i>fluticasone propionate (nasal) susp</i>	2	RX/OTC; MO; *
<i>mometasone furoate (nasal) susp</i>	2	MO; *
OMNARIS SUSP	4	MO
QNASL AERS	4	MO
QNASL CHILDRENS AERS	4	MO
ZETONNA AERS	4	MO
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RADICAVA SOLN	5	PA; NDS;MO
<i>riluzole tabs</i>	2	MO; *
<b>Muscular Dystrophy Agents</b>		
EXONDYS 51 SOLN	5	PA; NDS;LA; MO
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR	4	PA; MO
XEOMIN SOLR	4	PA; MO
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
<i>dextrose soln 10 %</i>	2	B/D; *
<i>dextrose soln 5 %</i>	2	B/D; MO; *
<i>dextrose soln 50 %, 70 %</i>	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<b>Lipids</b>		
<i>fat emulsion plant based emul</i>	4	B/D
<b>Proteins</b>		
<i>amino acid infusion 15%</i>	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% SOLN	4	B/D
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) soln</i>	3	MO
BETIMOL SOLN	4	MO
BETOPTIC-S SUSP	3	MO
<i>carteolol hcl (ophth) soln</i>	2	MO; *
COMBIGAN SOLN	3	MO
<i>dorzolamide hcl-timolol maleate soln</i>	2	MO; *
<i>levobunolol hcl soln</i>	2	MO; *
<i>timolol maleate (ophth) solg 0.5 %</i>	3	Gel Forming Soln;MO
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	MO; *
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	3	Gel Forming Soln;MO
TIMOPTIC-XE SOLG 0.25 %	3	Gel Forming Soln;MO
<b>Cycloplegic Mydriatics</b>		
<i>cyclopentolate hcl soln 0.5 %</i>	4	MO
<i>cyclopentolate hcl soln 1 %, 2 %</i>	1	MO; *
<b>Miotics</b>		
PHOSPHOLINE IODIDE SOLR	4	
<i>pilocarpine hcl soln</i>	3	MO
<b>Ophthalmic - Angiogenesis Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
EYLEA SOLN	5	PA; NDS;LA
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.1 %	3	MO
<i>apraclonidine hcl soln</i>	3	MO
<i>brimonidine tartrate soln</i>	3	MO
IOPIDINE SOLN 1 %	4	MO
SIMBRINZA SUSP	3	MO
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOLN	4	MO
<i>bacitracin (ophthalmic) oint</i>	2	MO; *
<i>bacitracin-polymyxin b (ophth) oint</i>	2	MO; *
BESIVANCE SUSP	4	MO
CILOXAN OINT	4	MO
<i>ciprofloxacin hcl (ophth) soln</i>	2	MO; *
<i>erythromycin (ophth) oint</i>	2	MO; *
<i>gatifloxacin (ophth) soln</i>	4	MO
<i>gentamicin sulfate (ophth) oint</i>	2	MO; *
<i>gentamicin sulfate (ophth) soln</i>	2	MO; *
<i>levofloxacin (ophth) soln</i>	3	MO
MOXEZA SOLN	3	MO
<i>moxifloxacin hcl (ophth) soln</i>	2	MO; *
NATACYN SUSP	3	MO
<i>neomycin-bacitracin zn-polymyxin oint</i>	3	MO
<i>neomycin-polymyxin-gramicidin soln</i>	1	MO; *
<i>ofloxacin (ophth) soln</i>	2	MO; *

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



Drug Name	Drug Tier	Requirements/ Limits
<i>polymyxin b-trimethoprim soln</i>	2	MO; *
<i>sulfacetamide sodium (ophth) soln</i>	3	MO
<i>tobramycin (ophth) soln</i>	2	MO; *
TOBEX OINT	4	MO
<i>trifluridine soln</i>	3	MO
ZIRGAN GEL	4	MO
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL	3	MO
RESTASIS MULTIDOSE EMUL	3	MO
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine hcl soln</i>	1	MO; *
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLN	5	PA; NDS;MO
<b>Ophthalmic Steroids</b>		
ALREX SUSP	3	MO
<i>bacitracin-poly-neomycin-hc oint</i>	3	MO
BLEPHAMIDE SUSP	4	MO
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; *
DUREZOL EMUL	3	MO
FLAREX SUSP	3	MO
<i>fluorometholone (ophth) susp</i>	3	MO
FML FORTE SUSP	3	MO
FML OINT	3	MO
LOTEMAX GEL	3	MO
LOTEMAX OINT	3	MO

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX SM GEL	3	MO
<i>loteprednol etabonate susp</i>	3	MO
MAXIDEX SUSP	4	MO
<i>neomycin-polymy-dexameth oint</i>	2	MO; *
<i>neomycin-polymy-dexameth susp</i>	2	MO; *
PRED MILD SUSP	3	MO
<i>prednisolone acetate (ophth) susp</i>	3	MO
<i>sulfacetamide sod-prednisolone soln</i>	2	MO; *
TOBRADEX OINT	4	MO
TOBRADEX ST SUSP	4	MO
<i>tobramycin-dexamethasone susp</i>	3	MO
ZYLET SUSP	3	MO
<b>Ophthalmics - Misc.</b>		
ACUVAIL SOLN	4	MO
ALOCRI SOLN	4	MO
ALOMIDE SOLN	4	MO
<i>azelastine hcl (ophth) soln</i>	3	MO
AZOPT SUSP	3	MO
<i>bromfenac sodium (ophth) soln</i>	4	Once daily dosing;MO
<i>cromolyn sodium (ophth) soln</i>	1	MO; *
CYSTARAN SOLN	4	Limit 60mls per 28 days;QL(2.15 ml daily); LA; MO
<i>diclofenac sodium (ophth) soln</i>	3	MO
<i>dorzolamide hcl soln</i>	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl (ophth) soln</i>	3	MO
<i>flurbiprofen sodium soln</i>	2	MO; *
ILEVRO SUSP	3	MO
<i>ketorolac tromethamine (ophth) soln</i>	2	MO; *
LASTACFT SOLN	4	MO
NEVANAC SUSP	3	MO
<i>olopatadine hcl soln</i>	2	MO; *
PROLENSA SOLN	4	MO
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln</i>	2	MO; *
<i>latanoprost soln</i>	2	MO; *
LUMIGAN SOLN	3	MO
TRAVATAN Z SOLN	3	MO
ZIOPTAN SOLN	4	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	2	MO; *
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN	4	MO
CIPROFLOXACIN SOLN OT 0.2 %	4	MO
<i>ofloxacin (otic) soln</i>	4	MO
<b>Otic Combinations</b>		
CIPRO HC SUSP	4	MO
CIPRODEX SUSP	3	MO
COLY-MYCIN S SUSP	4	MO
CORTISPORIN-TC SUSP	4	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SOLN 10 GM/50ML	5	B/D; NDS
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	5	B/D; NDS;LA
HYPERRAB S/D SOLN	4	
IMOGAM RABIES-HT SOLN 300 UNIT/2ML	4	
KEDRAB SOLN	4	
OCTAGAM SOLN 2 GM/20ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	5	B/D; NDS
PRIVIGEN SOLN	5	B/D; NDS
VARIZIG SOLN	5	NDS
<b>Monoclonal Antibodies</b>		
SYNAGIS SOLN	5	NDS
ZINPLAVA SOLN	5	PA; NDS
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT	5	B/D; NDS
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	MO; *
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	MO; *
<i>amoxicillin tabs 500 mg, 875 mg</i>	1	MO; *
<i>ampicillin caps</i>	1	MO; *
<i>ampicillin sodium solr ij 2 gm</i>	1	MO; *
<i>ampicillin sodium solr ij 250 mg</i>	2	*
<i>ampicillin sodium solr ij 500 mg, 1 gm</i>	2	MO; *
<i>ampicillin sodium solr iv 2 gm, 10 gm</i>	2	*
<b>Natural Penicillins</b>		

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A SUSP	4	MO
<i>penicillin g potassium solr 20 mu, 20000000 unit</i>	1	MO; *
<i>penicillin g potassium solr 5000000 unit</i>	4	MO
<i>penicillin v potassium solr 250 mg/5ml</i>	2	MO; *
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	MO; *
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew 200mg-28.5mg, 400mg-57mg</i>	2	MO; *
<i>amoxicillin &amp; pot clavulanate susr 200mg/5ml-28.5mg/5ml, 250mg/5ml-62.5mg/5ml, 400mg/5ml-57mg/5ml, 600mg/5ml-42.9mg/5ml</i>	4	MO
<i>amoxicillin &amp; pot clavulanate tabs 250mg-125mg, 500mg-125mg, 875mg-125mg</i>	2	MO; *
<i>amoxicillin &amp; pot clavulanate tb 12 1000mg-62.5mg</i>	3	MO
<i>ampicillin &amp; sulbactam sodium solr ij 0.5gm-1gm</i>	4	
<i>ampicillin &amp; sulbactam sodium solr ij 1gm-2gm</i>	4	MO
<i>ampicillin &amp; sulbactam sodium solr iv 5gm-10gm</i>	4	
<i>piperacillin sodium-tazobactam sodium solr</i>	4	
ZOSYN SOLN 0.375GM/50ML-3GM/50ML-5%	4	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	2	MO; *
<i>nafcillin sodium solr ij 1 gm</i>	4	
N AFCILLIN SODIUM SOLR IJ 10 GM	5	NDS
<i>nafcillin sodium solr ij 2 gm</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium solr iv 10 gm</i>	5	NDS
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate tabs</i>	1	MO; *
<i>megestrol acetate (appetite) susp</i>	2	AL(Up to 64 yrs old); MO; *
<i>norethindrone acetate tabs</i>	1	MO; *
<i>progesterone micronized caps</i>	3	MO
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	4	MO
<i>disulfiram tabs</i>	3	MO
LUCEMYRA TABS	5	PA; NDS;SL(16 ea daily); MO
<b>Anti-Cataleptic Agents</b>		
XYREM SOLN	5	NDS;LA; MO
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride tabs</i>	2	MO; *
<i>donepezil hydrochloride tbdp</i>	2	MO; *
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	3	MO
<i>galantamine hydrobromide soln 4 mg/ml</i>	2	MO; *
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	3	MO
<i>memantine hcl cp24 14 mg</i>	2	AL(At least 60 yrs old); SL(2 ea daily); MO; *
<i>memantine hcl cp24 21 mg</i>	2	AL(At least 60 yrs old); SL(1.33 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cp24 28 mg</i>	2	AL(At least 60 yrs old); SL(1 ea daily); MO; *
<i>memantine hcl cp24 7 mg</i>	2	AL(At least 60 yrs old); SL(4 ea daily); MO; *
<i>memantine hcl soln 2 mg/ml, 10 mg/5ml</i>	2	AL(At least 60 yrs old); MO; *
<i>memantine hcl tabs 5 mg, 10 mg</i>	2	MO; *
NAMENDA XR TITRATION PACK CP24	4	AL(At least 60 yrs old); MO
<i>rivastigmine pt24</i>	4	MO
<i>rivastigmine tartrate caps</i>	3	MO
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline tabs</i>	2	AL(Up to 64 yrs old); MO; *
<i>olanzapine-fluoxetine hcl caps</i>	4	MO
<i>perphenazine-amitriptyline tabs</i>	2	AL(Up to 64 yrs old); MO; *
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	4	PA; MO
SAVELLA TITRATION PACK MISC	4	PA; MO
<b>Movement Disorder Drug Therapy</b>		
INGREZZA CAPS	5	PA; NDS;LA; MO
INGREZZA CPPK	5	PA; NDS;LA; MO
<i>tetrabenazine tabs</i>	5	PA; NDS
<b>Multiple Sclerosis Agents</b>		
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)

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

Drug Name	Drug Tier	Requirements/ Limits
AVONEX PEN AJKT	5	PA; NDS; Limited to 1 box per 28 days;QL(0.036 ea daily)
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
COPAXONE SOSY (Glatiramer Acetate)	5	PA; NDS
<i>dalfampridine tb12</i>	5	PA; NDS
GILENYA CAPS 0.5 MG	5	PA; NDS
LEMTRADA SOLN	5	PA; NDS;LA
OCREVUS SOLN	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
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain</b>		
GRALISE STARTER MISC	4	MO
GRALISE TABS	4	MO
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS	4	PA; MO
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	2	AL(Up to 64 yrs old); MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>pimozide tabs</i>	3	MO
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	4	MO
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent) tb12</i>	3	SL(2 ea daily); MO
CHANTIX CONTINUING MONTHPAK TABS	4	MO
CHANTIX STARTING MONTH PAK TABS	4	MO
CHANTIX TABS	4	MO
NICOTROL INHALER INHA	4	Limit 3 boxes per month;SL(16.8 ea daily); MO
NICOTROL NS SOLN	4	MO
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI SOSY	5	PA; NDS;LA; MO
<b>Vasomotor Symptom Agents</b>		
<i>paroxetine mesylate (vasomotor) caps</i>	2	MO; *
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 1000 MG	5	NDS;LA; MO
ARALAST NP SOLR 500 MG	5	NDS;LA
GLASSIA SOLN	4	LA
PROLASTIN-C SOLN 1000 MG/20ML	5	PA; NDS;LA; MO
PROLASTIN-C SOLR 1000 MG	5	NDS;LA; MO
ZEMAIRA SOLR	5	NDS;LA; MO
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK	5	PA; NDS;MO

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

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS	5	PA; NDS;MO
ORKAMBI PACK	5	PA; NDS;LA; MO
ORKAMBI TABS	5	PA; NDS;LA; MO
PULMOZYME SOLN	5	B/D; NDS
SYMDEKO TBPB	5	PA; NDS;LA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	5	PA; NDS;LA
ESBRIET TABS	5	PA; NDS;LA
OFEV CAPS	5	PA; NDS;LA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	2	MO; *
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Aminomethylcyclines</b>		
NUZYRA TABS OR 150 MG	5	PA; NDS;MO
<b>Glycylcyclines</b>		
<i>tigecycline solr</i>	5	NDS
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	4	MO
<i>doxycycline (monohydrate) caps</i>	2	MO; *
<i>doxycycline (monohydrate) susr</i>	2	MO; *
<i>doxycycline (monohydrate) tabs</i>	2	MO; *
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	3	MO
<i>doxycycline hyclate solr iv 100 mg</i>	2	MO; *
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	3	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX SUSP	4	
PENTACEL SUSR	4	
QUADRACEL SUSP	4	
TDVAX SUSP	4	B/D
TENIVAC INJ	4	B/D
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>dicyclomine hcl caps or 10 mg</i>	1	MO; *
<i>dicyclomine hcl tabs or 20 mg</i>	1	MO; *
<i>glycopyrrolate soln ij 0.2 mg/ml</i>	2	MO; *
<i>glycopyrrolate soln ij 0.4 mg/2ml</i>	4	
<i>glycopyrrolate soln ij 1 mg/5ml, 4 mg/20ml</i>	4	MO
<i>glycopyrrolate tabs or 1 mg</i>	3	SL(8 ea daily); MO
<i>glycopyrrolate tabs or 2 mg</i>	3	SL(4 ea daily); MO
<i>methscopolamine bromide tabs</i>	4	MO
<b>H-2 Antagonists</b>		
<i>cimetidine tabs 200 mg</i>	1	RX/OTC; MO; *
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	3	MO
<i>famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</i>	1	*
<i>famotidine susr or 40 mg/5ml</i>	4	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; *

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	3	MO
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	2	MO; *
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC; MO; *
<i>ranitidine hcl tabs or 300 mg</i>	1	MO; *
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML	4	MO
<i>sucralfate tabs</i>	2	MO; *
<b>Proton Pump Inhibitors</b>		
DEXILANT CPDR	3	ST; MO
<i>esomeprazole magnesium cpdr 20 mg</i>	4	RX/OTC; MO
<i>esomeprazole magnesium cpdr 40 mg</i>	4	MO
<i>esomeprazole sodium solr 40 mg</i>	2	*
<i>lansoprazole cpdr 15 mg</i>	2	RX/OTC; MO; *
<i>lansoprazole cpdr 30 mg</i>	2	MO; *
<i>lansoprazole tbdd 30 mg</i>	4	
NEXIUM PACK 2.5 MG, 5 MG, 10 MG, 20 MG, 40 MG	4	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>	2	*
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; *
PROTONIX PACK OR 40 MG	4	QL(1 ea daily); MO
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol tabs</i>	3	MO
<b>Ulcer Therapy Combinations</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	4	MO
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	4	MO
<i>omeprazole-sodium bicarbonate pack 40mg-1680mg</i>	4	MO
PYLERA CAPS	4	MO
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
<i>methenamine hippurate tabs</i>	4	MO
MONUROL PACK	4	MO
<i>nitrofurantoin macrocrystal caps</i>	3	MO
<i>nitrofurantoin monohyd macro caps</i>	3	MO
<i>nitrofurantoin susp</i>	4	MO
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	2	MO; *
GELNIQUE GEL	4	MO
GELNIQUE PUMP GEL	4	MO
<i>oxybutynin chloride syrp 5 mg/5ml</i>	2	MO; *
<i>oxybutynin chloride tabs 5 mg</i>	3	MO
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	3	MO
OXYTROL PTTW	4	RX/OTC; MO
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	4	MO
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	3	MO
TOVIAZ TB24	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride cp24</i>	4	MO
<i>trospium chloride tabs</i>	4	MO
VESICARE TABS ( <i>Solifenacin Succinate</i> )	3	MO
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ TB24	4	MO
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs</i>	3	MO
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	3	MO
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLR	4	
BCG VACCINE INJ	4	
BEXSERO SUSY	4	
HIBERIX SOLR	4	
MENACTRA INJ	4	
MENVEO SOLR	4	
PEDVAX HIB SUSP	4	
TRUMENBA SUSY	4	
TYPHIM VI SOLN	4	
<b>Viral Vaccines</b>		
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D
GARDASIL 9 SUSP	3	
GARDASIL 9 SUSY	3	
HAVRIX SUSP	4	
IMOVAX RABIES ( <i>H.D.C.V.</i> ) INJ	4	B/D

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



Drug Name	Drug Tier	Requirements/Limits
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	4	
ROTATEQ SOLN	3	
SHINGRIX SUSR	3	
TWINRIX SUSP	4	
TWINRIX SUSY	4	
VAQTA SUSP	4	
VARIVAX INJ	4	
YF-VAX INJ	4	
ZOSTAVAX SUSR	3	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Vaginal Anti-infectives</b>		
CLEOCIN SUPP VA 100 MG	4	MO
<i>clindamycin phosphate vaginal crea</i>	3	MO
<i>metronidazole vaginal gel</i>	4	MO
<i>terconazole vaginal crea 0.4 %, 0.8 %</i>	3	MO
<i>terconazole vaginal supp 80 mg</i>	3	MO
<b>Vaginal Estrogens</b>		
<i>estradiol vaginal crea 0.1 mg/gm</i>	4	MO
<i>estradiol vaginal tabs 10 mcg</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
ESTRING RING	4	MO
FEMRING RING	4	MO
PREMARIN CREA VA 0.625 MG/GM	3	MO
<b>Vaginal Progestins</b>		
CRINONE GEL	4	PA; MO
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	3	MO
EPIPEN-JR 2-PAK SOAJ ( <i>Epinephrine (Anaphylaxis)</i> )	3	MO
<b>Neurogenic Orthostatic Hypotension (NOH) -</b>		
NORTHERA CAPS 100 MG	5	PA; NDS;SL(18 ea daily)
NORTHERA CAPS 200 MG	5	PA; NDS;SL(9 ea daily)
NORTHERA CAPS 300 MG	5	PA; NDS;SL(6 ea daily)
<b>Vasopressors</b>		
<i>dobutamine hcl soln</i>	1	*
<i>midodrine hcl tabs</i>	4	MO

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hydrochlorothiazide.....	49	INDOCIN.....	3	JANUMET.....	17
hydrocodone-acetaminophen.....	6	indomethacin.....	3	JANUMET XR.....	17
hydrocodone-ibuprofen.....	6	INFANRIX.....	67	JANUVIA.....	18
hydrocortisone.....	42	INFLECTRA.....	52	JARDIANCE.....	19
hydrocortisone (intrarectal).....	7	INFUGEM.....	27	JENTADUETO.....	17
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hydrocortisone (topical).....	46	INLYTA.....	30	JEVTANA.....	31
hydrocortisone butyrate.....	47	INNOPRAN XL.....	38	JUBLIA.....	44
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hydroxychloroquine sulfate.....	25	INVEGA TRINZA.....	33	KALBITOR.....	54
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hydroxyzine pamoate.....	10	IOPIDINE.....	61	KENALOG-10.....	42
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HYSINGLA ER.....	4	ipratropium bromide		ketoconazole.....	21
ibandronate sodium.....	49	(nasal).....	60	ketoconazole (topical).....	44
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ibuprofen.....	3				
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ketorolac tromethamine	3	LENVIMA 14 MG DAILY DOSE	30	linezolid	9
ketorolac tromethamine (ophth)	63	LENVIMA 18 MG DAILY DOSE	30	LINEZOLID	9
KEVEYIS	48	LENVIMA 20 MG DAILY DOSE	30	linezolid	9
KEVZARA	3	LENVIMA 24 MG DAILY DOSE	30	LINZESS	53
KEYTRUDA	27	LENVIMA 4 MG DAILY DOSE	30	liothyronine sodium	67
KHAPZORY	31	LENVIMA 8 MG DAILY DOSE	30	LIPOFEN	22
KHEDEZLA	16	LETAIRIS	40	lisinopril	23
KINRIX	67	letrozole	28	lisinopril & hydrochlorothiazide	24
KISQALI	30	leucovorin calcium	31	lithium	33
KISQALI FEMARA 200 DOSE	29	LEUKERAN	26	lithium carbonate	33
KISQALI FEMARA 400 DOSE	29	LEUKINE	54	LIVALO	23
KISQALI FEMARA 600 DOSE	29	leuprolide acetate	28	LO LOESTRIN FE	41
KORLYM	18	levabuterol hcl	12	LOKELMA	59
KRINTAFEL	25	levabuterol tartrate	12	LONSURF	29
KUVAN	50	LEVEMIR	19	loperamide hcl	20
KYNAMRO	22	LEVEMIR FLEXTOUCH	19	lopinavir-ritonavir	36
KYPROLIS	30	levetiracetam	14	lorazepam	10
labetalol hcl	38	levetiracetam in sodium chloride	14	LORBRENA	30
lactated ringer's	58	levobunolol hcl	61	losartan potassium	24
lactic acid (ammonium lactate)	47	levocarnitine (metabolic modifiers)	50	losartan potassium & hydrochlorothiazide	24
lactulose	56	levocetirizine dihydrochloride	22	LOTEMAX	62
lactulose (encephalopathy)	53	levofloxacin	52	LOTEMAX SM	62
LAMICTAL XR	13	levofloxacin (ophth)	61	loteprednol etabonate	62
lamivudine	36	levofloxacin in d5w	52	lovastatin	23
lamivudine (hbv)	37	levoleucovorin calcium	31	loxapine succinate	34
lamivudine-zidovudine	36	levonorgestrel & eth estradiol	41	LUCEMYRA	65
lamotrigine	13,14	levonorgestrel-eth estradiol (triphasic)	41	LULICONAZOLE	44
LANOXIN	39	levonorgestrel-ethinyl estradiol (91-day)	41	LUMIGAN	63
LANOXIN PEDIATRIC	39	levothyroxine sodium	67	LUMIZYME	50
lansoprazole	68	LEXIVA	36	LUMOXITI	27
lanthanum carbonate	53	LIBTAYO	27	LUPANETA PACK	50
LANTUS	19	lidocaine	47	LUPRON DEPOT (1-MONTH)	28
LANTUS SOLOSTAR	19	lidocaine hcl	47	LUPRON DEPOT (3-MONTH)	28
LARTRUVO	27	lidocaine hcl (cardiac)	10	LUPRON DEPOT (4-MONTH)	28
LASTACAPT	63	lidocaine hcl (local anesth.)	56	LUPRON DEPOT (6-MONTH)	28
latanoprost	63	lidocaine hcl (mouth-throat)	59	LUPRON DEPOT-PED (1-MONTH)	50
LATUDA	33	lidocaine-prilocaine	47	LUPRON DEPOT-PED (3-MONTH)	50
LAZANDA	4			LUZU	44
leflunomide	4			LYNPARZA	30
LEMTRADA	66			LYRICA	14
LENVIMA 10 MG DAILY DOSE	30			LYSODREN	28

M-M-R II.....	70	methscopolamine bromide.....	68	MORPHINE SULFATE.....	5
magnesium sulfate.....	58	methyldopa.....	24	morphine sulfate.....	5
malathion.....	48	methylergonovine maleate.....	63	morphine sulfate beads.....	5
maprotiline hcl.....	15	methylphenidate hcl.....	1,2	MOTOFEN.....	20
MARPLAN.....	15	METHYLPHENIDATE		MOVANTIK.....	53
MARQIBO.....	31	HYDROCHLORIDE ER.....	2	MOVIPREP.....	56
MATULANE.....	31	methylprednisolone.....	42	MOXEZA.....	61
MAVYRET.....	37	methylprednisolone		moxifloxacin hcl.....	52
MAXIDEX.....	62	acetate.....	42	moxifloxacin hcl (ophth).....	61
meclizine hcl.....	20	methylprednisolone sod		MOZOBIL.....	55
MEDROL.....	42	succ.....	42	MULPLETA.....	54
medroxyprogesterone		methyltestosterone.....	7	MULTAQ.....	10
acetate.....	65	metoclopramide hcl.....	52	mupirocin.....	44
medroxyprogesterone acetate		metolazone.....	49	mupirocin calcium (topical).....	44
(contraceptive).....	42	metoprolol &		MYALEPT.....	50
mefenamic acid.....	3	hydrochlorothiazide.....	24	MYCAMINE.....	21
mefloquine hcl.....	25	metoprolol succinate.....	38	mycophenolate mofetil... 58,59	
megestrol acetate.....	28	metoprolol tartrate.....	38	mycophenolate mofetil hcl... 58	
megestrol acetate (appetite).....	65	metronidazole.....	8	mycophenolate sodium.....	59
MEKINIST.....	30	metronidazole (topical).....	47	MYLOTARG.....	27
MEKTOVI.....	30	metronidazole in nacl.....	8	MYRBETRIQ.....	69
meloxicam.....	3	metronidazole vaginal.....	70	MYTESI.....	20
melphalan.....	26	mexiletine hcl.....	10	nabumetone.....	3
melphalan hcl.....	26	MIACALCIN.....	49	nadolol.....	38
memantine hcl.....	65	midodrine hcl.....	70	nadolol &	
MENACTRA.....	69	MIGERGOT.....	57	bendroflumethiazide.....	24
MENOSTAR.....	51	miglitol.....	17	nafcillin sodium.....	64
MENVEO.....	69	miglustat.....	54	NAFCILLIN SODIUM.....	64
meperidine hcl.....	4,5	MIGRANAL.....	57	nafcillin sodium.....	64,65
meprobamate.....	10	MILLIPRED.....	42	naftifine hcl.....	44
mercaptopurine.....	27	minocycline hcl.....	67	NAFTIN.....	44
meropenem.....	8	minoxidil.....	25	NAGLAZYME.....	50
mesalamine.....	52	mirtazapine.....	15	naloxone hcl.....	20
mesalamine w/ cleanser.....	52	MIRVASO.....	48	naltrexone hcl.....	20
mesna.....	31	misoprostol.....	68	NAMENDA XR TITRATION	
MESNEX.....	31	mitomycin.....	29	PACK.....	65
METAXALONE.....	60	mitoxantrone hcl.....	29	NAPRELAN.....	3
metaxalone.....	60	modafinil.....	2	naproxen.....	3
metformin hcl.....	18	moexipril hcl.....	23	naproxen sodium.....	3
methadone hcl.....	5	moexipril-hydrochlorothiazide		naratriptan hcl.....	57
methamphetamine hcl.....	1	.....	24	NARCAN.....	20
methazolamide.....	48	MOLINDONE		NATACYN.....	61
methenamine hippurate.....	69	HYDROCHLORIDE.....	34	nateglinide.....	19
methimazole.....	67	mometasone furoate.....	47	NATPARA.....	49
methocarbamol.....	60	mometasone furoate		NEBUPENT.....	8
methotrexate sodium.....	27	(nasal).....	60	nefazodone hcl.....	16
methoxsalen rapid.....	45	montelukast sodium.....	11	neomycin sulfate.....	2
		MONUROL.....	69		
		morphine sulfate.....	5		

neomycin-bacitracin zn-polymyxin.....	61	norethindrone acetate-ethinyl estradiol.....	51	olopatadine hcl.....	63
neomycin-polymy-dexameth.....	62	norethindrone-eth estradiol (triphasic).....	41	olopatadine hcl (nasal).....	60
neomycin-polymyxin-gramicidin.....	61	norgestimate-ethinyl estradiol.....	42	OLUMIANT.....	2
neomycin-polymyxin-hc (otic).....	63	norgestimate-ethinyl estradiol (triphasic).....	41	omega-3-acid ethyl esters.....	22
neomycin/polymyxin b gu.....	53	norgestrel & ethinyl estradiol.....	42	omeprazole.....	68
NERLYNX.....	30	NORITATE.....	48	omeprazole-sodium bicarbonate.....	69
NEULASTA.....	54	NORPACE CR.....	10	OMNARIS.....	60
NEULASTA ONPRO KIT.....	54	NORTHERA.....	70	ONCASPAR.....	31
NEUPOGEN.....	54	nortriptyline hcl.....	17	ondansetron.....	20
NEUPRO.....	32	NORVIR.....	36	ondansetron hcl.....	20
NEVANAC.....	63	NOVAREL.....	49	ONIVYDE.....	32
nevirapine.....	36	NOXAFIL.....	21	OPDIVO.....	27
NEXAVAR.....	30	NUBEQA.....	28	opium tincture.....	20
NEXIUM.....	68	NUCALA.....	10	OPSUMIT.....	40
niacin (antihyperlipidemic).....	23	NUCYNTA.....	5	ORACEA.....	48
nicardipine hcl.....	39	NUCYNTA ER.....	5	ORALAIR.....	2
NICOTROL INHALER.....	66	NUDEXTA.....	66	ORBACTIV.....	8
NICOTROL NS.....	66	NULOJIX.....	59	ORENITRAM.....	40
nifedipine.....	39	NUPLAZID.....	33	ORFADIN.....	50
nilutamide.....	28	NUTROPIN AQ NUSPIN 20.....	49	ORLISSA.....	49
nimodipine.....	39	NUVARING.....	42	ORKAMBI.....	67
NINLARO.....	30	NUZYRA.....	67	orphenadrine citrate.....	60
NIPENT.....	31	NYMALIZE.....	39	oseltamivir phosphate.....	38
nisoldipine.....	39	nystatin.....	21	OSMOLEX ER.....	32
nitisinone.....	50	nystatin (mouth-throat).....	59	OSMOPREP.....	56
NITRO-DUR.....	9	nystatin (topical).....	44	OSPHERA.....	50
nitrofurantoin.....	69	nystatin-triamcinolone.....	44	OTREXUP.....	2
nitrofurantoin macrocrystal.....	69	OALIVA.....	52	oxaliplatin.....	26
nitrofurantoin monohyd macro.....	69	OCREVUS.....	66	oxandrolone.....	7
nitroglycerin.....	9	OCTAGAM.....	64	oxaprozin.....	3
NITROGLYCERIN LINGUAL.....	9	octreotide acetate.....	51	oxazepam.....	10
NITROSTAT.....	9	ODEFSEY.....	36	oxcarbazepine.....	14
nizatidine.....	68	ODOMZO.....	28	OXERVATE.....	62
NORDITROPIN FLEXPRO.....	49	OFEV.....	67	oxiconazole nitrate.....	44
norelgestromin-ethinyl estradiol.....	42	ofloxacin (ophth).....	61	OXISTAT.....	44
norethin acet & estrad-fe.....	41	ofloxacin (otic).....	63	oxybutynin chloride.....	69
norethindrone & eth estradiol.....	41	olanzapine.....	34	oxycodone hcl.....	5
norethindrone & ethinyl estradiol-fe.....	41	olanzapine-fluoxetine hcl.....	65	oxycodone w/ acetaminophen.....	6
norethindrone (contraceptive).....	42	olmesartan medoxomil.....	24	oxycodone-aspirin.....	6
norethindrone acet & eth estra.....	41	olmesartan medoxomil-amlodipine-hydrochlorothiazide.....	24	oxymorphone hcl.....	5,6
norethindrone acetate.....	65	olmesartan medoxomil-hydrochlorothiazide.....	25	OXYTROL.....	69

PANRETIN.....	44	pimecrolimus.....	47	PREGNYL W/DILUENT	
pantoprazole sodium.....	68	pimozide.....	66	BENZYLALCOHOL/NACL... 49	
parenteral electrolytes.....	58	pindolol.....	38	PREMARIN.....	52,70
paricalcitol.....	50	pioglitazone hcl.....	18	PREMPHASE.....	51
paromomycin sulfate.....	2	pioglitazone hcl- glimepiride.....	17	PREMPRO.....	51
paroxetine hcl.....	16	pioglitazone hcl-metformin hcl.....	17	PREPOPIK.....	56
paroxetine mesylate (vasomotor).....	66	piperacillin sodium-tazobactam sodium.....	64	PREVYMIS.....	37
PAXIL.....	16	PIQRAY 200MG DAILY DOSE.....	30	PREZCOBIX.....	36
PEDIARIX.....	68	PIQRAY 250MG DAILY DOSE.....	30	PREZISTA.....	36
PEDVAX HIB.....	69	PIQRAY 300MG DAILY DOSE.....	30	PRIFTIN.....	25
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	56	piroxicam.....	3	primaquine phosphate.....	25
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	56	PLENVU.....	56	PRIMAQUINE PHOSPHATE	25
PEGANONE.....	14	podofilox.....	47	primidone.....	14
PEGASYS.....	37	POLIVY.....	27	PRIVIGEN.....	64
PEGASYS PROCLICK.....	37	polyethylene glycol 3350..	56	PROAIR HFA.....	12
PEGINTRON.....	37	polymyxin b sulfate.....	9	PROAIR RESPICLICK.....	12
penicillin g potassium.....	64	polymyxin b-trimethoprim..	62	probenecid.....	53
penicillin v potassium.....	64	POMALYST.....	28	prochlorperazine.....	35
PENNSAID.....	44	PORTRAZZA.....	27	prochlorperazine edisylate..	35
PENTACEL.....	68	posaconazole.....	21	prochlorperazine maleate... 35	
PENTAM 300.....	8	potassium chloride.....	58	PROCRIT.....	55
pentamidine isethionate.....	8	potassium chloride in dextrose & sodium chloride.....	58	PROCYSBI.....	53
pentazocine w/ naloxone.....	7	potassium chloride microencapsulated crystals er.....	58	progesterone micronized... 65	
pentoxifylline.....	54	potassium citrate (alkalinizer).....	53	PROGLYCEM.....	18
PERFOROMIST.....	12	POTELIGEO.....	27	PROGRAF.....	59
perindopril erbumine.....	23	PRADAXA.....	13	PROLASTIN-C.....	66
PERJETA.....	27	PRALUENT.....	23	PROLENSA.....	63
permethrin.....	48	pramipexole dihydrochloride.....	32	PROLEUKIN.....	31
perphenazine.....	35	prasugrel hcl.....	54	PROLIA.....	49
perphenazine-amitriptyline..	65	pravastatin sodium.....	23	PROMACTA.....	55
PERSERIS.....	33	praziquantel.....	7	promethazine & phenylephrine.....	43
PERTZYE.....	48	prazosin hcl.....	24	promethazine hcl.....	22
PEXEVA.....	16	PRED MILD.....	62	PROMETHAZINE/PHENYLEPHR INE.....	43
phenelzine sulfate.....	15	prednicarbate.....	47	propafenone hcl.....	10
phenobarbital.....	55	prednisolone.....	42	proparacaine hcl.....	62
phenoxybenzamine hcl.....	24	prednisolone acetate (ophth).....	62	propranolol hcl.....	38
phenytoin.....	14	prednisolone sodium phosphate.....	42	propylthiouracil.....	67
phenytoin sodium.....	14	prednisone.....	42,43	PROQUAD.....	70
PHOSPHOLINE IODIDE.....	61			PROTONIX.....	68
PICATO.....	44			protriptyline hcl.....	17
PIFELTRO.....	36			PRUDOXIN.....	45
pilocarpine hcl.....	61			PULMICORT FLEXHALER..	11
pilocarpine hcl (oral).....	59			PULMOZYME.....	67
				PURIXAN.....	27
				PYLERA.....	69

pyrazinamide	25	REVLIMID	58	sertraline hcl	16
pyridostigmine bromide	25	REXULTI	35	sevelamer carbonate	53
QNASL	60	REYATAZ	36	SHINGRIX	70
QNASL CHILDRENS	60	ribavirin	38	SIGNIFOR	51
QUADRACEL	68	ribavirin (hepatitis c)	37	SIGNIFOR LAR	51
quetiapine fumarate	34	RIDAURA	3	sildenafil citrate (pulmonary hypertension)	40
quinapril hcl	23	rifabutin	25	sildenafil citrate tab 25 mg, 50 mg, 100 mg	39
quinapril-hydrochlorothiazide	25	RIFAMATE	25	SILENOR	55
quinidine gluconate	10	rifampin	25,26	SILIQ	45
quinidine sulfate	10	RIFATER	25	silodosin	53
quinine sulfate	25	riluzole	60	silver sulfadiazine	45
RABAVERT	70	rimantadine hydrochloride	38	SIMBRINZA	61
RADICAVA	60	RIOMET	18	SIMPONI	2
raloxifene hcl	50	risedronate sodium	49	SIMPONI ARIA	2
ramipril	23	RISPERDAL CONSTA	34	SIMULECT	59
RANEXA	9	risperidone	34	simvastatin	23
ranitidine hcl	68	ritonavir	36	sirolimus	59
ranolazine	9	RITUXAN	27	SIRTURO	26
rasagiline mesylate	33	RITUXAN HYCELA	29	SIVEXTRO	9
RASUVO	2	rivastigmine	65	sodium chloride	58
RAVICTI	50	rivastigmine tartrate	65	sodium chloride (gu irrigant)	53
RAYALDEE	50	rizatriptan benzoate	57	sodium polystyrene sulfonate	59
REBETOL	37	ROMIDEPSIN	30	SOLTAMOX	28
REBIF	66	ropinirole hydrochloride	32	SOLU-CORTEF	43
REBIF REBIDOSE	66	rosuvastatin calcium	23	SOLU-MEDROL	43
REBIF REBIDOSE TITRATIONPACK	66	ROTARIX	70	SOMATULINE DEPOT	51
REBIF TITRATION PACK	66	ROTATEQ	70	SOMAVERT	49
RECOMBIVAX HB	70	ROZEREM	56	SOOLANTRA	48
RECTIV	7	RUBRACA	30	SORILUX	45
REGRANEX	48	RYDAPT	30	sotalol hcl	38
RELENZA DISKHALER	38	SAMSCA	51	sotalol hcl (afib/afib)	38
RELISTOR	53	SANCUSO	20	SOTYLIZE	38
REMICADE	52	SANDIMMUNE	59	SOVALDI	37
repaglinide	19	SANDOSTATIN LAR DEPOT	51	SPIRIVA HANDIHALER	11
repaglinide-metformin hcl	17	SANTYL	47	SPIRIVA RESPIMAT	11
REPATHA	23	SAPHRIS	34	spironolactone	49
REPATHA PUSHTRONEX SYSTEM	23	SAVELLA	65	spironolactone & hydrochlorothiazide	48
REPATHA SURECLICK	23	SAVELLA TITRATION PACK	65	SPRAVATO 56MG DOSE	15
RESCRIPTOR	36	scopolamine	20	SPRAVATO 84MG DOSE	15
RESTASIS	62	selegiline hcl	33	SPRITAM	14
RESTASIS MULTIDOSE	62	SELEGILINE HCL	33	SPRYCEL	30
RETIN-A MICRO PUMP	43	selenium sulfide	45	STALEVO 100	33
RETROVIR IV INFUSION	36	SELZENTRY	36	STALEVO 125	33
REVCovi	50	SEMPREX-D	43	STALEVO 150	33
		SEREVENT DISKUS	12		

STALEVO 200	33	SYNTHROID	67	testosterone enanthate	7
STALEVO 50	33	TABLOID	27	tetrabenazine	65
STALEVO 75	33	TACLONEX	47	tetracycline hcl	67
stavudine	36,37	tacrolimus	59	THALOMID	58
STELARA	45	tacrolimus (topical)	47	theophylline	12
STIMATE	50	tadalafil (pulmonary hypertension)	40	thioridazine hcl	35
STIOLTO RESPIMAT	12	tadalafil tab 10 mg, 20 mg	39	thiotepa	26
STIVARGA	30	TAFINLAR	30	thiothixene	35
STRENSIQ	50	TAGRISSE	30	THYMOGLOBULIN	59
STRIBILD	37	TAKHZYRO	54	tiagabine hcl	14
STRIVERDI RESPIMAT	12	TALZENNA	30	TIBSOVO	30
SUBSYS	6	tamoxifen citrate	28	TICE BCG	31
SUCRAID	48	tamsulosin hcl	53	tigecycline	67
sucralfate	68	TARGRETIN	45	timolol maleate (ophth)	61
sulfacetamide sod-prednisolone	62	TASIGNA	30	TIMOLOL MALEATE OPTHALMIC GEL FORMING	61
sulfacetamide sodium (acne)	43	TAVALISSE	54	TIMOPTIC-XE	61
sulfacetamide sodium (ophth)	62	TAYTULLA	42	tinidazole	8
sulfadiazine	67	tazarotene	45	TIVICAY	37
sulfamethoxazole-trimethoprim	8	TAZORAC	45	tizanidine hcl	60
SULFAMYLON	45	TDVAX	68	TOBI PODHALER	2
sulfasalazine	52	TECENTRIQ	27	TOBRADEX	62
sulindac	3	TECFIDERA	66	TOBRADEX ST	62
sumatriptan succinate	57	TECFIDERA STARTER PACK	66	tobramycin	2
sumatriptan-naproxen sodium	57	TEFLARO	41	tobramycin (ophth)	62
SUMAVEL DOSEPRO	57	TEGRETOL	14	tobramycin sulfate	2
SUPRAX	41	TEGRETOL-XR	14	tobramycin-dexamethasone	62
SUPREP BOWEL PREP KIT	56	TEGSEDI	66	TOBREX	62
SUTENT	30	TEKTURNA	25	TOLAZAMIDE	20
SYLATRON	31	TEKTURNA HCT	25	TOLBUTAMIDE	20
SYMBICORT	12	telmisartan	24	tolcapone	32
SYMDEKO	67	telmisartan-amlodipine	25	TOLMETIN SODIUM	3
SYMFI	37	telmisartan-hydrochlorothiazide	25	tolmetin sodium	3
SYMFI LO	37	temazepam	55	tolterodine tartrate	69
SYMLINPEN 120	17	TEMIXYS	37	topiramate	14
SYMLINPEN 60	17	TEMODAR	26	topotecan hcl	32
SYMPAZAN	13	temsirolimus	30	toremifene citrate	28
SYMTUZA	37	TENIVAC	68	torse mide	49
SYNAGIS	64	tenofovir disoproxil fumarate	37	TOUJEO MAX SOLOSTAR	19
SYNAREL	50	terazosin hcl	24	TOUJEO SOLOSTAR	19
SYNDROS	21	terbinafine hcl	21	TOVIAZ	69
SYNERCID	9	terbutaline sulfate	12	TRACLEER	40
SYNJARDY	17,18	terconazole vaginal	70	TRADJENTA	18
SYNJARDY XR	18	testosterone	7	tramadol hcl	6
SYNRIBO	31	testosterone cypionate	7	tramadol-acetaminophen	6
				trandolapril	23

tranexamic acid	55	TYSABRI	66	VESICARE	69
TRANSDERM SCOP	20	TYVASO	40	VIBRAMYCIN	67
TRANSDERM-SCOP	20	TYVASO REFILL	40	VICTOZA	18
tranylcypromine sulfate	15	TYVASO STARTER	40	VIDEX EC	37
TRAVATAN Z	63	UCERIS	7	VIDEXPEDIATRIC	37
trazodone hcl	16	ULTRAVATE	47	vigabatrin	14
TREANDA	26	UPTRAVI	40	VIIBRYD	16
TRECATOR	26	ursodiol	52	VIIBRYD STARTER PACK	16
TRELEGY ELLIPTA	12	UVADEX	31	VIMIZIM	50
TRELSTAR MIXJECT	28	VABOMERE	8	VIMOVO	3
TREMFYA	45	valacyclovir hcl	38	VIMPAT	14
treprostinil	40	VALCHLOR	45	vinblastine sulfate	32
TRESIBA FLEXTOUCH	19	valganciclovir hcl	37	VINCRISTINE SULFATE	32
tretinoin	43	valproate sodium	15	vincristine sulfate	32
tretinoin (chemotherapy)	31	valproic acid	15	vinorelbine tartrate	32
tretinoin microsphere	43	valrubicin	29	VIOKACE	48
TREXIMET	57	valsartan	24	VIRACEPT	37
triamcinolone acetonide	43	valsartan-hydrochlorothiazide	25	VIREAD	37
triamcinolone acetonide (mouth)	59	VALSTAR	29	VISTOGARD	20
triamcinolone acetonide (topical)	47	vancomycin hcl	8	VITRAKVI	30
triamterene & hydrochlorothiazide	48	VANCOMYCIN HCL IN DEXTROSE	8	VIZIMPRO	30
triazolam	55	VANCOMYCIN HYDROCHLORIDE	8	voriconazole	21
trientine hcl	58	VANTAS	28	VOSEVI	38
trifluoperazine hcl	35	VAQTA	70	VOTRIENT	30
trifluridine	62	vardenafil hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg	39	VPRIV	54
trihexyphenidyl hcl	32	vardenafil hcl tbdp 10 mg	39	VRAYLAR	33
trimethobenzamide hcl	20	VARIVAX	70	VYVANSE	1
trimethoprim	8	VARIZIG	64	VYXEOS	29
trimipramine maleate	17	VARUBI	21	warfarin sodium	12
TRINTELLIX	16	VASCEPA	22	water for irrigation, sterile	59
TRIPTODUR	50	VECTIBIX	27	XALKORI	30
TRISENOX	31	VECTICAL	45	XARELTO	12
TRIUMEQ	37	VELCADE	30	XARELTO STARTER PACK	12
TROGARZO	37	VELTASSA	59	XATMEP	27
tropium chloride	69	VEMLIDY	37	XELJANZ	2
TRULICITY	18	VENCLEXTA	27	XELJANZ XR	2
TRUMENBA	69	VENCLEXTA STARTING PACK	27	XEOMIN	60
TRUVADA	37	venlafaxine hcl	16	XERESE	45
TUDORZA PRESSAIR	11	VENTAVIS	40	XERMELo	53
TWINRIX	70	verapamil hcl	39	XGEVA	49
TYBOST	37	VEREGEN	44	XIAFLEX	58
TYKERB	30	VERSACLOZ	34	XIFAXAN	8
TYMLOS	49	VERZENIO	30	XOLAIR	10
TYPHIM VI	69			XOSPATA	30
				XPOVIO 100 MG ONCE WEEKLY	28

XPOVIO 60 MG ONCE WEEKLY	28	ZUBSOLV	7
XPOVIO 80 MG ONCE WEEKLY	28	ZYCLARA	47
XPOVIO 80 MG TWICE WEEKLY	28	ZYCLARA PUMP	47
XTANDI	28	ZYDELIG	31
XURIDEN	50	ZYKADIA	31
XYREM	65	ZYLET	62
YERVOY	27	ZYPREXA RELPREVV	34
YF-VAX	70	ZYTIGA	28
YONDELIS	26	ZYVOX	9
YONSA	28		
zafirlukast	11		
zaleplon	55		
ZALTRAP	27		
ZANOSAR	26		
ZARONTIN	15		
ZARXIO	55		
ZEJULA	30		
ZELAPAR	33		
ZELBORAF	31		
ZEMAIRA	66		
ZENPEP	48		
ZEPATIER	38		
ZERIT	37		
ZETONNA	60		
zidovudine	37		
zileuton	11		
ZINPLAVA	64		
ZIOPTAN	63		
ziprasidone hcl	33		
ZIPSOR	3		
ZIRGAN	62		
ZOHYDRO ER	6		
ZOLADEX	28		
zoledronic acid	49		
ZOLINZA	31		
zolmitriptan	57		
zolpidem tartrate	55		
ZOMIG	57,58		
ZONALON	45		
zonisamide	14		
ZONTIVITY	54		
ZORTRESS	59		
ZOSTAVAX	70		
ZOSYN	64		



This formulary was updated on 10/09/2019. For more recent information or other questions, please contact Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Sapphire Premier II (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), and Health Net Violet 4 (PPO) at:

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