



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 24

This formulary was updated on 12/01/2020. 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	ca.healthnetadvantage.com
Oregon	or.healthnetadvantage.com

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Health Net of California, 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 12/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Health Net 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 12/01/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Net 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	Only for Health Net Gold Select (HMO): 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	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: 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 ¹ (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 Alameda and Stanislaus Counties	\$5^	\$15^	\$37^	\$90^	28%	\$0
CA	Health Net Healthy Heart (HMO) in Fresno County	\$0^	\$10^	\$37^	\$90^	33%	\$0
CA	Health Net Healthy Heart (HMO) in Imperial County	\$3^	\$10^	\$37^	\$90^	33%	\$0

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 ¹ (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 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

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 ¹ (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 Healthy Heart (HMO) <i>in Yolo County</i>	\$7^	\$12^	\$37^	\$90^	33%	\$0
CA	Health Net Jade (HMO C-SNP) <i>in Fresno County</i>	\$0^	\$5^	\$37^	\$90^	33%	\$0
CA	Health Net Jade (HMO C-SNP) <i>in Kern, Los Angeles, and Orange Counties</i>	\$0*^	\$10*^	\$37^	\$90^	33%	\$0*
CA	Health Net Jade (HMO C-SNP) <i>in San Diego County</i>	\$0^	\$12^	\$37^	\$90^	33%	\$0
CA	Health Net Jade (HMO C-SNP) <i>in San Francisco County</i>	\$0^	\$10^	\$42^	\$95^	33%	\$0
CA	Health Net Ruby Select (HMO) <i>in Alameda County</i>	\$3^	\$10^	\$37^	\$90^	33%	\$0

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 ¹ (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 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

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 ¹ (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 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) <i>in Alameda, Fresno, Kern, Los Angeles, Orange, San Diego, San Francisco, and Tulare Counties</i>	\$0	\$20	\$47	\$100	26%	\$0
CA	Health Net Seniority Plus Sapphire Premier (HMO) <i>in Imperial, Riverside, and San Bernardino Counties</i>	\$0	\$20	\$47	\$100	27%	\$0

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 ¹ (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 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^	\$8^	\$37^	\$90^	30%	\$0
OR/ WA	Health Net Violet 1 (PPO)	\$5^	\$10^	\$37^	\$90^	31%	\$0
OR/ WA	Health Net Violet 2 (PPO)	\$5^	\$15^	\$37^	\$90^	30%	\$0

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 ¹ (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)
OR	Health Net Violet 3 (PPO)	\$5 [^]	\$15 [^]	\$37 [^]	\$90 [^]	29%	\$0
OR	Health Net Violet 4 (PPO)	\$3 [^]	\$8 [^]	\$37 [^]	\$90 [^]	30%	\$0

¹ 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.

[^] 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 լեզվաբանական և տեխնիկական աջակցություններ, օգնական և այլ օգնական ծախսեր առանց վճարման:

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 ਢਾਂਚੇ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇਹਨਾਂ ਦੇ ਲਈ ਵਿਰਾਮ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Mon-Khmer, Cambodian): សេវាកម្មជំនួយភាសា ជំនួយជំនួស និងសេវាកម្មនានា នឹងទទួលបានដោយឥតគិតថ្លៃ សេវាផ្សេងៗទៀត ដែលសេវាកម្មអាចរកបានសោយឥតគិតថ្លៃ។ សេវាទាំងនេះ អាចទទួលបានដោយឥតគិតថ្លៃ។

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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	4	MO
<i>amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.25 mg-1.25 mg-2.5 mg-2.5 mg-2.5 mg-2.5 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	2	MO; *
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg</i>	4	MO
<i>dextroamphetamine sulfate tabs 10 mg, 5 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
Attention-Deficit/Hyperactivity Disorder (ADHD)		

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; *
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS 150 MG	4	PA; SL(1 ea daily); MO
SUNOSI TABS 75 MG	4	PA; SL(2 ea daily); MO
Histamine H3-Receptor Antagonist/Inverse		
WAKIX TABS	5	PA; NDS
Stimulants - Misc.		
<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

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>dexmethylphenidate hcl cp24 5 mg</i>	4	SL(8 ea daily); MO
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 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
<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 cpcr 40 mg, 10 mg, 50 mg, 60 mg</i>	4	QL(1 ea daily); MO
<i>methylphenidate hcl tabs 20 mg, 10 mg, 5 mg</i>	3	QL(3 ea daily); MO
<i>methylphenidate hcl tb24 18 mg, 27 mg, 36 mg, 54 mg</i>	3	Non-Osmotic Release
<i>methylphenidate hcl tbc 10 mg, 18 mg, 27 mg, 36 mg, 54 mg</i>	4	MO
<i>methylphenidate hcl tbc 20 mg</i>	4	QL(3 ea daily); MO
<i>modafinil tabs 100 mg</i>	3	PA; MO
<i>modafinil tabs 200 mg</i>	3	PA; QL(1 ea daily); MO
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	4	PA; MO
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	3	MO
ARIKAYCE SUSP	5	PA; NDS; MO
BETHKIS NEBU (<i>tobramycin</i>)	5	B/D; NDS
<i>gentamicin in saline soln 0.9 %-1 mg/ml</i>	2	*

Drug Name	Drug Tier	Requirements/ Limits
<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 300 mg/4ml</i>	5	B/D; NDS
<i>tobramycin nebu 300 mg/5ml</i>	2	B/D; *
<i>tobramycin sulfate soln 1.2 gm/30ml, 80 mg/2ml</i>	3	MO
<i>tobramycin sulfate solr 1.2 gm</i>	1	*
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; NDS
HUMIRA PEN PNKT	5	PA; NDS
HUMIRA PEN-CD/UC/HS STARTER PNKT	5	PA; NDS
HUMIRA PEN-PS/UV STARTER PNKT	5	PA; NDS
HUMIRA PSKT	5	PA; NDS
SIMPONI ARIA SOLN	5	PA; NDS
SIMPONI SOAJ	5	PA; NDS
SIMPONI SOSY	5	PA; NDS
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS	5	PA; NDS
RINVOQ TB24	5	PA; NDS
XELJANZ TABS	5	PA; NDS
XELJANZ XR TB24	5	PA; NDS
Antirheumatic Antimetabolites		

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
OTREXUP SOAJ	3	PA
RASUVO SOAJ 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, 7.5 MG/0.15ML	4	PA
RASUVO SOAJ 20 MG/0.4ML	3	PA
Gold Compounds		
RIDAURA CAPS	5	NDS;MO
Interleukin-1 Blockers		
ARCALYST SOLR	5	NDS;LA
Interleukin-1beta Blockers		
ILARIS SOLN	5	PA; NDS;LA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY SC 162 MG/0.9ML	5	PA; NDS
KEVZARA SOAJ	5	PA; NDS
KEVZARA SOSY	5	PA; NDS
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
celecoxib caps	3	MO
diclofenac potassium tabs	3	MO
diclofenac sodium tb24 100 mg	3	MO
diclofenac sodium tbec 25 mg, 50 mg, 75 mg	2	MO; *
diclofenac w/ misoprostol tbec	4	MO
etodolac caps 200 mg, 300 mg	3	MO
etodolac tabs 400 mg, 500 mg	3	MO
etodolac tb24 400 mg, 500 mg, 600 mg	4	MO
flurbiprofen tabs 100 mg	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<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
<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 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 550 mg, 275 mg</i>	3	MO
<i>naproxen sodium tb24 500 mg, 375 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>naproxen-esomeprazole magnesium tbec</i>	5	PA; NDS;MO
<i>oxaprozin tabs</i>	4	MO
<i>piroxicam caps</i>	3	MO
<i>sulindac 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>tolmetin sodium caps 400 mg</i>	3	MO
VIMOVO TBEC (<i>naproxen-esomeprazole magnesium</i>)	5	PA; NDS;MO
ZIPSOR CAPS	4	MO
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tabs</i>	3	MO
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	5	PA; NDS
ENBREL SOLN	5	PA; NDS
ENBREL SOLR	5	PA; NDS
ENBREL SOSY	5	PA; NDS
ENBREL SURECLICK SOAJ	5	PA; NDS
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Salicylates		
<i>diflunisal tabs</i>	1	MO; *
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL 100 MCG	4	PA; QL(16 ea daily)
ABSTRAL SUBL 200 MCG	5	PA; NDS;QL(8 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 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS;QL(4 ea daily); MO
<i>fentanyl citrate lpop bu 200 mcg</i>	5	PA; NDS;QL(8 ea daily); MO
<i>fentanyl citrate tabs bu 100 mcg</i>	5	PA; NDS;QL(16 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate tabs bu 200 mcg</i>	5	PA; NDS;QL(8 ea daily); MO
<i>fentanyl citrate tabs bu 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS;QL(4 ea daily); MO
<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	Limit 10 patches per month;QL(0.34 ea daily); MO
FENTORA TABS 100 MCG (<i>fentanyl citrate</i>)	5	PA; NDS;QL(16 ea daily); MO
FENTORA TABS 200 MCG (<i>fentanyl citrate</i>)	5	PA; NDS;QL(8 ea daily); MO
FENTORA TABS 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	5	PA; NDS;QL(4 ea daily); MO
<i>hydrocodone bitartrate cp12 10 mg, 15 mg</i>	4	PA; QL(3 ea daily); MO
<i>hydrocodone bitartrate cp12 20 mg, 30 mg, 40 mg, 50 mg</i>	4	PA; QL(2 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 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; *
<i>hydromorphone hcl tb24 or 12 mg</i>	2	QL(4.17 ea daily); *
<i>hydromorphone hcl tb24 or 16 mg</i>	2	QL(3.14 ea daily); *
<i>hydromorphone hcl tb24 or 32 mg</i>	2	QL(1.57 ea daily); *
<i>hydromorphone hcl tb24 or 8 mg</i>	2	QL(6.27 ea daily); *
HYSINGLA ER T24A 100 MG, 120 MG, 80 MG	4	PA; QL(1 ea daily); MO
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG	4	PA; QL(2 ea daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
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
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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 100 mg/5ml, 20 mg/ml</i>	3	QL(10 ml daily); MO
<i>morphine sulfate soln or 20 mg/5ml</i>	3	QL(50 ml daily); MO
<i>morphine sulfate tabs or 15 mg, 30 mg</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 10 mg, 20 mg, 15 mg, 5 mg</i>	3	QL(6 ea daily); MO
<i>oxycodone hcl tabs 30 mg</i>	3	QL(4.44 ea daily); MO
<i>oxymorphone hcl tabs 10 mg, 5 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

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 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
<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 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS;QL(4 ea daily); MO
SUBSYS LIQD 200 MCG	5	PA; NDS;QL(8 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
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1	Limit 4500mls per month;SL(150 ml daily); MO; *
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	2	SL(13.3 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 30 mg-300 mg</i>	2	SL(12 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300 mg-60 mg</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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	3	Limit 5535mls per month;SL(184.5 ml daily); MO
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg</i>	2	SL(13.3 ea daily); MO; *
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	2	SL(12.3 ea daily); MO; *
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg, 10 mg-200 mg, 200 mg-5 mg</i>	3	QL(5 ea daily); MO
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg</i>	3	SL(12.3 ea daily); MO
<i>oxycodone w/ acetaminophen tabs 2.5 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</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
Opioid Partial Agonists		
BUNAVAIL FILM 0.3 MG-2.1 MG	4	QL(4 ea daily)
BUNAVAIL FILM 0.7 MG-4.2 MG	4	QL(2 ea daily)
BUNAVAIL FILM 1 MG-6.3 MG	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 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg</i>	2	QL(3 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg</i>	2	QL(2 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	3	QL(3 ea daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine ptwk 10 mcg/hr</i>	2	Limit 8 patches per 28 days;SL(0.29 ea daily); MO; *
<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; *
<i>buprenorphine ptwk 7.5 mcg/hr</i>	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 (<i>buprenorphine</i>)	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 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	4	QL(3 ea daily); MO
ZUBSOLV SUBL 11.4 MG-2.9 MG	4	QL(1 ea daily); MO
ZUBSOLV SUBL 2.1 MG-8.6 MG	4	QL(2 ea daily); MO
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	5	NDS;MO
<i>oxandrolone tabs 10 mg</i>	5	NDS;MO

Drug Name	Drug Tier	Requirements/ Limits
<i>oxandrolone tabs 2.5 mg</i>	2	MO; *
Androgens		
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 1.62 %, 20.25 mg/1.25gm, 40.5 mg/2.5gm</i>	4	MO
<i>testosterone gel td 10 mg/act</i>	2	MO; *
<i>testosterone gel td 25 mg/2.5gm, 1 %, 1 %, 50 mg/5gm</i>	3	MO
<i>testosterone soln td 30 mg/act</i>	4	MO
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTIFOAM FOAM	4	MO
<i>hydrocortisone (intrarectal) enem</i>	4	MO
UCERIS FOAM RE 2 MG/ACT	4	MO
Rectal Steroids		
<i>hydrocortisone (rectal) crea</i>	1	MO; *
Vasodilating Agents		
RECTIV OINT	4	MO
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole 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>ivermectin tabs</i>	3	MO
<i>praziquantel tabs</i>	2	MO; *
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
IMPAVIDO CAPS	5	NDS;MO
<i>metronidazole caps or 375 mg</i>	4	SL(10.6 ea daily); MO
<i>metronidazole in nacl soln 0.79 %-5 mg/ml, 0.79 %-500 mg/100ml</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; *
<i>pentamidine isethionate solr ij</i>	2	MO; *
<i>pentamidine isethionate solr in</i>	3	B/D; MO
<i>tinidazole tabs</i>	3	MO
<i>trimethoprim tabs</i>	2	MO; *
<i>vancomycin hcl solr iv 1000 mg</i>	3	
XIFAXAN TABS 550 MG	5	NDS;MO
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim soln iv 400 mg/5ml-80 mg/5ml</i>	2	MO; *
<i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml</i>	4	MO
<i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 400 mg-80 mg</i>	1	MO; *
Antiprotozoal Agents		
ALINIA TABS 500 MG	4	MO
<i>atovaquone susp</i>	5	NDS;MO
Carbapenems		

Drug Name	Drug Tier	Requirements/ Limits
<i>ertapenem sodium solr</i>	2	MO; *
<i>imipenem-cilastatin solr 250 mg-250 mg</i>	1	MO; *
<i>imipenem-cilastatin solr 500 mg-500 mg</i>	3	MO
<i>meropenem solr 1 gm</i>	4	MO
<i>meropenem solr 500 mg</i>	4	
VABOMERE SOLR	4	
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	2	*
Cyclic Lipopeptides		
<i>daptomycin solr 500 mg</i>	5	NDS;MO
Glycopeptides		
DALVANCE SOLR	5	NDS
FIRVANQ SOLR 25 MG/ML	4	
FIRVANQ SOLR 50 MG/ML	4	MO
ORBACTIV SOLR	5	NDS;MO
<i>vancomycin hcl caps or 125 mg</i>	4	PA; MO
<i>vancomycin hcl caps or 250 mg</i>	5	PA; NDS;MO
<i>vancomycin hcl solr iv 5 gm, 10 gm, 750 mg, 1 gm, 1000 mg</i>	3	
<i>vancomycin hcl solr iv 500 mg</i>	3	MO
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	4	MO
VANCOMYCIN HYDROCHLORIDE/DEXT ROSE SOLN 1 GM/200ML-5 %, 5 %-500 MG/100ML, 5 %-750 MG/150ML	4	
Leprostatics		

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>dapsone tabs or 100 mg, 25 mg</i>	2	MO; *
Lincosamides		
<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; *
Monobactams		
<i>aztreonam solr</i>	4	MO
CAYSTON SOLR	5	PA; NDS;LA
Oxazolidinones		
<i>linezolid in sodium chloride soln</i>	5	NDS
<i>linezolid soln iv 600 mg/300ml</i>	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
Pleuromutilins		
XENLETA TABS OR 600 MG	5	PA; NDS;MO
Polymyxins		

Drug Name	Drug Tier	Requirements/ Limits
<i>colistimethate sodium solr</i>	4	MO
<i>polymyxin b sulfate solr</i>	2	*
Streptogramins		
SYNERCID SOLR	5	NDS
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack</i>	4	
<i>methenamine hippurate tabs</i>	4	MO
MONUROL PACK (fosfomycin tromethamine)	4	
<i>nitrofurantoin macrocrystal caps</i>	3	MO
<i>nitrofurantoin monohyd macro caps</i>	3	MO
<i>nitrofurantoin susp</i>	4	MO
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine tb12</i>	2	MO; *
Nitrates		
DILATRATE SR CPR	4	MO
<i>isosorbide dinitrate tabs 10 mg, 20 mg, 5 mg</i>	3	MO
<i>isosorbide dinitrate tabs 30 mg</i>	2	MO; *
<i>isosorbide dinitrate tabs 40 mg</i>	5	NDS;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
<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

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>nitroglycerin sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	MO; *
NITROSTAT SUBL (<i>nitroglycerin</i>)	3	MO
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs</i>	2	MO; *
<i>hydroxyzine hcl soln 50 mg/ml</i>	2	AL(Up to 64 yrs old); MO; *
<i>hydroxyzine hcl syrup or 10 mg/5ml</i>	3	AL(Up to 64 yrs old); MO
<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
Benzodiazepines		
<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 5 mg/ml, 50 mg/10ml</i>	2	MO; *
<i>diazepam soln or 5 mg/5ml</i>	2	MO; *
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	MO; *
<i>lorazepam conc or 2 mg/ml</i>	2	MO; *
<i>lorazepam soln 4 mg/ml, 2 mg/ml, 20 mg/10ml</i>	1	MO; *
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
<i>oxazepam caps 30 mg, 10 mg, 15 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<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</i>	1	MO; *
Antiarrhythmics Type I-B		
<i>lidocaine hcl (cardiac) sosy 100 mg/5ml</i>	1	*
<i>mexiletine hcl caps</i>	3	MO
Antiarrhythmics Type I-C		
<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
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	2	MO; *
<i>dofetilide caps</i>	4	
MULTAQ TABS	3	MO
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	B/D; MO; *
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	5	PA; NDS;LA
FASENRA SOSY	5	PA; NDS

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
NUCALA SOLR 100 MG	5	PA; NDS;LA
XOLAIR SOLR	5	PA; NDS;LA
XOLAIR SOSY	5	PA; NDS;LA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	4	Limit 2 inhalers per month;QL(0.86 gm daily); MO
INCRUSE ELLIPTA AEPB	3	QL(1 ea daily); MO
<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
Leukotriene Modulators		
<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
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	4	QL(1 ea daily); MO
Steroid Inhalants		
ARNUITY ELLIPTA AEPB	3	SL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
<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
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
Sympathomimetics		
ADVAIR HFA AERO	3	QL(4 gm daily); MO
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml, 0.5 %, 2.5 mg/0.5ml</i>	2	B/D; MO; *
<i>albuterol sulfate syrup 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

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

Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA AEPB 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	3	Limit 1 inhaler per month; SL(2 ea daily); MO
BREO ELLIPTA AEPB 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/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
<i>fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 mcg/dose</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 (<i>albuterol sulfate</i>)	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 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 2 inhalers per month (Institutional Pack); QL(0.4 gm daily); MO

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT AERO 160 MCG/ACT-4.5 MCG/ACT, 4.5 MCG/ACT-80 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 1 inhaler per month; QL(0.34 gm daily); MO
SYMBICORT AERO 4.5 MCG/ACT-80 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	3	Limit 2 inhalers per month (Institutional Pack); QL(0.46 gm daily); MO
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	3	MO
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH	3	MO
Xanthines		
<i>aminophylline soln</i>	2	*
<i>theophylline tb12 300 mg, 450 mg</i>	2	MO; *
<i>theophylline tb24 400 mg, 600 mg</i>	3	MO
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS 1 MG, 4 MG, 5 MG (<i>warfarin sodium</i>)	4	MO
<i>warfarin sodium tabs 1 mg, 10 mg, 2.5 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 2 mg, 3 mg</i>	1	MO; *
Direct Factor Xa Inhibitors		
BEVYXXA CAPS 40 MG	4	QL(1 ea daily)
BEVYXXA CAPS 80 MG	4	QL(1 ea daily); MO
ELIQUIS STARTER PACK TBPK	3	
ELIQUIS TABS	3	MO
XARELTO STARTER PACK TBPK	3	MO
XARELTO TABS	3	MO
Heparins And Heparinoid-Like Agents		

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>enoxaparin sodium soln</i>	4	MO
<i>fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NDS;MO
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	MO
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	MO
FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	NDS;MO
<i>heparin sodium (porcine) soln</i>	3	MO
Thrombin Inhibitors		
<i>argatroban soln 250 mg/2.5ml</i>	2	*
PRADAXA CAPS	4	MO
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	4	MO
FYCOMPA TABS	4	MO
Anticonvulsants - Benzodiazepines		
<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

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	4	MO
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	4	MO
<i>diazepam (anticonvulsant) gel</i>	4	MO
NAYZILAM SOLN	5	PA; NDS;SL(0.34 ea daily); MO
SYMPAZAN FILM 10 MG, 20 MG	5	PA; NDS;MO
SYMPAZAN FILM 5 MG	4	PA; MO
VALTOCO LIQD	5	PA; NDS;SL(0.34 ea daily); MO
VALTOCO LQPK	5	PA; NDS;SL(0.34 ea daily); MO
Anticonvulsants - Misc.		
APTOM TABS 200 MG	4	MO
APTOM TABS 400 MG, 600 MG, 800 MG	5	NDS;MO
BANZEL SUSP 40 MG/ML (<i>rufinamide</i>)	4	MO
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

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>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
FINTEPLA SOLN	5	PA; NDS; SL(11.82 ml daily); MO
<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 25 mg, 5 mg</i>	2	MO; *
<i>lamotrigine kit 25 mg</i>	2	MO; *
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO; *
<i>lamotrigine tb24 100 mg, 250 mg</i>	2	MO; *
<i>lamotrigine tb24 200 mg, 300 mg, 25 mg, 50 mg</i>	4	MO
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; *
<i>levetiracetam in sodium chloride soln</i>	3	
<i>levetiracetam soln iv 500 mg/5ml</i>	3	
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	3	MO
<i>levetiracetam tabs or 250 mg, 1000 mg, 500 mg, 750 mg</i>	2	MO; *
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>oxcarbazepine susp</i>	3	MO
<i>oxcarbazepine tabs</i>	3	MO
<i>pregabalin caps 100 mg, 25 mg, 50 mg, 75 mg</i>	2	QL(3 ea daily); MO; *
<i>pregabalin caps 150 mg, 200 mg, 225 mg</i>	2	QL(2 ea daily); MO; *
<i>pregabalin caps 300 mg</i>	2	SL(2 ea daily); MO; *
<i>pregabalin soln 20 mg/ml</i>	2	SL(30 ml daily); MO; *
<i>primidone tabs</i>	2	MO; *
<i>rufinamide susp</i>	4	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 (<i>carbamazepine</i>)	4	MO
TEGRETOL TABS (<i>carbamazepine</i>)	4	MO
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	4	MO
<i>topiramate cpsp 15 mg, 25 mg</i>	3	MO
<i>topiramate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; *
VIMPAT SOLN IV 200 MG/20ML	4	
VIMPAT SOLN OR 10 MG/ML	4	MO
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	4	MO
<i>zonisamide caps</i>	3	MO
Carbamates		
<i>felbamate susp 600 mg/5ml</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>felbamate tabs 400 mg</i>	2	MO; *
<i>felbamate tabs 600 mg</i>	4	MO
XCOPRI TABS 100 MG	5	PA; NDS;SL(4 ea daily); MO
XCOPRI TABS 150 MG	5	PA; NDS;SL(2.67 ea daily); MO
XCOPRI TABS 200 MG	5	PA; NDS;SL(2 ea daily); MO
XCOPRI TABS 50 MG	5	PA; NDS;SL(8 ea daily); MO
XCOPRI TBPk	4	PA; 12.5-25 MG;MO
XCOPRI TBPk	5	PA; NDS; 350 MG Daily Dose
XCOPRI TBPk	5	PA; NDS; 250 MG Daily Dose
XCOPRI TBPk	5	PA; NDS, 50-100 MG;MO
XCOPRI TBPk	5	PA; NDS, 150-200 MG ;MO
GABA Modulators		
<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
Hydantoins		
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	4	MO
DILANTIN-125 SUSP (<i>phenytoin</i>)	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; *

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended caps</i>	2	MO; *
<i>phenytoin sodium soln</i>	2	*
<i>phenytoin susp 100 mg/4ml, 125 mg/5ml</i>	3	MO
Succinimides		
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
Valproic Acid		
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
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<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
Antidepressants - Misc.		
APLENZIN TB24 174 MG	4	ST; SL(3 ea daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
APLENZIN TB24 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
<i>bupropion hcl tb24 450 mg</i>	4	ST; MO
FORFIVO XL TB24 (<i>bupropion hcl</i>)	4	ST; MO
<i>maprotiline hcl tabs 25 mg, 50 mg</i>	1	MO; *
<i>maprotiline hcl tabs 75 mg</i>	2	MO; *
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO SOLN	5	PA; NDS
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	5	NDS;MO
MARPLAN TABS	4	MO
<i>phenelzine sulfate tabs</i>	2	MO; *
<i>tranylcypromine sulfate tabs</i>	4	MO
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	5	PA; NDS;MO
SPRAVATO 84MG DOSE SOPK	5	PA; NDS;MO
Selective Serotonin Reuptake Inhibitors (SSRIs)		

Drug Name	Drug Tier	Requirements/ Limits
<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; *
<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 10 mg, 20 mg, 5 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 100 mg, 25 mg, 50 mg</i>	2	MO; *
<i>paroxetine hcl tabs 30 mg, 40 mg, 10 mg, 20 mg</i>	1	MO; *
<i>paroxetine hcl tb24 37.5 mg, 12.5 mg, 25 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 100 mg, 25 mg, 50 mg</i>	1	MO; *
Serotonin Modulators		
<i>nefazodone hcl tabs 100 mg, 150 mg, 200 mg</i>	2	MO; *
<i>nefazodone hcl tabs 250 mg, 50 mg</i>	3	MO
<i>trazodone hcl tabs</i>	1	MO; *
TRINTELLIX TABS 10 MG	4	ST; QL(2 ea daily); MO

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

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

Drug Name	Drug Tier	Requirements/ Limits
<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; *
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	2	AL(Up to 64 yrs old); MO; *
<i>amoxapine tabs 100 mg, 25 mg, 50 mg</i>	1	MO; *
<i>amoxapine tabs 150 mg</i>	2	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 100 mg, 150 mg, 25 mg, 10 mg, 50 mg, 75 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</i>	2	MO; *
<i>nortriptyline hcl soln</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
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	6	QL(3 ea daily); MO; *
<i>miglitol tabs</i>	3	QL(3 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
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO
SYMLINPEN 60 SOPN	4	PA; Limit 12mls per month; QL(0.4 ml daily); MO
Antidiabetic Combinations		
ACTOPLUS MET XR TB24 1000 MG-15 MG	3	SL(2 ea daily)
ACTOPLUS MET XR TB24 1000 MG-30 MG	3	SL(1.5 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg</i>	6	SL(8 ea daily); MO; *
<i>glipizide-metformin hcl tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	6	SL(4 ea daily); MO; *
<i>glyburide-metformin tabs 1.25 mg-250 mg</i>	2	AL(Up to 64 yrs old); SL(8 ea daily); MO; *
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	2	AL(Up to 64 yrs old); SL(4 ea daily); MO; *
INVOKAMET TABS 1000 MG-150 MG, 1000 MG-50 MG, 150 MG-500 MG	3	SL(2 ea daily); MO
INVOKAMET TABS 50 MG-500 MG	3	SL(4 ea daily); MO
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 150 MG-500 MG	3	SL(2 ea daily); MO
INVOKAMET XR TB24 50 MG-500 MG	3	SL(4 ea daily); MO
JANUMET TABS	3	SL(2 ea daily); MO
JANUMET XR TB24 100 MG-1000 MG	3	SL(1 ea daily); MO
JANUMET XR TB24 1000 MG-50 MG, 50 MG-500 MG	3	SL(2 ea daily); MO
JENTADUETO TABS	3	SL(2 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO XR TB24 1000 MG-2.5 MG	3	SL(2 ea daily); MO
JENTADUETO XR TB24 1000 MG-5 MG	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; *
SYNJARDY TABS 1000 MG-12.5 MG, 1000 MG-5 MG	3	SL(2 ea daily); MO
SYNJARDY TABS 12.5 MG-500 MG, 5 MG-500 MG	3	SL(4 ea daily); MO
SYNJARDY XR TB24 10 MG-1000 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	3	SL(2 ea daily); MO
SYNJARDY XR TB24 1000 MG-25 MG	3	SL(1 ea daily); MO
Biguanides		
<i>metformin hcl soln 500 mg/5ml</i>	3	SL(25.5 ml daily); MO
<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	(GLUCOPHAG E XR); SL(4 ea daily); MO; *
<i>metformin hcl tb24 750 mg</i>	6	(GLUCOPHAG E XR); SL(2.66 ea daily); MO; *
Diabetic Other		
BAQSIMI ONE PACK POWD	3	MO
BAQSIMI TWO PACK POWD	3	MO
<i>diazoxide susp</i>	4	MO
GLUCAGEN HYPOKIT SOLR	3	MO
<i>glucagon (rdna) kit</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
GVOKE HYPOPEN 1-PACK SOAJ	3	MO
GVOKE HYPOPEN 2-PACK SOAJ	3	MO
GVOKE PFS SOSY	3	MO
KORLYM TABS	4	PA; SL(4 ea daily); LA; MO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
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
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	4	QL(6 ea daily); MO
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON BCISE AUIJ	3	MO
BYDUREON PEN PEN	3	MO
BYDUREON SRER	3	
BYETTA SOPN	3	MO
OZEMPIC SOPN	3	MO
TRULICITY SOPN 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	MO
TRULICITY SOPN 3 MG/0.5ML, 4.5 MG/0.5ML	3	
VICTOZA SOPN	3	MO
Insulin Sensitizing Agents		
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; *

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl tabs 45 mg</i>	6	SL(1 ea daily); MO; *
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMALOG KWIKPEN SOPN	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
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

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
HUMULIN R U-500 KWIKPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
INSULIN LISPRO JUNIOR KWIKPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	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); MO
TOUJEO SOLOSTAR SOPN	3	Limit 15mls per month;QL(0.5 ml daily); MO
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	3	Limit 45mls per month;QL(1.5 ml daily); MO
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	3	Limit 27mls per month;QL(0.9 ml daily); MO
TRESIBA SOLN	3	QL(1.5 ml daily); MO
Meglitinide Analogues		
<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; *
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	3	MO

Drug Name	Drug Tier	Requirements/ Limits
JARDIANCE TABS	3	MO
Sulfonylureas		
<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; *
<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; *
<i>tolbutamide tabs</i>	6	SL(6 ea daily); MO; *
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		

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
MYTESI TBEC	4	PA; QL(2 ea daily); MO
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg</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 pack</i>	5	NDS
<i>deferasirox tabs</i>	5	NDS
<i>deferasirox tbso</i>	5	NDS
<i>deferiprone tabs</i>	5	PA; NDS;LA; MO
FERRIPROX TABS 1000 MG	5	PA; NDS;LA; MO
FERRIPROX TWICE-A-DAY TABS	5	PA; NDS;MO
Antidotes and Specific Antagonists		
VISTOGARD PACK	5	NDS;MO
Opioid Antagonists		
EVZIO SOAJ	4	PA; MO
<i>naloxone hcl soaj 2 mg/0.4ml</i>	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

Drug Name	Drug Tier	Requirements/ Limits
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl tabs or 1 mg</i>	4	B/D; MO
<i>ondansetron hcl soln ij 40 mg/20ml, 4 mg/2ml</i>	4	MO
<i>ondansetron hcl soln or 4 mg/5ml</i>	4	MO
<i>ondansetron hcl tabs or 24 mg</i>	2	*
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	2	MO; *
<i>ondansetron tbdp</i>	2	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 0.5 MG-300 MG	4	B/D
<i>dronabinol caps</i>	4	B/D; MO
SYNDROS SOLN	5	B/D; NDS;MO
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 125 mg, 80 mg</i>	2	B/D; MO; *
<i>aprepitant caps 40 mg</i>	2	PA; MO; *
VARUBI TBPK	4	B/D
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		

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
ERAXIS SOLR	4	
<i>micafungin sodium solr 100 mg</i>	5	NDS
<i>micafungin sodium solr 50 mg</i>	5	NDS;MO
Antifungals		
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; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	NDS;MO
CRESEMBA SOLR IV 372 MG	5	NDS
<i>fluconazole in nacl soln</i>	3	
<i>fluconazole susr 10 mg/ml, 40 mg/ml</i>	3	MO
<i>fluconazole tabs 100 mg, 150 mg, 200 mg, 50 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

Drug Name	Drug Tier	Requirements/ Limits
<i>posaconazole tbec</i>	5	NDS;MO
TOLSURA CAPS	5	PA; NDS;MO
<i>voriconazole solr iv 200 mg</i>	2	*
<i>voriconazole susr or 40 mg/ml</i>	2	MO; *
<i>voriconazole tabs or 200 mg, 50 mg</i>	5	NDS;MO
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<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; *
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln 1 mg/ml</i>	1	RX/OTC; MO; *
<i>desloratadine tabs 5 mg</i>	3	MO
<i>desloratadine tbdp 5 mg</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; *
Antihistamines - Phenothiazines		
<i>promethazine hcl soln ij 50 mg/ml, 25 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 50 mg, 12.5 mg, 25 mg</i>	4	AL(Up to 64 yrs old); MO
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	AL(Up to 64 yrs old); MO; *
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	2	AL(Up to 64 yrs old); MO; *
Antihistamines - Piperidines		

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>ciproheptadine hcl syrp</i>	3	AL(Up to 64 yrs old); MO
<i>ciproheptadine hcl tabs</i>	3	AL(Up to 64 yrs old); MO
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs 10 mg-10 mg</i>	2	QL(8 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 10 mg-20 mg</i>	2	QL(4 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 10 mg-40 mg</i>	2	QL(2 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 10 mg-80 mg</i>	2	QL(1 ea daily); MO; *
Antihyperlipidemics - Misc.		
<i>icosapent ethyl caps</i>	4	ST; MO
<i>omega-3-acid ethyl esters caps</i>	3	MO
VASCEPA CAPS 0.5 GM	4	ST; MO
VASCEPA CAPS 1 GM (<i>icosapent ethyl</i>)	4	ST; MO
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	MO; *
<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
Fibric Acid Derivatives		
ANTARA CAPS 30 MG	4	SL(4.33 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
ANTARA CAPS 90 MG	4	SL(1.44 ea daily); MO
<i>choline fenofibrate cpdr</i>	4	MO
<i>fenofibrate caps 150 mg, 50 mg</i>	4	MO
<i>fenofibrate micronized caps 130 mg</i>	3	SL(1 ea daily); MO
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	3	MO
<i>fenofibrate micronized caps 43 mg</i>	3	SL(3.02 ea daily); MO
<i>fenofibrate tabs 120 mg, 40 mg, 145 mg, 48 mg, 54 mg, 160 mg</i>	2	MO; *
<i>gemfibrozil tabs</i>	2	MO; *
LIPOFEN CAPS (<i>fenofibrate</i>)	4	MO
HMG CoA Reductase Inhibitors		
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; *
<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 10 mg, 20 mg, 40 mg, 5 mg</i>	6	QL(1 ea daily); MO; *
<i>simvastatin tabs 80 mg</i>	6	SL(1 ea daily); MO; *
Intestinal Cholesterol Absorption Inhibitors		

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>ezetimibe tabs</i>	2	QL(1 ea daily); MO; *
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG	5	PA; NDS;SL(6 ea daily); LA; MO
JUXTAPID CAPS 20 MG	5	PA; NDS;SL(3 ea daily); LA; MO
JUXTAPID CAPS 30 MG	5	PA; NDS;SL(2 ea daily); LA; MO
JUXTAPID CAPS 40 MG	5	PA; NDS;SL(1.5 ea daily); LA; MO
JUXTAPID CAPS 5 MG	5	PA; NDS;SL(12 ea daily); LA; MO
JUXTAPID CAPS 60 MG	5	PA; NDS;SL(1 ea daily); LA; MO
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	4	MO
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOAJ 150 MG/ML	4	PA; Limit 2mls per 28 days;SL(0.08 ml daily); MO
PRALUENT SOAJ 75 MG/ML	4	PA; Limit 4mls per 28 days;SL(0.15 ml daily); MO
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; MO
REPATHA SOSY	4	PA; MO
REPATHA SURECLICK SOAJ	4	PA; MO
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl tabs</i>	6	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<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; *
Agents for Pheochromocytoma		
DEMSEER CAPS (<i>metyrosine</i>)	5	NDS;MO
<i>metyrosine caps</i>	5	NDS;MO
<i>phenoxybenzamine hcl caps</i>	2	MO; *
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tabs</i>	6	MO; *
EDARBI TABS	4	QL(1 ea daily); MO
<i>irbesartan tabs</i>	6	MO; *
<i>losartan potassium tabs</i>	6	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 tabs</i>	2	MO; *
<i>telmisartan tabs</i>	3	MO
<i>valsartan tabs</i>	6	MO; *
Antiadrenergic Antihypertensives		
<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; *
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl caps</i>	6	MO; *
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	2	MO; *
<i>amlodipine besylate-valsartan tabs 10 mg-160 mg, 10 mg-320 mg, 320 mg-5 mg</i>	3	SL(1 ea daily); MO
<i>amlodipine besylate-valsartan tabs 160 mg-5 mg</i>	3	SL(2 ea daily); MO
<i>amlodipine-valsartan-hydrochlorothiazide tabs 10 mg-12.5 mg-160 mg, 10 mg-160 mg-25 mg, 10 mg-25 mg-320 mg, 160 mg-25 mg-5 mg</i>	4	SL(1 ea daily); MO
<i>amlodipine-valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg-5 mg</i>	4	SL(2 ea daily); MO
<i>atenolol & chlorthalidone tabs</i>	2	MO; *
<i>benazepril & hydrochlorothiazide tabs</i>	6	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol & hydrochlorothiazide tabs</i>	2	MO; *
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	6	MO; *
<i>captopril & hydrochlorothiazide tabs</i>	6	MO; *
EDARBYCLOR TABS	4	QL(1 ea daily); MO
<i>enalapril maleate & hydrochlorothiazide tabs</i>	6	MO; *
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	6	MO; *
<i>irbesartan-hydrochlorothiazide tabs</i>	6	MO; *
<i>lisinopril & hydrochlorothiazide tabs</i>	6	MO; *
<i>losartan potassium & hydrochlorothiazide tabs</i>	6	MO; *
<i>metoprolol & hydrochlorothiazide tabs</i>	3	MO
<i>nadolol & bendroflumethiazide tabs</i>	1	*
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	2	MO; *
<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 12.5 mg-80 mg, 12.5 mg-160 mg</i>	6	SL(2 ea daily); MO; *
<i>valsartan-hydrochlorothiazide tabs 160 mg-25 mg, 25 mg-320 mg, 12.5 mg-320 mg</i>	6	SL(1 ea daily); MO; *
Direct Renin Inhibitors		
<i>aliskiren fumarate 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
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	4	MO
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 100 mg, 50 mg, 25 mg</i>	2	MO; *
<i>minoxidil tabs</i>	2	MO; *
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	4	MO
COARTEM TABS	3	MO
Antimalarials		
<i>chloroquine phosphate tabs 250 mg, 500 mg</i>	2	MO; *
<i>hydroxychloroquine sulfate tabs</i>	3	MO
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>pyrimethamine tabs</i>	4	MO
<i>quinine sulfate caps</i>	3	PA; MO
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
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

Drug Name	Drug Tier	Requirements/ Limits
RUZURGI TABS	5	PA; NDS;SL(10 ea daily); MO
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<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; *
PRETOMANID TABS	4	PA
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; *
<i>rifampin caps or 300 mg</i>	3	MO
<i>rifampin solr iv 600 mg</i>	2	*
SIRTURO TABS	5	NDS;LA
TRECATOR TABS	4	MO
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BENDEKA SOLN	5	NDS
<i>busulfan soln</i>	2	*
<i>carboplatin soln</i>	4	
<i>carmustine solr</i>	2	*
<i>cisplatin soln 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	4	
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	2	B/D; 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
CYCLOPHOSPHAMIDE SOLN IV 1 GM/5ML, 500 MG/2.5ML	5	NDS
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	
EVOMELA SOLR	5	NDS
GLEOSTINE CAPS	3	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; *
<i>oxaliplatin soln 100 mg/20ml</i>	2	*
<i>oxaliplatin soln 200 mg/40ml</i>	4	
<i>oxaliplatin soln 50 mg/10ml</i>	5	NDS
<i>oxaliplatin solr 100 mg, 50 mg</i>	5	NDS
TEMODAR SOLR	5	NDS
<i>thiotepa solr 15 mg</i>	5	NDS
TREANDA SOLR	5	NDS
YONDELIS SOLR	5	NDS;LA
ZANOSAR SOLR	4	MO
ZEPZELCA SOLR	5	NDS
Antimetabolites		
ALIMTA SOLR	5	NDS
ARRANON SOLN	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	4	PA
FOLOTYN SOLN	5	NDS
<i>gemcitabine hcl soln 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i>	4	
<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	*
<i>gemcitabine hcl solr 2 gm</i>	2	*
<i>gemcitabine hcl solr 200 mg</i>	5	NDS
GEMCITABINE SOLN (<i>gemcitabine hcl</i>)	5	NDS
INFUGEM SOLN	5	NDS
<i>mercaptopurine tabs</i>	4	MO
<i>methotrexate sodium soln ij 1 gm/40ml</i>	1	Preservative Free; *
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	2	MO; *
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	1	Preservative Free;MO; *
<i>methotrexate sodium solr ij 1 gm</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>methotrexate sodium tabs or 10 mg, 15 mg</i>	1	MO; *
<i>methotrexate sodium tabs or 5 mg, 7.5 mg, 2.5 mg</i>	2	MO; *
ONUREG TABS	5	PA; NDS
PURIXAN SUSP	5	PA; NDS
TABLOID TABS	3	MO
XATMEP SOLN	4	PA; MO
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	5	PA; NDS
CYRAMZA SOLN	5	NDS;LA
MVASI SOLN	5	NDS
ZALTRAP SOLN	5	PA; NDS
ZIRABEV SOLN	5	NDS
Antineoplastic - Antibodies		
ARZERRA CONC	5	NDS
BAVENCIO SOLN	5	NDS;LA
BESPONSA SOLR	5	NDS
BLENREP SOLR	5	NDS;MO
BLINCYTO SOLR	5	NDS
CAMPATH SOLN	5	NDS
DARZALEX SOLN	5	NDS;LA
EMPLICITI SOLR	5	NDS
ENHERTU SOLR	5	NDS
ERBITUX SOLN	5	NDS
GAZYVA SOLN	5	NDS;LA
HERCEPTIN SOLR	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
IMFINZI SOLN	5	NDS;LA
KADCYLA SOLR	5	PA; NDS
KANJINTI SOLR	5	NDS
KEYTRUDA SOLN	5	PA; NDS
LARTRUVO SOLN	5	NDS;LA; MO
LIBTAYO SOLN	5	NDS;LA; MO
LUMOXITI SOLR	5	NDS;LA
MONJUVI SOLR	5	NDS;MO
MYLOTARG SOLR	5	NDS
OGIVRI SOLR	5	NDS
OPDIVO SOLN	5	NDS
PADCEV SOLR 20 MG	5	NDS;SL(7 ea daily)
PADCEV SOLR 30 MG	5	NDS;SL(5 ea daily)
PERJETA SOLN	5	NDS
POLIVY SOLR 140 MG	5	NDS
PORTRAZZA SOLN	5	NDS
POTELIGEO SOLN	5	NDS
RITUXAN SOLN	5	PA; NDS
RUXIENCE SOLN	5	NDS
SARCLISA SOLN	5	NDS
TECENTRIQ SOLN	5	PA; NDS
TRAZIMERA SOLR	5	NDS
TRODELVY SOLR	5	NDS;MO
TRUXIMA SOLN	5	NDS
VECTIBIX SOLN	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
YERVOY SOLN	5	PA; NDS
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	4	PA; LA; MO
VENCLEXTA TABS	4	PA; LA; MO
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	5	PA; NDS
ERIVEDGE CAPS	5	NDS;LA
ODOMZO CAPS	5	PA; NDS;LA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	5	PA; NDS
<i>anastrozole tabs</i>	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/VIAL	5	NDS
FIRMAGON SOLR 80 MG	4	
<i>flutamide caps</i>	4	MO
<i>fulvestrant soln</i>	5	NDS;MO
<i>hydroxyprogesterone caproate (antineoplastic) soln</i>	5	NDS
<i>letrozole tabs</i>	1	MO; *
<i>leuprolide acetate kit</i>	1	*

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (1-MONTH) KIT	5	NDS
LUPRON DEPOT (3-MONTH) KIT	5	NDS
LUPRON DEPOT (4-MONTH) KIT	5	NDS
LUPRON DEPOT (6-MONTH) KIT	5	NDS
LYSODREN TABS	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	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
Antineoplastic - Immunomodulators		
POMALYST CAPS	5	NDS;LA
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	5	PA; NDS;MO
XPOVIO 40 MG ONCE WEEKLY TBPK	5	PA; NDS;MO
XPOVIO 40 MG TWICE WEEKLY TBPK	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
XPOVIO 60 MG ONCE WEEKLY TBPk	5	PA; NDS;MO
XPOVIO 60 MG TWICE 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
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	2	PA; *
<i>dactinomycin solr</i>	2	*
<i>daunorubicin hcl soln</i>	2	*
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (<i>daunorubicin hcl</i>)	4	
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	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
Antineoplastic Combinations		
DARZALEX FASPRO SOLN	5	NDS;LA
HERCEPTIN HYLECTA SOLN	5	NDS

Drug Name	Drug Tier	Requirements/Limits
INQOVI TABS	5	PA; 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
PHESGO SOLN	5	NDS
RITUXAN HYCELA SOLN	5	NDS
VYXEOS SUSR	5	NDS;MO
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	5	PA; NDS
AFINITOR TABS 10 MG	5	PA; NDS
ALECENSA CAPS	5	PA; NDS;LA
ALIQOPA SOLR	5	NDS;MO
ALUNBRIG TABS	5	PA; NDS;LA
ALUNBRIG TBPk	5	PA; NDS;LA
AYVAKIT TABS	5	PA; NDS;MO
BALVERSA TABS	5	PA; NDS;LA; MO
BELEODAQ SOLR	5	PA; NDS
BORTEZOMIB SOLR	5	NDS
BOSULIF TABS	5	PA; NDS
BRAFTOVI CAPS 75 MG	5	PA; NDS;MO
BRUKINSA CAPS	5	PA; NDS;MO
CABOMETYX TABS	5	PA; NDS
CALQUENCE CAPS	5	PA; NDS;LA; MO
CAPRELSA TABS 100 MG	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
CAPRELSA TABS 300 MG	5	PA; NDS;LA; MO
COMETRIQ KIT	5	PA; NDS;LA
COPIKTRA CAPS	5	PA; NDS;MO
COTELLIC TABS	5	PA; NDS;LA
<i>erlotinib hcl tabs</i>	5	PA; NDS
<i>everolimus tabs</i>	5	PA; NDS
FARYDAK CAPS	5	PA; NDS;LA
GAVRETO CAPS	5	PA; NDS;MO
GILOTRIF TABS	5	PA; NDS;LA; MO
IBRANCE CAPS	5	NDS;LA
IBRANCE TABS	5	NDS;LA
ICLUSIG TABS 15 MG, 45 MG	5	PA; NDS;LA; MO
IDHIFA TABS	5	PA; NDS
<i>imatinib mesylate tabs</i>	5	PA; NDS
IMBRUVICA CAPS	5	PA; NDS;LA; MO
IMBRUVICA TABS	5	PA; NDS;LA; MO
INLYTA TABS	5	PA; NDS;LA
INREBIC CAPS	5	PA; NDS;LA
IRESSA TABS	3	LA
ISTODAX (OVERFILL) SOLR	5	NDS
JAKAFI TABS	5	PA; NDS;LA
KISQALI TBPK	5	PA; NDS
KOSELUGO CAPS	5	PA; NDS;MO
KYPROLIS SOLR	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>lapatinib ditosylate tabs</i>	5	NDS
LENVIMA 10 MG DAILY DOSE CPPK	5	PA; NDS
LENVIMA 12MG DAILY DOSE CPPK	5	PA; NDS
LENVIMA 14 MG DAILY DOSE CPPK	5	PA; NDS
LENVIMA 18 MG DAILY DOSE CPPK	5	PA; NDS
LENVIMA 20 MG DAILY DOSE CPPK	5	PA; NDS
LENVIMA 24 MG DAILY DOSE CPPK	5	PA; NDS
LENVIMA 4 MG DAILY DOSE CPPK	5	PA; NDS
LENVIMA 8 MG DAILY DOSE CPPK	5	PA; NDS
LORBRENA TABS	5	PA; NDS
LYNPARZA TABS	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
PEMAZYRE TABS	5	PA; NDS;MO
PIQRAY 200MG DAILY DOSE TBPK	5	PA; NDS
PIQRAY 250MG DAILY DOSE TBPK	5	PA; NDS
PIQRAY 300MG DAILY DOSE TBPK	5	PA; NDS
QINLOCK TABS	5	PA; NDS;LA; MO
RETEVMO CAPS	5	PA; NDS
ROMIDEPSIN SOLN 27.5 MG/5.5ML	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
ROMIDEPSIN SOLR 10 MG	5	NDS
ROZLYTREK CAPS	5	PA; NDS
RUBRACA TABS	5	PA; NDS;LA
RYDAPT CAPS	5	PA; NDS
SPRYCEL TABS	5	PA; NDS
STIVARGA TABS	5	PA; NDS;LA
SUTENT CAPS	5	NDS
TABRECTA TABS	5	PA; NDS
TAFINLAR CAPS	5	NDS
TAGRISSO TABS	5	PA; NDS;LA
TALZENNA CAPS	5	PA; NDS
TASIGNA CAPS	5	PA; NDS
TAZVERIK TABS	5	PA; NDS;MO
<i>temsirolimus soln</i>	5	NDS
TIBSOVO TABS	5	PA; NDS;LA
TUKYSA TABS	5	PA; NDS;MO
TURALIO CAPS	5	PA; NDS;LA; MO
TYKERB TABS (<i>lapatinib ditosylate</i>)	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

Drug Name	Drug Tier	Requirements/ Limits
XALKORI CAPS	5	PA; NDS
XOSPATA TABS	5	PA; NDS;LA; MO
ZEJULA CAPS	5	PA; NDS;LA; MO
ZELBORAF TABS	5	PA; NDS;LA
ZOLINZA CAPS	5	NDS
ZYDELIG TABS	5	PA; NDS;LA
ZYKADIA TABS	5	PA; NDS;LA
Antineoplastic Enzymes		
ERWINAZE SOLR	5	NDS
Antineoplastics Misc.		
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

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
Chemotherapy Adjuncts		
ELITEK SOLR	5	NDS
KEPIVANCE SOLR	5	NDS
Chemotherapy Rescue/Antidote Agents		
<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 25 mg, 5 mg, 10 mg, 15 mg</i>	2	MO; *
<i>levoleucovorin calcium soln 250 mg/25ml, 175 mg/17.5ml</i>	5	NDS
<i>levoleucovorin calcium solr 50 mg</i>	2	*
<i>mesna soln</i>	2	*
MESNEX TABS OR 400 MG	5	NDS;MO
Mitotic Inhibitors		
ABRAXANE SUSR	5	NDS;MO
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	NDS
<i>docetaxel soln 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</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

Drug Name	Drug Tier	Requirements/ Limits
<i>paclitaxel conc 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i>	4	
<i>paclitaxel conc 150 mg/25ml</i>	2	*
<i>vinblastine sulfate soln</i>	2	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
Oncolytic Viral Agents		
IMLYGIC SUSP	4	1000000 Unit/ML;MO
IMLYGIC SUSP	5	NDS; 100000000 Unit/ML;MO
Topoisomerase I Inhibitors		
<i>irinotecan hcl soln 300 mg/15ml</i>	4	
<i>irinotecan hcl soln 500 mg/25ml, 40 mg/2ml, 100 mg/5ml</i>	2	*
ONIVYDE INJ	5	NDS;MO
<i>topotecan hcl solr 4 mg</i>	2	*
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	4	MO
Antiparkinson Anticholinergics		
<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; *
Antiparkinson COMT Inhibitors		

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>entacapone tabs</i>	4	SL(8 ea daily); MO
<i>tolcapone tabs</i>	2	MO; *
Antiparkinson Dopaminergics		
<i>amantadine hcl caps 100 mg</i>	4	MO
<i>amantadine hcl syrp 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 10 mg-100 mg, 100 mg-25 mg, 25 mg-250 mg</i>	2	MO; *
<i>carbidopa-levodopa tbcr 100 mg-25 mg, 200 mg-50 mg</i>	3	MO
<i>carbidopa-levodopa tbdp 10 mg-100 mg, 100 mg-25 mg, 25 mg-250 mg</i>	2	MO; *
<i>carbidopa-levodopa-entacapone tabs</i>	4	MO
DUOPA SUSP	4	B/D; MO
GOCOVRI CP24	5	PA; NDS;MO
NEUPRO PT24	4	MO
OSMOLEX ER TB24 129 MG, 193 MG, 258 MG	4	PA; SL(1 ea daily); MO
<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, 2.25 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</i>	4	MO
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	2	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 5 mg</i>	2	MO; *
<i>ropinirole hydrochloride tb24 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	3	MO
STALEVO 100 TABS (carbidopa-levodopa-entacapone)	4	MO
STALEVO 125 TABS (carbidopa-levodopa-entacapone)	4	MO
STALEVO 150 TABS (carbidopa-levodopa-entacapone)	4	MO
STALEVO 200 TABS (carbidopa-levodopa-entacapone)	4	MO
STALEVO 50 TABS (carbidopa-levodopa-entacapone)	4	MO
STALEVO 75 TABS (carbidopa-levodopa-entacapone)	4	MO
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate tabs</i>	2	MO; *
<i>selegiline hcl caps</i>	2	MO; *
<i>selegiline hcl tabs</i>	4	MO
ZELAPAR TBDP	4	MO
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 300 mg, 150 mg, 600 mg</i>	1	MO; *
<i>lithium carbonate tabs 300 mg</i>	2	MO; *
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	2	MO; *
<i>lithium soln</i>	1	MO; *
Antipsychotics - Misc.		

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
CAPLYTA CAPS	5	PA; NDS;MO
EQUETRO CP12	4	MO
LATUDA TABS 120 MG	5	PA; NDS;SL(1.33 ea daily); MO
LATUDA TABS 20 MG	5	PA; NDS;SL(8 ea daily); MO
LATUDA TABS 40 MG	5	PA; NDS;SL(4 ea daily); MO
LATUDA TABS 60 MG	5	PA; NDS;SL(2.67 ea daily); MO
LATUDA TABS 80 MG	5	PA; NDS;SL(2 ea daily); MO
NUPLAZID CAPS 34 MG	5	PA; NDS;LA
NUPLAZID TABS 10 MG	5	PA; NDS;LA
NUPLAZID TABS 17 MG	5	PA; NDS
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
<i>ziprasidone mesylate solr</i>	4	MO
Benzisoxazoles		
FANAPT TABS 1 MG, 10 MG, 2 MG, 4 MG	4	MO
FANAPT TABS 12 MG, 6 MG, 8 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

Drug Name	Drug Tier	Requirements/Limits
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
RISPERDAL CONSTA SRER 12.5 MG	4	Limit 8 vials per 28 days;SL(0.29 ea daily); MO
RISPERDAL CONSTA SRER 25 MG	4	Limit 4 vials per 28 days;SL(0.15 ea daily); MO
RISPERDAL CONSTA SRER 37.5 MG	5	NDS, Limit 4 vials per 42 days;SL(0.1 ea daily); MO
RISPERDAL CONSTA SRER 50 MG	5	NDS, Limit 2 vials per 28 days;SL(0.08 ea daily); MO
<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, 3 mg, 4 mg, 0.5 mg, 1 mg, 2 mg</i>	4	MO
Butyrophenones		
<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

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
Dibenzapines		
<i>clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>clozapine tbdp 100 mg, 25 mg, 150 mg</i>	4	
<i>clozapine tbdp 12.5 mg</i>	2	*
<i>clozapine tbdp 200 mg</i>	5	NDS
CLOZARIL TABS 50 MG (clozapine)	4	
<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 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; *
<i>olanzapine tbdp or 10 mg, 15 mg, 20 mg, 5 mg</i>	4	MO
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	MO; *
<i>quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg, 50 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
SECUADO PT24 3.8 MG/24HR	5	PA; NDS;SL(2 ea daily)
SECUADO PT24 5.7 MG/24HR	5	PA; NDS;SL(1.34 ea daily)
SECUADO PT24 7.6 MG/24HR	5	PA; NDS;SL(1 ea daily)
VERSACLOZ SUSP	5	PA; NDS;SL(18 ml daily)
ZYPREXA RELPREVV SUSR	4	
Dihydroindolones		

Drug Name	Drug Tier	Requirements/ Limits
<i>molindone hcl tabs</i>	4	
Phenothiazines		
<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, 200 mg, 25 mg, 100 mg, 50 mg</i>	4	MO
<i>fluphenazine decanoate soln</i>	3	MO
<i>fluphenazine hcl conc or 5 mg/ml</i>	2	MO; *
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	2	MO; *
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</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
Quinolinone Derivatives		
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

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>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
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
Thioxanthenes		
<i>thiothixene caps</i>	3	MO
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate caps</i>	5	NDS;MO
ATRIPLA TABS (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	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
<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; *
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	5	NDS;MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	5	NDS;MO
<i>emtricitabine caps</i>	4	MO
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	5	NDS;MO
EMTRIVA SOLN 10 MG/ML	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

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
INTELENCE TABS 25 MG	4	
INVIRASE TABS 500 MG	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 100 MG-25 MG	4	MO
KALETRA TABS 200 MG-50 MG	5	NDS;MO
<i>lamivudine soln 10 mg/ml</i>	2	MO; *
<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

Drug Name	Drug Tier	Requirements/ Limits
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
RETROVIR IV INFUSION SOLN	4	
REYATAZ PACK 50 MG	5	NDS;MO
<i>ritonavir tabs</i>	2	MO; *
RUKOBIA TB12	5	NDS;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; *
<i>stavudine caps 40 mg, 20 mg, 30 mg</i>	1	MO; *
STRIBILD TABS	5	NDS;MO
SYMFI LO TABS (efavirenz-lamivudine-tenofovir disoproxil fumarate)	5	NDS;MO
SYMFI TABS (efavirenz-lamivudine-tenofovir disoproxil fumarate)	5	NDS;MO
SYMTUZA TABS	5	NDS;MO
TEMIXYS TABS	5	NDS;MO
<i>tenofovir disoproxil fumarate tabs</i>	4	MO
TIVICAY PD TBSO	4	MO
TIVICAY TABS 10 MG	4	MO
TIVICAY TABS 25 MG, 50 MG	5	NDS;MO
TRIUMEQ 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
TROGARZO SOLN	5	NDS
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	5	NDS;MO
TRUVADA TABS 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	NDS;MO
TYBOST TABS	4	MO
VIDEX EC CPDR 125 MG	4	MO
VIDEXPEDIATRIC SOLR 2 GM	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
<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; *
CMV Agents		
<i>cidofovir soln</i>	5	NDS
<i>ganciclovir sodium solr</i>	2	PA; *
PREVYMIS TABS	5	PA; NDS;MO
<i>valganciclovir hcl solr</i>	5	NDS;MO
<i>valganciclovir hcl tabs</i>	5	NDS;MO
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	5	NDS;MO
BARACLUDE SOLN 0.05 MG/ML	4	MO
<i>entecavir tabs</i>	4	MO
EPCLUSA TABS 100 MG-400 MG	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV SOLN 5 MG/ML	3	MO
HARVONI PACK 150 MG-33.75 MG, 200 MG-45 MG	5	PA; NDS
HARVONI TABS 200 MG-45 MG, 400 MG-90 MG	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	
SOVALDI TABS 200 MG, 400 MG	5	PA; NDS
VEMLIDY TABS	5	ST; NDS;MO
VOSEVI TABS	5	PA; NDS
ZEPATIER TABS	5	PA; NDS
Herpes Agents		
<i>acyclovir caps 200 mg</i>	2	MO; *
<i>acyclovir sodium soln</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
Influenza Agents		
<i>oseltamivir phosphate caps 30 mg</i>	3	QL(4 ea daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>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; *
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	2	*
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<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
Beta Blockers Cardio-Selective		
<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 10 MG, 2.5 MG, 5 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 100 mg, 25 mg, 50 mg</i>	1	MO; *
Beta Blockers Non-Selective		
HEMANGEOL SOLN	4	

Drug Name	Drug Tier	Requirements/ Limits
INDERAL XL CP24 120 MG, 80 MG	4	MO
INNOPRAN XL CP24 120 MG, 80 MG	4	MO
<i>nadolol tabs</i>	3	MO
<i>pindolol tabs</i>	1	MO; *
<i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i>	3	MO
<i>propranolol hcl tabs or 10 mg, 80 mg, 20 mg, 40 mg, 60 mg</i>	2	MO; *
<i>sotalol hcl (afib/afl) tabs</i>	3	MO
<i>sotalol hcl tabs</i>	2	MO; *
SOTYLIZE SOLN	4	MO
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs 10 mg</i>	1	SL(1 ea daily); MO; *
<i>amlodipine besylate tabs 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>amlodipine besylate tabs 5 mg</i>	1	SL(2 ea daily); MO; *
CARDIZEM LA TB24 120 MG	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 120 mg, 60 mg, 90 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 120 mg, 60 mg, 30 mg, 90 mg</i>	2	MO; *
<i>felodipine tb24</i>	3	MO
<i>nicardipine hcl caps or 20 mg, 30 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>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 17 mg, 34 mg, 8.5 mg</i>	4	MO
NYMALIZE SOLN	5	NDS
<i>verapamil hcl cp24 or 360 mg, 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	3	MO
<i>verapamil hcl tabs or 40 mg, 120 mg, 80 mg</i>	1	MO; *
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	2	MO; *
VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	3	MO
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln or 0.05 mg/ml</i>	4	MO
<i>digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg</i>	3	MO
LANOXIN PEDIATRIC SOLN	4	
LANOXIN TABS OR 250 MCG, 125 MCG (<i>digoxin</i>)	4	MO
LANOXIN TABS OR 62.5 MCG	4	MO
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	4	MO
BIDIL TABS	4	MO
ENTRESTO TABS	3	MO
Impotence Agents		

Drug Name	Drug Tier	Requirements/ Limits
<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>sildenafil citrate tabs</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>ardenafil 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>ardenafil hcl tbdp 10 mg</i>	1	Covered for Health Net Gold Select Only; QL(0.1429 ea daily); MO; NT; *
Prostaglandin Vasodilators		
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

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
VENTAVIS SOLN 20 MCG/ML	5	B/D; NDS;LA
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	5	NDS;LA
<i>bosentan tabs</i>	5	NDS;LA
OPSUMIT TABS	5	PA; NDS
TRACLEER TBSO 32 MG	5	NDS;LA
Pulmonary Hypertension - Phosphodiesterase		
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	5	PA; NDS
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	2	PA; *
<i>tadalafil (pulmonary hypertension) tabs</i>	5	PA; NDS
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	5	PA; NDS;LA
UPTRAVI TBPk	5	PA; NDS;LA
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG	5	PA; NDS;SL(15 ea daily)
ADEMPAS TABS 1 MG	5	PA; NDS;SL(7.5 ea daily)
ADEMPAS TABS 1.5 MG	5	PA; NDS;SL(5 ea daily)
ADEMPAS TABS 2 MG	5	PA; NDS;SL(3.75 ea daily)
ADEMPAS TABS 2.5 MG	5	PA; NDS;SL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	4	SL(15 ml daily)
CORLANOR TABS 5 MG	4	SL(3 ea daily); MO
CORLANOR TABS 7.5 MG	4	SL(2 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
Transthyretin Stabilizers		
VYNDAMAX CAPS	5	PA; NDS;QL(1 ea daily)
VYNDALOX CAPS	5	PA; NDS;QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<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 750 mg, 250 mg, 500 mg</i>	1	MO; *
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	3	MO
Cephalosporins - 2nd Generation		
<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
<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	*
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	3	MO
<i>cefdinir susr</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>cefixime caps 400 mg</i>	2	MO; *
<i>cefprozime proxetil susr 100 mg/5ml, 50 mg/5ml</i>	2	MO; *
<i>cefprozime proxetil tabs 100 mg, 200 mg</i>	4	MO
<i>ceftazidime solr ij 2 gm, 1 gm</i>	4	MO
<i>ceftazidime solr ij 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
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	4	MO
CEFEPIME SOLN	4	
Cephalosporins - 5th Generation		
TEFLARO SOLR	4	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol tabs</i>	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; *

Drug Name	Drug Tier	Requirements/ Limits
<i>ethynodiol diacet & eth estrad tabs 1 mg-35 mcg</i>	2	MO; *
<i>ethynodiol diacet & eth estrad tabs 1 mg-50 mcg</i>	4	MO
<i>levonorgestrel & 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 & estrad-fe chew 1 mg-20 mcg-75 mg</i>	2	MO; *
<i>norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg</i>	4	24-Day;MO
<i>norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg, 1 mg-20 mcg-75 mg</i>	1	MO; *
<i>norethindrone & eth estradiol tabs 0.4 mg-35 mcg</i>	1	MO; *
<i>norethindrone & eth estradiol tabs 0.5 mg-35 mcg, 1 mg-35 mcg</i>	2	MO; *
<i>norethindrone & ethinyl estradiol-fe chew</i>	2	MO; *
<i>norethindrone acet & eth estra tabs</i>	1	MO; *
<i>norethindrone-eth estradiol (triphasic) tabs</i>	2	MO; *
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	2	MO; *
<i>norgestimate-ethinyl estradiol tabs</i>	2	MO; *
<i>norgestrel & ethinyl estradiol tabs 0.3 mg-30 mcg</i>	2	MO; *
TAYTULLA CAPS	4	MO
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	2	MO; *
Combination Contraceptives - Vaginal		

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>etonogestrel-ethinyl estradiol ring</i>	3	MO
Emergency Contraceptives		
ELLA TABS	3	
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY	4	MO
<i>medroxyprogesterone acetate (contraceptive) susp</i>	2	MO; *
<i>medroxyprogesterone acetate (contraceptive) susy</i>	2	MO; *
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	2	MO; *
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>betamethasone sod phosphate & 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	*
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	1	Preservative Free;MO; *
<i>dexamethasone sodium phosphate soln ij 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	MO; *
<i>dexamethasone soln 0.5 mg/5ml</i>	2	MO; *
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone tbpk 1.5 mg, 1.5 mg</i>	2	MO; *
EMFLAZA SUSP	5	PA; NDS;MO
EMFLAZA TABS	5	PA; NDS;MO
<i>hydrocortisone tabs</i>	3	MO
KENALOG-10 SUSP	4	MO
MEDROL TABS 2 MG	3	MO
<i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i>	1	MO; *
<i>methylprednisolone sod succ solr</i>	3	MO
<i>methylprednisolone tabs 16 mg, 32 mg, 8 mg, 4 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>prednisone conc 5 mg/ml</i>	2	MO; *
<i>prednisone soln 5 mg/5ml</i>	2	MO; *
<i>prednisone tabs 1 mg, 10 mg, 2.5 mg, 50 mg, 20 mg, 5 mg</i>	1	MO; *
<i>prednisone tbpk 10 mg, 5 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	

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>triamcinolone acetonide susp 40 mg/ml, 400 mg/10ml</i>	1	MO; *
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	3	MO
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR TB12	4	MO
<i>promethazine & phenylephrine syrp</i>	3	AL(Up to 64 yrs old); MO
SEMPREX-D CAPS	4	MO
Mucolytics		
<i>acetylcysteine soln</i>	3	B/D; MO
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<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
<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

Drug Name	Drug Tier	Requirements/ Limits
<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
Agents for External Genital and Perianal Warts		
VEREGEN OINT	4	MO
Anti-inflammatory Agents - Topical		
DICLOFENAC EPOLAMINE PTCH	4	PA; MO
<i>diclofenac epolamine ptch</i>	4	PA; MO
<i>diclofenac sodium (topical) gel 1 %</i>	3	SL(33.34 gm daily); RX/OTC; MO
<i>diclofenac sodium (topical) soln 1.5 %</i>	4	QL(15 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
FLECTOR PTCH	4	PA; MO
FLECTOR PTCH (diclofenac epolamine)	4	PA; MO
PENNSAID SOLN	5	PA; NDS; QL(8 gm daily); MO
Antibiotics - Topical		
CORTISPORIN CREA	3	MO
CORTISPORIN OINT	3	MO
gentamicin sulfate (topical) crea	1	MO; *
mupirocin calcium (topical) crea	4	QL(1 gm daily); MO
mupirocin oint	2	QL(0.74 gm daily); MO; *
Antifungals - Topical		
ciclopirox gel 0.77 %	4	MO
ciclopirox olamine crea	4	MO
ciclopirox olamine susp	3	MO
ciclopirox sham 1 %	4	MO
ciclopirox soln 8 %	3	MO
clotrimazole (topical) crea	2	RX/OTC; MO; *
clotrimazole (topical) soln	2	RX/OTC; MO; *
clotrimazole w/ betamethasone crea	3	MO
clotrimazole w/ betamethasone lotn	4	MO
econazole nitrate crea	4	QL(3 gm daily); MO
JUBLIA SOLN	4	PA; MO
KERYDIN SOLN (tavaborole)	4	PA; MO
ketoconazole (topical) crea	3	QL(2 gm daily); MO
ketoconazole (topical) foam	4	QL(3.34 gm daily); MO

Drug Name	Drug Tier	Requirements/ Limits
ketoconazole (topical) sham	2	QL(4 ml daily); MO; *
luliconazole crea	4	MO
LUZU CREA (luliconazole)	4	MO
naftifine hcl crea 1 %, 2 %	2	MO; *
naftifine hcl gel 1 %	4	MO
NAFTIN GEL 1 % (naftifine hcl)	4	MO
NAFTIN GEL 2 %	4	MO
nystatin (topical) crea	3	QL(2 gm daily); MO
nystatin (topical) oint	3	QL(2 gm daily); MO
nystatin (topical) powd	3	QL(2 gm daily); MO
nystatin-triamcinolone crea	4	MO
nystatin-triamcinolone oint	4	MO
oxiconazole nitrate crea	2	MO; *
OXISTAT LOTN	4	MO
tavaborole soln	4	PA; MO
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (fluorouracil topical)	5	NDS; MO
diclofenac sodium (actinic keratoses) gel	4	PA; QL(3.34 gm daily); MO
fluorouracil (topical) crea 0.5 %	5	NDS; MO
fluorouracil (topical) crea 5 %	4	MO
fluorouracil (topical) soln 2 %, 5 %	3	MO
PANRETIN GEL	5	NDS
PICATO GEL	5	NDS; MO
TARGRETIN GEL EX 1 %	5	PA; NDS; QL(2 gm 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
VALCHLOR GEL	5	PA; NDS;MO
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	4	PA; QL(1.5 gm daily); MO
PRUDOXIN CREA (<i>doxepin hcl (antipruritic)</i>)	4	PA; QL(1.5 gm daily); MO
ZONALON CREA (<i>doxepin hcl (antipruritic)</i>)	4	PA; QL(1.5 gm daily); MO
Antipsoriatics		
<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
<i>calcitriol (topical) oint</i>	4	MO
ILUMYA SOSY	5	PA; NDS
<i>methoxsalen rapid caps</i>	5	NDS;MO
SILIQ SOSY	5	PA; NDS
SKYRIZI PSKT	5	PA; NDS
SORILUX FOAM	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 SOPN	5	PA; NDS
TREMFYA SOSY	5	PA; NDS
VECTICAL OINT (<i>calcitriol (topical)</i>)	4	MO

Drug Name	Drug Tier	Requirements/ Limits
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	2	MO; *
Antivirals - Topical		
<i>acyclovir topical crea</i>	5	NDS;MO
<i>acyclovir topical oint</i>	4	MO
DENAVIR CREA	5	NDS;MO
XERESE CREA	4	MO
Burn Products		
<i>silver sulfadiazine crea</i>	2	MO; *
SULFAMYLON CREA 85 MG/GM	4	MO
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	MO; *
<i>alclometasone dipropionate oint</i>	3	MO
<i>amcinonide crea</i>	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
<i>calcipotriene-betamethasone dipropionate susp</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
<i>clocortolone pivalate crea</i>	4	MO
CLODERM CREA	4	MO
CLODERM CREA (<i>clocortolone pivalate</i>)	4	MO
CLODERM PUMP CREA	4	MO
CORDRAN LOTN 0.05 % (<i>flurandrenolide</i>)	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(3.94 ml daily); MO

Drug Name	Drug Tier	Requirements/ Limits
<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; *
<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>halcinonide crea</i>	2	MO; *
<i>halobetasol propionate crea</i>	4	MO
<i>halobetasol propionate oint</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>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; *
<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(3.94 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 (<i>calcipotriene-betamethasone dipropionate</i>)	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 %, 0.5 %, 0.1 %</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; *

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	4	MO
ULTRAVATE LOTN	5	PA; NDS;MO
Emollients		
<i>lactic acid (ammonium lactate) crea</i>	2	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn</i>	2	RX/OTC; MO; *
Enzymes - Topical		
SANTYL OINT	4	MO
Immunomodulating Agents - Topical		
<i>imiquimod crea 3.75 %</i>	5	NDS;MO
<i>imiquimod crea 5 %</i>	4	MO
ZYCLARA CREA (<i>imiquimod</i>)	5	NDS;MO
ZYCLARA PUMP CREA 2.5 %	5	NDS;MO
ZYCLARA PUMP CREA 3.75 % (<i>imiquimod</i>)	5	NDS;MO
Immunosuppressive Agents - Topical		
<i>pimecrolimus crea</i>	2	PA; MO; *
<i>tacrolimus (topical) oint</i>	4	PA; MO
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	4	MO
<i>podofilox soln</i>	3	MO
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	2	QL(4 ml daily); MO; *
<i>lidocaine hcl prsy ex 2 %</i>	2	MO; *
<i>lidocaine hcl soln ex 4 %</i>	2	QL(6.67 ml daily); MO; *
<i>lidocaine oint</i>	4	QL(5 gm daily); MO
<i>lidocaine ptch</i>	4	PA; SL(3 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>lidocaine-prilocaine crea</i>	4	QL(2 gm daily); MO
Rosacea Agents		
<i>azelaic acid gel</i>	2	MO; *
<i>doxycycline (rosacea) cpdr</i>	4	MO
FINACEA FOAM	4	MO
<i>ivermectin (rosacea) crea</i>	4	MO
<i>metronidazole (topical) crea</i>	4	MO
<i>metronidazole (topical) gel</i>	4	MO
<i>metronidazole (topical) lotn</i>	4	MO
MIRVASO GEL	4	PA; MO
NORITATE CREA	5	NDS;MO
ORACEA CPDR (<i>doxycycline (rosacea)</i>)	4	MO
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	2	MO; *
<i>malathion lotn</i>	3	MO
<i>permethrin crea</i>	2	MO; *
Wound Care Products		
REGRANEX GEL	5	NDS;MO
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 114000 UNIT-180000 UNIT-36000 UNIT, 12000 UNIT-38000 UNIT-60000 UNIT, 15000 UNIT-3000 UNIT-9500 UNIT, 19000 UNIT-30000 UNIT-6000 UNIT	3	MO
CREON CPEP 120000 UNIT-24000 UNIT-76000 UNIT	4	MO

Drug Name	Drug Tier	Requirements/ Limits
PANCREAZE CPEP	3	MO
PERTZYE CPEP	4	MO
SUCRAID SOLN	4	LA; MO
VIOKACE TABS	4	MO
ZENPEP CPEP 10000 UNIT-14000 UNIT-3000 UNIT, 10000 UNIT-32000 UNIT-42000 UNIT, 105000 UNIT-25000 UNIT-79000 UNIT, 15000 UNIT-47000 UNIT-63000 UNIT, 17000 UNIT-24000 UNIT-5000 UNIT, 20000 UNIT-63000 UNIT-84000 UNIT	4	MO
ZENPEP CPEP 126000 UNIT-168000 UNIT-40000 UNIT	5	NDS;MO
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<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; *
Diuretic Combinations		
ALDACTAZIDE TABS 50 MG-50 MG	3	MO
<i>amiloride & hydrochlorothiazide tabs</i>	2	MO; *
<i>spironolactone & hydrochlorothiazide tabs</i>	3	MO
<i>triamterene & hydrochlorothiazide caps</i>	1	MO; *
<i>triamterene & hydrochlorothiazide tabs</i>	1	MO; *
Loop Diuretics		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	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>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; *
<i>torsemide tabs</i>	2	MO; *
Potassium Sparing Diuretics		
<i>amiloride hcl tabs</i>	3	MO
<i>spironolactone tabs</i>	1	MO; *
<i>triamterene caps</i>	2	MO; *
Thiazides and Thiazide-Like Diuretics		
<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
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium tabs 10 mg</i>	1	MO; *
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily); MO; *
<i>alendronate sodium tabs 5 mg</i>	1	*
<i>calcitonin (salmon) soln</i>	3	MO
FORTEO SOPN	5	PA; NDS, Limit 2.4mls per 28 days;QL(0.09 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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
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 30 mg, 5 mg</i>	4	QL(1 ea daily); MO
<i>risedronate sodium tabs 35 mg</i>	4	QL(0.15 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	Limit 1 dose per year;QL(0.28 ml daily)
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA
NOVAREL SOLR	4	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA
GnRH/LHRH Antagonists		
ORILISSA TABS	5	PA; NDS;MO
Growth Hormone Receptor Antagonists		

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
SOMAVERT SOLR	5	PA; NDS;LA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV SOLR	5	NDS
Growth Hormones		
NORDITROPIN FLEXPOR SOPN 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NDS
NUTROPIN AQ NUSPIN 20 SOPN	5	PA; NDS
Hormone Receptor Modulators		
OSPHENA TABS	4	MO
<i>raloxifene hcl tabs</i>	3	QL(1 ea daily); MO
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	LA
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	4	MO
LUPANETA PACK KIT	5	NDS
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG, 7.5 MG	5	NDS
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	4	
LUPRON DEPOT-PED (3-MONTH) KIT	5	NDS
SYNAREL SOLN	5	NDS;MO
TRIPTODUR SRER	5	NDS;MO
Metabolic Modifiers		
<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

Drug Name	Drug Tier	Requirements/Limits
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
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	5	PA; NDS;LA
KUVAN TBSO (<i>sapropterin dihydrochloride</i>)	5	PA; NDS;LA
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	3	MO
LUMIZYME SOLR	5	NDS;LA
MYALEPT SOLR	5	NDS;LA; MO
NAGLAZYME SOLN	5	NDS;LA
<i>nitisinone caps</i>	2	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
<i>sapropterin dihydrochloride pack</i>	5	PA; NDS;LA
<i>sapropterin dihydrochloride tbso</i>	5	PA; NDS;LA
STRENSIQ SOLN	5	PA; NDS;LA; MO
VIMIZIM SOLN	5	NDS;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
XURIDEN PACK	5	NDS;SL(4 ea daily); MO
Posterior Pituitary Hormones		
<i>desmopressin acetate soln ij 4 mcg/ml</i>	4	MO
<i>desmopressin acetate spray refrigerated soln</i>	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	
Prolactin Inhibitors		
<i>cabergoline tabs</i>	3	MO
Somatostatic Agents		
<i>octreotide acetate soln 100 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	
<i>octreotide acetate soln 50 mcg/ml, 1000 mcg/5ml, 200 mcg/ml</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

Drug Name	Drug Tier	Requirements/ Limits
SIGNIFOR LAR SRER 60 MG	5	NDS, Limit 1 vial per 28 days;SL(0.036 ea daily); LA; MO
SIGNIFOR SOLN	5	NDS;LA; MO
SOMATULINE DEPOT SOLN	5	NDS
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	5	NDS;MO
JYNARQUE TBPB	5	PA; NDS;LA
JYNARQUE TBPB 15 MG	5	PA; NDS;LA; MO
SAMSCA TABS 15 MG	5	NDS;MO
<i>tolvaptan tabs 15 mg, 30 mg</i>	5	NDS;MO
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ANGELIQ TABS 0.5 MG-1 MG	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 & norethindrone acetate tabs</i>	4	AL(Up to 64 yrs old); MO
<i>norethindrone acetate-ethinyl estradiol tabs 0.5 mg-2.5 mcg</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
Estrogens		
DIVIGEL GEL	4	AL(Up to 64 yrs old); MO
ELESTRIN GEL	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
<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 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr, 0.025 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
EVAMIST SOLN	4	AL(Up to 64 yrs old); MO
MENOSTAR PTWK	4	AL(Up to 64 yrs old); MO
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
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR IV 300 MG	5	PA; NDS
BAXDELA TABS OR 450 MG	5	ST; NDS;MO
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	4	MO
<i>ciprofloxacin hcl tabs</i>	1	MO; *
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i>	3	
<i>ciprofloxacin in d5w soln 400 mg/200ml-5 %</i>	3	MO
<i>ciprofloxacin susr</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</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG	5	PA; NDS;SL(1 ea daily)
OCALIVA TABS 5 MG	5	PA; NDS;SL(2 ea daily)
Gallstone Solubilizing Agents		
CHENODAL TABS	5	NDS;LA
<i>ursodiol caps 300 mg</i>	4	MO
<i>ursodiol tabs 250 mg</i>	3	MO
<i>ursodiol tabs 500 mg</i>	4	MO
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	3	MO
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	3	MO
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	2	MO; *
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	2	MO; *
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	MO; *
Inflammatory Bowel Agents		
<i>balsalazide disodium caps</i>	4	MO
DIPENTUM CAPS	5	NDS;MO
ENTYVIO SOLR	5	PA; NDS
INFLECTRA SOLR	5	PA; NDS
<i>mesalamine cp24 or 0.375 gm</i>	2	MO; *
<i>mesalamine cpdr or 400 mg</i>	2	MO; *
<i>mesalamine enem re 4 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>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
RENFLEXIS SOLR	5	PA; NDS
STELARA SOLN	5	PA; NDS
<i>sulfasalazine tabs</i>	2	MO; *
<i>sulfasalazine tbec</i>	3	MO
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	2	MO; *
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	5	PA; NDS;MO
LINZESS CAPS	3	MO
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS	4	MO
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	5	NDS;MO
RELISTOR TABS OR 150 MG	5	PA; NDS;MO
Phosphate Binder Agents		
<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
Short Bowel Syndrome (SBS) Agents		

Drug Name	Drug Tier	Requirements/Limits
GATTEX KIT	5	PA; NDS;LA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	5	PA; NDS;LA; MO
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc</i>	4	MO
Cystinosis Agents		
CYSTAGON CAPS	4	
PROCYSBI CPDR 25 MG, 75 MG	4	
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	MO; *
<i>neomycin/polymyxin b gu soln</i>	1	MO; *
<i>sodium chloride (gu irrigant) soln</i>	2	MO; *
Interstitial Cystitis Agents		
ELMIRON CAPS	4	MO
Prostatic Hypertrophy Agents		
<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; *
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>colchicine w/ probenecid tabs</i>	3	MO
Gout Agents		
<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
Uricosurics		
<i>probenecid tabs</i>	3	MO
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate soln</i>	5	PA; NDS
Complement Inhibitors		
CINRYZE SOLR	5	PA; NDS;LA
HAEGARDA SOLR	5	PA; NDS
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	5	PA; NDS
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	2	MO; *
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	5	NDS
TAKHZYRO SOLN	5	PA; NDS
Platelet Aggregation Inhibitors		
<i>anagrelide hcl caps</i>	3	MO
<i>aspirin-dipyridamole cp12</i>	2	MO; *
BRILINTA TABS	3	MO
CABLIVI KIT	5	PA; NDS;MO
<i>cilostazol tabs</i>	2	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<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
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	5	PA; NDS
CEREZYME SOLR	5	PA; NDS;LA
ELELYSO SOLR	5	NDS
<i>miglustat caps</i>	5	NDS;LA; MO
VPRIV SOLR	5	NDS
Agents for Sickle Cell Disease		
ADAKVEO SOLN	5	PA; NDS
DROXIA CAPS	4	MO
ENDARI PACK	5	PA; NDS;MO
OXBRYTA TABS	5	PA; NDS;LA
Hematopoietic Growth Factors		
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

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
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 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
EPOGEN SOLN 20000 UNIT/ML	5	PA; NDS
GRANIX SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS
LEUKINE SOLR	5	PA; NDS
MULPLETA TABS	5	PA; NDS
NEULASTA ONPRO KIT PSKT	5	PA; NDS
NEULASTA SOSY	5	PA; NDS
NEUPOGEN SOLN	5	PA; NDS
NEUPOGEN SOSY	5	PA; NDS
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 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 PACK 25 MG	5	PA; NDS;SL(6 ea daily); LA
PROMACTA TABS 12.5 MG	5	PA; NDS;SL(12 ea daily); LA
PROMACTA TABS 25 MG	5	PA; NDS;SL(6 ea daily); LA
PROMACTA TABS 50 MG	5	PA; NDS;SL(3 ea daily); LA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 75 MG	5	PA; NDS;SL(2 ea daily); LA
REBLOZYL SOLR	5	PA; NDS
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
ZARXIO SOSY	5	PA; NDS
Stem Cell Mobilizers		
MOZOBIL SOLN	5	PA; NDS
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid soln or 0.25 gm/ml</i>	5	NDS;MO
<i>aminocaproic acid tabs or 1000 mg</i>	5	NDS;MO
<i>aminocaproic acid tabs or 500 mg</i>	4	MO
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	*
<i>tranexamic acid tabs or 650 mg</i>	3	MO
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<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 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg</i>	2	AL(Up to 64 yrs old); MO; *
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep) tabs 3 mg</i>	4	QL(2 ea daily); MO
<i>doxepin hcl (sleep) tabs 6 mg</i>	4	QL(1 ea daily); MO
Non-Barbiturate Hypnotics		
EDLUAR SUBL 10 MG	4	SL(1 ea daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
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 sublingual 1.75 mg</i>	2	SL(2 ea daily); MO; *
<i>zolpidem tartrate sublingual 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 tablet or 12.5 mg</i>	4	SL(1 ea daily); MO
<i>zolpidem tartrate tablet or 6.25 mg</i>	4	SL(2 ea daily); MO
Orexin Receptor Antagonists		
BELSOMRA TABS 10 MG	4	PA; SL(2 ea daily); MO
BELSOMRA TABS 15 MG	4	PA; SL(1.33 ea daily); MO
BELSOMRA TABS 20 MG	4	PA; SL(1 ea daily); MO
BELSOMRA TABS 5 MG	4	PA; SL(4 ea daily); MO
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	5	PA; NDS; MO
<i>ramelteon tabs</i>	2	MO; *
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-potassium chloride-sodium bicarbonate-sodium chloride kit</i>	3	
CLENPIQ SOLN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY SOLR 2.82 GM-21.5 GM-227.1 GM-5.53 GM-6.36 GM	4	MO
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	4	MO
<i>peg 3350-kcl-sod bicarbonate-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
SUPREP BOWEL PREP KIT SOLN	4	MO
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	3	MO
Saline Laxatives		
OSMOPREP TABS	4	MO
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesthetic) soln 0.5 %</i>	4	
<i>lidocaine hcl (local anesthetic) soln 0.5 %, 1.5 %, 2 %</i>	4	Preservative Free
<i>lidocaine hcl (local anesthetic) soln 1 %</i>	1	Preservative Free; *
<i>lidocaine hcl (local anesthetic) soln 1 %, 2 %</i>	1	*
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<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; *
Clarithromycin		

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>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
Erythromycins		
<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; *
<i>erythromycin lactobionate solr</i>	2	SL(8 ea daily); *
Fidaxomicin		
DIFICID TABS	5	NDS;MO
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>gauze pads 2"x2"</i>	1	RX/OTC; MO; *
Misc. Devices		
ALCOHOL PADS	3	RX/OTC; MO
Parenteral Therapy Supplies		
INSULIN SYRINGES AND PEN NEEDLES	3	RX/OTC; MO
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	4	PA; MO
AJOVY SOSY	4	PA; MO

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOAJ 120 MG/ML	4	PA; MO
EMGALITY SOSY 100 MG/ML	5	PA; NDS;MO
EMGALITY SOSY 120 MG/ML	4	PA; MO
Migraine Combinations		
<i>ergotamine w/ caffeine supp re 100 mg-2 mg</i>	4	MO
<i>sumatriptan-naproxen sodium tabs</i>	2	MO; *
TREXIMET TABS 10 MG-60 MG	4	
Migraine Products		
<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 (<i>dihydroergotamine mesylate</i>)	5	NDS;MO
Serotonin Agonists		
<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, 6 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month;QL(0.14 ml daily); MO
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	4	Solution cartridge;Limit 4mls per month;QL(0.14 ml daily); MO

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>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 100 mg, 25 mg, 50 mg</i>	2	QL(0.3 ea daily); MO; *
<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
ZOMIG SOLN NA 5 MG	4	SL(2 ea daily); MO

MINERALS & ELECTROLYTES

Electrolyte Mixtures

<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 109 meq/l-130 meq/l-28 meq/l-3 meq/l-4 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml</i>	2	*
<i>parenteral electrolytes conc</i>	2	B/D; *
<i>potassium chloride in dextrose & sodium chloride soln 0.15 %-0.45 %-5 %, 0.45 %-20 meq/l-5 %</i>	3	

Magnesium

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate soln ij 50 %</i>	3	
Potassium		
K-TAB TBCR 20 MEQ (<i>potassium chloride</i>)	4	MO
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	3	MO
<i>potassium chloride microencapsulated crystals er tbc 20 meq, 10 meq</i>	2	MO; *
<i>potassium chloride soln iv 2 meq/ml</i>	3	MO
<i>potassium chloride soln or 20 %, 10 %</i>	3	MO
<i>potassium chloride tbc 10 meq, 20 meq, 8 meq</i>	2	MO; *

Sodium

<i>sodium chloride soln iv 0.45 %</i>	2	*
<i>sodium chloride soln iv 3 %, 5 %, 0.9 %</i>	3	MO

MISCELLANEOUS THERAPEUTIC CLASSES

Chelating Agents

<i>penicillamine tabs</i>	3	MO
<i>trientine hcl caps</i>	5	NDS; MO

Enzymes

XIAFLEX SOLR	5	NDS; MO
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Immunomodulators

REVLIMID CAPS	5	PA; NDS; LA
THALOMID CAPS	5	NDS

Immunosuppressive Agents

ASTAGRAF XL CP24	4	B/D; MO
ATGAM INJ	4	B/D
AZATHIOPRINE SOLR IJ 100 MG	4	B/D
<i>azathioprine tabs or 100 mg, 75 mg</i>	2	B/D; 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>azathioprine tabs or 50 mg</i>	3	B/D; MO
<i>cyclosporine caps or 100 mg, 25 mg</i>	4	B/D; MO
<i>cyclosporine modified (for microemulsion) caps 100 mg, 25 mg</i>	4	B/D; MO
<i>cyclosporine modified (for microemulsion) caps 50 mg</i>	2	B/D; MO; *
<i>cyclosporine modified (for microemulsion) soln 100 mg/ml</i>	4	B/D; MO
<i>cyclosporine soln iv 50 mg/ml</i>	2	B/D; MO; *
ENVARUS XR TB24	4	B/D; MO
<i>everolimus (immunosuppressant) tabs 0.25 mg</i>	3	B/D; MO
<i>everolimus (immunosuppressant) tabs 0.5 mg, 0.75 mg</i>	5	B/D; NDS;MO
<i>mycophenolate mofetil caps 250 mg</i>	3	B/D; MO
<i>mycophenolate mofetil hcl solr</i>	2	B/D; MO; *
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	B/D; NDS;MO
<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

Drug Name	Drug Tier	Requirements/ Limits
<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 1 MG	5	B/D; NDS;MO
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	2	*
<i>water for irrigation, sterile soln</i>	1	MO; *
Potassium Removing Agents		
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
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
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	5	PA; NDS
BENLYSTA SOLR	5	PA; NDS
BENLYSTA SOSY	5	PA; NDS
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	2	MO; *
Anti-infectives - Throat		

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>clotrimazole troc</i>	3	MO
<i>nystatin (mouth-throat) susp</i>	2	MO; *
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; *
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	4	MO
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	4	MO
<i>pilocarpine hcl (oral) tabs</i>	4	MO
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<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; *
<i>chlorzoxazone tabs 500 mg</i>	3	AL(Up to 64 yrs old); MO
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg, 7.5 mg</i>	2	AL(Up to 64 yrs old); MO; *
<i>metaxalone tabs 400 mg</i>	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; *

Drug Name	Drug Tier	Requirements/ Limits
<i>tizanidine hcl tabs 4 mg</i>	2	SL(9 ea daily); MO; *
Direct Muscle Relaxants		
<i>dantrolene sodium caps 100 mg</i>	1	MO; *
<i>dantrolene sodium caps 50 mg, 25 mg</i>	4	MO
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	2	AL(Up to 64 yrs old); MO; *
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate susp</i>	4	MO
Nasal Antiallergy		
<i>azelastine hcl soln</i>	3	MO
<i>olopatadine hcl (nasal) soln</i>	4	MO
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	3	MO
Nasal Steroids		
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
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		

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
RADICAVA SOLN	5	PA; NDS
<i>riluzole tabs</i>	2	MO; *
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	5	PA; NDS;LA; MO
VYONDYS 53 SOLN	5	PA; NDS;LA; MO
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	4	PA; MO
XEOMIN SOLR	4	PA; MO
NUTRIENTS		
Carbohydrates		
<i>dextrose soln 10 %</i>	2	B/D; *
<i>dextrose soln 5 %</i>	2	B/D; MO; *
<i>dextrose soln 70 %, 50 %</i>	4	B/D
Lipids		
<i>fat emulsion plant based emul</i>	4	B/D
Proteins		
<i>amino acid infusion 15%</i>	4	B/D; MO
CLINIMIX 4.25%/DEXTROSE 5% SOLN	4	B/D
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	2	MO; *
<i>levobunolol hcl soln</i>	2	MO; *
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	3	Gel Forming Soln;MO
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	MO; *
TIMOPTIC-XE SOLG 0.25 % (<i>timolol maleate (ophth)</i>)	3	Gel Forming Soln;MO
Cycloplegic Mydriatics		
<i>cyclopentolate hcl soln 0.5 %</i>	4	MO
<i>cyclopentolate hcl soln 2 %, 1 %</i>	1	MO; *
Miotics		
PHOSPHOLINE IODIDE SOLR	4	
<i>pilocarpine hcl soln</i>	3	MO
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	5	PA; NDS
EYLEA SOLN	5	PA; NDS;LA
EYLEA SOSY	5	PA; NDS;LA
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	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
Ophthalmic Anti-infectives		
AZASITE SOLN	4	MO
<i>bacitracin (ophthalmic) oint</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>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 (<i>moxifloxacin hcl (ophth)</i>)	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; *
<i>polymyxin b-trimethoprim soln</i>	2	MO; *
<i>sulfacetamide sodium (ophth) soln</i>	3	MO
<i>tobramycin (ophth) soln</i>	2	MO; *
TOBREX OINT	4	MO
<i>trifluridine soln</i>	3	MO
ZIRGAN GEL	4	MO
Ophthalmic Immunomodulators		
RESTASIS EMUL	3	MO
RESTASIS MULTIDOSE EMUL	3	MO

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln</i>	1	MO; *
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	5	PA; NDS;MO
Ophthalmic Steroids		
ALREX SUSP	3	MO
<i>bacitracin-poly-neomycin-hc oint</i>	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
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

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
TOBRADEX ST SUSP	4	MO
<i>tobramycin-dexamethasone susp</i>	3	MO
ZYLET SUSP	3	MO
Ophthalmics - Misc.		
ACUVAIL SOLN	4	MO
ALOCRIOL 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; *
<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	RX/OTC; MO; *
PROLENSA SOLN	4	MO
Prostaglandins - Ophthalmic		

Drug Name	Drug Tier	Requirements/Limits
<i>bimatoprost soln</i>	2	MO; *
<i>latanoprost soln</i>	2	MO; *
LUMIGAN SOLN	3	MO
TRAVATAN Z SOLN (<i>travoprost</i>)	3	MO
ZIOPTAN SOLN	4	MO
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	2	MO; *
Otic Anti-infectives		
CETRAXAL SOLN (<i>ciprofloxacin hcl (otic)</i>)	4	MO
<i>ciprofloxacin hcl (otic) soln</i>	4	MO
<i>ofloxacin (otic) soln</i>	4	MO
Otic Combinations		
CIPRO HC SUSP	4	MO
<i>ciprofloxacin-dexamethasone susp</i>	3	MO
CORTISPORIN-TC SUSP	4	MO
<i>neomycin-polymyxin-hc (otic) soln</i>	3	MO
<i>neomycin-polymyxin-hc (otic) susp</i>	3	MO
Otic Steroids		
<i>fluocinolone acetonide (otic) oil</i>	4	MO
<i>hydrocortisone w/acetic acid soln</i>	4	MO
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate 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
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	5	B/D; NDS
CUVITRU SOLN 1 GM/5ML	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 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	B/D; NDS
FLEBOGAMMA DIF SOLN 5 GM/50ML	5	B/D; NDS; 5 GM/50 ML
GAMASTAN INJ	4	B/D
GAMMAGARD LIQUID SOLN	5	B/D; NDS
GAMMAKED SOLN	5	B/D; NDS
GAMMAPLEX SOLN	5	B/D; NDS
GAMUNEX-C SOLN	5	B/D; NDS
HIZENTRA SOLN 1 GM/5ML	4	B/D; LA
HIZENTRA SOLN 10 GM/50ML	5	B/D; NDS
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	5	B/D; NDS;LA
HIZENTRA SOSY 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	5	B/D; NDS
HYPERRAB S/D SOLN	4	
IMOGAM RABIES-HT SOLN 300 UNIT/2ML	4	
KEDRAB SOLN	4	

Drug Name	Drug Tier	Requirements/ Limits
OCTAGAM SOLN	5	B/D; NDS
PRIVIGEN SOLN	5	B/D; NDS
VARIZIG SOLN	5	NDS
Monoclonal Antibodies		
SYNAGIS SOLN	5	NDS
ZINPLAVA SOLN	5	PA; NDS
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5	B/D; NDS
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 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 10 gm, 2 gm</i>	2	*
Natural Penicillins		
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; *
Penicillin Combinations		

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate chew 200 mg-28.5 mg, 400 mg-57 mg</i>	2	MO; *
<i>amoxicillin & pot clavulanate susr 400 mg/5ml-57 mg/5ml, 200 mg/5ml-28.5 mg/5ml, 250 mg/5ml-62.5 mg/5ml, 42.9 mg/5ml-600 mg/5ml</i>	4	MO
<i>amoxicillin & pot clavulanate tabs 125 mg-875 mg, 125 mg-250 mg, 125 mg-500 mg</i>	2	MO; *
<i>amoxicillin & pot clavulanate tb12 1000 mg-62.5 mg</i>	3	MO
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm</i>	4	
<i>ampicillin & sulbactam sodium solr ij 1 gm-2 gm</i>	4	MO
<i>ampicillin & sulbactam sodium solr iv 10 gm-5 gm</i>	4	
<i>piperacillin sodium-tazobactam sodium solr</i>	4	
ZOSYN SOLN 0.375 GM/50ML-3 GM/50ML-5 %	4	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	2	MO; *
<i>nafcillin sodium solr ij 1 gm</i>	4	
NAFCILLIN SODIUM SOLR IJ 10 GM	5	NDS
<i>nafcillin sodium solr ij 2 gm</i>	4	MO
<i>nafcillin sodium solr iv 10 gm</i>	5	NDS
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate tabs</i>	1	MO; *
<i>megestrol acetate (appetite) susp</i>	2	AL(Up to 64 yrs old); MO; *
<i>norethindrone acetate tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone micronized caps</i>	3	MO
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	4	MO
<i>disulfiram tabs</i>	3	MO
LUCEMYRA TABS	5	PA; NDS; SL(16 ea daily); MO
Anti-Cataleptic Agents		
XYREM SOLN	5	NDS; LA; MO
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	2	MO; *
<i>donepezil hydrochloride tbdp</i>	2	MO; *
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	3	MO
<i>galantamine hydrobromide soln 4 mg/ml</i>	2	MO; *
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 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; *
<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 10 mg/5ml, 2 mg/ml</i>	2	AL(At least 60 yrs old); MO; *
<i>memantine hcl tabs 10 mg, 5 mg</i>	2	MO; *
NAMENDA XR TITRATION PACK CP24	4	AL(At least 60 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>rivastigmine pt24</i>	4	MO
<i>rivastigmine tartrate caps</i>	3	MO
Combination Psychotherapeutics		
<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; *
Fibromyalgia Agents		
SAVELLA TABS	4	PA; MO
SAVELLA TITRATION PACK MISC	4	PA; MO
Movement Disorder Drug Therapy		
INGREZZA CAPS	5	PA; NDS;LA; MO
INGREZZA CPPK	5	PA; NDS;LA; MO
<i>tetrabenazine tabs</i>	5	PA; NDS
Multiple Sclerosis Agents		
AUBAGIO TABS	5	PA; NDS
AVONEX PEN AJKT	5	PA; NDS; Limited to 1 box per 28 days;QL(0.036 ea daily)
AVONEX PSKT	5	PA; NDS; Limited to 1 box per 28 days;QL(0.036 ml daily)
BETASERON KIT	5	PA; NDS
COPAXONE SOSY (<i>glatiramer acetate</i>)	5	PA; NDS
<i>dalfampridine tb12</i>	5	PA; NDS
GILENYA CAPS 0.5 MG	5	PA; NDS
LEMTRADA SOLN	5	PA; NDS;LA

Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD TBPB	5	PA; NDS; 10 Tabs
MAVENCLAD TBPB	5	PA; NDS;LA
MAYZENT TABS	5	PA; NDS
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 (<i>dimethyl fumarate</i>)	5	PA; NDS
TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	5	PA; NDS
TYSABRI CONC	5	PA; NDS
VUMERITY CPDR	5	PA; NDS; Starter Bottle
VUMERITY CPDR	5	PA; NDS;QL(4 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE TABS	4	MO
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	4	PA; MO
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	2	AL(Up to 64 yrs old); MO; *
<i>pimozide tabs</i>	3	MO
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	4	MO
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	3	SL(2 ea daily); MO
CHANTIX CONTINUING MONTHPAK TABS	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
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
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	5	PA; NDS; LA; MO
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor) caps</i>	2	MO; *
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	5	NDS; LA; MO
ARALAST NP SOLR 500 MG	5	NDS; LA
GLASSIA SOLN	4	LA
PROLASTIN-C SOLN 1000 MG/20ML	5	PA; NDS; LA; MO
PROLASTIN-C SOLR 1000 MG	5	NDS; LA; MO
ZEMAIRA SOLR	5	NDS; LA; MO
Cystic Fibrosis Agents		
KALYDECO PACK	5	PA; NDS; MO
KALYDECO TABS	5	PA; NDS; MO
ORKAMBI PACK	5	PA; NDS; LA; MO
ORKAMBI TABS	5	PA; NDS; LA; MO
PULMOZYME SOLN	5	B/D; NDS
SYMDEKO TBPK	5	PA; NDS; LA
TRIKAFTA TBPK	5	PA; NDS; LA; MO

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Fibrosis Agents		
ESBRIET CAPS	5	PA; NDS; LA
ESBRIET TABS	5	PA; NDS; LA
OFEV CAPS	5	PA; NDS; LA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	2	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS OR 150 MG	5	PA; NDS; MO
Glycylcyclines		
<i>tigecycline solr</i>	5	NDS
Tetracyclines		
<i>demeclocycline hcl tabs</i>	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	QL (2 ea daily); MO; *
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	3	MO
<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 100 mg, 50 mg, 75 mg</i>	4	MO
<i>tetracycline hcl caps</i>	1	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN SYRP 50 MG/5ML	4	MO
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	2	MO; *
<i>propylthiouracil tabs</i>	3	MO
Thyroid Hormones		
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO; *
<i>liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i>	3	MO
SYNTHROID TABS (levothyroxine sodium)	4	MO
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	1	*
BOOSTRIX SUSP	1	*
DAPTACEL SUSP	4	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	B/D
INFANRIX SUSP	4	
KINRIX SUSP	4	
PEDIARIX SUSP	4	
PENTACEL SUSR	4	
QUADRACEL SUSP	4	
TDVAX SUSP	4	B/D
TENIVAC INJ	4	B/D

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl caps or 10 mg</i>	1	MO; *
<i>dicyclomine hcl tabs or 20 mg</i>	1	MO; *
<i>glycopyrrolate soln ij 0.2 mg/ml</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
H-2 Antagonists		
<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, 200 mg/20ml, 40 mg/4ml</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; *
Misc. Anti-Ulcer		
<i>sucralfate susp 1 gm/10ml</i>	4	MO
<i>sucralfate tabs 1 gm</i>	2	MO; *
Proton Pump Inhibitors		
DEXILANT CPDR	3	ST; MO
<i>esomeprazole magnesium cpdr 20 mg</i>	4	RX/OTC; MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>esomeprazole magnesium cpdr 40 mg</i>	4	MO
<i>esomeprazole magnesium pack 10 mg, 20 mg, 40 mg</i>	4	ST; 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	MO
NEXIUM PACK 2.5 MG, 5 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 pack or 40 mg</i>	4	QL(1 ea daily); MO
<i>pantoprazole sodium solr iv 40 mg</i>	2	*
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; *
Ulcer Drugs - Prostaglandins		
<i>misoprostol tabs</i>	3	MO
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	4	MO
<i>omeprazole-sodium bicarbonate caps 1100 mg-40 mg</i>	4	MO
<i>omeprazole-sodium bicarbonate pack 1680 mg-40 mg</i>	4	MO
PYLERA CAPS	4	MO
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
<i>nitrofurantoin monohydr macro caps</i>	3	MO
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	2	MO; *
GELNIQUE 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 10 mg, 15 mg, 5 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
<i>trospium chloride cp24</i>	4	MO
<i>trospium chloride tabs</i>	4	MO
VESICARE TABS (<i>solifenacin succinate</i>)	3	MO
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	4	MO
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	3	MO
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	3	MO
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	4	
BCG VACCINE INJ	4	
BEXSERO SUSY	4	
HIBERIX SOLR	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
MENACTRA INJ	4	
MENQUADFI INJ	4	
MENVEO SOLR	4	
PEDVAX HIB SUSP	4	
TRUMENBA SUSY	4	
TYPHIM VI SOLN	4	
Viral Vaccines		
ENGRIX-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 (H.D.C.V.) INJ	4	B/D
IPOL INACTIVATED IPV INJ	4	
IXIARO SUSP	4	
M-M-R II SOLR	4	
PROQUAD SUSR	4	
RABAVERT SUSR	4	B/D
RECOMBIVAX HB SUSP	4	B/D
ROTARIX SUSR	4	
ROTATEQ SOLN	3	
SHINGRIX SUSR	3	
TWINRIX SUSP	4	
TWINRIX SUSY	4	
VAQTA SUSP	4	
VARIVAX INJ	4	

Drug Name	Drug Tier	Requirements/ Limits
YF-VAX INJ	4	
ZOSTAVAX SUSR	3	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
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</i>	3	MO
<i>terconazole vaginal supp</i>	3	MO
Vaginal Estrogens		
<i>estradiol vaginal crea 0.1 mg/gm</i>	4	MO
<i>estradiol vaginal tabs 10 mcg</i>	2	MO; *
ESTRING RING	4	MO
FEMRING RING	4	MO
PREMARIN CREA VA 0.625 MG/GM	3	MO
Vaginal Progestins		
CRINONE GEL	4	PA; MO
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	MO
EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	3	MO
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 100 MG	5	PA; NDS;SL(18 ea daily)
NORTHERA CAPS 200 MG	5	PA; NDS;SL(9 ea daily)

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
NORTHERA CAPS 300 MG	5	PA; NDS;SL(6 ea daily)
Vasopressors		
<i>dobutamine hcl soln</i>	1	*
<i>midodrine hcl tabs</i>	4	MO

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

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cefixime.....	43	CINRYZE.....	56	clorazepate dipotassium.....	10
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cefpodoxime proxetil.....	43	CIPRO HC.....	65	clotrimazole (topical).....	46
cefprozil.....	42	ciprofloxacin.....	54	clotrimazole w/ betamethasone.....	46
ceftazidime.....	43	ciprofloxacin hcl.....	54	clozapine.....	36
ceftriaxone sodium.....	43	ciprofloxacin hcl (ophth).....	64	CLOZARIL.....	36
cefuroxime axetil.....	42	ciprofloxacin hcl (otic).....	65	COARTEM.....	26
cefuroxime sodium.....	42	ciprofloxacin in d5w.....	54	codeine sulfate.....	4
celecoxib.....	3	ciprofloxacin-dexamethasone.....	65	colchicine.....	56
CELONTIN.....	15	cisplatin.....	26	colchicine w/ probenecid.....	56
cephalexin.....	42	citalopram hydrobromide.....	16	colesevelam hcl.....	23
CERDELGA.....	56	cladribine.....	27	colestipol hcl.....	23
CEREZYME.....	56	CLARINEX-D 12 HOUR.....	45	colistimethate sodium.....	9
cetirizine hcl.....	22	clarithromycin.....	59	COMBIGAN.....	63
CETRAXAL.....	65	clemastine fumarate.....	22	COMBIPATCH.....	53
cevimeline hcl.....	62	CLENPIQ.....	58	COMBIVENT RESPIMAT.....	12
CHANTIX.....	69	CLEOCIN.....	72	COMETRIQ.....	31
CHANTIX CONTINUING MONTHPAK.....	68	CLIMARA PRO.....	53	COMPLERA.....	37
CHANTIX STARTING MONTH PAK.....	69	clindamycin hcl.....	9	CONDYLOX.....	49
CHEMET.....	21	clindamycin palmitate hydrochloride.....	9	COPAXONE.....	68
CHENODAL.....	54	clindamycin phosphate.....	9	COPIKTRA.....	31
chloramphenicol sodium succinate.....	8	clindamycin phosphate (topical).....	45	CORDRAN.....	48
chlordiazepoxide hcl.....	10	clindamycin phosphate in d5w.....	9	CORLANOR.....	42
chlordiazepoxide-amitriptyline.....	68	clindamycin phosphate vaginal.....	72	CORTIFOAM.....	7
chlorhexidine gluconate (mouth-throat).....	62	clindamycin phosphate-benzoyl peroxide.....	45	cortisone acetate.....	44
chloroquine phosphate.....	26	clindamycin phosphate-benzoyl peroxide (refrigerate).....	45	CORTISPORIN.....	46
chlorothiazide.....	51			CORTISPORIN-TC.....	65

COTELLIC.....	31	deferasirox.....	21	diclofenac potassium.....	3
COUMADIN.....	12	deferiprone.....	21	diclofenac sodium.....	3
CREON.....	50	DELSTRIGO.....	37	diclofenac sodium (actinic keratoses).....	46
CRESEMBA.....	22	demeclocycline hcl.....	69	diclofenac sodium (ophth)...	65
CRINONE.....	72	DEMSER.....	24	diclofenac sodium (topical)..	45
CRIXIVAN.....	37	DENAVIR.....	47	diclofenac w/ misoprostol....	3
cromolyn sodium.....	10	DEPAKOTE.....	15	dicloxacillin sodium.....	67
cromolyn sodium (mastocytosis).....	54	DEPAKOTE ER.....	15	dicyclomine hcl.....	70
cromolyn sodium (ophth)...	65	DEPAKOTE SPRINKLES.....	15	didanosine.....	37
crotamiton.....	50	DEPO-MEDROL.....	44	DIFICID.....	59
CRYSVITA.....	52	DEPO-PROVERA.....	29	diflorasone diacetate.....	48
CUVITRU.....	66	DEPO-SUBQ PROVERA 104.....	44	diflunisal.....	4
cyclobenzaprine hcl.....	62	DESCOVY.....	37	digoxin.....	41
cyclopentolate hcl.....	63	desipramine hcl.....	17	dihydroergotamine mesylate.	59
cyclophosphamide.....	26	desloratadine.....	22	DILANTIN INFATABS.....	15
CYCLOPHOSPHAMIDE.....	27	desmopressin acetate.....	53	DILANTIN-125.....	15
cyclophosphamide.....	27	desmopressin acetate spray.....	53	DILATRATE SR.....	9
CYCLOSET.....	19	desmopressin acetate spray refrigerated.....	53	diltiazem hcl.....	40
cyclosporine.....	61	desogestrel & ethinyl estradiol.....	43	diltiazem hcl coated beads..	40
cyclosporine modified (for microemulsion).....	61	desogestrel-ethinyl estradiol (biphasic).....	43	diltiazem hcl extended release beads.....	40
cyproheptadine hcl.....	23	desonide.....	48	DIPENTUM.....	54
CYRAMZA.....	28	desoximetasone.....	48	diphenhydramine hcl.....	22
CYSTADANE.....	52	DESVENLAFAXINE ER... 17		diphenoxylate w/ atropine... 21	
CYSTAGON.....	55	desvenlafaxine succinate.. 17		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	70
CYSTARAN.....	65	dexamethasone.....	44	dipyridamole.....	56
cytarabine.....	27	dexamethasone sodium phosphate.....	44	disopyramide phosphate.....	10
dacarbazine.....	32	dexamethasone sodium phosphate (ophth).....	64	disulfiram.....	67
dactinomycin.....	30	DEXILANT.....	70	divalproex sodium.....	15
dalfampridine.....	68	dexmethylphenidate hcl... 1,2		DIVIGEL.....	53
DALIRESP.....	11	dextrazoxane hcl.....	33	dobutamine hcl.....	73
DALVANCE.....	8	dextroamphetamine sulfate. 1		docetaxel.....	33
danazol.....	7	dextrose.....	63	dofetilide.....	10
dantrolene sodium.....	62	dextrose in lactated ringers60		donepezil hydrochloride.....	67
dapsone.....	9	dextrose w/ sodium chloride.....	60	DOPTelet.....	57
DAPTACEL.....	70	DIASSTAT ACUDIAL.....	13	dorzolamide hcl.....	65
daptomycin.....	8	DIASSTAT PEDIATRIC.....	13	dorzolamide hcl-timolol maleate.....	63
darifenacin hydrobromide... 71		diazepam.....	10	DOVATO.....	37
DARZALEX.....	28	diazepam (anticonvulsant). 13		doxazosin mesylate.....	25
DARZALEX FASPRO.....	30	diazoxide.....	18	doxepin hcl.....	17
daunorubicin hcl.....	30	DICLOFENAC EPOLAMINE.....	45	doxepin hcl (antipruritic)....	47
DAUNORUBICIN HYDROCHLORIDE.....	30	diclofenac epolamine.....	45	doxepin hcl (sleep).....	57
DAURISMO.....	29			doxercalciferol.....	52
DAYTRANA.....	1			doxorubicin hcl.....	30
decitabine.....	27				

doxorubicin hcl liposomal	30	enalaprilat	24	estradiol & norethindrone	
doxycycline (monohydrate)	69	ENBREL	4	acetate	53
doxycycline (rosacea)	50	ENBREL MINI	4	estradiol vaginal	72
doxycycline hyclate	69	ENBREL SURECLICK	4	estradiol valerate	54
DRIZALMA SPRINKLE	17	ENDARI	56	ESTRING	72
dronabinol	21	ENGERIX-B	72	eszopiclone	58
drospirenone-ethinyl		ENHERTU	28	ethacrynic acid	51
estradiol	43	enoxaparin sodium	13	ethambutol hcl	26
drospirenone-ethinyl estradiol-		ENSTILAR	48	ethosuximide	15
levomefolate calcium	43	entacapone	34	ethynodiol diacet & eth	
DROXIA	56	entecavir	39	estradiol	43
DUAVEE	53	ENTRESTO	41	etodolac	3
duloxetine hcl	17	ENTYVIO	54	etonogestrel-ethinyl estradiol	44
DUOPA	34	ENVARUS XR	61	ETOPOPHOS	33
DUREZOL	64	EPCLUSA	39	etoposide	33
dutasteride	55	EPIDIOLEX	14	EVAMIST	54
dutasteride-tamsulosin hcl	55	epinastine hcl (ophth)	65	everolimus	31
econazole nitrate	46	epinephrine (anaphylaxis)	72	everolimus	
EDARBI	24	EPIPEN-JR 2-PAK	72	(immunosuppressant)	61
EDARBYCLOR	25	epirubicin hcl	30	EVOMELA	27
EDLUAR	57,58	EPIVIR HBV	39	EVOTAZ	37
EDURANT	37	eplerenone	26	EVZIO	21
efavirenz	37	EPOGEN	57	exemestane	29
efavirenz-emtricitabine-tenofovir		EQUETRO	35	EXONDYS 51	63
disoproxil fumarate	37	ERAXIS	22	EYLEA	63
efavirenz-lamivudine-tenofovir		ERBITUX	28	ezetimibe	24
disoproxil fumarate	37	ergoloid mesylates	68	ezetimibe-simvastatin	23
EGRIFTA SV	52	ERGOMAR	59	FABIOR	45
ELELYSO	56	ergotamine w/ caffeine	59	FABRAZYME	52
ELESTRIN	53	ERIVEDGE	29	famciclovir	39
eletriptan hydrobromide	59	ERLEADA	29	famotidine	70
ELIGARD	29	erlotinib hcl	31	FANAPT	35
ELIQUIS	12	ertapenem sodium	8	FANAPT TITRATION PACK	35
ELIQUIS STARTER PACK	12	ERWINAZE	32	FARYDAK	31
ELITEK	33	erythromycin (acne aid)	45	FASENRA	10
ELLA	44	erythromycin (ophth)	64	FASLODEX	29
ELMIRON	55	erythromycin base	59	fat emulsion plant based	63
EMCYT	29	erythromycin		felbamate	14,15
EMFLAZA	44	ethylsuccinate	59	felodipine	40
EMGALITY	59	erythromycin lactobionate	59	FEMRING	72
EMPLICITI	28	ESBRIET	69	fenofibrate	23
EMSAM	16	escitalopram oxalate	16	fenofibrate micronized	23
emtricitabine	37	esomeprazole		FENSOLVI	52
emtricitabine-tenofovir disoproxil		magnesium	70,71	fentanyl	4
fumarate	37	esomeprazole sodium	71	fentanyl citrate	4
EMTRIVA	37	estradiol	54	FENTORA	4
enalapril maleate	24			FERRIPROX	21
enalapril maleate &					
hydrochlorothiazide	25				

FERRIPROX TWICE-A-DAY	21	fondaparinux sodium	13	glipizide-metformin hcl	18
FETZIMA	17	FORFIVO XL	16	GLUCAGEN HYPOKIT	18
FETZIMA TITRATION PACK	17	FORTEO	51	glucagon (rdna)	18
FINACEA	50	FOSAMAX PLUS D	51	glyburide	20
finasteride	55	fosamprenavir calcium	37	glyburide micronized	20
FINTEPLA	14	fosfomycin tromethamine	9	glyburide-metformin	18
FIRDAPSE	26	fosinopril sodium	24	glycopyrrolate	70
FIRMAGON	29	fosinopril sodium & hydrochlorothiazide	25	GOCOVRI	34
FIRVANQ	8	fosphenytoin sodium	15	GOLYTELY	58
FLAREX	64	FRAGMIN	13	GRALISE	68
flavoxate hcl	71	frovatriptan succinate	59	granisetron hcl	21
FLEBOGAMMA DIF	66	fulvestrant	29	GRANIX	57
flecainide acetate	10	furosemide	51	griseofulvin microsize	22
FLECTOR	46	FUZEON	37	griseofulvin ultramicrosize	22
FLOVENT DISKUS	11	FYCOMPA	13	guanfacine hcl	25
FLOVENT HFA	11	gabapentin	14	guanfacine hcl (adhd)	1
fluconazole	22	GALAFOLD	52	GUANIDINE HCL	26
fluconazole in nacl	22	galantamine hydrobromide	67	GVOKE HYPOPEN 1-PACK	19
flucytosine	22	GAMASTAN	66	GVOKE HYPOPEN 2-PACK	19
fludarabine phosphate	27	GAMMAGARD LIQUID	66	GVOKE PFS	19
fludrocortisone acetate	45	GAMMAKED	66	HAEGARDA	56
flunisolide (nasal)	62	GAMMAPLEX	66	HALAVEN	33
fluocinolone acetonide	48	GAMUNEX-C	66	halcinonide	48
fluocinolone acetonide (otic)	65	ganciclovir sodium	39	halobetasol propionate	48
fluocinonide	48	GARDASIL 9	72	haloperidol	35
fluocinonide emulsified base	48	gatifloxacin (ophth)	64	haloperidol decanoate	35
fluorometholone (ophth)	64	GATTEX	55	haloperidol lactate	35
fluorouracil	27	gauze pads 2"x2"	59	HARVONI	39
fluorouracil (topical)	46	GAVRETO	31	HAVRIX	72
fluoxetine hcl	16	GAZYVA	28	HEMANGEOL	40
fluphenazine decanoate	36	GELNIQUE	71	heparin sodium (porcine)	13
fluphenazine hcl	36	GEMCITABINE	27	HERCEPTIN	28
flurandrenolide	48	gemcitabine hcl	27	HERCEPTIN HYLECTA	30
flurazepam hcl	58	gemfibrozil	23	HETLIOZ	58
flurbiprofen	3	gentamicin in saline	2	HIBERIX	71
flurbiprofen sodium	65	gentamicin sulfate	2	HIZENTRA	66
flutamide	29	gentamicin sulfate (ophth)	64	HORIZANT	68
fluticasone propionate	48	gentamicin sulfate (topical)	46	HUMALOG	19
fluticasone propionate (nasal)	62	GENVOYA	37	HUMALOG JUNIOR	
fluticasone-salmeterol	12	GILENYA	68	KWIKPEN	19
fluvastatin sodium	23	GILOTRIF	31	HUMALOG KWIKPEN	19
fluvoxamine maleate	16	GLASSIA	69	HUMALOG MIX 50/50	19
FML	64	GLEOSTINE	27	HUMALOG MIX 50/50 KWIKPEN	19
FML FORTE	64	glimepiride	20	HUMALOG MIX 75/25	19
FOLOTYN	27	glipizide	20	HUMALOG MIX 75/25 KWIKPEN	19

HUMIRA.....	2	IFEX.....	27	IPOL INACTIVATED IPV.....	72
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	2	ifosfamide.....	27	ipratropium bromide.....	11
HUMIRA PEN.....	2	IFOSFAMIDE.....	27	ipratropium bromide (nasal).....	62
HUMIRA PEN-CD/UC/HS STARTER.....	2	ILARIS.....	3	ipratropium-albuterol.....	12
HUMIRA PEN-PS/UV STARTER.....	2	ILEVRO.....	65	irbesartan.....	24
HUMULIN 70/30.....	19	ILUMYA.....	47	irbesartan-hydrochlorothiazide	25
HUMULIN 70/30 KWIKPEN.....	19	imatinib mesylate.....	31	IRESSA.....	31
HUMULIN N.....	19	IMBRUVICA.....	31	irinotecan hcl.....	33
HUMULIN N KWIKPEN.....	19	IMFINZI.....	28	irrigation solutions, physiological.....	61
HUMULIN R.....	19	imipenem-cilastatin.....	8	ISENTRESS.....	38
HUMULIN R U-500 (CONCENTRATED).....	19	imipramine hcl.....	17	ISENTRESS HD.....	38
HUMULIN R U-500 KWIKPEN.....	20	imipramine pamoate.....	17	isoniazid.....	26
hydralazine hcl.....	26	imiquimod.....	49	isosorbide dinitrate.....	9
hydrochlorothiazide.....	51	IMLYGIC.....	33	isosorbide mononitrate.....	9
hydrocodone bitartrate.....	4	IMOGAM RABIES-HT.....	66	isotretinoin.....	45
hydrocodone-acetaminophen.....	6	IMOVAX RABIES (H.D.C.V.).....	72	ISTODAX (OVERFILL).....	31
hydrocodone-ibuprofen.....	6	IMPAVIDO.....	8	itraconazole.....	22
hydrocortisone.....	44	INCRELEX.....	52	ivermectin.....	8
hydrocortisone (intrarectal).....	7	INCRUSE ELLIPTA.....	11	ivermectin (rosacea).....	50
hydrocortisone (rectal).....	7	indapamide.....	51	IXEMPRA KIT.....	33
hydrocortisone (topical).....	49	INDERAL XL.....	40	IXIARO.....	72
hydrocortisone butyrate.....	49	INDOCIN.....	3	JAKAFI.....	31
hydrocortisone butyrate hydrophilic lipo base.....	49	indomethacin.....	3	JANUMET.....	18
hydrocortisone valerate.....	49	INFANRIX.....	70	JANUMET XR.....	18
hydrocortisone w/acetic acid.....	65	INFLECTRA.....	54	JANUVIA.....	19
hydromorphone hcl.....	4	INFUGEM.....	27	JARDIANCE.....	20
hydroxychloroquine sulfate.....	26	INGREZZA.....	68	JENTADUETO.....	18
hydroxyprogesterone caproate (antineoplastic).....	29	INLYTA.....	31	JENTADUETO XR.....	18
hydroxyurea.....	32	INNOPRAN XL.....	40	JEVTANA.....	33
hydroxyzine hcl.....	10	INQOVI.....	30	JUBLIA.....	46
hydroxyzine pamoate.....	10	INREBIC.....	31	JULUCA.....	38
HYPERRAB S/D.....	66	INSULIN LISPRO JUNIOR KWIKPEN.....	20	JUXTAPID.....	24
HYQVIA.....	66	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN.....	20	JYNARQUE.....	53
HYSINGLA ER.....	4	INSULIN SYRINGES AND PEN NEEDLES.....	59	K-TAB.....	60
ibandronate sodium.....	51	INTELENCE.....	37,38	KADCYLA.....	28
IBRANCE.....	31	INTRON A.....	32	KALBITOR.....	56
ibuprofen.....	3	INVEGA SUSTENNA.....	35	KALETRA.....	38
icatibant acetate.....	56	INVEGA TRINZA.....	35	KALYDECO.....	69
ICLUSIG.....	31	INVIRASE.....	38	KANJINTI.....	28
icosapent ethyl.....	23	INVOKAMET.....	18	KANUMA.....	52
idarubicin hcl.....	30	INVOKAMET XR.....	18	KEDRAB.....	66
IDHIFA.....	31	INVOKANA.....	20	KENALOG-10.....	44
		IOPIDINE.....	63	KEPIVANCE.....	33
				KERYDIN.....	46
				ketoconazole.....	22

ketoconazole (topical).....	46	LENVIMA 12MG DAILY DOSE.....	31	linezolid.....	9
ketoprofen.....	3	LENVIMA 14 MG DAILY DOSE.....	31	linezolid in sodium chloride...	9
ketorolac tromethamine.....	3	LENVIMA 18 MG DAILY DOSE.....	31	LINZESS.....	55
ketorolac tromethamine (ophth).....	65	LENVIMA 20 MG DAILY DOSE.....	31	liothyronine sodium.....	70
KEVEYIS.....	50	LENVIMA 24 MG DAILY DOSE.....	31	LIPOFEN.....	23
KEVZARA.....	3	LENVIMA 4 MG DAILY DOSE.....	31	lisinopril.....	24
KEYTRUDA.....	28	LENVIMA 8 MG DAILY DOSE.....	31	lisinopril & hydrochlorothiazide.....	25
KHAPZORY.....	33	leetrozole.....	29	lithium.....	34
KINRIX.....	70	leucovorin calcium.....	33	lithium carbonate.....	34
KISQALI.....	31	LEUKERAN.....	27	LIVALO.....	23
KISQALI FEMARA 200 DOSE.....	30	LEUKINE.....	57	LO LOESTRIN FE.....	43
KISQALI FEMARA 400 DOSE.....	30	leuprolide acetate.....	29	LOKELMA.....	61
KISQALI FEMARA 600 DOSE.....	30	levalbuterol hcl.....	12	LONSURF.....	30
KORLYM.....	19	levalbuterol tartrate.....	12	loperamide hcl.....	21
KOSELUGO.....	31	LEVEMIR.....	20	lopinavir-ritonavir.....	38
KRINTAFEL.....	26	LEVEMIR FLEXTOUCH.....	20	lorazepam.....	10
KUVAN.....	52	levetiracetam.....	14	LORBRENA.....	31
KYPROLIS.....	31	levetiracetam in sodium chloride.....	14	losartan potassium.....	24
labetalol hcl.....	40	levobunolol hcl.....	63	losartan potassium & hydrochlorothiazide.....	25
lactated ringer's.....	60	levocarnitine (metabolic modifiers).....	52	LOTEMAX.....	64
lactic acid (ammonium lactate).....	49	levocetirizine dihydrochloride.....	22	LOTEMAX SM.....	64
lactulose.....	58	levofloxacin.....	54	loteprednol etabonate.....	64
lactulose (encephalopathy).....	55	levofloxacin (ophth).....	64	lovastatin.....	23
LAMICTAL XR.....	14	levofloxacin in d5w.....	54	loxapine succinate.....	36
lamivudine.....	38	levoleucovorin calcium.....	33	LUCEMYRA.....	67
lamivudine (hbv).....	39	levonorgestrel & eth estradiol.....	43	luliconazole.....	46
lamivudine-zidovudine.....	38	levonorgestrel-eth estradiol (triphasic).....	43	LUMIGAN.....	65
lamotrigine.....	14	levonorgestrel-ethinyl estradiol (91-day).....	43	LUMIZYME.....	52
LANOXIN.....	41	levothyroxine sodium.....	70	LUMOXITI.....	28
LANOXIN PEDIATRIC.....	41	LEXIVA.....	38	LUPANETA PACK.....	52
lansoprazole.....	71	LIBTAYO.....	28	LUPRON DEPOT (1-MONTH).....	29
lanthanum carbonate.....	55	lidocaine.....	49	LUPRON DEPOT (3-MONTH).....	29
LANTUS.....	20	lidocaine hcl.....	49	LUPRON DEPOT (4-MONTH).....	29
LANTUS SOLOSTAR.....	20	lidocaine hcl (cardiac).....	10	LUPRON DEPOT (6-MONTH).....	29
lapatinib ditosylate.....	31	lidocaine hcl (local anesth.).....	58	LUPRON DEPOT-PED (1-MONTH).....	52
LARTRUVO.....	28	lidocaine hcl (mouth-throat).....	61	LUPRON DEPOT-PED (3-MONTH).....	52
LASTACRAFT.....	65	lidocaine-prilocaine.....	50	LUZU.....	46
latanoprost.....	65	lincomycin hcl.....	9	LYNPARZA.....	31
LATUDA.....	35			LYSODREN.....	29
LAZANDA.....	5			M-M-R II.....	72
leflunomide.....	4			magnesium sulfate.....	60
LEMTRADA.....	68			malathion.....	50
LENVIMA 10 MG DAILY DOSE.....	31				

maprotiline hcl.....	16	methyldopa.....	25	MOXEZA.....	64
MARPLAN.....	16	methylergonovine maleate.....	65	moxifloxacin hcl.....	54
MARQIBO.....	33	methylphenidate hcl.....	2	moxifloxacin hcl (ophth).....	64
MATULANE.....	32	methylprednisolone.....	44	MOZOBIL.....	57
MAVENCLAD.....	68	methylprednisolone acetate.....	44	MULPLETA.....	57
MAVYRET.....	39	methylprednisolone sod succ.....	44	MULTAQ.....	10
MAXIDEX.....	64	methyltestosterone.....	7	mupirocin.....	46
MAYZENT.....	68	metoclopramide hcl.....	54	mupirocin calcium (topical).....	46
meclizine hcl.....	21	metolazone.....	51	MVASI.....	28
MEDROL.....	44	metoprolol & hydrochlorothiazide.....	25	MYALEPT.....	52
medroxyprogesterone acetate.....	67	metoprolol succinate.....	40	mycophenolate mofetil.....	61
medroxyprogesterone acetate (contraceptive).....	44	metoprolol tartrate.....	40	mycophenolate mofetil hcl.....	61
mefenamic acid.....	3	metronidazole.....	8	mycophenolate sodium.....	61
mefloquine hcl.....	26	metronidazole (topical).....	50	MYLOTARG.....	28
megestrol acetate.....	29	metronidazole in nacl.....	8	MYRBETRIQ.....	71
megestrol acetate (appetite).....	67	metronidazole vaginal.....	72	MYTESI.....	21
MEKINIST.....	31	metyrosine.....	24	nabumetone.....	3
MEKTOVI.....	31	mexiletine hcl.....	10	nadolol.....	40
meloxicam.....	3	MIACALCIN.....	51	nadolol & bendroflumethiazide.....	25
melphalan.....	27	micafungin sodium.....	22	nafcillin sodium.....	67
melphalan hcl.....	27	midodrine hcl.....	73	NAFCILLIN SODIUM.....	67
memantine hcl.....	67	miglitol.....	17	nafcillin sodium.....	67
MENACTRA.....	72	miglustat.....	56	naftifine hcl.....	46
MENOSTAR.....	54	MIGRANAL.....	59	NAFTIN.....	46
MENQUADFI.....	72	MILLIPRED.....	44	NAGLAZYME.....	52
MENVEO.....	72	minocycline hcl.....	69	naloxone hcl.....	21
meperidine hcl.....	5	minoxidil.....	26	naltrexone hcl.....	21
meprobamate.....	10	mirtazapine.....	15	NAMENDA XR TITRATION PACK.....	67
mercaptopurine.....	27	MIRVASO.....	50	NAPRELAN.....	3
meropenem.....	8	misoprostol.....	71	naproxen.....	3
mesalamine.....	54,55	mitomycin.....	30	naproxen sodium.....	3
mesalamine w/ cleanser.....	55	mitoxantrone hcl.....	30	naproxen-esomeprazole magnesium.....	3
mesna.....	33	modafinil.....	2	naratriptan hcl.....	59
MESNEX.....	33	moexipril hcl.....	24	NARCAN.....	21
metaxalone.....	62	molindone hcl.....	36	NATACYN.....	64
metformin hcl.....	18	mometasone furoate.....	49	nateglinide.....	20
methadone hcl.....	5	mometasone furoate (nasal).....	62	NATPARA.....	51
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