

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

Piedmont Select Medicare Option One (PPO)
Piedmont Select Medicare Option Two (PPO)
Piedmont Select Medicare Option Three (PPO)

Important Notes: This document has information about the drugs covered by this plan. For more up-to-date information or if you have any questions, please call Customer Service at:



Toll-free **1-866-272-1967**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.myuhcpiedmont.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 Piedmont Community HealthCare. When it refers to “plan” or “our plan,” it means Piedmont Select Medicare Option One, Piedmont Select Medicare Option Two, and Piedmont Select Medicare Option Three.

This document includes a list of the drugs (formulary) for our plan which is current as of **March 1, 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, 2020, and from time to time during the year.

What is the Piedmont Medicare Advantage 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. Our plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan’s 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 Piedmont Medicare Advantage’s 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 new 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, or 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 Piedmont Medicare Advantage’s 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 **March 1, 2020**. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages. In the event the Centers for Medicare & Medicaid Services (CMS) approves mid-year maintenance formulary changes, an update sheet will be mailed to affected members as an insert to this printed formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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”. If you know what your drug is used for, look for the category name in the list that begins on page number 9. 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 61. 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 plans cover 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 plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plans before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide 120 tabs per prescription for COLCRYS. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plans require 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, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans 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 9. 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 restriction 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 our plans 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 Piedmont Medicare Advantage's Formulary?" on page 4 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 Customer Service and ask if your drug is covered.

If you learn that our plans do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plans.
- You can ask our plans 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 Piedmont Medicare Advantage's Formulary?

You can ask our plans 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 plans limit 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, our plans 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.

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31 days if you are a long-term care resident) from a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

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

If you have questions about our plans, 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>.

Piedmont Medicare Advantage’s Formulary

The formulary below provides coverage information about the drugs covered by our plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

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

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

- **B/D:** Covered by Medicare part B or D.
- **LA: Limited Availability** – This prescription may be available only at certain pharmacies. For more information consult your *Provider/Pharmacy Directory* or call Customer Service at 1-866-272-1967, 8 a.m. - 8 p.m. local time, 7 days a week. TTY users should call 711.
- **PA: Prior Authorization** – Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plans before you fill your prescriptions. If you don’t get approval, our plans may not cover the drug.
- **QL: Quantity Limits** – For certain drugs, our plans limit the amount of the drug that our plans will cover.
- **ST: Step Therapy** – A utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed.
- **NM: Not available at our mail-order pharmacies** – Not all drugs are available by mail order. Please check with Customer Service if you have questions.

Drug Tier co-pay levels.

The 2020 Piedmont Medicare Advantage formulary covers most drugs identified by Medicare as Part D drugs. Your co-pay may differ depending upon the tier at which the drug resides. Please see the charts below for information about copays and coinsurance.

Tier 1	Preferred generic prescription drugs (lowest co-pay amount)
Tier 2	Generic prescription drugs
Tier 3	Preferred brand prescription drugs
Tier 4	Non-preferred drug prescription drugs
Tier 5	Specialty Tier prescription drugs

Piedmont Select Medicare Option One

	Network Pharmacy (up to 30-day supply for standard retail cost-sharing)	Network Pharmacy (up to 30-day supply for preferred retail cost-sharing)	Network Pharmacy (90-day supply for standard retail cost-sharing)	Network Pharmacy (90-day supply for preferred retail cost-sharing)	Standard Mail Order Service (90-day supply)	Preferred Mail Order Service (90-day supply)
Tier 1	\$10	\$5	\$30	\$0	\$30	\$0
Tier 2	\$13	\$8	\$39	\$0	\$39	\$0
Tier 3	\$40	\$30	\$120	\$75	\$120	\$75
Tier 4	\$90	\$80	\$270	\$200	\$270	\$200
Tier 5	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

Piedmont Select Medicare Option Two

	Network Pharmacy (up to 30-day supply for standard retail cost-sharing)	Network Pharmacy (up to 30-day supply for preferred retail cost-sharing)	Network Pharmacy (90-day supply for standard retail cost-sharing)	Network Pharmacy (90-day supply for preferred retail-cost sharing)	Standard Mail Order Service (90-day supply)	Preferred Mail Order Service (90-day supply)
Tier 1	\$12	\$7	\$36	\$0	\$36	\$0
Tier 2	\$17	\$12	\$51	\$0	\$51	\$0
Tier 3	\$45	\$35	\$135	\$87.50	\$135	\$87.50
Tier 4	\$95	\$85	\$285	\$212.50	\$285	\$212.50
Tier 5	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

Piedmont Select Medicare Option Three

	Network Pharmacy (up to 30-day supply for standard retail cost-sharing)	Network Pharmacy (up to 30-day supply for preferred retail cost-sharing)	Network Pharmacy (90-day supply for standard retail cost-sharing)	Network Pharmacy (90-day supply for preferred retail-cost sharing)	Standard Mail Order Service (90-day supply)	Preferred Mail Order Service (90-day supply)
Tier 1	\$15	\$10	\$45	\$0	\$45	\$0
Tier 2	\$20	\$15	\$60	\$0	\$60	\$0
Tier 3	\$47	\$40	\$141	\$100	\$141	\$100
Tier 4	\$100	\$90	\$300	\$225	\$300	\$225
Tier 5	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

- Non-specialty generic drugs are covered at lower co-pays than non-specialty brand name drugs.
- Specialty tier generic and brand name prescription drugs are always on the highest tier.
- You will be able to determine if a drug is a generic if it is in lower-case *italic type*.
- Brand name drugs will appear in UPPER-CASE TYPE.

Out-of-network/non-contracted providers are under no obligation to treat Piedmont Medicare Advantage members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services. Piedmont Medicare Advantage's pharmacy network includes limited lower-cost, preferred pharmacies in Amherst, Appomattox, Bedford*, Campbell, Charlotte, Danville City, Halifax, Lynchburg City, Pittsylvania, and Prince Edward. *denotes partial county (specifically zip codes: 24095, 24104, 24121, 24122, 24174, 24502, 24503, 24523, 24526, 24536, 24550, 24551, 24556, 24570, and 24571). The lower cost advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-272-1967 (TTY - 711) or consult the online *Provider/Pharmacy Directory* at www.myuhcpiedmont.com.

**Piedmont Select Medicare Option One, Piedmont Select Medicare Option Two, and
Piedmont Select Medicare Option Three**

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
NSAIDS		
<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal TABS</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	1	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>endocet 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	2	QL (360 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>endocet 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	2	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	2	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> TABS	2	QL (180 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL (180 mL / 30 days)
NUCYNTA ER	3	QL (60 tabs / 30 days), PA
<i>oxycodone hcl</i> CAPS	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (180 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate SOLN</i>	2	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>neomycin sulfate TABS</i>	2	
<i>paromomycin sulfate CAPS</i>	2	
<i>streptomycin sulfate SOLR</i>	5	
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	2	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	
<i>tobramycin sulfate SOLN</i>	2	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS</i>	5	
ALINIA	5	
<i>atovaquone SUSP</i>	5	
<i>aztreonam</i>	2	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin soln 75mg/5ml</i>	2	
<i>colistimethate sodium SOLR</i>	2	
<i>dapsone TABS</i>	2	
<i>daptomycin</i>	5	
EMVERM	5	QL (12 tabs / 365 days)
<i>ertapenem sodium</i>	2	
<i>imipenem-cilastatin</i>	2	
<i>ivermectin TABS</i>	2	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	2	
<i>linezolid susp</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>linezolid tab 600mg</i>	2	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole TABS</i>	1	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg,100mg</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
PENTAM 300	4	
<i>pentamidine isethionate inh</i>	2	B/D
<i>pentamidine isethionate inj</i>	2	
<i>praziquantel TABS</i>	2	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
<i>sulfamethoxazole-trimethoprim susp</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	2	QL (120 caps / 30 days)
<i>vancomycin hcl CAPS 250mg</i>	5	QL (240 caps / 30 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	2	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b SOLR</i>	2	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole SUSR</i>	2	
<i>fluconazole TABS 50mg,100mg,200mg</i>	2	
<i>fluconazole TABS 150mg</i>	1	
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole CAPS</i>	2	PA
<i>ketoconazole TABS</i>	2	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	2	
<i>posaconazole</i>	5	QL (93 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR	5	PA
<i>voriconazole</i> SUSR	5	PA
<i>voriconazole</i> TABS 50mg	2	
<i>voriconazole</i> TABS 200mg	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i> 26.3mg	2	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>quinine sulfate</i> CAPS	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	2	NM
APTIVUS	5	NM
<i>atazanavir sulfate</i>	2	NM
CRIXIVAN	4	NM
<i>didanosine</i>	2	NM
EDURANT	5	NM
<i>efavirenz</i> CAPS 50mg	2	NM
<i>efavirenz</i> CAPS 200mg	5	NM
<i>efavirenz</i> TABS	5	NM
EMTRIVA	3	NM
<i>fosamprenavir tab</i> 700 mg	5	NM
FUZEON	5	NM
INTELENCE 25mg	4	NM
INTELENCE 100mg,200mg	5	NM
INVIRASE	5	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NM
ISENTRESS PACK	3	NM
ISENTRESS TABS	5	NM
ISENTRESS HD	5	NM
<i>lamivudine</i>	2	NM
LEXIVA SUSP	4	NM
<i>nevirapine susp</i> 50 mg/5ml	2	NM
<i>nevirapine tab</i> 100mg er	2	NM
<i>nevirapine tab</i> 200mg	2	NM
<i>nevirapine tab</i> 400mg er	2	NM
NORVIR PACK	4	NM
NORVIR SOLN	4	NM
PIFELTRO	5	NM
PREZISTA SUSP	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
RESCRIPTOR	4	NM
REYATAZ PACK	5	NM
<i>ritonavir</i>	2	NM
SELZENTRY SOLN	5	NM
SELZENTRY TABS 25mg	4	NM
SELZENTRY TABS 75mg, 150mg, 300mg	5	NM
<i>stavudine</i>	2	NM
<i>tenofovir disoproxil fumarate</i>	2	NM
TIVCAY 10mg	3	NM
TIVCAY 25mg, 50mg	5	NM
TROGARZO	5	NM, LA
TYBOST	4	NM
VIDEX EC 125mg	4	NM
VIDEX PEDIATRIC	4	NM
VIRACEPT	5	NM
VIREAD POWD	5	NM
VIREAD TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine cap 100mg</i>	2	NM
<i>zidovudine syp 50mg/5ml</i>	2	NM
<i>zidovudine tab 300mg</i>	2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	2	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	NM
ATRIPLA	5	NM
BIKTARVY	5	NM
CIMDUO	5	NM
COMPLERA	5	NM
DELSTRIGO	5	NM
DESCOVY	5	NM
DOVATO	5	NM
EVOTAZ	5	NM
GENVOYA	5	NM
JULUCA	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine</i>	2	NM
<i>lopinavir-ritonavir</i>	2	NM
ODEFSEY	5	NM
PREZCOBIX	5	NM
STRIBILD	5	NM
SYMFI	5	NM
SYMFI LO	5	NM

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMTUZA	5	NM
TEMIXYS	5	NM
TRIUMEQ	5	NM
TRUVADA TAB 100-150	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days), NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> TABS	1	
<i>isoniazid syp 50mg/5ml</i>	2	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	2	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	1	
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	NM
BARACLUDE SOLN	5	NM
<i>entecavir</i>	2	NM
EPCLUSA	5	NM, PA
EPIVR HBV SOLN	4	NM
<i>famciclovir</i>	2	
<i>ganciclovir sodium</i>	2	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	NM
MAVRET	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	2	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
<i>valacyclovir hcl</i> TABS	2	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	NM

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOSEVI	5	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i>	2	
CEFACLOR MONOHYDRATE ER	4	
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR; TABS	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium</i> SOLR 1gm	2	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefixime</i> SUSR	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i> SOLR	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	2	
<i>tazicef</i> SOLR	2	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR	2	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin for susp</i>	2	
DIFICID	5	
e.e.s 400	2	
<i>ery-tab</i>	2	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate</i> TABS	2	
<i>erythromycin tab ec</i>	2	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab</i> 100mg	2	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin TABS</i>	1	
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
PENICILLINS		
<i>amoxicillin CAPS; SUSR; TABS</i>	1	
<i>amoxicillin CHEW</i>	2	
<i>amoxicillin & pot clavulanate 200-28.5 chw tabs</i>	2	
<i>amoxicillin & pot clavulanate 200/5ml susr</i>	2	
<i>amoxicillin & pot clavulanate 250-125 tabs</i>	2	
<i>amoxicillin & pot clavulanate 250/5ml susr</i>	2	
<i>amoxicillin & pot clavulanate 400-57 chw tabs</i>	2	
<i>amoxicillin & pot clavulanate 400/5ml susr</i>	2	
<i>amoxicillin & pot clavulanate 500-125 tabs</i>	2	
<i>amoxicillin & pot clavulanate 600/5ml susr</i>	2	
<i>amoxicillin & pot clavulanate 875-125 tabs</i>	2	
<i>amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin cap 500mg</i>	1	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 1gm, 2gm</i>	2	
<i>nafcillin sodium 10gm</i>	5	
NAFCILLIN SODIUM FOR INJ 10GM	4	
<i>oxacillin sodium SOLR 1gm, 2gm</i>	2	
<i>oxacillin sodium SOLR 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium SOLR</i>	2	
<i>penicillin v potassium TABS</i>	1	
<i>penicillin gk inj 5mu</i>	2	
<i>penicillin gk inj 20mu</i>	2	
<i>pfizerpen-g inj 5mu</i>	2	
<i>pfizerpen-g inj 20mu</i>	2	
<i>piper/tazoba inj 2-0.25gm</i>	2	
<i>piper/tazoba inj 3-0.375gm</i>	2	
<i>piper/tazoba inj 4-0.5gm</i>	2	
<i>piper/tazoba inj 12-1.5gm</i>	2	
<i>piper/tazoba inj 36-4.5gm</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TETRACYCLINES		
<i>doxy 100</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	1	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	2	
<i>doxycycline hyclate CAPS</i>	2	
<i>doxycycline hyclate SOLR</i>	2	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS</i>	2	
<i>monodoxyne nl cap 100mg</i>	1	
<i>tetracycline hcl CAPS</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
<i>cyclophosphamide CAPS</i>	2	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
EMCYT	4	
GLEOSTINE 10mg	4	
GLEOSTINE 40mg, 100mg	5	
LEUKERAN	5	
ANTHRACYCLINES		
<i>adriamycin SOLN</i>	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	2	B/D
ANTIMETABOLITES		
<i>adrucil inj</i>	2	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cytarabine 20mg/ml</i>	2	B/D
<i>fluorouracil SOLN</i>	2	B/D
<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	2	B/D
<i>mercaptopurine TABS</i>	2	
<i>methotrexate sodium inj soln</i>	2	B/D
<i>methotrexate sodium inj solr</i>	2	B/D
PURIXAN	5	NM
TABLOID	5	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml</i>	5	B/D
<i>DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml</i>	5	B/D
<i>docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	5	B/D

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
DAURISMO	5	NM, LA, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
HERCEPTIN HYLECTA	5	NM, PA
IBRANCE	5	QL (21 caps / 28 days), NM, LA, PA
IDHIFA	5	QL (30 tabs / 30 days), NM, LA, PA
KADCYLA	5	B/D, NM
KANJINTI	5	NM, PA
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MVASI	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
OGIVRI	5	NM, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg	4	NM, LA, PA
VENCLEXTA 50mg, 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	NM, PA
<i>anastrozole</i> TABS	1	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
<i>flutamide</i>	2	
<i>fulvestrant</i>	5	B/D
<i>letrozole</i> TABS	1	
<i>leuprolide inj 1mg/0.2</i>	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	3	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
NUBEQA	5	NM, LA, PA
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	
<i>toremifene citrate</i>	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA 500mg	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA
KINASE INHIBITORS		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BALVERSA	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
BRUKINSA	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
<i>erlotinib hcl</i> 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i>	5	QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB20MG	5	NM, LA, PA
GILOTRIF TAB30MG	5	NM, LA, PA
GILOTRIF TAB40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC	5	NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE	5	NM, PA
PIQRAY 250MG DAILY DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE	5	NM, PA
ROZLYTREK	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	QL (30 caps / 30 days), NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TURALIO	5	NM, LA, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
XPOVIO 60 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	5	NM, LA, PA
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i> SOLN	2	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	2	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	2	B/D

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml	2	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	2	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i>	2	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	2	
<i>spironolactone</i> TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS	1	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i> 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil T ABS</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	2	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/af)</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium T ABS</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	
<i>cholestyramine light pack</i>	2	
<i>cholestyramine light powd</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	2	
<i>ezetimibe</i>	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NM, LA, PA
<i>niacin (antihyperlipidemic)</i>	2	
<i>niacin er (antihyperlipidemic)</i> 500mg	2	QL (60 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	2	
<i>niacor</i>	2	
PRALUENT	3	NM, PA
<i>prevalite</i>	2	
VASCEPA	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hctz tab 50-25mg</i>	2	
<i>metoprolol & hctz tab 100-25mg</i>	2	
<i>metoprolol & hctz tab 100-50mg</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i> SOCT	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propranolol cap er</i>	2	
<i>propranolol hcl</i> TABS	2	
<i>propranolol oral sol</i>	2	
<i>timolol maleate</i> TABS	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem hcl</i> TABS	1	
<i>diltiazem hcl coated beads</i> CP24	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl</i> CAPS	2	
<i>nifedipine</i> TB24	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil cap er</i>	2	
<i>verapamil hcl</i> SOLN	2	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl tab er</i>	1	
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	2	PA; PA if 70 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	PA; PA if 70 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol 50mcg/ml</i>	2	PA; PA if 70 years and older
DIURETICS		
<i>acetazolamide</i> CP12; TABS	2	
<i>amiloride & hydrochlorothiazide</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amiloride hcl</i> TABS	1	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i>	2	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>toremide tabs</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i>	2	
<i>clonidine hcl</i> TABS	1	
<i>clonidine hcl ptwk</i>	2	
CORLANOR	4	
DEMSER	5	PA
<i>hydralazine hcl</i> SOLN; TABS	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	1	
NORTHERA 100mg	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine</i>	2	
NITRATES		
<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i> 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	2	
<i>nitroglycerin td patch</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bosentan</i> 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i>	5	NM, LA, PA
VENTAVIS	5	NM, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)
ANTICONVULSANTS		
APT IOM	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVACT INJ 50MG/5ML	4	PA
BRIVACT SOL 10MG/ML	5	PA
BRIVACT TAB 10MG	5	PA
BRIVACT TAB 25MG	5	PA
BRIVACT TAB 50MG	5	PA
BRIVACT TAB 75MG	5	PA
BRIVACT TAB 100MG	5	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	4	
<i>clobazam</i>	2	PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diazepam inj</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR; TB24; TBEC	2	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW; TB24	2	
<i>lamotrigine</i> TABS	1	
<i>levetiracetam</i> SOLN; TABS; TB24	2	
<i>levetiracetam in sodium chloride</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
NAYZILAM	4	
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj 50mg/ml</i>	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin</i> SOLN	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS	1	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SPRITAM	4	
<i>subvenite tab</i>	1	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg,20mg	5	PA
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP	2	
<i>topiramate</i> TABS	1	
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i> CAPS	2	
<i>vigabatrin</i> powd pack 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab</i> 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> SOLN	2	
<i>galantamine hydrobromide</i> TABS	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	2	QL (30 caps / 30 days)
<i>memantine hcl</i> cp24	2	PA; PA if < 30 yrs
<i>memantine soln</i>	2	PA; PA if < 30 yrs
<i>memantine tabs</i>	2	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	2	QL (60 caps / 30 days)
<i>rivastigmine td patch</i> 24hr 4.6 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine td patch</i> 24hr 9.5 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine td patch</i> 24hr 13.3 mg/24hr	2	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine tab</i> 25mg	3	
<i>amoxapine tab</i> 50mg	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxapine tab 100mg</i>	3	
<i>amoxapine tab 150mg</i>	3	
<i>bupropion hcl TABS</i>	2	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 150mg, 300mg</i>	2	
<i>citalopram hydrobromide SOLN</i>	2	
<i>citalopram hydrobromide TABS</i>	1	
<i>clomipramine hcl CAPS</i>	4	PA
<i>desipramine hcl TABS</i>	4	
<i>desvenlafaxine succinate</i>	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl CAPS; CONC</i>	3	
DRIZALMA SPRINKLE 20mg, 30mg, 60mg	4	QL (60 caps / 30 days), PA
DRIZALMA SPRINKLE 40mg	4	QL (90 caps / 30 days), PA
<i>duloxetine hcl CPEP 20mg, 30mg, 60mg</i>	2	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN</i>	2	
<i>escitalopram oxalate TABS</i>	1	
FETZIMA 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMATITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl SOLN</i>	1	
<i>imipramine hcl TABS</i>	2	
<i>maprotiline hcl</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine TABS 7.5mg</i>	2	
<i>mirtazapine TABS 15mg, 30mg, 45mg</i>	1	
<i>mirtazapine TBDP</i>	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl CAPS</i>	2	
<i>nortriptyline hcl SOLN</i>	4	
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate TABS</i>	2	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl CONC</i>	2	
<i>sertraline hcl TABS</i>	1	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl TABS 50mg, 100mg, 150mg</i>	1	
<i>trimipramine maleate CAPS 25mg</i>	4	QL (240 caps / 30 days)
<i>trimipramine maleate CAPS 50mg</i>	4	QL (120 caps / 30 days)
<i>trimipramine maleate CAPS 100mg</i>	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
venlafaxine hcl CP24	1	
venlafaxine hcl TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS	2	QL (120 caps / 30 days)
amantadine hcl SYRP	1	
amantadine hcl TABS	2	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj	2	
benztropine mesylate tab 0.5mg	3	PA; PA if 70 years and older
benztropine mesylate tab 1mg	3	PA; PA if 70 years and older
benztropine mesylate tab 2mg	3	PA; PA if 70 years and older
bromocriptine mesylate CAPS; TABS	2	
carbidopa-levodopa	2	
carbidopa/levodopa/entacapone	2	
entacapone	2	
NEUPRO	4	
pramipexole tab 0.5mg	1	
pramipexole tab 0.25mg	1	
pramipexole tab 0.75mg	1	
pramipexole tab 0.125mg	1	
pramipexole tab 1.5mg	1	
pramipexole tab 1mg	1	
rasagiline mesylate TABS	2	
ropinirole tab 0.5mg	1	
ropinirole tab 0.25mg	1	
ropinirole tab 1mg	1	
ropinirole tab 2mg	1	
ropinirole tab 3mg	1	
ropinirole tab 4mg	1	
ropinirole tab 5mg	1	
selegiline hcl CAPS; TABS	2	
trihexyphenidyl hcl	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
aripiprazole odt	5	QL (60 tabs / 30 days)
aripiprazole oral solution 1 mg/ml	5	QL (900 mL / 30 days)
aripiprazole tab	2	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlorpromazine hcl</i> TABS	2	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	2	PA
<i>clozapine odt</i> 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	2	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	2	
<i>clozapine tab</i> 50mg	2	
<i>clozapine tab</i> 100mg	2	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	4	PA
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	
<i>haloperidol conc</i> 2mg/ml	1	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate inj</i> 5mg/ml	2	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	2	
<i>molindone hcl</i>	2	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	2	
PERSERIS	5	QL (1 injection / 30 days)
<i>pimozide</i>	2	
<i>quetiapine fumarate</i> TABS	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections/ 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections/ 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections/ 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections/ 28 days)
<i>risperidone</i> SOLN	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
SAPHRIS	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	2	QL (60 caps / 30 days)
ZYPREXA RELPREW 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREW 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREW INJ 210MG	4	QL (2 vials / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl</i> 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> 40mg	2	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	2	QL (900 mL / 30 days)
<i>methylphenidate hcl tbc</i> 10 mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tbc</i> 20mg	2	QL (90 tabs / 30 days)
HYPNOTICS		
<i>doxepin hcl (sleep)</i>	2	QL (30 tabs / 30 days)
HETLIOZ	5	NM, LA, PA
SILENOR	3	QL (30 tabs / 30 days)
<i>temazepam</i> 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj</i> 1 mg/ml	5	
<i>dihydroergotamine mesylate nasal spr</i> 4 mg/ml	5	QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i>	2	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine</i> TABS	2	
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan SOLN</i> 5mg/act	2	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN</i> 20mg/act	2	QL (12 inhalers / 30 days)
<i>sumatriptan inj</i> 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan inj</i> 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR	3	QL (60 tabs / 30 days), PA
NUDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	2	
<i>riluzole</i>	2	
<i>tetrabenazine 12.5mg</i>	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine 25mg</i>	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen TABS 10mg, 20mg</i>	2	
<i>cyclobenzaprine hcl TABS 5mg, 10mg</i>	3	PA; PA if 70 years and older
<i>dantrolene sodium CAPS</i>	2	
<i>tizanidine hcl TABS</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil 50mg</i>	2	QL (90 tabs / 30 days), PA
<i>armodafinil 150mg, 200mg, 250mg</i>	2	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	2	
<i>buprenorphine hcl SUBL</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>disulfiram</i> TABS	2	
<i>naloxone inj</i> 0.4mg/ml	2	
<i>naloxone inj</i> 1mg/ml	2	
<i>naltrexone hcl</i> TABS	2	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
VIVITROL	5	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS	2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN	2	PA
<i>testosterone enanthate</i> SOLN	2	PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	3	
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN N FLEXPEN	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLIN R FLEXPEN	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose</i> TABS	2	
FARXIGA	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg, 2mg	2	QL (90 tabs / 30 days)
<i>glimepiride</i> 4mg	2	QL (60 tabs / 30 days)
<i>glip/metform tab</i> 2.5-250mg	1	QL (240 tabs / 30 days)
<i>glip/metform tab</i> 2.5-500mg	1	QL (120 tabs / 30 days)
<i>glip/metform tab</i> 5-500mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 70mg	1	
<i>alendronate sodium</i> TABS 40mg	2	
<i>ibandronate sodium tabs</i>	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	2	B/D
<i>pamidronate inj 30mg</i>	2	B/D
<i>pamidronate inj 90mg</i>	2	B/D
<i>zoledronic acid inj 4mg/100ml</i>	2	B/D, NM
<i>zoledronic acid inj 5mg/100ml</i>	2	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
CHELATING AGENTS		
CHEMET	4	
<i>deferasirox</i> TABS	5	NM, PA
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	2	
LOKELMA	3	
<i>penicillamine</i> TABS	5	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate susp</i>	2	
<i>sps susp 15gm/60ml</i>	2	
<i>trientine hcl</i>	5	PA
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>caziant pak</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELLA	3	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet & eth estrad</i>	2	
<i>ethynodiol tab 1-50</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa tab 0.15-0.03 mg</i>	2	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>milli</i>	2	
<i>mono-lynyah tab 0.25-35</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be tab</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	2	
<i>orsythia</i>	2	
<i>philiith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	2	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	2	
SYNAREL	5	
ENZYME REPLACEMENTS		
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NAGLAZYME	5	NM, LA, PA
<i>nitisinone</i>	5	NM, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
<i>estradiol PTWK</i>	3	
<i>estradiol TABS</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tab</i>	2	
<i>estradiol valerate OIL</i>	2	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	2	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
<i>methylpr ss inj</i>	2	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	B/D
<i>cinacalcet hcl</i> 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> 60mg	5	B/D, QL (60 tabs / 30 days), NM
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT -PED (1-MONTH)	5	NM, PA
LUPRON DEPOT -PED (3-MONTH)	5	NM, PA
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
OSPHENA	3	PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	2	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	2	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THYROID AGENTS		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin inj 4mcg/ml</i>	2	
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	2	B/D
<i>aprepitant pak 80mg & 125mg</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl</i> SOLN	2	
<i>granisetron hcl</i> TABS	2	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> TABS	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl</i> TABS	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate</i> TABS	2	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl</i> SYRP; TABS	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glycopyrrolate tab 2mg</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine SUSR</i>	2	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	
<i>ranitidine hcl inj</i>	2	
<i>ranitidine syrup</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	2	
<i>colocort enema 100mg</i>	2	
<i>hydrocortisone (enema)</i>	2	
<i>mesalamine CPDR</i>	2	
<i>mesalamine ENEM</i>	2	
<i>mesalamine SUPP</i>	5	
<i>mesalamine TBEC 1.2gm</i>	2	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	2	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfat</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>peg 3350/electrolytes</i>	1	
PLENVU	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps/ 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps/ 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diphenoxylate w/ atropine</i> LIQD	4	
<i>diphenoxylate w/ atropine</i> TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate</i> TABS	2	
<i>ursodiol</i> CAPS; TABS	2	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR	2	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium</i> SOLR	2	
<i>pantoprazole sodium tbec</i>	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>tamsulosin hcl</i>	1	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	2	
<i>potassium citrate (alkalinizer) er tabs</i>	2	
URINARY ANTISPASMODICS		
MYRBETRIQ	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	2	
<i>oxybutynin chloride</i> TABS	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	2	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	2	QL (60 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	QL (60 caps / 30 days)
<i>warfarin sodium</i>	1	
XARELTO 2.5mg	3	QL (60 tabs / 30 days)
XARELTO 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STARTER PACK	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	2	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	1	
DROXIA	3	
ENDARI	5	NM, LA, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i>	5	QL (9 syringes / 30 days), NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentoxifylline</i> TBCR	1	
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	2	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i> TABS	2	QL (30 tabs / 30 days)
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NM, PA
RENFLIXIS	5	NM, LA, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	5	QL (1 syringe / 28 days), NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR 11mg	5	QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM	5	NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA
IMMUNOMODULATORS		
ACT IMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS	2	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i>	2	B/D, NM
<i>gengraf</i>	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS; TABS	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR	5	B/D, NM
<i>mycophenolate sodium tbec</i>	2	B/D, NM
NULOJIX	5	B/D, NM
PROGRAF PACK	4	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
<i>sirolimus</i> SOLN	5	B/D, NM
<i>sirolimus</i> TABS 2mg	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg	2	B/D, NM
<i>tacrolimus</i> CAPS	2	B/D, NM
ZORTRESS TAB 0.5MG	5	B/D, NM
ZORTRESS TAB 0.25MG	5	B/D, NM
ZORTRESS TAB 0.75MG	5	B/D, NM
ZORTRESS TAB 1MG	5	B/D, NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>klor-con 8</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con pak 20meq</i>	2	
<i>klor-con spr cap 8meq</i>	2	
<i>klor-con spr cap 10meq</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> CPCR	2	
<i>potassium chloride</i> PACK	2	
<i>potassium chloride</i> SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>sodium chloride</i> SOLN 2.5meq/ml	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPNELECTROLYTES	4	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN 2meq/ml</i>	2	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
VITAMINS		
<i>calcitriol CAPS</i>	2	B/D
<i>calcitriol inj</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
M-NATAL PLUS	3	
<i>paricalcitol CAPS</i>	2	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	
TRICARE	3	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth OINT</i>	1	
<i>neomycin-polymy-dexameth SUSP</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	1	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	2	
NAT ACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	
<i>trifluridine</i>	2	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX GEL; OINT	3	
<i>loteprednol etabonate</i>	2	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	4	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BET OPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	2	
RHOPRESSA	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
TRAVATAN Z	4	
<i>travoprost</i>	2	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	2	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl SYRP; T ABS</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl T ABS</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN</i>	2	
<i>levocetirizine dihydrochloride T ABS</i>	1	
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP</i>	2	
<i>albuterol sulfate T ABS</i>	2	
<i>albuterol sulfate TB12</i>	2	
<i>levalbuterol hcl NEBU 1.25mg/3ml</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	2	B/D
<i>levalbuterol tartrate hfa</i>	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate T ABS</i>	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW; PACK</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>montelukast sodium</i> TABS	1	
<i>zafirlukast</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
SYMJEPI	4	
THEO-24	4	
<i>theophylline</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab sr 24hr</i>	2	
TRIKAFTA	5	NM, LA, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUIITY ELLIPTA	3	QL (30 inhalations/ 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations/ 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations/ 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations/ 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICAL		
DERMATOLOGY, ACNE		
<i>amnestem</i>	2	PA
<i>avita</i>	2	QL (45 grams / 30 days), PA
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
<i>clindamycin phosphate (topical) GEL</i>	2	QL (75 grams / 30 days)
<i>clindamycin phosphate (topical) LOTN</i>	2	
<i>clindamycin phosphate (topical) SOLN</i>	2	QL (60 mL / 30 days)
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin CAPS</i>	2	PA
<i>myorisan</i>	2	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin CREA</i>	2	QL (45 grams / 30 days), PA
<i>tretinoin GEL .01%, .025%</i>	2	QL (45 grams / 30 days), PA
<i>zenatane</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin OINT</i>	1	QL (220 grams / 30 days)
<i>silver sulfadiazine CREA</i>	2	
<i>ssd</i>	2	
<i>SULFAMYLON CREA</i>	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox CREA</i>	2	QL (90 grams / 30 days)
<i>ciclopirox SUSP</i>	2	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA</i>	2	
<i>clotrimazole (topical) SOLN</i>	2	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone CREA</i>	2	
<i>ketoconazole cream</i>	2	QL (60 grams / 30 days)
<i>nyamyc</i>	2	QL (60 grams / 30 days)
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	QL (60 grams / 30 days)
<i>nystop</i>	2	QL (60 grams / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA
<i>calcipotriene CREA; OINT</i>	2	QL (120 grams / 30 days), PA
<i>calcipotriene SOLN</i>	2	QL (120 mL / 30 days), PA
<i>calcitrene</i>	2	QL (120 grams / 30 days), PA
<i>tazarotene CREA</i>	2	QL (60 grams / 30 days), PA
<i>TAZORAC CREA .05%</i>	4	QL (60 grams / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide LOTN</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i> CREA; LOTN; OINT	2	
ENSTILAR	4	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide</i> CREA; OIL; OINT	2	
<i>fluocinolone acetonide</i> SOLN	2	QL (90 mL / 30 days)
<i>fluocinolone acetonide oil body</i>	2	
<i>fluocinonide</i> CREA .05%	2	QL (120 grams / 30 days)
<i>fluocinonide</i> GEL	2	QL (60 grams / 30 days)
<i>fluocinonide</i> OINT	2	QL (60 grams / 30 days)
<i>fluocinonide</i> SOLN	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i>	2	QL (120 grams / 30 days)
<i>fluticasone propionate</i> CREA; OINT	2	
<i>halobetasol propionate</i> CREA; OINT	2	QL (50 grams / 30 days)
<i>hydrocortisone (topical) cream 1%</i>	1	
<i>hydrocortisone (topical) cream 2.5%</i>	1	
<i>hydrocortisone (topical) lotion 2.5%</i>	2	
<i>hydrocortisone (topical) oint 2.5%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (45 grams / 30 days)
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetanide (topical)</i> CREA .1%	1	QL (454 grams / 30 days)
<i>triamcinolone acetanide (topical)</i> CREA .025%, .5%	1	
<i>triamcinolone acetanide (topical)</i> LOTN	2	
<i>triamcinolone acetanide (topical)</i> OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	2	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> CREA; LOTN	2	
<i>diclofenac sodium (topical) 1% gel</i>	2	QL (1000 grams / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 grams / 30 days)
<i>fluorouracil (topical)</i> SOLN	2	QL (10 mL / 30 days)
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>metronidazole (topical)</i> CREA; LOTN	2	
<i>metronidazole gel 0.75%</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PANRETIN	5	QL (60 grams / 30 days)
PICATO .05%	4	QL (2 tubes / 30 days)
PICATO .015%	4	QL (3 tubes / 30 days)
<i>podofilox SOLN</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	4	QL (30 grams / 30 days)
<i>rosadan</i>	2	
<i>tacrolimus (topical)</i>	2	QL (100 grams / 30 days)
TARGRETIN GEL	5	QL (60 grams / 30 days), NM, PA
VALCHLOR	5	QL (60 grams / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	2	
<i>permethrin cre 5%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGANEX	5	QL (30 grams / 30 days), PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetic acid (otic)</i>	2	
CIPRODEX	3	
<i>flac</i>	2	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of this formulary.

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<i>acetaminophen w/ codeine 300-30mg</i>	9	<i>amikacin sulfate</i>	11
<i>acetaminophen w/ codeine 300-60mg</i>	9	<i>amiloride & hydrochlorothiazide</i>	26
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<i>albendazole</i>	11	<i>amlodipine-benazepril hcl cap 5-20 mg</i>	23
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<i>allopurinol tab</i>	9	<i>amoxapine tab 150mg</i>	31
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<i>amoxicillin & pot clavulanate 250/5ml susr</i>	17	<i>atomoxetine hcl</i>	34
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<i>ampicillin sodium</i>	17	<i>bacitracin-poly-neomycin-hc</i>	54
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<i>cyclosporine</i>	50	<i>dextrose 5%/nacl 0.45%</i>	52
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<i>desmopressin inj 4mcg/ml</i>	45	<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i>	35
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<i>olmesartan medoxomil-hydrochlorothiazide</i>	24
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<i>omeprazole cap 10mg</i>	47
<i>omeprazole cap 20mg</i>	47
<i>omeprazole cap 40mg</i>	47
<i>ondansetron hcl</i>	45
<i>ondansetron hcl inj</i>	45
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<i>oxaliplatin inj 100mg/20ml</i>	22
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<i>oxycodone hcl</i>	10
<i>oxycodone w/ acetaminophen 10-325mg</i>	10
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	10
<i>oxycodone w/ acetaminophen 5-325mg</i>	10
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	10
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<i>penicillin g sodium</i>	17	<i>polymyxin b-trimethoprim</i>	54
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<i>permethrin cre 5%</i>	60	<i>potassium chloride microencapsulated crystals er</i>	52
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<i>pindolol</i>	25	<i>prednisone pak 10mg</i>	43
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<i>piper/tazoba inj 3-0.375gm</i>	17	<i>prednisone tab 1mg</i>	43
<i>piper/tazoba inj 36-4.5gm</i>	17	<i>prednisone tab 2.5mg</i>	43
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<i>prochlorperazine maleate</i>	45
<i>prochlorperazine supp</i>	45
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<i>procto-med hc</i>	60
<i>procto-pak</i>	60
<i>proctosol hc cre 2.5%</i>	60
<i>proctozone-hc</i>	60
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PROLASTIN-C	57
PROLENSA	55
PROLIA	44
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<i>promethazine hcl</i>	45
<i>promethazine hcl inj</i>	45
<i>propafenone hcl</i>	24
<i>propafenone hcl 12hr</i>	24
<i>proparacaine hcl</i>	55
<i>propranolol & hydrochlorothiazide</i>	25
<i>propranolol cap er</i>	26
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<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	30
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	30
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	30
<i>rizatriptan benzoate</i>	35
<i>rizatriptan benzoate odt</i>	35

<i>ropinirole tab 0.25mg</i>	32
<i>ropinirole tab 0.5mg</i>	32
<i>ropinirole tab 1mg</i>	32
<i>ropinirole tab 2mg</i>	32
<i>ropinirole tab 3mg</i>	32
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<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	52
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<i>sulfamethoxazole-trimethoprim susp</i>	12
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<i>sumatriptan inj 4mg/0.5ml</i>	35
<i>sumatriptan inj 6mg/0.5ml</i>	35
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<i>tacrolimus (topical)</i>	60
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<i>thiothixene</i>	34
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<i>timolol maleate gel</i>	55
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<i>tobramycin inj 1.2gm</i>	11
<i>tobramycin inj 10mg/ml</i>	11
<i>tobramycin inj 80mg/2ml</i>	11
<i>tobramycin sulfate</i>	11
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<i>triamterene & hydrochlorothiazide tabs</i>	27	<i>valsartan</i>	24
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For more up-to-date information or if you have other questions,
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