



Piedmont Medicare Advantage (PPO)
2018 Formulary
(List of Covered Drugs)

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

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This formulary was updated on August 1, 2018. For more recent information or other questions, please contact Piedmont Medicare Advantage's Customer Services at 1-877-210-1719 or, for TTY users, 7-1-1, 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through February 14. From February 15 through September 30, Customer Service is available 8:00 a.m. to 8:00 p.m., Monday through Friday. Walk-ins are welcome 8:30 a.m. to 5:00 p.m., Monday through Friday, or visit www.pchp.net.

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 list of the drugs (formulary) for our plan which is current as of **August 1, 2018**. 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, 2019, 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 plans 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?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of **August 1, 2018**. 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 of Centers for Medicare & Medicaid Services (CMS) approved 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 7. 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 7. 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 76. 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) 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 plan's 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 76.

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 have 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 1-866-494-9927, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069.
- **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 2018 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 on page 6 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)	Preferred Mail Order Service (up to 30-day supply)	Network Pharmacy (90-day supply)	Preferred Mail Order Service (90-day supply)
Tier 1	\$6	\$6	\$18	\$0
Tier 2	\$18	\$18	\$54	\$0
Tier 3	\$40	\$40	\$120	\$100
Tier 4	\$90	\$90	\$270	\$225
Tier 5	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

Piedmont Select Medicare Option Two

	Network Pharmacy (up to 30-day supply)	Preferred Mail Order Service (up to 30-day supply)	Network Pharmacy (90-day supply)	Preferred Mail Order Service (90-day supply)
Tier 1	\$8	\$8	\$24	\$0
Tier 2	\$18	\$18	\$54	\$0
Tier 3	\$45	\$45	\$135	\$112.50
Tier 4	\$95	\$95	\$285	\$237.50
Tier 5	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

Piedmont Select Medicare Option Three

	Network Pharmacy (up to 30-day supply)	Preferred Mail Order Service (up to 30-day supply)	Network Pharmacy (90-day supply)	Preferred Mail Order Service (90-day supply)
Tier 1	\$10	\$10	\$30	\$0
Tier 2	\$20	\$20	\$60	\$0
Tier 3	\$47	\$47	\$141	\$117.50
Tier 4	\$100	\$100	\$300	\$250
Tier 5	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.

Piedmont Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Piedmont Medicare Advantage depends on contract renewal. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Piedmont Medicare Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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 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 sodium</i>	2	
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
DUZALLO	4	ST
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST
ZURAMPIC	4	PA
NSAIDS		
<i>celecoxib</i> CAPS 50mg	2	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24; TBEC	2	
<i>diclofenac w/ misoprostol</i>	2	
<i>diflunisal</i>	2	
DUEXIS	5	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium</i> CAPS 400mg	2	
<i>fenoprofen calcium</i> TABS	2	
<i>flurbiprofen</i> TABS	2	
<i>ibu tabs 600mg</i>	1	
<i>ibu tabs 800mg</i>	1	
<i>ibuprofen</i> SUSP	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS 50mg, 75mg	2	
<i>ketoprofen</i> CP24	2	
<i>mefenamic acid</i> CAPS	2	
<i>meloxicam tabs</i>	1	
<i>nabumetone</i> TABS	2	
NAPRELAN 750mg	4	
<i>naproxen</i> SUSP	2	
<i>naproxen</i> TABS	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>naproxen sodium</i> TB24	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxaprozin</i>	2	
<i>piroxicam</i> CAPS	2	
<i>profeno</i>	2	
<i>sulindac</i> TABS	1	
<i>tolmetin sodium</i>	2	
VIMOVO	5	
VIVLODEX	4	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	2	QL (400 tabs / 30 days)
<i>acetaminophen-caff-dihydrocod</i> CAPS	2	QL (360 caps / 30 days)
<i>acetaminophen-caff-dihydrocod</i> TABS	2	QL (300 tabs / 30 days)
<i>aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg</i>	2	QL (330 caps / 30 days)
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg	4	QL (120 buccal films / 30 days), PA
BELBUCA 600mcg, 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
<i>butorphanol nasal spray</i>	2	QL (10 mL / 30 days)
<i>butorphanol tartrate</i> SOLN	4	
BUTRANS 5mcg/hr	3	QL (16 patches / 28 days)
BUTRANS 7.5mcg/hr, 10mcg/hr	3	QL (8 patches / 28 days)
BUTRANS 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days)
<i>nalbuphine hcl</i> SOLN	4	
<i>panlor</i>	2	QL (300 tabs / 30 days)
<i>tramadol hcl</i> CP24 100mg	2	QL (90 caps / 30 days)
<i>tramadol hcl</i> CP24 200mg, 300mg	2	QL (30 caps / 30 days)
<i>tramadol hcl er</i> TB24 100mg	2	QL (90 tabs / 30 days)
<i>tramadol hcl er</i> TB24 200mg, 300mg	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 100mg</i>	2	QL (90 tabs / 30 days)
<i>tramadol hcl er (biphasic) 200mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 300mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
<i>trezix</i>	2	QL (360 caps / 30 days)
OPIOID ANALGESICS, CII		
ABSTRAL	5	QL (120 tabs / 30 days), PA
ARYMO ER 15mg, 30mg	4	QL (180 tabs / 30 days)
ARYMO ER 60mg	5	QL (180 tabs / 30 days)
<i>codeine sulfate</i> 15mg	2	QL (720 tabs / 30 days)
<i>codeine sulfate</i> 30mg	2	QL (360 tabs / 30 days)
<i>codeine sulfate</i> 60mg	2	QL (180 tabs / 30 days)
EMBEDA CAP 20-0.8MG	4	QL (60 caps / 30 days)
EMBEDA CAP 30-1.2MG	4	QL (60 caps / 30 days)
EMBEDA CAP 50-2MG	4	QL (60 caps / 30 days)
EMBEDA CAP 60-2.4MG	4	QL (60 caps / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMBEDA CAP 80-3.2MG	4	QL (60 caps / 30 days)
EMBEDA CAP 100-4MG	5	QL (60 caps / 30 days)
<i>endocet</i>	2	QL (360 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)
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days)
<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
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 10-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	2	
<i>hydromorphone hcl</i> SOLN	4	B/D
<i>hydromorphone hcl</i> TABS	2	QL (270 tabs / 30 days)
<i>hydromorphone tab 8mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 12mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 16mg er</i>	5	QL (60 tabs / 30 days)
<i>hydromorphone tabs 32mg</i>	5	QL (60 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	3	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days)
<i>ibudone tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>ibudone tab 10-200mg</i>	2	QL (150 tabs / 30 days)
KADIAN 40mg, 200mg	5	QL (60 caps / 30 days)
LAZANDA	5	QL (30 bottles / 30 days), PA
<i>levorphanol tartrate</i> TABS	5	QL (120 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days)
METHADONE HCL SOLN 10mg/ml	4	
<i>methadone hcl 5mg</i>	2	QL (180 tabs / 30 days)
<i>methadone hcl 10mg</i>	2	QL (180 tabs / 30 days)
<i>methadone hcl intensol</i>	2	QL (120 mL / 30 days)
<i>methadone inj 10mg/ml</i>	2	
MORPHABOND ER 15mg, 30mg	4	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MORPHABOND ER 60mg, 100mg	5	QL (60 tabs / 30 days)
<i>morphine sul 20mg/ml oral sol</i>	2	
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
<i>morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL (60 caps / 30 days)
<i>morphine sulfate CP24 100mg</i>	5	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	2	
<i>morphine sulfate TABS</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate beads</i>	2	QL (30 caps / 30 days)
<i>morphine sulfate ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate ext-rel tab 200mg</i>	2	QL (60 tabs / 30 days)
NUCYNTA 50mg	4	QL (360 tabs / 30 days)
NUCYNTA 75mg	4	QL (240 tabs / 30 days)
NUCYNTA 100mg	5	QL (180 tabs / 30 days)
NUCYNTA ER 50mg, 100mg	3	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	3	QL (60 tabs / 30 days)
OPANA ER (CRUSH RESISTANT) 5mg, 7.5mg, 10mg, 15mg, 20mg	4	QL (120 tabs / 30 days)
OPANA ER (CRUSH RESISTANT) 30mg, 40mg	5	QL (120 tabs / 30 days)
OXAYDO 5mg	4	QL (540 tabs / 30 days)
OXAYDO 7.5mg	4	QL (360 tabs / 30 days)
<i>oxycodone hcl CAPS</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl CONC; SOLN</i>	2	
<i>oxycodone hcl TABS</i>	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 (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	2	QL (360 tabs / 30 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 30 days)
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg	4	QL (120 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (120 tabs / 30 days)
<i>oxymorphone hcl TABS</i>	2	QL (180 tabs / 30 days)
SUBSYS	5	QL (120 sprays / 30 days), PA
<i>vicodin</i>	2	QL (400 tabs / 30 days)
<i>vicodin es</i>	2	QL (400 tabs / 30 days)
<i>vicodin hp</i>	2	QL (400 tabs / 30 days)
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg	4	QL (120 caps / 30 days)
XTAMPZA ER 36mg	4	QL (240 caps / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOHYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg	4	QL (120 caps / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg	4	QL (60 caps / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 0.5% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 2%</i>	2	B/D
<i>lidocaine inj 2% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 4% preservative free (pf)</i>	2	
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate SOLN</i>	2	
BETHKIS	5	NM, PA
<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>	2	
SULFADIAZINE TABS	4	
TOBI PODHALER	5	NM, LA, PA
<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 40mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	5	
ALINIA	5	
<i>atovaquone SUSP</i>	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	2	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin hcl CAPS</i>	1	
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>clindamycin phosphate inj</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin soln 75mg/5ml</i>	2	
<i>colistimethate sodium SOLR</i>	2	
DALVANCE	5	
<i>dapsone TABS</i>	2	
<i>daptomycin 500mg</i>	5	
<i>doripenem</i>	4	
EMVERM	5	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin TABS</i>	2	
<i>linezolid</i>	5	
<i>linezolid in sodium chloride</i>	5	
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE	4	
<i>methenamine hippurate</i>	2	
METRO IV	3	
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS</i>	1	
<i>metronidazole inj</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin SUSP</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystal</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ORBACTIV	5	
PENTAM 300	4	
<i>polymyxin b sulfate SOLR</i>	2	
<i>praziquantel TABS</i>	2	
SIVEXTRO	5	
SOLOSEC	4	
<i>sulfamethoxazole-trimethop SUSP</i>	2	
<i>sulfamethoxazole-trimethop TABS</i>	1	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
SYNERCID	5	
<i>tigecycline 50mg</i>	5	
TIGECYCLINE 50mg	5	
<i>trimethoprim TABS</i>	1	
VABOMERE	5	
<i>vancomycin hcl CAPS</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	2	
VANCOMYCIN IN NAACL	4	
VIBATIV	5	
XIFAXAN TAB 200MG	5	QL (9 tabs / 30 days)
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	2	B/D
CANCIDAS	5	
<i>caspofungin acetate</i> 50mg, 70mg	5	
CASPOFUNGIN ACETATE 50mg, 70mg	5	
CRESEMBA	5	
ERAXIS	5	
<i>fluconazole</i> SUSR	2	
<i>fluconazole</i> TABS 50mg, 100mg, 200mg	2	
<i>fluconazole</i> TABS 150mg	1	
<i>fluconazole in dextrose</i>	2	
FLUCONAZOLE INJ NAACL 100	3	
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i> CAPS	2	PA
<i>ketoconazole</i> TABS	2	PA
MYCAMINE	5	
NOXAFIL SOLN	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	2	
SPORANOX SOL 10MG/ML	5	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / 365 days)
<i>voriconazole</i> SUSR; TABS	5	
<i>voriconazole inj 200mg</i>	2	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	2	PA
ANTIRETROVIRAL AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>abacavir sulfate</i>	2	NM
APTIVUS	5	NM
<i>atazanavir sulfate</i>	5	NM
CRIXIVAN	4	NM
<i>didanosine</i>	2	NM
EDURANT	5	NM
<i>efavirenz CAPS 50mg</i>	2	NM
<i>efavirenz CAPS 200mg</i>	5	NM
<i>efavirenz TABS</i>	5	NM
EMTRIVA	3	NM
<i>fosamprenavir tab 700 mg</i>	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	5	NM
ISENTRESS TABS	5	NM
ISENTRESS HD	5	NM
<i>lamivudine</i>	2	NM
LEXIVA SUSP	4	NM
LEXIVA TABS	5	NM
<i>nevirapine</i>	2	NM
NORVIR	3	NM
PREZISTA SUSP	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days), NM
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
RETROVIR IV INFUSION	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
SUSTIVA TABS	5	NM
<i>tenofovir disoproxil fumarate</i>	5	NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NM
TROGARZO	5	NM, LA
TYBOST	3	NM
VIDEX EC 125mg	4	NM

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIDEX PEDIATRIC	4	NM
VIRACEPT	5	NM
VIRAMUNE SUSP	4	NM
VIREAD	5	NM
ZERIT SOLR	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>	5	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	NM
ATRIPLA	5	NM
BIKTARVY	5	NM
COMPLERA	5	NM
DESCOVY	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>	5	NM
ODEFSEY	5	NM
PREZCOBIX	5	NM
STRIBILD	5	NM
SYMFI	5	NM
SYMFI LO	5	NM
TRIUMEQ	5	NM
TRUVADA TAB 100-150	5	QL (60 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		
CAPASTAT SULFATE	4	
<i>cycloserine CAPS</i>	5	
<i>ethambutol hcl TABS</i>	2	
<i>isoniazid SOLN; SYRP</i>	2	
<i>isoniazid tabs</i>	1	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide TABS</i>	2	
<i>rifabutin</i>	2	
RIFAMATE	4	
<i>rifampin CAPS; SOLR</i>	2	
RIFATER	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>cidofovir</i>	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	NM
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	NM
<i>famciclovir</i> TABS	2	
<i>ganciclovir inj 500mg</i>	2	B/D
GANCICLOVIR INJ 500MG/10ML	2	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	NM
MAVYRET	5	NM, PA
MODERIBA PAK	5	NM
<i>moderiba tab 200mg</i>	2	NM
<i>oseltamivir phosphate</i>	2	
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
PREVMIS	5	
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
RIBAPAK MIS 600/DAY	5	NM
<i>ribasphere</i> CAPS	2	NM
<i>ribasphere</i> TABS 200mg	2	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
RIBASPHERE RIBAPAK 800	5	NM
RIBASPHERE RIBAPAK 1000	5	NM
RIBASPHERE RIBAPAK 1200	5	NM
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA
<i>valacyclovir hcl</i> TABS	2	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	NM
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA
CEPHALOSPORINS		
AVYCAZ	5	
<i>cefaclor</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CEFACTOR ER TAB 500MG	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, 20gm	2	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	2	
CEFEPIME 1GM SOLN	4	
CEFEPIME 2GM SOLN	4	
<i>cefepime inj 1gm</i>	2	
<i>cefepime inj 2gm</i>	2	
CEFEPIME/DEXTROSE	4	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	2	
<i>cefotetan disodium</i>	2	
CEFOXITIN SODIUM	4	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i> SOLR	2	
CEFTAZIDIME/DEXTROSE	4	
CEFTIN SUSP	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> CAPS 750mg	2	
<i>cephalexin</i> SUSR	2	
<i>cephalexin</i> TABS	2	
MAXIPIME	4	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	2	
TEFLARO	5	
ZERBAXA	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR	2	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> SUSR; TABS; TB24	2	
DIFICID	5	
e.e.s 400	2	
<i>ery-tab</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERYPED 400	5	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
FLUOROQUINOLONES		
AVELOX SOLN	4	
BAXDELA	5	
<i>ciprofloxacin SUSR</i>	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl TABS 100mg</i>	2	
<i>ciprofloxacin hcl TABS 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin SOLN</i>	2	
<i>levofloxacin TABS</i>	1	
<i>levofloxacin in d5w</i>	2	
MOXIFLOXACIN HCL SOLN	4	
<i>moxifloxacin hcl TABS</i>	2	
<i>moxifloxacin hcl in sodium chloride</i>	2	
PENICILLINS		
<i>amoxicillin CAPS; SUSR; TABS</i>	1	
<i>amoxicillin CHEW</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin cap 500mg</i>	1	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
<i>ampicillin susp</i>	2	
AUGMENTIN SUS 125/5ML	4	
BACTOCILL INJ DEX 1GM	4	
BACTOCILL INJ DEX 2GM	5	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN IN DEXTROSE	5	
<i>nafcillin sodium 1gm, 2gm</i>	2	
<i>nafcillin sodium 10gm</i>	5	
<i>oxacillin sodium 1gm, 2gm</i>	2	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G POTASSIUM IN	4	
PENICILLIN G PROCAINE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	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	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	2	
ZOSYN SOLN	4	
TETRACYCLINES		
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i> CAPS	2	
<i>doxycycline hyclate</i> SOLR	2	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	
<i>doxycycline hyclate</i> TBEC 50mg	2	
<i>doxycycline hyclate</i> TBEC 200mg	5	
<i>doxycycline hyclate tab 75 mg dr</i>	2	
<i>doxycycline hyclate tab 100 mg dr</i>	2	
<i>doxycycline hyclate tab 150 mg dr</i>	2	
<i>minocycline hcl</i> CAPS	2	
<i>minocycline hcl</i> TABS	2	
<i>minocycline hcl</i> TB24 45mg, 90mg, 135mg	2	
<i>morgidox cap 1x50mg</i>	2	
<i>tetracycline hcl</i> CAPS	2	
VIBRAMYCIN SYRP	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
<i>busulfan</i>	5	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D, NM
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	4	B/D, NM
<i>cyclophosphamide</i> SOLR	5	B/D
<i>dacarbazine</i>	2	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ifosfamide inj 1gm/20ml</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	2	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
<i>thiotepa SOLR</i>	5	B/D, NM
TREANDA	5	B/D, NM
ZANOSAR	4	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	2	B/D
<i>epirubicin hcl</i>	2	B/D
<i>epirubicin inj 200mg</i>	2	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	5	B/D
<i>dactinomycin</i>	5	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	5	B/D
ARRANON	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	B/D
<i>cytarabine inj</i>	2	B/D
<i>decitabine</i>	5	B/D, NM
<i>fludarabine phosphate</i>	2	B/D
<i>fluorouracil SOLN</i>	2	B/D
<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	5	B/D
<i>mercaptopurine TABS</i>	2	
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
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>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	5	B/D, NM
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
BESPONSA	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
ERBITUX	5	B/D, NM
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KADCYLA	5	B/D, NM
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
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
PERJETA	5	NM, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TORISEL	5	B/D, NM
VECTIBIX	5	B/D, NM
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
YERVOY	5	NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ELIGARD INJ 7.5MG	4	B/D, NM
ELIGARD INJ 22.5MG	4	B/D, NM
ELIGARD INJ 30MG	4	B/D, NM
ELIGARD INJ 45MG	4	B/D, NM
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
FIRMAGON 80mg	4	B/D, NM
FIRMAGON 120mg	5	B/D, NM
<i>flutamide</i>	2	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	5	B/D
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM, PA
LUPRON DEPOT (1-MONTH)	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 30MG (4-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR MIXJECT	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST	5	NM, LA, PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA
KINASE INHIBITORS		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALIQOPA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, 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
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	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
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG 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
MEKINIST	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	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
DROXIA	3	
HALAVEN	5	B/D, NM
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT	5	B/D, NM
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	2	B/D, NM
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin</i> CAPS	5	
TRISENOX	5	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	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
PROTECTIVE AGENTS		
<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
KEPIVANCE	5	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
<i>levoleucovorin calcium 175mg/17.5ml</i>	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 250mg/25ml	5	B/D, NM
<i>levoleucovorin calcium 50mg</i>	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 175MG	5	B/D, NM
<i>mesna</i>	2	B/D
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
CAMPTOSAR 300mg/15ml	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide</i> SOLN	2	B/D

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irinotecan hcl</i>	2	B/D
ONIVYDE	5	B/D, NM
<i>toposar</i>	2	B/D
<i>topotecan inj 4mg</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</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>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> TABS	1	
EPANED	4	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	5	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
CAROSPIR	4	
<i>eplerenone</i>	2	
<i>spironolactone</i> TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-12.5mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-25mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-12.5mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-320-25mg	1	
BYVALSON	4	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
EDARBYCLOR	4	
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>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN	2	
<i>amiodarone hcl</i> TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>amiodarone inj</i> 50mg/ml	2	
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone</i> 100mg, 400mg	2	
<i>pacerone</i> 200mg	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl</i> 12hr	2	
<i>quinidine gluconate</i> TBCR	2	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/af)</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	4	ST
<i>atorvastatin calcium TABS</i>	1	
FLOLIPID	4	
<i>fluvastatin sodium cap 20 mg</i>	1	
<i>fluvastatin sodium cap 40 mg</i>	1	
<i>fluvastatin sodium tab sr 24 hr 80 mg</i>	1	
LIVALO	4	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>simvastatin TABS 80mg</i>	1	QL (30 tabs / 30 days)
ZYPITAMAG	4	ST
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>choline fenofibrate</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>ezetimibe-simvastatin</i>	1	
<i>fenofibrate CAPS</i>	2	
<i>fenofibrate TABS 40mg, 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate TABS 120mg</i>	5	
<i>fenofibrate micronized</i>	2	
<i>fenofibric acid</i>	2	
<i>gemfibrozil TABS</i>	1	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	5	NM, PA
<i>prevalite</i>	2	
TRIGLIDE	4	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	
DUTOPROL	4	
<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>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	2	
<i>labetalol hcl SOLN; TABS</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	2	
<i>metoprolol tartrate SOLN</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol inj 1mg/ml</i>	2	
<i>propranolol oral sol</i>	2	
<i>propranolol tab</i>	2	
SOTYLIZE	4	
<i>timolol maleate TABS</i>	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	
<i>amlodipine besylate TABS</i>	1	
CARDIZEM LA 120mg	4	
<i>cartia xt</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg cd</i>	2	
<i>diltiazem cap 180mg cd</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 300mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem er tab 180mg</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem er tab 240mg</i>	2	
<i>diltiazem er tab 300mg</i>	2	
<i>diltiazem er tab 360mg</i>	2	
<i>diltiazem er tab 420mg</i>	2	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	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	
DILTIAZEM INJ 100MG	4	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl CAPS</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine TB24</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine CAPS</i>	5	
<i>nisoldipine</i>	2	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil hcl CP24; SOLN</i>	2	
<i>verapamil hcl TABS; TBCR</i>	1	
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	2	PA; PA if 65 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 65 years and older
<i>digoxin TABS 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	2	PA; PA if 65 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol 50mcg/ml</i>	2	PA; PA if 65 years and older
LANOXIN TABS 62.5mcg	4	QL (60 tabs / 30 days)
LANOXIN TABS 187.5mcg	4	PA; PA if 65 years and older
LANOXIN PEDIATRIC	4	
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	4	
TEKTURNA HCT	4	
DIURETICS		
<i>acetazolamide CP12; TABS</i>	2	
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE TAB 50/50	4	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i>	2	
DIURIL SUS 250/5ML	4	
DYRENIUM	4	
<i>ethacrynic acid</i>	5	
<i>furosemide SOLN; TABS</i>	1	
<i>furosemide inj</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
<i>methazolamide TABS</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>toremide tabs</i>	2	
<i>triamt/hctz cap 37.5-25</i>	1	
<i>triamt/hctz cap 50-25mg</i>	1	
<i>triamt/hctz tab 37.5-25</i>	1	
<i>triamt/hctz tab 75-50mg</i>	1	
MISCELLANEOUS		
BIDIL	3	
<i>clonidine hcl PTWK</i>	2	
<i>clonidine hcl TABS</i>	1	
CORLANOR	4	
DEMSER	5	
<i>hydralazine hcl SOLN; TABS</i>	2	
KEVEYIS	5	NM, PA
<i>midodrine hcl</i>	2	
<i>minoxidil TABS</i>	2	
NORTHERA	5	NM, LA, PA
<i>phenoxybenzamine hcl CAPS</i>	5	
RANEXA	3	
NITRATES		
DILATRATE SR	4	
GONITRO	4	
ISORDIL TITRADOSE 40mg	5	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR .3mg/hr, .8mg/hr	4	
<i>nitroglycerin SOLN .4mg/spray</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitroglycerin</i> SUBL	2	
<i>nitroglycerin lingual</i>	2	
<i>nitroglycerin td patch</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	NM, PA
ADEMPAS	5	NM, LA, PA
LETAIRIS	5	NM, LA, PA
OPSUMIT	5	NM, LA, PA
ORENITRAM TAB 0.25MG	5	NM, LA, PA
ORENITRAM TAB 0.125MG	4	NM, LA, PA
ORENITRAM TAB 1MG	5	NM, LA, PA
ORENITRAM TAB 2.5MG	5	NM, LA, PA
ORENITRAM TAB 5MG	5	NM, LA, PA
REMODULIN	5	NM, LA, PA
REVATIO SUSR	5	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	2	NM, PA
TRACLEER	5	NM, LA, PA
TYVASO	5	NM, PA
UPTRAVI	5	NM, LA, PA
VENTAVIS	5	NM, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
ALPRAZOLAM CONC	4	QL (300 mL / 30 days)
<i>alprazolam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>alprazolam</i> TABS 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>alprazolam</i> TABS .25mg	1	QL (480 tabs / 30 days)
<i>buspirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> 100mg	2	
<i>fluvoxamine maleate er</i> 100mg	2	QL (90 caps / 30 days)
<i>fluvoxamine maleate er</i> 150mg	2	QL (60 caps / 30 days)
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM	5	
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	2	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	2	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	2	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	2	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> SOLN 1mg/ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	2	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	3	
DILANTIN-125	4	
<i>divalproex sodium</i> CSDR; TB24; TBEC	2	
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	
FYCOMPA SUSP	5	PA
FYCOMPA TABS 2mg	4	PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	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)
GABITRIL 12mg, 16mg	4	
LAMICTAL ODT KIT	4	
LAMICTAL STARTER	4	
LAMICTAL XR KIT	4	
<i>lamotrigine</i> CHEW; KIT; TB24; TBDP	2	
<i>lamotrigine</i> TABS	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levetiracetam</i> SOLN; TABS; TB24	2	
<i>levetiracetam in sodium chloride</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i>	2	
OXTELLAR XR 150mg, 300mg	4	
OXTELLAR XR 600mg	5	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin inj 50mg/ml</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP; CS24	2	
<i>topiramate</i> TABS	1	
TROKENDI XR 25mg, 50mg, 100mg	4	
TROKENDI XR 200mg	5	
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i>	2	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN	5	
VIMPAT TABS 50mg	4	
VIMPAT TABS 100mg, 150mg, 200mg	5	
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
<i>donepezil odt 5mg</i>	2	
<i>donepezil odt 10mg</i>	2	
<i>donepezil tab hcl 23mg</i>	2	
<i>donepezil tabs 5mg</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>donepezil tabs 10mg</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>memantine hcl cp24</i>	2	PA; PA if < 30 yrs
<i>memantine hcl soln</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tabs</i>	2	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS</i>	4	PA; PA if 65 years and older
<i>amoxapine</i>	2	
ALENZIN	5	
<i>bupropion hcl TABS; TB12; TB24</i>	2	
<i>citalopram hydrobromide SOLN</i>	2	
<i>citalopram hydrobromide TABS</i>	1	
<i>clomipramine hcl CAPS</i>	4	PA; PA if 65 years and older
<i>desipramine hcl TABS</i>	2	
<i>desvenlafaxine succinate</i>	2	
<i>doxepin hcl CAPS; CONC</i>	4	PA; PA if 65 years and older
<i>duloxetine hcl CPEP 20mg</i>	2	QL (180 caps / 30 days)
<i>duloxetine hcl CPEP 30mg</i>	2	QL (120 caps / 30 days)
<i>duloxetine hcl CPEP 60mg</i>	2	QL (60 caps / 30 days)
EMSAM	5	PA
<i>escitalopram oxalate SOLN</i>	2	
<i>escitalopram oxalate TABS</i>	1	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl CPDR</i>	2	
<i>fluoxetine hcl SOLN</i>	2	
<i>fluoxetine hcl TABS 10mg, 20mg, 60mg</i>	2	
FLUOXETINE HCL TABS 60mg	4	
FORFIVO XL	4	QL (30 tabs / 30 days)
<i>imipramine hcl TABS</i>	4	PA; PA if 65 years and older
<i>imipramine pamoate</i>	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine TABS</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mirtazapine</i> TBDP	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	2	
<i>paroxetine er tab</i>	2	
<i>paroxetine hcl tabs</i>	1	
PAXIL SUSP	4	
PEXEVA	4	
<i>phenelzine sulfate</i> TABS	2	
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS	1	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trazodone hcl</i> TABS 300mg	2	
<i>trimipramine maleate</i> CAPS	4	PA; PA if 65 years and older
TRINTELLIX	4	
<i>venlafaxine cap er</i>	1	
<i>venlafaxine tab</i>	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	2	
APOKYN	5	NM, LA, PA
<i>benztropine mesylate</i> SOLN	2	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa</i> TABS	5	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
DUOPA	4	B/D, NM
<i>entacapone</i>	2	
GOCOVRI	5	QL (60 caps / 30 days), LA, PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75 er</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 0.375mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1.5mg er</i>	2	
<i>pramipexole tab 1mg</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pramipexole tab 2.25mg</i>	2	
<i>pramipexole tab 3mg</i>	2	
<i>pramipexole tab 4.5mg</i>	2	
<i>rasagiline mesylate</i> TABS	2	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 2mg er</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 4mg er</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>ropinirole tab 6mg er</i>	2	
<i>ropinirole tab 8mg er</i>	2	
<i>ropinirole tab 12mg er</i>	2	
RYTARY	4	
<i>selegiline hcl</i> CAPS; TABS	2	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 65 years and older
XADAGO	4	
ZELAPAR	5	
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	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)
<i>chlorpromazine hcl</i> TABS	2	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	2	PA
<i>clozapine odt 100mg</i>	2	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	2	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
<i>clozapine tab 100mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON INJ	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate SOLN</i>	2	
<i>haloperidol inj 5mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	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	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	2	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	2	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg, 15mg, 20mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine odt 5mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine odt 10mg, 15mg, 20mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	5	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate TABS</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate TB24 50mg</i>	2	QL (120 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate TB24 300mg, 400mg</i>	2	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 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 SOLN</i>	2	QL (240 mL / 30 days)
<i>risperidone TABS 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone TABS 4mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone TABS .25mg, .5mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone odt 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone odt</i> 4mg	2	QL (120 tabs / 30 days)
<i>risperidone odt</i> .25mg, .5mg	2	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days), PA
VRAYLAR 3mg	5	QL (60 caps / 30 days), PA
VRAYLAR 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 RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine cap</i> 10mg er	2	QL (90 caps / 30 days)
<i>amphetamine cap</i> 15mg er	2	QL (30 caps / 30 days)
<i>amphetamine cap</i> 20mg er	2	QL (30 caps / 30 days)
<i>amphetamine cap</i> 25mg er	2	QL (30 caps / 30 days)
<i>amphetamine cap</i> 30mg er	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 5 mg	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 10 mg	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	2	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 15 mg	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 20 mg	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 30 mg	2	QL (60 tabs / 30 days)
APTENSIO XR 10mg, 15mg, 20mg, 30mg	4	QL (60 caps / 30 days)
APTENSIO XR 40mg, 50mg, 60mg	4	QL (30 caps / 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)
COTEMPLA XR-ODT	4	QL (60 tabs / 30 days)
DAYTRANA	4	QL (30 patches / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab</i> 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> CHEW	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> CP24 10mg	2	QL (180 caps / 30 days)
<i>methylphenidate hcl</i> CP24 20mg, 30mg	2	QL (60 caps / 30 days)
<i>methylphenidate hcl</i> CP24 40mg, 60mg	2	QL (30 caps / 30 days)
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg	2	QL (60 caps / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 30 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl</i> TB24 54mg	2	QL (30 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 18mg	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 72mg	2	QL (30 tabs / 30 days)
<i>methylphenidate hcl er</i> 27mg, 36mg	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl er</i> 54mg	2	QL (30 tabs / 30 days)
<i>methylphenidate tab 10mg er</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	2	QL (90 tabs / 30 days)
MYDAYIS CAP 12.5MG	4	QL (60 caps / 30 days)
MYDAYIS CAP 25MG	4	QL (60 caps / 30 days)
MYDAYIS CAP 37.5MG	4	QL (30 caps / 30 days)
MYDAYIS CAP 50MG	4	QL (30 caps / 30 days)
QUILLICHEW ER 20mg	4	QL (90 tabs / 30 days)
QUILLICHEW ER 30mg	4	QL (60 tabs / 30 days)
QUILLICHEW ER 40mg	4	QL (30 tabs / 30 days)
QUILLIVANT XR	4	QL (360 mL / 30 days)
RITALIN LA 10mg	4	QL (180 caps / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)
HYPNOTICS		
HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	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	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
<i>almotriptan malate</i>	2	QL (12 tabs / 30 days)
<i>dihydroergotamine mesylate</i> 1mg/ml	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	2	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i>	2	
<i>frovatriptan succinate</i>	2	QL (18 tabs / 30 days)
<i>migergot</i>	5	
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
ONZETRA XSAIL	4	QL (16 nosepieces / 30 days), ST
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate SOLN 5mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan succinate SOLN 20mg/act</i>	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan-naproxen sodium</i>	5	QL (9 tabs / 30 days)
SUMAVEL DOSEPRO	5	QL (12 injections / 30 days), ST
TREXIMET TAB 10-60MG	4	QL (9 tabs / 30 days), ST
TREXIMET TAB 85-500MG	5	QL (9 tabs / 30 days), ST
ZEMBRACE SYMTOUCH	5	QL (24 pens / 30 days), ST
<i>zolmitriptan TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
ZOMIG NASAL SPRAY	4	QL (12 inhalers / 30 days), ST
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
BRISDELLE	4	
EQUETRO	4	
GRALISE 300mg	4	QL (180 tabs / 30 days)
GRALISE 600mg	4	QL (90 tabs / 30 days)
GRALISE STARTER	4	
HORIZANT	4	
INGREZZA	5	QL (30 caps / 30 days), NM, LA, PA
<i>lithium carbonate CAPS; TABS</i>	1	
<i>lithium carbonate TBCR</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
MESTINON SYRUP	5	
NUJEXTA	4	PA
<i>paroxetine mesylate (vasomotor)</i>	2	
<i>pyridostigmine bromide TBCR</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pyridostigmine tab 60mg</i>	2	
<i>riluzole</i>	2	
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
<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		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), 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
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen TABS</i>	2	
BOTOX INJ 100UNIT	5	PA
BOTOX INJ 200UNIT	5	PA
<i>cyclobenzaprine hcl TABS 5mg, 10mg</i>	4	PA; PA if 65 years and older
<i>dantrolene sodium CAPS</i>	2	
<i>tizanidine</i>	2	
XEOMIN INJ 50 UNITS	4	PA
XEOMIN INJ 100 UNITS	5	PA
XEOMIN INJ 200 UNITS	5	PA
NARCOLEPSY/CATAPLEXY		
<i>armodafinil 50mg</i>	2	QL (150 tabs / 30 days), PA
<i>armodafinil 150mg</i>	2	QL (60 tabs / 30 days), PA
<i>armodafinil 200mg, 250mg</i>	2	QL (30 tabs / 30 days), PA
<i>modafinil 100mg</i>	2	QL (30 tabs / 30 days), PA
<i>modafinil 200mg</i>	2	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acamprosate calcium</i>	2	
BUNAVAIL MIS 2.1-0.3MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 4.2-0.7MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 6.3-1MG	4	QL (60 buccal films / 30 days), PA
<i>buprenorphine hcl</i> SUBL	2	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	
<i>fluoxetine hcl (pmdd)</i>	2	(generic of SARAFEM)
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl</i> TABS	2	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA
VIVITROL	5	NM
ZUBSOLV SUB 0.7-0.18MG	4	QL (90 tabs / 30 days), PA
ZUBSOLV SUB 1.4-0.36MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 2.9-0.71MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 5.7-1.4MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 8.6-2.1MG	4	QL (60 tabs / 30 days), PA
ZUBSOLV SUB 11.4-2.9MG	4	QL (60 tabs / 30 days), PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 1.62%	3	QL (150 grams / 30 days), PA
ANDROGEL 50MG/5GM	4	QL (300 grams / 30 days), PA
AXIRON	4	QL (440 mL / 30 days), PA
<i>oxandrolone</i> TABS	2	PA
STRIANT	4	QL (60 buccal systems / 30 days), PA
TESTIM	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 grams / 30 days), PA
<i>testosterone</i> GEL 10mg/act	2	QL (120 grams / 30 days), PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone cypionate</i> SOLN	2	PA
<i>testosterone enanthate</i> SOLN	2	PA
<i>testosterone td soln 30 mg/act</i>	2	QL (440 mL / 30 days), PA
VOGELXO 50 MG/5GM	4	QL (300 gm / 30 days), PA
ANTIDIABETICS, INJECTABLE		
ADLYXIN	4	QL (2 pens / 28 days)
ADLYXIN STARTER PACK	4	QL (2 pens / 28 days)
ADMELOG	4	
ADMELOG SOLOSTAR	4	
ALCOHOL SWABS	3	
APIDRA	4	
APIDRA SOLOSTAR	4	
BASAGLAR KWIKPEN	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2X2	3	
HUMALOG	4	
HUMALOG JUNIOR KWIKPEN	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 KWIKPEN	4	
HUMULIN N	4	
HUMULIN N KWIKPEN	4	
HUMULIN R	4	
HUMULIN R U-500 (CONCENTRATE)	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	3	
NOVOLIN N RELION	4	
NOVOLIN R	3	
NOVOLIN R RELION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
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)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TANZEUM	4	QL (4 pens / 28 days)
TRESIBA FLEXTOUCH	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>	2	
ACTOPLUS MET XR 15-1000MG	4	QL (60 tabs / 30 days)
ACTOPLUS MET XR 30-1000MG	4	QL (30 tabs / 30 days)
<i>alogliptin benzoate</i> 6.25mg	1	QL (120 tabs / 30 days)
<i>alogliptin benzoate</i> 12.5mg	1	QL (60 tabs / 30 days)
<i>alogliptin benzoate</i> 25mg	1	QL (30 tabs / 30 days)
<i>alogliptin-metformin hcl</i>	1	QL (60 tabs / 30 days)
<i>alogliptin-pioglitazone</i> 12.5-15mg	1	QL (60 tabs / 30 days)
<i>alogliptin-pioglitazone</i> 12.5-30mg	1	QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone</i> 12.5-45mg	1	QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone</i> 25-15mg	1	QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone</i> 25-30mg	1	QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone</i> 25-45mg	1	QL (30 tabs / 30 days)
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 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 er</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide er</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide er</i> 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-250 mg	1	QL (240 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-500 mg	1	QL (120 tabs / 30 days)
<i>glipizide-metformin</i> 5-500mg	1	QL (120 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLYXAMBI	4	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	3	QL (30 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	4	QL (60 tabs / 30 days)
JARDIANCE 25mg	4	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)
KOMBIGLYZE XR 2.5-1000MG	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 5-500MG	4	QL (30 tabs / 30 days)
KOMBIGLYZE XR 5-1000MG	4	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>miglitol</i>	2	
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
ONGLYZA	4	QL (30 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
QTERN	4	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)
<i>repaglinide-metformin hcl</i>	1	QL (150 tabs / 30 days)
RIOMET	4	QL (946 mL / 30 days)
SEGLUROMET TAB 2.5-500MG	4	QL (120 tabs / 30 days)
SEGLUROMET TAB 2.5-1000MG	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-500MG	4	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEGLUROMET TAB 7.5-1000MG	4	QL (60 tabs / 30 days)
STEGLATRO 5mg	4	QL (90 tabs / 30 days)
STEGLATRO 15mg	4	QL (30 tabs / 30 days)
STEGLUJAN	4	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	4	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	4	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000 MG	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> SOLN	2	
<i>alendronate sodium</i> TABS	1	
BINOSTO	4	ST
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate tab 150mg</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>risedronate sodium</i>	2	
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
ZOLEDRONIC INJ 4MG/100ML	4	B/D, NM
<i>zoledronic inj 5/100ml</i>	2	B/D, NM
ZOMETA SOLN	5	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR	5	B/D, NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium polystyrene sulfonate</i>	2	
<i>sps susp 15gm/60ml</i>	2	
SYPRINE	5	
<i>trientine hcl</i>	5	
VELTASSA	4	LA
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>amethia</i>	2	
<i>amethia lo</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>camrese lo tab</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>delyla</i>	2	
DEPO-SUBQ PROVERA 104	4	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	2	
ELLA	4	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
<i>gianvi tab 3-0.02mg</i>	2	
<i>gildagia</i>	2	
<i>heather</i>	2	
<i>introvale</i>	2	
<i>isibloom</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>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	2	
<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>layolis fe chw</i>	2	
<i>leena tab</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>levonorgestrel-ethinyl estradiol (continuous)</i>	2	
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>lomedica 24 fe</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>melodetta 24 fe</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mibelas 24 fe</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>mili</i>	2	
<i>mono-lynyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
NATAZIA	4	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/50-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	
<i>nora-be tab</i>	2	
<i>norethin acet & estrad-fe</i>	2	
<i>norethindrone & ethinyl estradiol-fe</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>norlyroc</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>ogestrel</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
SAFYRAL	4	
<i>setlakin tab</i>	2	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
TAYTULLA	4	
<i>tilia fe</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-lynyah</i>	2	
<i>tri-lo- tab 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>trinessa</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wymzya fe</i>	2	
<i>xulane dis 150-35</i>	2	
<i>zarah</i>	2	
<i>zenchent fe</i>	2	
<i>zenchent tab</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	2	
LUPANETA PACK	5	NM, PA
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
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
ELAPRASE	5	NM, LA, PA
ELELYSO	5	NM, PA
FABRAZYME	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
PROCYSBI	5	NM, LA, PA
RAVICTI	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
VIMIZIM	5	NM, PA
VPRIV	5	NM, PA
ZAVESCA	5	NM, LA, PA
ESTROGENS		
ALORA	4	PA; PA if 65 years and older
DELESTROGEN 10mg/ml	4	
DEPO-ESTRADIOL	4	
<i>estradiol PTTW; PTWK; TABS</i>	4	PA; PA if 65 years and older
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tab</i>	2	
<i>estradiol valerate OIL</i>	2	
ESTRING	4	
FEMRING	4	
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
MENOSTAR	4	PA; PA if 65 years and older
MINIVELLE	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older
PREMARIN CREAM	4	
PREMARIN INJ	4	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	2	
DEXPAK 6 DAY	4	
DEXPAK 10 DAY	4	
DEXPAK TAPERPAK 13 DAY	4	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
MEDROL TAB 2MG	4	B/D
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylpr ss inj 1gm</i>	2	B/D
<i>methylpr ss inj 40mg</i>	2	B/D
<i>methylpr ss inj 125mg</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
MILLIPRED TABS	4	B/D
MILLIPRED DP	4	
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate</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
RAYOS TAB 1MG	5	B/D
RAYOS TAB 2MG	5	B/D
RAYOS TAB 5MG	5	B/D
SOLU-CORTEF 100MG	4	
SOLU-CORTEF 250MG	4	
SOLU-CORTEF 500MG	4	
SOLU-CORTEF 1000MG	4	
SOLU-MEDROL INJ 2GM	4	B/D
TAPERDEX 6-DAY	4	
TAPERDEX 12-DAY	4	
ZODEX 6-DAY	4	
ZODEX 12-DAY	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	4	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMATROPE	5	NM, PA
HUMATROPE COMBO PACK	5	NM, PA
NORDITROPIN FLEXP	5	NM, PA
NUTROPIN AQ NUSPIN 5	5	NM, LA, PA
NUTROPIN AQ NUSPIN 10	5	NM, LA, PA
NUTROPIN AQ NUSPIN 20	5	NM, LA, PA
OMNITROPE 5.8MG	5	NM, LA, PA
OMNITROPE 5MG	5	NM, LA, PA
OMNITROPE 10MG	5	NM, LA, PA
SAIZEN	5	NM, LA, PA
SAIZEN CLICK.EASY	5	NM, LA, PA
SEROSTIM	5	NM, LA, PA
ZOMACTON 5mg	4	NM, PA
ZOMACTON 10mg	5	NM, PA
ZORBTIVE	5	NM, PA
MISCELLANEOUS		
AFREZZA 4unit, 8unit	4	
AFREZZA 12unit	5	
AFREZZA 4/8/12UNITS	4	
AFREZZA 4/8UNITS	4	
AFREZZA 8/12UNITS	4	
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal spray</i>	2	B/D
<i>chorionic gonadotropin SOLR</i>	4	NM, PA
EGRIFTA 1MG	5	NM, LA, PA
FORTEO	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	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
METHERGINE	4	
<i>methylergonovine maleate TABS</i>	4	
MIACALCIN INJ 200U/ML	5	B/D
NATPARA	5	NM, PA
NOVAREL	4	NM, PA
<i>octreotide acetate 50mcg/ml, 200mcg/ml</i>	2	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
<i>octreotide inj 100mcg/ml</i>	2	NM, PA
<i>pregnyl w/diluent benzyl</i>	4	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	2	
SAMSCA	5	NM, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SIGNIFOR LAR	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	
<i>calcium acetate (phosphate binder)</i>	2	
FOSRENOL	5	
<i>lanthanum chew tab</i>	5	
PHOSLYRA	4	
RENAGEL 400mg	4	
RENAGEL 800mg	5	
<i>sevelamer carbonate</i>	2	
VELPHORO	5	
PROGESTINS		
CRINONE	4	PA
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i> TABS	2	
<i>progesterone micronized</i> CAPS	2	
THYROID AGENTS		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
TIROSINT	4	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate</i> SOLN; TABS	2	
<i>desmopressin acetate inj</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAPS	4	B/D
AKYNZEO SOLR	4	
ALOXI	5	
<i>aprepitant</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aprepitant pak 80mg & 125mg</i>	2	B/D
CESAMET	5	B/D, QL (60 caps / 30 days)
CINVANTI	4	
<i>compro supp</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SOLR	4	
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	2	
<i>granisetron hcl TABS</i>	2	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN; TBP</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
METOCLOPRAMIDE ODT	4	
<i>ondansetron hcl TABS</i>	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
PALONOSETRON INJ 0.25MG/2ML	4	
<i>palonosetron inj 0.25mg/5ml</i>	2	
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>prochlorperazine inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl SOLN; SUPP; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>promethgan</i>	4	PA; PA if 65 years and older
SANCUSO	5	QL (4 patches / 30 days)
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
SUSTOL	4	
SYNDROS	5	B/D
VARUBI EMUL	4	
VARUBI TABS	4	B/D
ZUPLENZ	4	B/D
ANTISPASMODICS		
<i>atropine sulfate SOSY .25mg/5ml, 1mg/10ml</i>	2	
CUVPOSA	4	
<i>dicyclomine hcl CAPS; TABS</i>	1	
<i>dicyclomine hcl SOLN</i>	2	
<i>glycopyrrolate SOLN; TABS</i>	2	
<i>methscopolamine bromide TABS</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine TABS</i>	2	
<i>cimetidine sol 300/5ml</i>	2	
<i>famotidine SUSR</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	2	
<i>nizatidine</i>	2	
<i>ranitidine hcl</i> CAPS; SYRP	2	
<i>ranitidine hcl</i> TABS	1	
<i>ranitidine hcl inj</i>	2	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
<i>balsalazide disodium</i>	2	
<i>budesonide</i> CPEP	5	
CANASA	4	
<i>colocort</i>	2	
DELZICOL	4	
DIPENTUM	5	
ENTYVIO	5	NM, PA
GIAZO	5	
<i>hydrocortisone (enema)</i>	2	
<i>mesalamine</i> TBEC	2	
<i>mesalamine enema</i>	2	
<i>mesalamine w/ cleanser</i>	2	
PENTASA 250mg	4	
PENTASA 500mg	5	
SF-ROWASA	5	
SFROWASA	5	
<i>sulfasalazine dr</i>	2	
<i>sulfasalazine ir</i>	2	
UCERIS TAB	5	
UCERISFOAM	4	
LAXATIVES		
CLENPIQ	4	
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	4	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
PREPOPIK	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA	3	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	
CARAFATE SUSP	4	
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	2	
GATTEX	5	NM, LA, PA
LINZESS	3	
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	2	
MOVANTIK	3	
OMECLAMOX-PAK	4	
PYLERA	5	
RELISTOR	5	PA
SUCRAID	5	LA
<i>sucralfate</i> TABS	2	
SYMPROIC	4	PA
TRULANCE	4	
<i>ursodiol</i> CAPS; TABS	2	
VIBERZI	5	PA
XIFAXAN TAB 550MG	5	PA
PANCREATIC ENZYMES		
CREON	3	
PANCREAZE	4	
PERTZYE	4	
VIOKACE 10	4	
VIOKACE 20	5	
ZENPEP	4	
PROTON PUMP INHIBITORS		
ACIPHEX SPR CAP 5MG	4	
ACIPHEX SPR CAP 10MG	4	QL (60 caps / 30 days)
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole</i> CPDR	2	QL (30 caps / 30 days)
<i>lansoprazole</i> TBDP	2	QL (30 tabs / 30 days)
NEXIUM GRA 2.5MG DR	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXIUM GRA 5MG DR	4	
NEXIUM GRA 10MG DR	4	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	4	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	4	QL (30 packets / 30 days)
<i>omeprazole cap 10mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium SOLR</i>	2	
<i>pantoprazole sodium TBEC</i>	1	QL (30 tabs / 30 days)
PREVACID SOLUTAB	4	QL (30 tabs / 30 days)
PRILOSEC	3	
PROTONIX PACK	4	QL (30 packets / 30 days)
<i>rabeprazole sodium</i>	2	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	
CARDURA XL	4	ST
<i>dutasteride CAPS</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride TABS 5mg</i>	1	
RAPAFLO	4	ST
<i>tamsulosin hcl</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride TABS</i>	2	
ELMIRON	5	
<i>potassium citrate (alkalinizer) er tabs</i>	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	2	
GELNIQUE	4	ST
MYRBETRIQ	4	
<i>oxybutynin chloride SYRP</i>	1	
<i>oxybutynin chloride TABS; TB24</i>	2	
OXYTROL	4	ST
<i>tolterodine tartrate er</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
TOVIAZ	3	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
VESICARE	4	
VAGINAL ANTI-INFECTIVES		
AVC	4	
CLEOCIN VAG SUPP 100MG	4	
<i>clindamycin cre 2% vag</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINDESSE	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 sup 200mg</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
BEVYXXA	4	
COUMADIN	4	
ELIQUIS STARTER PACK	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<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	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
<i>hep sod/nacl inj 25000</i>	3	
<i>heparin (porcine) in sodium chloride 100u/ml</i>	3	
<i>heparin sod inj 1000u/ml</i>	2	B/D
<i>heparin sod inj 5000u/0.5ml</i>	2	B/D
<i>heparin sod inj 5000u/ml</i>	2	B/D
<i>heparin sod inj 10000u/ml</i>	2	B/D
<i>heparin sod inj 20000u/ml</i>	2	B/D
<i>heparin sodium/d5w</i>	3	
HEPARIN SODIUM/NAACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
SAVAYSA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml	3	NM, PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml	5	NM, PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	3	NM, PA
ARANESP ALBUMIN FREE SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM, PA
EPOGEN 20000unit/ml	5	NM, PA
GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MOZOBIL	5	NM, PA
NEULASTA	5	NM, PA
NEULASTA ONPRO KIT	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	2	
<i>cilostazol</i>	2	
CINRYZE	5	QL (20 vials / 30 days), NM, LA, PA
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
RUCONEST	5	NM, 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>clopidogrel tab 300mg</i>	2	
<i>prasugrel hcl</i>	2	
YOSPRALA	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 syringes / 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-CROHNS STARTER KIT	5	NM, PA
HUMIRA PEN-PSORIASIS	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i> TABS	2	
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NM, PA
TREXALL	4	B/D
XATMEP	4	B/D
XELJANZ 5mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
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
PRIVIGEN	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	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
ORALAIR	4	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL 5mg	5	B/D, NM

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASTAGRAF XL .5mg, 1mg	4	B/D, NM
ATGAM	5	B/D
AZASAN	4	B/D
AZATHIOPRINE SOLR	4	B/D
<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
ENVARBUS XR	4	B/D, NM
<i>engraf</i>	2	B/D, NM
<i>mycophenolate inj 500mg</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</i>	2	B/D, NM
NULOJIX	5	B/D, NM
PROGRAF SOLN	4	B/D, NM
RAPAMUNE SOLN	5	B/D, NM
SANDIMMUNE SOLN	3	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
THYMOGLOBULIN	5	B/D
ZORTRESS TAB 0.5MG	5	B/D, NM
ZORTRESS TAB 0.25MG	5	B/D, NM
ZORTRESS TAB 0.75MG	5	B/D, NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
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	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<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	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride PACK</i>	2	
<i>potassium chloride SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride caps er</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tpn electrolytes</i>	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
<i>aminosyn inj 8.5/lyte</i>	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/D10	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol sf 15%</i>	2	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
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>plenamine</i>	2	B/D
<i>premasol 6%</i>	2	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
SMOFLIPID	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IV REPLACEMENT SOLUTIONS		
<i>dextrose SOLN</i>	2	
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/lactated ring</i>	2	
<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 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<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	
ELECTROLYTE-R IN DEXTROSE	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/LR	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
KCL 0.15%/D5W/LR	4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringers viaflex</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride 0.3%/d</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>ringer's</i>	2	
<i>sodium chloride SOLN .9%, 3%, 5%</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium chloride 0.45%</i>	2	
VITAMINS		
<i>calcitriol CAPS; SOLN</i>	2	B/D
<i>doxercalciferol CAPS 1mcg, 2.5mcg</i>	5	B/D
<i>doxercalciferol CAPS .5mcg</i>	2	B/D
<i>doxercalciferol SOLN</i>	2	B/D
HECTOROL 2mcg/ml	4	B/D
<i>paricalcitol</i>	2	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
RAYALDEE	4	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
<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>	2	
BESIVANCE	3	
CILOXAN OIN 0.3% OP	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	
<i>levofloxacin (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	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>sulfacet sod oin 10% op</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin (ophth)</i>	1	
TOBEX OINT 0.3%	4	
<i>trifluridine SOLN</i>	2	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ACUVAIL	4	
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	
FLAREX	4	
<i>fluorometholone (ophth)</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	3	
MAXIDEX	4	
PRED MILD	4	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
ALOCRIAL	4	
ALOMIDE	4	
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
EMADINE	4	
<i>epinastine hcl (ophth)</i>	2	
LASTACAFT	4	
<i>olopatadine hcl 0.1%</i>	2	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine sol 0.15%</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	2	
SIMBRINZA SUS 1-0.2%	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	
TIMOPTIC OCUDOSE	4	
TRAVATAN Z	3	
VYZULTA	4	ST
ZIOPTAN	4	ST
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
LACRISERT	4	
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
XIIDRA	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	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</i>	2	B/D
STIOLTO RESPIMAT	4	QL (1 inhaler / 30 days)
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 (nasal)</i>	2	
<i>ipratropium sol inhal</i>	2	B/D
LONHALA MAGNAIR REFILL KIT	5	
LONHALA MAGNAIR STARTER KIT	5	
SPIRIVA HANDIHALER	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT	4	QL (1 inhaler / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TUDORZA PRESSAIR	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK)	4	QL (2 inhalers / 30 days)
ANTI-HISTAMINE COMBINATIONS		
CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50	4	QL (1 bottle / 30 days)
SEMPREX-D	4	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	1	
CLARINEX SYRP	4	
<i>cyproheptadine hcl</i> SYRP; TABS	4	PA; PA if 65 years and older
<i>desloratadine</i>	2	
<i>diphenhydram inj 50mg/ml</i>	2	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate</i> CAPS	4	PA; PA if 65 years and older
<i>levocetirizine soln 2.5mg/5ml</i>	2	
<i>levocetirizine tab 5 mg</i>	2	
<i>olopatadine hcl (nasal)</i>	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS	2	
<i>albuterol sulfate er</i>	2	
ARCAPTA NEOHALER	4	QL (30 caps / 30 days)
BROVANA	5	B/D
<i>levalbuterol conc 1.25mg/0.5ml</i>	2	B/D
<i>levalbuterol hcl</i> NEBU	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)
PERFOROMIST	5	B/D
PROAIR HFA	4	QL (2 inhalers / 30 days)
PROAIR RESPICLICK	4	QL (2 inhalers / 30 days)
PROVENTIL HFA	4	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN	5	
<i>terbutaline sulfate</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; PACK; TABS	2	
<i>zafirlukast</i>	2	
<i>zileuton</i>	5	
MAST CELL STABILIZERS		

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cromolyn sodium</i> NEBU	2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
CINQAIR	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET	5	NM, PA
FASENRA INJ 30MG/ML	5	NM, LA, PA
GLASSIA	5	NM, LA, 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
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
BECONASE AQ	4	QL (2 inhalers / 30 days)
<i>flunisolide (nasal)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	2	QL (2 inhalers / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
QNASL	4	QL (1 inhaler / 30 days)
QNASL CHILDRENS	4	QL (1 inhaler / 30 days)
XHANCE	4	QL (2 bottles / 30 days)
ZETONNA	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
AEROSPAN	4	QL (2 inhalers / 30 days)
ALVESCO	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
ASMANEX	4	QL (2 inhalers / 30 days)
ASMANEX HFA 100mcg/act	4	QL (2 inhalers / 30 days)
ASMANEX HFA 200mcg/act	4	QL (1 inhaler / 30 days)
<i>budesonide (inhalation)</i>	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	3	QL (2 inhalers / 30 days)
QVAR AER 40MCG	4	QL (1 inhaler / 30 days)
QVAR AER 80MCG	4	QL (2 inhalers / 30 days)
QVAR REDHALER	4	QL (2 inhalers / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
DULERA	4	QL (1 inhaler / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
XANTHINES		
<i>aminophylline inj</i>	2	
ELIXOPHYLLIN	4	
THEO-24	4	
<i>theophylline</i>	2	
TOPICAL		
DERMATOLOGY, ACNE		
ACANYA	4	
ACZONE	4	
<i>adapalene</i> CREA; GEL	2	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
AKTIPAK	4	
<i>amnesteem</i>	2	PA
<i>avita</i>	2	PA
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
<i>clindacin-p</i>	2	
CLINDAGEL	5	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
<i>clindamycin phosphate-tretinoin</i>	2	
<i>dapsone gel 5%</i>	2	
DIFFERIN LOTN	4	
EPIDUO	4	
EPIDUO FORTE	4	
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin</i> CAPS	2	PA
<i>myorisan</i>	2	PA
<i>neuac gel 1.2-5%</i>	2	
ONEXTON	4	
RETIN-A MICRO .06%	5	PA
RETIN-A MICRO PUMP .08%	5	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin</i> CREA; GEL	2	PA
<i>tretinoin microsphere</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zenatane</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL	4	
CENTANY	4	
CORTISPORIN	4	
<i>gentamicin sulfate (topical)</i>	2	
<i>mafenide acetate</i> PACK	2	
<i>mupirocin</i> OINT	1	
<i>mupirocin calcium (topical)</i>	2	
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL	2	
<i>ciclopirox cre 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox sus 0.77%</i>	2	
<i>clotrimazole (topical)</i>	2	
ERTACZO	5	
EXELDERM	4	
<i>ketokonazole (topical)</i>	2	
LUZU	4	
MENTAX	4	
<i>naftifine hcl</i>	2	
NAFTIN GEL	4	
<i>nyamyc</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT LOTN	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; SOLN	2	
<i>calcitriol</i> OINT	2	
<i>methoxsalen rapid</i>	5	
<i>tazarotene</i> CREA	2	PA
TAZORAC CREA .05%	4	PA
TAZORAC GEL	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketokonazole shampoo</i>	1	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i> CREA; LOTN	2	
AMCINONIDE OINT	4	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i> CREA; FOAM; LOTN; OINT	2	
<i>calcipotriene/betamethasone</i>	2	
CAPEX	4	
<i>clocortolone pivalate</i>	2	
CORDRAN TAPE	4	
DESONATE	4	
<i>desonide</i> CREA; LOTN; OINT	2	
<i>desoximetasone</i> CREA; GEL; OINT	2	
ENSTILAR	5	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	2	
<i>fluocinolone acetonide oil body</i>	2	
<i>fluocinonide</i> CREA; GEL; OINT; SOLN	2	
<i>fluocinonide emulsified base</i>	2	
<i>flurandrenolide</i>	2	
<i>fluticasone propionate</i> CREA; LOTN; OINT	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i> CREA	1	
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	
<i>hydrocortisone (topical)</i> OINT 2.5%	1	
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate lotion 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone butyrate soln 0.1%</i>	2	
<i>hydrocortisone valerate</i>	2	
LOCOID LOTN	4	
MICORT-HC	4	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
<i>nolix</i>	2	
PANDEL	5	
<i>prednicarbate</i>	2	
SERNIVO	5	
TACLONEX SUSP	5	
TEXACORT	4	
TOPICORT SPRAY 0.25%	4	
<i>triamcinolone acetonide (topical)</i> AERS; LOTN	2	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1	
TRIANEX	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ULTRAVATE LOTN	5	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine</i> OINT	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH	2	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-prilocaine</i>	2	QL (30 gm / 30 days), PA
SYNERA	5	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i>	2	
<i>ammonium lactate</i> CREA; LOTN	2	
CONDYLOX	4	
CORTIFOAM	4	
DENAVIR	5	
<i>diclofenac sodium (topical) 1% gel</i>	2	PA
<i>diclofenac sodium (topical) 1.5% soln</i>	2	
<i>doxepin hcl (antipruritic)</i>	2	
<i>doxycycline (rosacea)</i>	2	
EUCRISA	4	PA
FINACEA AER 15%	4	
FINACEA GEL 15%	4	
<i>fluorouracil (topical) CREA 5%</i>	2	
<i>fluorouracil (topical) CREA .5%</i>	5	
<i>fluorouracil (topical) SOLN</i>	2	
<i>imiquimod</i> CREA	2	
<i>metronidazole (topical)</i>	2	
NORITATE	5	
PANRETIN	5	
PENNSAID	5	
PICATO	3	
<i>podofilox</i> SOLN	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc 2.5 %</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	4	
<i>rosadan cre 0.75%</i>	2	
SOOLANTRA	4	
<i>tacrolimus (topical)</i>	2	
TARGRETIN GEL	5	NM, PA
TOLAK	4	
VALCHLOR	5	NM, LA, PA
XERESE	5	
ZOVIRAX CREA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYCLARA	5	
ZYCLARA PUMP	5	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i>	2	
NATROBA	4	
<i>permethrin cre 5%</i>	2	
SKLICE	4	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
<i>neomycin/polymyxin b gu</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>sterile water irrigation</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>	1	
<i>nystatin (mouth-throat)</i>	2	
ORAVIG	5	
<i>paroex sol 0.12%</i>	1	
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetazol hc</i>	2	
<i>acetic acid (otic)</i>	2	
<i>acetic acid sol/hc</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

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<i>bromfenac sodium (ophth)</i>	67
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<i>diclofenac sodium (ophth)</i>	67	<i>donepezil tab hcl 23mg</i>	33
<i>diclofenac sodium (topical) 1% gel</i>	74	<i>donepezil tabs 10mg</i>	34
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<i>digoxin</i>	29	<i>doxorubicin hcl soln 2mg/ml</i>	20
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<i>diltiazem cap 180mg cd</i>	28	<i>drospirenone-ethinyl estradiol</i>	47
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<i>metoprolol succinate</i>	28	<i>morphine sulfate beads</i>	10
<i>metoprolol tartrate</i>	28	<i>morphine sulfate ext-rel tab</i>	10
METRO IV	12	MOVANTIK	57
<i>metronidazole</i>	12	MOVIPREP	56
<i>metronidazole (topical)</i>	74	MOXEZA	66

<i>moxifloxacin hcl</i>	18
MOXIFLOXACIN HCL	18
<i>moxifloxacin hcl (ophth)</i>	66
<i>moxifloxacin hcl in sodium chloride</i>	18
MOZOBIL	60
MULTAQ	26
<i>mupirocin</i>	72
<i>mupirocin calcium (topical)</i>	72
MUSTARGEN	20
MYCAMINE	13
<i>mycophenolate inj 500mg</i>	62
<i>mycophenolate mofetil</i>	62
<i>mycophenolate sodium</i>	62
MYDAYIS CAP 12.5MG	39
MYDAYIS CAP 25MG	39
MYDAYIS CAP 37.5MG	39
MYDAYIS CAP 50MG	39
MYLOTARG	21
<i>myorisan</i>	71
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<i>myzilra</i>	49

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<i>nabumetone</i>	7
<i>nadolol</i>	28
<i>nadolol & bendroflumethiazide</i>	28
NAFCILLIN IN DEXTROSE	18
<i>nafticillin sodium</i>	18
<i>naftifine hcl</i>	72
NAFTIN	72
NAGLAZYME	51
<i>nalbuphine hcl</i>	8
<i>naloxone inj 0.4mg/ml</i>	42
<i>naloxone inj 1mg/ml</i>	42
<i>naltrexone hcl</i>	42
NAMENDA XR	34
NAMENDA XR TITRATION PACK	34
NAMZARIC	34
NAPRELAN	7
<i>naproxen</i>	7
<i>naproxen dr</i>	7
<i>naproxen sodium</i>	7
<i>naratriptan hcl</i>	40
NARCAN	42
NATACYN	66
NATAZIA	49
<i>nateglinide</i>	45
NATPARA	53
NATROBA	75
NEBUPENT	12
<i>necon 0.5/35-28</i>	49

<i>necon 1/50-28</i>	49
<i>necon 7/7/7</i>	49
<i>nefazodone hcl</i>	35
<i>neomycin sulfate</i>	11
<i>neomycin/polymyxin b gu</i>	75
<i>neomycin-bacitracin zn-polymyxin</i>	66
<i>neomycin-polymy-dexameth</i>	66
<i>neomycin-polymyxin-gramicidin</i>	66
<i>neomycin-polymyxin-hc (ophth)</i>	66
<i>neomycin-polymyxin-hc (otic)</i>	75
NEPHRAMINE	64
NERLYNX	23
<i>neuac gel 1.2-5%</i>	71
NEULASTA	60
NEULASTA ONPRO KIT	60
NEUPOGEN	60
NEUPRO	35
<i>nevirapine</i>	14
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NEXIUM GRA 2.5MG DR	57
NEXIUM GRA 20MG DR	58
NEXIUM GRA 40MG DR	58
NEXIUM GRA 5MG DR	58
<i>niacin er (antihyperlipidemic)</i>	27
<i>niacor</i>	27
<i>nicardipine hcl</i>	29
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<i>nifedical xl</i>	29
<i>nifedipine</i>	29
<i>nifedipine er</i>	29
<i>nikki</i>	49
<i>nilutamide</i>	22
<i>nimodipine</i>	29
NINLARO	21
NIPENT	20
<i>nisoldipine</i>	29
NITRO-BID	30
NITRO-DUR	30
<i>nitrofurantoin</i>	12
<i>nitrofurantoin macrocrystal</i>	12
<i>nitrofurantoin monohyd macro</i>	12
<i>nitroglycerin</i>	30, 31
<i>nitroglycerin lingual</i>	31
<i>nitroglycerin td patch</i>	31
<i>nizatidine</i>	56
<i>nolix</i>	73
<i>nora-be tab</i>	49
NORDITROPIN FLEXPPO	53
<i>norethin acet & estrad-fe</i>	49

<i>norethindrone & ethinyl estradiol-fe</i>	49
<i>norethindrone (contraceptive)</i>	49
<i>norethindrone acet & eth estra</i>	49
<i>norethindrone acetate</i>	54
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	51
<i>norgest/ethi tab 0.25/35</i>	49
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>0.18-25/0.215-25/0.25-25 mg-mcg</i>	49
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>0.18-35/0.215-35/0.25-35 mg-mcg</i>	49
NORITATE	74
<i>norlyroc</i>	49
NORMOSOL-M IN D5W	65
NORMOSOL-R	65
NORPACE CR	26
NORTHERA	30
<i>nortrel 0.5/35 (28)</i>	49
<i>nortrel 1/35</i>	49
<i>nortrel 7/7/7</i>	49
<i>nortriptyline hcl</i>	35
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NOVOLOG FLEXPEN	44
NOVOLOG MIX 70/30	44
NOVOLOG PENFILL	44
NOXAFIL	13
NUCALA	70
NUCYNTA	10
NUCYNTA ER	10
NUEDEXTA	40
NULOJIX	62
NULYTELY/FLAVOR PACKS	56
NUPLAZID	37
<i>nutrilipid inj 20%</i>	64
NUTROPIN AQ NUSPIN 10	53
NUTROPIN AQ NUSPIN 20	53
NUTROPIN AQ NUSPIN 5	53
NUVARING	49
<i>nyamyc</i>	72
NYMALIZE	29
<i>nystatin</i>	13
<i>nystatin (mouth-throat)</i>	75
<i>nystatin (topical)</i>	72

<i>nystatin pow 100000</i>	72
<i>nystop</i>	72
O	
<i>ocella tab 3-0.03mg</i>	49
OCTAGAM	61
<i>octreotide acetate</i>	53
<i>octreotide inj 100mcg/ml</i>	53
ODEFSEY	15
ODOMZO	21
OFEV	70
<i>ofloxacin (ophth)</i>	66
<i>ofloxacin (otic)</i>	75
<i>ogestrel</i>	49
<i>olanzapine</i>	37
<i>olanzapine odt</i>	37
<i>olmesartan medoxomil</i>	26
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	26
<i>olmesartan medoxomil-hydrochlorothiazide</i>	26
<i>olopatadine hcl (nasal)</i>	69
<i>olopatadine hcl 0.1%</i>	67
<i>olopatadine hcl 0.2%</i>	67
OMECLAMOX-PAK	57
<i>omega-3-acid ethyl esters</i>	27
<i>omeprazole cap 10mg</i>	58
<i>omeprazole cap 20mg</i>	58
<i>omeprazole cap 40mg</i>	58
OMNARIS	70
OMNITROPE 10MG	53
OMNITROPE 5.8MG	53
OMNITROPE 5MG	53
<i>ondansetron hcl</i>	55
<i>ondansetron hcl inj</i>	55
<i>ondansetron hcl oral soln</i>	55
<i>ondansetron odt</i>	55
ONEXTON	71
ONFI	33
ONGLYZA	45
ONIVYDE	25
ONZETRA XSAIL	40
OPANA ER (CRUSH RESISTANT)	10
OPSUMIT	31
ORALAIR	61
ORAVIG	75
ORBACTIV	12
ORENITRAM TAB 0.125MG	31
ORENITRAM TAB 0.25MG	31
ORENITRAM TAB 1MG	31
ORENITRAM TAB 2.5MG	31
ORENITRAM TAB 5MG	31
ORFADIN	51

ORKAMBI	70
orsythia	49
oseltamivir phosphate	16
OSMOPREP	56
OTOVEL	75
oxacillin sodium	18
oxaliplatin inj 100mg	24
oxaliplatin inj 100mg/20ml	24
oxaliplatin inj 50mg	24
oxaliplatin inj 50mg/10ml	24
oxandrolone	42
oxaprozin	8
OXAYDO	10
oxcarbazepine	33
oxiconazole nitrate	72
OXISTAT	72
OXTELLAR XR	33
oxybutynin chloride	58
oxycodone hcl	10
oxycodone w/ acetaminophen 10-325mg	10
oxycodone w/ acetaminophen 2.5-325mg	10
oxycodone w/ acetaminophen 5-325mg	10
oxycodone w/ acetaminophen 7.5-325mg	10
oxycodone-aspirin	10
oxycodone-ibuprofen	10
OXYCONTIN	10
oxymorphone hcl	10
OXYTROL	58
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	44
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<i>paclitaxel</i>	21
<i>paliperidone</i>	37
PALONOSETRON INJ 0.25MG/2ML	55
<i>palonosetron inj 0.25mg/5ml</i>	55
<i>pamidronate disodium</i>	46
PAMIDRONATE DISODIUM	46
<i>pamidronate inj 30mg</i>	46
<i>pamidronate inj 90mg</i>	46
PANCREAZE	57
PANDEL	73
<i>panlor</i>	8
PANRETIN	74
<i>pantoprazole sodium</i>	58
<i>paricalcitol</i>	66
<i>paroex sol 0.12%</i>	75
<i>paromomycin sulfate</i>	11
<i>paroxetine er tab</i>	35
<i>paroxetine hcl tabs</i>	35

<i>paroxetine mesylate (vasomotor)</i>	40
PASER D/R	15
PAXIL	35
PAZEO	67
PEDIARIX	63
PEDVAX HIB	63
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	56
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	57
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PEGASYS	16
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PENICILLIN G POT IN DEXTROSE 3MU	18
PENICILLIN G POTASSIUM IN	18
PENICILLIN G PROCAINE	18
<i>penicillin g sodium</i>	19
<i>penicillin v potassium</i>	19
<i>penicillin gk inj 20mu</i>	19
<i>penicillin gk inj 5mu</i>	19
PENNSAID	74
PENTACEL	63
PENTAM 300	12
PENTASA	56
<i>pentoxifylline</i>	60
PERFOROMIST	69
<i>perindopril erbumine</i>	25
<i>periogard soln 0.12%</i>	75
PERJETA	21
<i>permethrin cre 5%</i>	75
<i>perphenazine</i>	37
PERTZYE	57
PEXEVA	35
<i>pfizerpen-g inj 20mu</i>	19
<i>pfizerpen-g inj 5mu</i>	19
<i>phenadoz</i>	55
<i>phenelzine sulfate</i>	35
<i>phenobarbital</i>	33
<i>phenobarbital sodium</i>	33
PHENOBARBITAL SODIUM	33
<i>phenoxybenzamine hcl</i>	30
PHENYTEK	33
<i>phenytoin</i>	33
<i>phenytoin inj 50mg/ml</i>	33
<i>phenytoin sodium extended</i>	33
<i>philith</i>	49
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PHOSPHOLINE IODIDE	68
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<i>pilocarpine hcl</i>	68
<i>pilocarpine hcl (oral)</i>	75

<i>pimozide</i>	37	PRED-G	66
<i>pimtrex</i>	49	PRED-G S.O.P.....	66
<i>pindolol</i>	28	<i>prednicarbate</i>	73
<i>pioglitazone hcl</i>	45	<i>prednisolone acetate (ophth)</i>	67
<i>pioglitazone hcl-glimepiride</i>	45	<i>prednisolone sodium phosphate</i>	52
<i>pioglitazone hcl-metformin hcl</i>	45	PREDNISOLONE SODIUM PHOSPHATE (OPHTH)....	67
PIPER/TAZOBA INJ 12-1.5GM	19	<i>prednisolone sol 15mg/5ml</i>	52
<i>piper/tazoba inj 2-0.25gm</i>	19	<i>prednisolone sol 25mg/5ml</i>	52
<i>piper/tazoba inj 3-0.375gm</i>	19	PREDNISON CON 5MG/ML	52
<i>piper/tazoba inj 36-4.5gm</i>	19	<i>prednisone pak 10mg</i>	52
<i>piper/tazoba inj 4-0.5gm</i>	19	<i>prednisone pak 5mg</i>	52
<i>pirmella 1/35</i>	49	<i>prednisone sol 5mg/5ml</i>	52
<i>piroxicam</i>	8	<i>prednisone tab 10mg</i>	52
PLASMA-LYTE A.....	65	<i>prednisone tab 1mg</i>	52
PLASMA-LYTE-148.....	65	<i>prednisone tab 2.5mg</i>	52
<i>plenamine</i>	64	<i>prednisone tab 20mg</i>	52
<i>podofilox</i>	74	<i>prednisone tab 50mg</i>	52
<i>polyethylene glycol 3350</i>	57	<i>prednisone tab 5mg</i>	52
<i>polymyxin b sulfate</i>	12	<i>pregnyl w/diluent benzyl</i>	53
<i>polymyxin b-trimethoprim</i>	66	PREMARIN CREAM	51
POMALYST	22	PREMARIN INJ	51
<i>portia-28</i>	49	PREMASOL 10%	64
<i>pot chloride inj 2meq/ml</i>	65	<i>premasol 6%</i>	64
<i>potassium chloride</i>	63, 65	<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	66
<i>potassium chloride 0.3%/d</i>	65	PREPOPIK.....	57
<i>potassium chloride caps er</i>	63	PREVACID SOLUTAB	58
<i>potassium chloride in nacl</i>	65	<i>prevalite</i>	27
<i>potassium chloride microencapsulated crystals er</i>	63	<i>previfem</i>	49
<i>potassium chloride tab cr 10 meq</i>	63	PREVYMIS.....	16
<i>potassium citrate (alkalinizer) er tabs</i>	58	PREZCOBIX.....	15
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<i>pramipexole dihydrochloride</i>	35	PRILOSEC	58
<i>pramipexole tab 0.125mg</i>	35	PRIMAQUINE PHOSPHATE.....	13
<i>pramipexole tab 0.25mg</i>	35	<i>primidone</i>	33
<i>pramipexole tab 0.375mg</i>	35	PRIVIGEN.....	61
<i>pramipexole tab 0.5mg</i>	35	PROAIR HFA	69
<i>pramipexole tab 0.75 er</i>	35	PROAIR RESPICLICK	69
<i>pramipexole tab 0.75mg</i>	35	<i>probenecid</i>	7
<i>pramipexole tab 1.5mg</i>	35	PROCALAMINE	64
<i>pramipexole tab 1.5mg er</i>	35	<i>prochlorperazine inj 5 mg/ml</i>	55
<i>pramipexole tab 1mg</i>	35	<i>prochlorperazine maleate</i>	55
<i>pramipexole tab 2.25mg</i>	36	<i>prochlorperazine supp</i>	55
<i>pramipexole tab 3mg</i>	36	PROCRIT	60
<i>pramipexole tab 4.5mg</i>	36	<i>procto-med hc</i>	74
<i>prasugrel hcl</i>	60	<i>procto-pak</i>	74
<i>pravastatin sodium</i>	27	<i>proctosol hc 2.5 %</i>	74
<i>praziquantel</i>	12	<i>proctozone-hc</i>	74
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<i>promethazine hcl</i>	55
<i>promethegan</i>	55
<i>propafenone hcl</i>	26
<i>propafenone hcl 12hr</i>	26
<i>proparacaine hcl</i>	68
<i>propranolol & hydrochlorothiazide</i>	28
<i>propranolol hcl er</i>	28
<i>propranolol inj 1mg/ml</i>	28
<i>propranolol oral sol</i>	28
<i>propranolol tab</i>	28
<i>propylthiouracil</i>	54
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<i>protriptyline hcl</i>	35
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PURIXAN.....	20
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<i>pyridostigmine bromide</i>	40
<i>pyridostigmine tab 60mg</i>	41

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<i>quinapril-hydrochlorothiazide</i>	25
<i>quinidine gluconate</i>	26
<i>quinidine sulfate</i>	26
<i>quinine sulfate</i>	13
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<i>raloxifene hcl</i>	53
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<i>ranitidine hcl</i>	56
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<i>repaglinide-metformin hcl</i>	45
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<i>rifabutin</i>	15
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<i>riluzole</i>	41
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<i>risperidone</i>	37
<i>risperidone odt</i>	37, 38
RITALIN LA	39
<i>ritonavir</i>	14
RITUXAN	21
RITUXAN HYCELA	21
<i>rivastigmine tartrate</i>	34
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	34
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	34
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	34
<i>rivelsa</i>	49
<i>rizatriptan benzoate</i>	40
<i>rizatriptan benzoate odt</i>	40
<i>ropinirole tab 0.25mg</i>	36
<i>ropinirole tab 0.5mg</i>	36
<i>ropinirole tab 12mg er</i>	36
<i>ropinirole tab 1mg</i>	36
<i>ropinirole tab 2mg</i>	36
<i>ropinirole tab 2mg er</i>	36
<i>ropinirole tab 3mg</i>	36
<i>ropinirole tab 4mg</i>	36
<i>ropinirole tab 4mg er</i>	36
<i>ropinirole tab 5mg</i>	36
<i>ropinirole tab 6mg er</i>	36
<i>ropinirole tab 8mg er</i>	36
<i>rosadan cre 0.75%</i>	74
<i>rosuvastatin calcium</i>	27
ROTARIX	63
ROTATEQ	63
<i>roweepra</i>	33
<i>roweepra xr</i>	33
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SEGLUROMET TAB 2.5-500MG	45
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SEGLUROMET TAB 7.5-500MG	45
<i>selegiline hcl</i>	36
<i>selenium sulfide</i>	72
SELZENTRY	14
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<i>sertraline hcl</i>	35
<i>setlakin tab</i>	49
<i>sevelamer carbonate</i>	54
SFROWASA	56
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<i>sharobel</i>	49
SHINGRIX	63
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<i>sildenafil citrate (pulmonary hypertension)</i>	31
SILENOR	39
<i>silver sulfadiazine</i>	72
SIMBRINZA SUS 1-0.2%	68
<i>simvastatin</i>	27
<i>sirolimus</i>	62
SIRTURO	16
SIVEXTRO	12
SKLICE	75
SMOFLIPID	64
<i>sodium chlor sol 0.9% irr</i>	75
<i>sodium chloride</i>	63, 65
<i>sodium chloride 0.45%</i>	66
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	63
<i>sodium phenylbutyrate</i>	51
<i>sodium polystyrene sulfonate</i>	47
SOLQUA 100/33	44
SOLOSEC	12
SOLTAMOX	22
SOLU-CORTEF 1000MG	52
SOLU-CORTEF 100MG	52
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<i>spironolactone</i>	25	SYLATRON KIT 300MCG	24
<i>spironolactone & hydrochlorothiazide</i>	30	SYLATRON KIT 600MCG	24
SPORANOX SOL 10MG/ML	13	SYMBICORT	71
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<i>streptomycin sulfate</i>	11	SYNJARDY TAB 5-1000MG	46
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STRIBILD	15	SYNJARDY XR TAB 10-1000MG	46
STRIVERDI RESPIMAT	69	SYNJARDY XR TAB 12.5-1000MG	46
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SUBOXONE MIS 8-2MG	42	SYNTHROID	54
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<i>sumatriptan inj 6mg/0.5ml</i>	40	<i>tarina fe 1/20</i>	50
<i>sumatriptan succinate</i>	40	TASIGNA	23
<i>sumatriptan-naproxen sodium</i>	40	TAXOTERE	21

TAYTULLA	50	TOBRADEX ST	66
<i>tazarotene</i>	72	<i>tobramycin</i>	11
<i>tazicef</i>	17	<i>tobramycin (ophth)</i>	67
TAZORAC	72	<i>tobramycin inj 1.2 gm/30ml</i>	11
<i>taztia xt</i>	29	<i>tobramycin inj 1.2gm</i>	11
TECENTRIQ	21	<i>tobramycin inj 10mg/ml</i>	11
TEFLARO	17	<i>tobramycin inj 40mg/ml</i>	11
TEGRETOL	33	<i>tobramycin inj 80mg/2ml</i>	11
TEGRETOL-XR	33	<i>tobramycin-dexamethasone</i>	66
TEKTURNA	29	TOBREX OINT 0.3%	67
TEKTURNA HCT	29	TOLAK	74
<i>telmisartan</i>	26	<i>tolmetin sodium</i>	8
<i>telmisartan-amlodipine</i>	26	<i>tolterodine tartrate er</i>	58
<i>telmisartan-hydrochlorothiazide</i>	26	<i>tolterodine tartrate tab 1 mg</i>	58
<i>temazepam</i>	39	<i>tolterodine tartrate tab 2 mg</i>	58
TENIVAC	63	TOPICORT SPRAY 0.25%	73
<i>tenofovir disoproxil fumarate</i>	14	<i>topiramate</i>	33
<i>terazosin hcl</i>	25	<i>toposar</i>	25
<i>terbinafine hcl</i>	13	<i>topotecan inj 4mg</i>	25
<i>terbutaline sulfate</i>	69	TOPOTECAN INJ 4MG/4ML	25
<i>terconazole vaginal</i>	59	TORISEL	21
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<i>testosterone cypionate</i>	43	<i>tpn electrolytes</i>	64
<i>testosterone enanthate</i>	43	TRACLEER	31
<i>testosterone td soln 30 mg/act</i>	43	TRADJENTA	46
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<i>tetrabenazine</i>	41	<i>tramadol hcl er</i>	8
<i>tetracycline hcl</i>	19	<i>tramadol hcl er (biphasic) 100mg</i>	8
TEXACORT	73	<i>tramadol hcl er (biphasic) 200mg</i>	8
THALOMID	22	<i>tramadol hcl er (biphasic) 300mg</i>	8
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<i>theophylline</i>	71	<i>tramadol-acetaminophen</i>	8
<i>thioridazine hcl</i>	38	<i>trandolapril</i>	25
<i>thiotepa</i>	20	<i>trandolapril-verapamil hcl</i>	25
<i>thiothixene</i>	38	<i>tranexamic acid</i>	60
THYMOGLOBULIN	62	<i>tranylcypromine sulfate</i>	35
<i>tiagabine hcl</i>	33	TRAVASOL	64
<i>tigecycline</i>	12	TRAVATAN Z	68
TIGECYCLINE	12	<i>trazodone hcl</i>	35
<i>tilia fe</i>	50	TREANDA	20
<i>timolol maleate</i>	28	TRECTOR	16
<i>timolol maleate (ophth) soln</i>	68	TRELEGY ELLIPTA	68
<i>timolol maleate gel</i>	68	TRELSTAR MIXJECT	22
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<i>triamt/hctz tab 37.5-25</i>	30	ULORIC.....	7
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<i>tri-legest fe</i>	50	VALCHLOR.....	74
<i>tri-lynyah</i>	50	<i>valganciclovir hcl</i>	16
<i>tri-lo- tab marzia</i>	50	<i>valproate sodium</i>	33
<i>tri-lo-estarylla</i>	50	<i>valproic acid</i>	33
<i>tri-lo-sprintec</i>	50	<i>valsartan</i>	26
<i>trilyte</i>	57	<i>valsartan-hydrochlorothiazide</i>	26
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<i>vincristine sulfate</i>	21
<i>vinorelbine tartrate</i>	21
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<i>viorele</i>	50
VIRACEPT	15
VIRAMUNE	15
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VOGELXO 50 MG/5GM	43
<i>voriconazole</i>	13
<i>voriconazole inj 200mg</i>	13
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XIFAXAN TAB 550MG	57
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<i>zenatane</i>	72
<i>zenchent fe</i>	50
<i>zenchent tab</i>	50
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ZEPATIER	16
ZERBAXA	17
ZERIT	15
ZETONNA	70
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This formulary was updated on August 1, 2018. For more recent information or other questions, please contact Piedmont Medicare Advantage's Customer Service, at 1-877-210-1719 or, for TTY users, 7-1-1, 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through February 14. From February 15 through September 30, Customer Service is available 8:00 a.m. to 8:00 p.m., Monday through Friday. Walk-ins are welcome, 8:30 a.m. to 5:00 p.m., Monday through Friday or visit www.pchp.net.