True Blue Rx (HMO)
True Blue Rx Gem (HMO)
True Blue Rx Preferred (HMO)
True Blue Special Needs Plan (HMO SNP)

2019 Essentials Formulary

(List of Covered Drugs)

Please Read: This document contains information about the drugs we cover in this plan.

FORMULARY ID: 19245 V6
This formulary was updated on 01/01/2019.

For more recent information or other questions, please contact Blue Cross of Idaho Care Plus, Inc. at 1-855-479-3661 or, for TTY users, 711, 24 hours a day, seven days a week, or visit ***www.bcidaho.com/DrugList*** for True Blue Rx (HMO), True Blue Rx Gem (HMO), and True Blue Rx Preferred (HMO). Visit ***www.bcidaho.com/SNPDrugs*** for True Blue Special Needs Plan (HMO SNP).

Blue Cross of Idaho Care Plus, Inc. is a HMO or HMO SNP health plan with a Medicare and Idaho Medicaid contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal.

Esta información está disponible sin costo alguno en otros idiomas. Para información adicional, por favor marque a nuestro número de servicio al cliente 1-888-495-2583 de 8 a.m. a 8 p.m. Usuarios de TTY llamar al 1-800-377-1363.

Blue Cross of Idaho Care Plus, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-494-2583 (TTY: 1-800-377-1363). 注 意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-494-2583 (TTY: 1-800-377-1363)。

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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 Blue Cross of Idaho Care Plus, Inc. When it refers to "plan" or "our plan," it means True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, or True Blue Special Needs Plan.

This document includes list of the drugs (formulary) for our plan which is current as of 01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

WHAT IS THE TRUE BLUE RX, TRUE BLUE RX GEM, TRUE BLUE RX PREFERRED, AND TRUE BLUE SPECIAL NEEDS PLAN FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled "How do I request an exception to the True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, and True Blue Special Needs Plan's Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 01/2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will send you a notice in the event of a mid-year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. We list any formulary updates on our website along with the most current 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 six. 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 Medications. If you know what your drug is used for, look for the category name in the list that begins on page six. 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 in the back of the formulary. 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?

We 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:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 pills per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page six. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, and True Blue Special Needs Plan's formulary?" on this page 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 we do not cover your drug, you have two options:

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

HOW DO I REQUEST AN EXCEPTION TO THE TRUE BLUE RX, TRUE BLUE RX GEM, TRUE BLUE RX PREFERRED, AND TRUE BLUE SPECIAL NEEDS PLAN'S FORMULARY?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

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

WHAT DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

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

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

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

When you have a change in your level of care, like admission to a long-term care facility, you may need more medication. Requests for more medication may be denied if you ask for a refill too soon. If this happens, your pharmacy can ask us to override the denial in order to refill your prescription.

FOR MORE INFORMATION

For more detailed information about your True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, or True Blue Special Needs Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, or True Blue Special Needs Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

TRUE BLUE RX, TRUE BLUE RX GEM, TRUE BLUE RX PREFERRED, AND TRUE BLUE SPECIAL NEEDS PLAN'S FORMULARY

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tab	2	
colchicine w/ probenecid	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
probenecid	3	
ULORIC	3	ST
NSAIDS		
celecoxib CAPS 50mg	3	QL (240 caps / 30 days)
celecoxib CAPS 100mg	3	QL (120 caps / 30 days)
celecoxib CAPS 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium	3	QL (120 tabs / 30 days)
diclofenac sodium TB24; TBEC	2	
diflunisal	3	
flurbiprofen TABS	3	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen SUSP	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
ketoprofen cap 75mg	3	
meloxicam TABS	1	
nabumetone TABS	2	
naproxen TABS	1	
naproxen dr	2	
sulindac TABS	2	
OPIOID ANALGESICS		
acetaminophen w/ codeine 300-15mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine 300-30mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine 300-60mg	2	QL (180 tabs / 30 days)
acetaminophen w/ codeine soln	2	QL (2700 mL / 30 days)
nalbuphine hcl SOLN	4	
tramadol hcl tab 50 mg	2	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS, CII		
endocet 2.5-325mg	3	QL (360 tabs / 30 days)
endocet 5-325mg	3	QL (360 tabs / 30 days)
endocet 7.5-325mg	3	QL (240 tabs / 30 days)
endocet 10-325mg	3	QL (180 tabs / 30 days)
fentanyl citrate LPOP	5	QL (120 lozenges / 30 days), PA
fentanyl patch 12 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 25 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 50 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 75 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 100 mcg/hr	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
hydroco/apap tab 5-325mg	2	QL (240 tabs / 30 days)
hydroco/apap tab 7.5-325	2	QL (180 tabs / 30 days)
hydroco/apap tab 10-325mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD	4	QL (600 mL / 30 days)
hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
hydromorphone hcl TABS	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
lorcet hd tab 10-325mg	2	QL (180 tabs / 30 days)
lorcet plus tab 7.5-325	2	QL (180 tabs / 30 days)
lorcet tab 5-325mg	2	QL (240 tabs / 30 days)
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl 5mg	3	QL (90 tabs / 30 days), PA
methadone hcl 10mg	3	QL (90 tabs / 30 days), PA
methadone hcl intensol	3	QL (90 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
morphine ext-rel tab 15mg, 30mg, 60mg, 100mg	3	QL (90 tabs / 30 days), PA
morphine ext-rel tab 200mg	3	QL (60 tabs / 30 days), PA
morphine sul inj 1mg/ml	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
morphine sul inj 10mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate TABS 15mg	3	QL (180 tabs / 30 days)
morphine sulfate TABS 30mg	3	QL (90 tabs / 30 days)
morphine sulfate oral soln 10mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 20mg/5ml	3	QL (750 mL / 30 days)
morphine sulfate oral soln 100mg/5ml	3	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
oxycodone hcl TABS	3	QL (180 tabs / 30 days)
oxycodone soln 5mg/5ml	4	QL (900 mL / 30 days)
oxycodone w/ acetaminophen 2.5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 7.5-325mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen 10-325mg	3	QL (180 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.)	2	B/D
lidocaine inj 0.5%	2	B/D
lidocaine inj 1%	2	B/D
lidocaine inj 1.5% preservative free (pf)	2	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	4	
gentamicin in saline	2	
gentamicin sulfate SOLN	3	
neomycin sulfate TABS	3	
paromomycin sulfate CAPS	4	

*This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Tier	Requirements/Limits
streptomycin sulfate SOLR	5	
SULFADIAZINE TABS	4	
tobramycin NEBU	5	NM, PA
tobramycin inj 1.2 gm/30ml	3	
tobramycin inj 1.2gm	5	
tobramycin inj 10mg/ml	3	
tobramycin inj 40mg/ml	3	
tobramycin inj 80mg/2ml	3	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	5	
ALINIA	5	
atovaquone SUSP	5	
aztreonam	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
clindamycin cap 75mg	2	
clindamycin cap 300 mg	2	
clindamycin hcl cap 150 mg	2	
clindamycin phosphate in d5w	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
clindamycin phosphate inj	3	
clindamycin soln 75mg/5ml	4	
colistimethate sodium SOLR	4	
dapsone TABS	3	
daptomycin 500mg	5	
EMVERM	5	
ertapenem sodium	4	
imipenem-cilastatin	3	
INVANZ	4	
ivermectin TABS	3	
linezolid in sodium chloride	4	
linezolid inj	4	
linezolid susp	5	
linezolid tab 600mg	5	
meropenem	4	
methenamine hippurate	3	

Drug Name	Drug Tier	Requirements/Limits
metronidazole TABS	2	
metronidazole in nacl	2	
NEBUPENT	4	B/D
nitrofurantoin macrocrystal 50mg, 100mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
nitrofurantoin monohyd macro	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
praziquantel TABS	3	
SIVEXTRO	5	
sulfamethoxazole-trimethop ds	1	
sulfamethoxazole-trimethoprim inj	4	
sulfamethoxazole-trimethoprim susp	4	
sulfamethoxazole-trimethoprim tab 400-80mg	1	
SYNERCID	5	
tigecycline	5	
trimethoprim TABS	2	
vancomycin hcl CAPS 125mg	4	
vancomycin hcl CAPS 250mg	5	
vancomycin hcl SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	4	
VANCOMYCIN IN NACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
amphotericin b SOLR	3	B/D
caspofungin acetate	5	
fluconazole SUSR	3	
fluconazole TABS	2	
fluconazole in dextrose	4	
fluconazole inj nacl 200	3	
fluconazole inj nacl 400	3	
flucytosine CAPS	5	
griseofulvin microsize SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin microsize TABS	4	
griseofulvin ultramicrosize	4	
itraconazole CAPS	4	PA
ketoconazole TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
nystatin TABS	3	
terbinafine hcl TABS	2	QL (90 tabs / year)
voriconazole SOLR	4	
voriconazole SUSR; TABS	5	
ANTIMALARIALS		
atovaquone-proguanil hcl	4	
chloroquine phosphate TABS	4	
COARTEM	4	
mefloquine hcl	3	
PRIMAQUINE PHOSPHATE	3	
quinine sulfate CAPS	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN	4	
abacavir sulfate TABS	3	
APTIVUS	5	
atazanavir sulfate	5	
CRIXIVAN	4	
didanosine	4	
EDURANT	5	
efavirenz CAPS 50mg	4	
efavirenz CAPS 200mg	5	
efavirenz TABS	5	
EMTRIVA	3	
fosamprenavir tab 700 mg	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	

*This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	
lamivudine	3	
LEXIVA SUSP	4	
nevirapine tab 200mg	3	
nevirapine tb24	4	
NORVIR CAPS	3	
NORVIR PACK; SOLN	4	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
REYATAZ PACK	5	
ritonavir	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
stavudine	3	
tenofovir disoproxil fumarate	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	5	
ZERIT SOLR	5	
zidovudine cap 100mg	4	
zidovudine syp 50mg/5ml	4	

*This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Tier	Requirements/Limits
zidovudine tab 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine	3	
abacavir sulfate-lamivudine-zidovudine	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
lamivudine-zidovudine	4	
lopinavir-ritonavir	4	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
cycloserine CAPS	5	
ethambutol hcl TABS	3	
isoniazid TABS	1	
isoniazid syp 50mg/5ml	4	
PASER D/R	4	
PRIFTIN	4	
pyrazinamide TABS	4	
rifabutin	4	
rifampin CAPS	3	

*This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Tier	Requirements/Limits
rifampin SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	
ANTIVIRALS		
acyclovir CAPS; TABS	2	
acyclovir SUSP	4	
acyclovir sodium	4	B/D
adefovir dipivoxil	5	NM
BARACLUDE SOLN	5	NM
entecavir	5	NM
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	NM
famciclovir TABS	3	
ganciclovir sodium	3	B/D
HARVONI	5	NM, PA
lamivudine (hbv)	4	NM
MAVYRET	5	NM, PA
moderiba tab 200mg	4	NM
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK 180mcg/0.5ml	5	NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
ribasphere cap 200mg	3	NM
ribasphere tab 200mg	4	NM
ribavirin cap 200mg	3	NM
ribavirin tab 200mg	4	NM
rimantadine hydrochloride	3	
valacyclovir hcl TABS	3	
valganciclovir hcl	5	
VEMLIDY	5	NM
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
cefaclor CAPS	3	
cefadroxil CAPS	2	
cefadroxil SUSR	3	
cefadroxil TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
cefazolin inj	3	
cefazolin sodium SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
cefdinir CAPS	3	
cefdinir SUSR	4	
cefepime hcl	4	
cefixime	4	
cefoxitin sodium	4	
cefpodoxime proxetil SUSR	4	
cefpodoxime proxetil TABS	3	
ceftazidime SOLR	3	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
cefuroxime axetil	3	
cefuroxime sodium	4	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
tazicef SOLR	3	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK; SOLR; SUSR	3	
azithromycin TABS	1	
clarithromycin TABS	3	
clarithromycin er	3	
clarithromycin for susp	4	
e.e.s. 400	4	

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Drug Name	Drug Tier	Requirements/Limits
ery-tab	4	
ERYTHROCIN LACTOBIONATE	4	
erythrocin stearate	4	
erythromycin base	4	
erythromycin cap 250mg ec	4	
erythromycin ethylsuccinate TABS	4	
FLUOROQUINOLONES		
ciprofloxacin hcl tab 100mg	4	
ciprofloxacin hcl tab 250mg, 500mg, 750mg	1	
ciprofloxacin in d5w	3	
levofloxacin TABS	1	
levofloxacin in d5w	3	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25 mg/ml	4	
PENICILLINS		
amoxicillin CAPS; SUSR; TABS	1	
amoxicillin CHEW	2	
amoxicillin & pot clavulanate CHEW	4	
amoxicillin & pot clavulanate SUSR	3	
amoxicillin & pot clavulanate TABS	2	
ampicillin & sulbactam sodium	4	
ampicillin cap 500mg	2	
ampicillin inj	4	
ampicillin sodium	4	
BICILLIN L-A	4	
dicloxacillin sodium	3	
nafcillin sodium 1gm, 2gm	4	
nafcillin sodium 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
penicillin g sodium	4	
penicillin v potassium SOLR	2	
penicillin v potassium TABS	1	
penicilln gk inj 5mu	4	
penicilln gk inj 20mu	4	

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Drug Name	Drug Tier	Requirements/Limits
pfizerpen-g inj 5mu	4	
pfizerpen-g inj 20mu	4	
piper/tazoba inj 2-0.25gm	4	
piper/tazoba inj 3-0.375gm	4	
piper/tazoba inj 4-0.5gm	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
piper/tazoba inj 36-4.5gm	4	
TETRACYCLINES		
doxy 100	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS	3	
doxycycline hyclate SOLR	4	
doxycycline hyclate TABS 20mg, 100mg	3	
minocycline hcl CAPS	3	
morgidox cap 1x50mg	3	
tetracycline hcl CAPS	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
cyclophosphamide CAPS	4	B/D
dacarbazine 100mg	3	B/D
EMCYT	4	
GLEOSTINE 10mg, 40mg, 100mg	4	
HEXALEN	5	
LEUKERAN	5	
ANTIBIOTICS		
bleomycin sulfate	3	B/D
mitomycin SOLR	5	B/D
ANTIMETABOLITES		
adrucil	3	B/D
adrucil inj	3	B/D
ALIMTA	5	B/D
azacitidine	5	B/D, NM
fluorouracil SOLN	3	B/D
mercaptopurine TABS	4	

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Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj	2	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
docetaxel CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
TAXOTERE 80mg/4ml	5	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
anastrozole TABS	2	
bicalutamide	3	
ERLEADA	5	NM, LA, PA
exemestane	4	
FARESTON	5	
FASLODEX	5	B/D
flutamide	3	
letrozole TABS	2	
leuprolide inj 1mg/0.2	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
megestrol ac sus 40mg/ml	4	
megestrol ac tab 20mg	3	
megestrol ac tab 40mg	3	
megestrol sus 625mg/5ml	4	PA
nilutamide	5	
SOLTAMOX	5	
tamoxifen citrate TABS	1	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), 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
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	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
imatinib mesylate 100mg	5	QL (90 tabs / 30 days), NM, PA
imatinib mesylate 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

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Drug Name	Drug Tier	Requirements/Limits
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
TAGRISSO	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
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		
bexarotene	5	NM, PA
hydroxyurea CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
SYNRIBO	5	NM, PA
tretinoin (chemotherapy)	5	
PLATINUM-BASED AGENTS		
carboplatin	3	B/D
cisplatin	3	B/D
PROTECTIVE AGENTS		
dexrazoxane 500mg	5	B/D
leucovorin calcium SOLR	4	B/D
leucovorin calcium TABS	3	
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
etoposide SOLN	3	B/D
toposar	3	B/D
topotecan hcl	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl	1	
benazepril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
moexipril-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
ACE INHIBITORS		
benazepril hcl TABS	1	
enalapril maleate TABS	1	
fosinopril sodium	1	
lisinopril TABS	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	

Drug Name	Drug Tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	3	
spironolactone TABS	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS	2	
prazosin hcl	3	
terazosin hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg	1	
amlodipine-valsartan-hydrochlorothiazide 5-160-25mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-160-25mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-320-25mg	1	
ENTRESTO	3	
irbesartan-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide	1	
valsartan-hydrochlorothiazide	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil TABS	1	
telmisartan	1	

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Drug Name	Drug Tier	Requirements/Limits
valsartan	1	
ANTIARRHYTHMICS		
amiodarone hcl soln	2	
amiodarone tab 100mg	4	
amiodarone tab 200mg	1	
amiodarone tab 400mg	4	
disopyramide phosphate	4	
dofetilide	4	NM
flecainide acetate	3	
mexiletine hcl	4	
MULTAQ	4	
NORPACE CR	4	
pacerone 100mg, 400mg	4	
pacerone 200mg	1	
propafenone hcl	3	
propafenone hcl 12hr	4	
quinidine gluconate TBCR	4	
quinidine sulfate TABS	2	
sorine	2	
sotalol hcl	2	
sotalol hcl (afib/afl)	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS	1	
lovastatin	1	
pravastatin sodium	1	
rosuvastatin calcium	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg	1	
simvastatin TABS 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	4	
cholestyramine light	4	
colesevelam hcl	3	
colestipol hcl gran	4	
colestipol hcl pack	4	
colestipol hcl tabs	3	
ezetimibe	4	

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Drug Name	Drug Tier	Requirements/Limits
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	3	
fenofibrate micronized 67mg, 134mg, 200mg	3	
gemfibrozil TABS	2	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
niacin er (antihyperlipidemic) 500mg	4	QL (90 tabs / 30 days)
niacin er (antihyperlipidemic) 750mg, 1000mg	4	
niacor	3	
PRALUENT	5	NM, PA
prevalite	4	
VASCEPA	4	
WELCHOL PAK	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	2	
bisoprolol & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide	3	
BETA-BLOCKERS		
acebutolol hcl CAPS	2	
atenolol TABS	1	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
carvedilol	1	
labetalol hcl TABS	3	
metoprolol succinate	2	
metoprolol tartrate SOCT	3	
metoprolol tartrate SOLN	3	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
pindolol	3	
propranolol cap er	3	
propranolol hcl TABS	3	
propranolol oral sol	3	
timolol maleate TABS	3	
CALCIUM CHANNEL BLOCKERS		
afeditab cr	3	
amlodipine besylate TABS	1	
cartia xt cap 120/24hr	3	

Drug Name	Drug Tier	Requirements/Limits
cartia xt cap 180/24hr	3	
cartia xt cap 240/24hr	3	
cartia xt cap 300/24hr	3	
dilt-xr cap	3	
diltiazem cap 120mg cd	3	
diltiazem cap 180mg cd	3	
diltiazem cap 240mg cd	3	
diltiazem cap 300mg cd	3	
diltiazem cap 360mg cd	3	
diltiazem cap er/12hr	4	
diltiazem hcl TABS	2	
diltiazem hcl cap sr 24hr	3	
diltiazem hcl coated beads cap sr 24hr	3	
diltiazem hcl extended release beads cap sr	3	
diltiazem inj	2	
felodipine	2	
nicardipine hcl CAPS	4	
nifedipine TB24	3	
nimodipine CAPS	5	
NYMALIZE	5	
taztia xt	3	
verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	3	
verapamil cap er 360mg	4	
verapamil hcl SOLN	4	
verapamil hcl TABS	1	
verapamil hcl tab er	2	
DIGITALIS GLYCOSIDES		
digitek .25mg	3	PA; PA if 70 years and older
digitek .125mg	3	QL (30 tabs / 30 days)
digox 125mcg	3	QL (30 tabs / 30 days)
digox 250mcg	3	PA; PA if 70 years and older
digoxin TABS 125mcg	3	QL (30 tabs / 30 days)
digoxin TABS 250mcg	3	PA; PA if 70 years and older
digoxin inj	4	
digoxin sol 50mcg/ml	4	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	4	
TEKTURNA HCT	4	
DIURETICS		
acetazolamide CP12	4	
acetazolamide TABS	3	
amiloride & hydrochlorothiazide	2	
amiloride hcl TABS	3	
bumetanide inj 0.25/ml	3	
bumetanide tab	3	
chlorothiazide tabs	3	
chlorthalidone	3	
furosemide SOLN	2	
furosemide TABS	1	
furosemide inj	2	
hydrochlorothiazide CAPS; TABS	1	
indapamide	2	
methazolamide TABS	4	
metolazone	3	
spironolactone & hydrochlorothiazide	3	
torsemide tabs	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tabs	1	
MISCELLANEOUS		
clonidine hcl PTWK	4	
clonidine hcl TABS	1	
CORLANOR	4	
DEMSER	5	PA
hydralazine hcl SOLN	4	
hydralazine hcl TABS	2	
midodrine hcl	3	
minoxidil TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	

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Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorb mononitrate tab	2	
isosorbide dinitrate	3	
isosorbide dinitrate er	4	
isosorbide mononitrate er	2	
minitran	3	
NITRO-BID	3	
nitroglycerin SUBL	3	
nitroglycerin td patch	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
sildenafil citrate tab 20 mg (pulmonary hypertension)	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam tab 0.5mg	2	QL (150 tabs / 30 days)
alprazolam tab 0.25mg	2	QL (150 tabs / 30 days)
alprazolam tab 1mg	2	QL (150 tabs / 30 days)
alprazolam tab 2 mg	2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg	2	
fluvoxamine maleate TABS	2	
lorazepam SOLN	2	
lorazepam TABS	2	QL (150 tabs / 30 days)
lorazepam intensol	3	QL (150 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
carbamazepine CHEW; TABS	3	
carbamazepine CP12; SUSP; TB12	4	
CELONTIN	4	
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
diazepam TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam gel	4	
diazepam inj	3	
diazepam intensol	3	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam oral soln 1 mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN-125 SUSP	4	
divalproex sodium CSDR; TB24	4	
divalproex sodium TBEC	3	
epitol	3	
ethosuximide CAPS; SOLN	4	
felbamate SUSP	5	
felbamate TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	2	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	2	QL (360 caps / 30 days)
gabapentin CAPS 400mg	2	QL (270 caps / 30 days)
gabapentin SOLN	3	QL (2160 mL / 30 days)
gabapentin TABS 600mg	3	QL (180 tabs / 30 days)
gabapentin TABS 800mg	3	QL (120 tabs / 30 days)
lamotrigine CHEW	3	
lamotrigine TABS	2	
levetiracetam SOLN	4	
levetiracetam TABS	3	
levetiracetam in sodium chloride	4	
levetiracetam oral soln 100 mg/ml	3	
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
oxcarbazepine SUSP	4	
oxcarbazepine TABS	3	
PEGANONE	4	
phenobarbital ELIX	4	PA; PA if 70 years and older
phenobarbital TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
phenobarbital sodium SOLN 130mg/ml	4	PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
PHENYTEK	3	
phenytoin CHEW; SUSP	3	
phenytoin sodium extended	3	
phenytoin sodium inj 50mg/ml	3	
primidone TABS	2	
roweepra	3	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
subvenite tab	2	
tiagabine hcl	4	
topiramate CPSP	3	
topiramate TABS	2	
valproate sodium SOLN	4	
valproate sodium oral soln	3	
valproic acid	3	
vigabatrin powd pack 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
zonisamide CAPS	3	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg	2	
donepezil hydrochloride TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	2	
galantamine hydrobromide SOLN	4	
galantamine hydrobromide TABS	4	QL (60 tabs / 30 days)
galantamine hydrobromide er	4	QL (30 caps / 30 days)
memantine hcl cp24	4	PA; PA if < 30 yrs
memantine soln	4	PA; PA if < 30 yrs
memantine tabs	3	PA; PA if < 30 yrs
NAMZARIC	4	
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS	3	
amoxapine	3	
bupropion hcl TABS; TB24	3	
bupropion hcl TB12	2	
citalopram hydrobromide SOLN	3	
citalopram hydrobromide TABS	1	
clomipramine hcl CAPS	4	PA
desipramine hcl TABS	4	
desvenlafaxine succinate	4	QL (30 tabs / 30 days), PA
doxepin hcl CAPS; CONC	3	
duloxetine hcl CPEP 20mg	3	QL (180 caps / 30 days)
duloxetine hcl CPEP 30mg	3	QL (120 caps / 30 days)
duloxetine hcl CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN	4	
escitalopram oxalate TABS	1	
FETZIMA 20mg	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
fluoxetine cap 10mg	1	
fluoxetine cap 20mg	1	
fluoxetine cap 40mg	1	
fluoxetine hcl SOLN	2	
imipramine hcl TABS	3	
maprotiline hcl	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
mirtazapine TABS	2	
mirtazapine TBDP	3	
nefazodone hcl	4	
nortriptyline hcl CAPS	2	
nortriptyline hcl SOLN	4	

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl tabs	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
phenelzine sulfate TABS	3	
protriptyline hcl	4	
sertraline hcl CONC	4	
sertraline hcl TABS	1	
tranylcypromine sulfate	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg	4	QL (240 caps / 30 days)
trimipramine maleate CAPS 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
venlafaxine hcl CP24	2	
venlafaxine hcl TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS	3	QL (120 caps / 30 days)
amantadine hcl SYRP	2	
amantadine hcl TABS	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj	4	
benztropine mesylate tab 0.5mg	3	PA; PA if 70 years and older
benztropine mesylate tab 1mg	3	PA; PA if 70 years and older
benztropine mesylate tab 2mg	3	PA; PA if 70 years and older
bromocriptine mesylate CAPS; TABS	4	
carbidopa-levodopa TABS	2	
carbidopa-levodopa TBCR	3	
carbidopa-levodopa TBDP	4	
carbidopa-levodopa-entacapone	4	
entacapone	4	
NEUPRO	4	
pramipexole tab 0.5mg	2	

Drug Name	Drug Tier	Requirements/Limits
pramipexole tab 0.25mg	2	
pramipexole tab 0.75mg	2	
pramipexole tab 0.125mg	2	
pramipexole tab 1.5mg	2	
pramipexole tab 1mg	2	
rasagiline mesylate TABS	4	
ropinirole tab 0.5mg	2	
ropinirole tab 0.25mg	2	
ropinirole tab 1mg	2	
ropinirole tab 2mg	2	
ropinirole tab 3mg	2	
ropinirole tab 4mg	2	
ropinirole tab 5mg	2	
selegiline hcl CAPS; TABS	3	
trihexyphenidyl hcl	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
aripiprazole odt	5	QL (60 tabs / 30 days)
aripiprazole oral solution 1 mg/ml	5	QL (900 mL / 30 days)
aripiprazole tab	4	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)
chlorpromazine hcl TABS	4	
CHLORPROMAZINE INJ	4	
clozapine odt 12.5mg, 25mg	4	PA
clozapine odt 100mg	4	QL (270 tabs / 30 days), PA
clozapine odt 150mg	4	QL (180 tabs / 30 days), PA
clozapine odt 200mg	5	QL (135 tabs / 30 days), PA
clozapine tab 25mg	3	
clozapine tab 50mg	3	
clozapine tab 100mg	4	QL (270 tabs / 30 days)
clozapine tab 200mg	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
fluphenazine decanoate SOLN	4	

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Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl	4	
GEODON SOLR	4	QL (6 mL / 3 days)
haloperidol TABS	3	
haloperidol conc 2mg/ml	2	
haloperidol decanoate SOLN	4	
haloperidol lactate inj 5mg/ml	3	
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, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
loxapine succinate	3	
NUPLAZID TABS 17mg	5	QL (60 tabs / 30 days), NM, LA, PA
olanzapine SOLR	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg	3	QL (240 tabs / 30 days)
olanzapine TABS 5mg	3	QL (120 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
olanzapine TABS 10mg	3	QL (60 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days)
paliperidone 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
paliperidone 6mg	5	QL (60 tabs / 30 days)
perphenazine TABS	4	
pimozide	4	
quetiapine fumarate TABS	2	
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days)
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 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)

Drug Name	Drug Tier	Requirements/Limits
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)
risperidone SOLN	3	QL (240 mL / 30 days)
risperidone TABS	2	
risperidone TBDP .5mg	4	QL (90 tabs / 30 days)
risperidone TBDP .25mg, 1mg, 2mg, 3mg, 4mg	4	QL (60 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)
thioridazine hcl TABS	3	
thiothixene	4	
trifluoperazine hcl	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
ziprasidone hcl	4	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		
amphetamine-dextroamphetamine cap sr 24hr 5 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	4	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 5 mg	3	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days)
guanfacine er (adhd)	3	PA; PA if 70 years and older
metadate er tab 20mg	4	QL (90 tabs / 30 days)
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days)
methylphenidate hcl oral soln 5mg/5ml	4	QL (1800 mL / 30 days)
methylphenidate hcl oral soln 10mg/5ml	4	QL (900 mL / 30 days)
methylphenidate tab 10mg er	4	QL (90 tabs / 30 days)
methylphenidate tab 20mg er	4	QL (90 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)
temazepam 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
temazepam 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE		
dihydroergotamine mesylate inj 1 mg/ml	5	
dihydroergotamine mesylate nasal	5	QL (8 mL / 30 days)
eletriptan hydrobromide	4	QL (12 tabs / 30 days)
ergotamine w/ caffeine TABS	4	
rizatriptan benzoate TABS	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 inhalers / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 inhalers / 30 days)
sumatriptan inj 4mg/0.5ml	4	QL (18 injections / 30 days)
sumatriptan inj 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
lithium carbonate CAPS	1	
lithium carbonate TABS	2	
lithium carbonate er	2	
LITHIUM SOLN 8MEQ/5ML	4	
NUEDEXTA	4	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS	3	
riluzole	3	
tetrabenazine 12.5mg	5	QL (240 tabs / 30 days), NM, PA
tetrabenazine 25mg	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
glatiramer acetate 20mg/ml	5	QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatopa 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg	3	PA; PA if 70 years and older
dantrolene sodium CAPS	4	
tizanidine hcl TABS	2	
NARCOLEPSY/CATAPLEXY		
armodafinil 50mg	4	QL (90 tabs / 30 days), PA
armodafinil 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	4	
buprenorphine hcl SUBL	3	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent)	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
disulfiram TABS	3	
naloxone inj 0.4mg/ml	3	
naloxone inj 1mg/ml	3	
naltrexone hcl TABS	3	
NARCAN	3	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	NM

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
oxandrolone tab 2.5mg	3	PA
oxandrolone tab 10mg	4	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
testosterone cypionate SOLN	3	PA
testosterone enanthate SOLN	3	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	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 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	

Drug Name	Drug Tier	Requirements/Limits
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)
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		
acarbose	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
glimepiride 1mg	1	QL (240 tabs / 30 days)
glimepiride 2mg	1	QL (120 tabs / 30 days)
glimepiride 4mg	1	QL (60 tabs / 30 days)
glip/metform tab 2.5-250mg	1	QL (240 tabs / 30 days)
glip/metform tab 2.5-500mg	1	QL (120 tabs / 30 days)
glip/metform tab 5-500mg	1	QL (120 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg	1	QL (240 tabs / 30 days)
glipizide TB24 5mg	1	QL (120 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl 2.5mg	1	QL (240 tabs / 30 days)
glipizide xl 5mg	1	QL (120 tabs / 30 days)
glipizide xl 10mg	1	QL (60 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
metformin er 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin er 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
nateglinide	1	QL (90 tabs / 30 days)
pioglitazone hcl	1	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
alendronate sodium TABS	1	
ibandronate sodium TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	3	B/D
pamidronate inj 30mg	3	B/D
pamidronate inj 90mg	3	B/D
zoledronic acid inj 5mg/100ml	4	B/D, NM
zoledronic inj 4mg/5ml	4	B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
kionex sus 15gm/60ml	3	
sodium polystyrene sulfonate powder	3	
sodium polystyrene sulfonate susp	3	
sps susp 15gm/60ml	3	
trientine hcl	5	PA
CONTRACEPTIVES		
altavera	2	
alyacen 1/35	2	
apri	2	
aubra	2	
aviane	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
camila	2	
caziant pak	3	
cryselle-28	2	
cyclafem 1/35	2	
cyred	2	
dasetta 1/35	2	
deblitane	2	
delyla	2	
desogestrel & ethinyl estradiol	2	
ELLA	4	
emoquette	2	
enpresse-28	2	
enskyce	2	

Drug Name	Drug Tier	Requirements/Limits
errin	2	
estarylla tab 0.25-35	2	
ethynodiol diacet & eth estrad	3	
ethynodiol tab 1-50	3	
falmina	2	
femynor	2	
heather	2	
isibloom	2	
jolivette	2	
juleber	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kelnor 1/35	3	
kelnor 1/50	3	
kurvelo	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia	2	
lessina	2	
levonest	2	
levonor/ethi tab	2	
levonorgestrel & eth estradiol	2	
levora 0.15/30-28	2	
low-ogestrel	2	
lutera	2	
lyza	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive)	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah tab 0.25-35	2	
mononessa	2	
myzilra	2	
nora-be tab 0.35mg	2	
norethindrone (contraceptive)	2	

Drug Name	Drug Tier	Requirements/Limits
norgest/ethi tab 0.25/35	2	
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc	2	
nortrel 1/35	2	
NUVARING	4	
orsythia	2	
pirmella 1/35	2	
portia-28	2	
previfem	2	
reclipsen	2	
sharobel	2	
sprintec 28	2	
sronyx	2	
tarina fe 1/20	2	
tri-linyah	2	
tri-lo- tab marzia	3	
tri-lo-estarylla	3	
tri-lo-sprintec	3	
tri-mili	2	
tri-previfem	2	
tri-sprintec	2	
tri-vylibra	2	
trinessa	2	
trinessa lo	3	
trivora-28	2	
tulana	2	
velivet	3	
vienva	2	
vylibra	2	
xulane dis 150-35	4	
zovia 1/35e	3	
zovia 1/50e	3	

Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIOSIS		
danazol CAPS	4	
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
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
levocarnitine (metabolic modifiers)	4	B/D
LUMIZYME	5	NM, LA, PA
miglustat	5	NM, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
estradiol PTWK	3	
estradiol TABS	2	
estradiol vaginal cream	4	
estradiol vaginal tab	3	
estradiol valerate inj	3	
fyavolv	3	
jinteli	3	
norethindrone acetate-ethinyl estradiol	3	
yuvafem vaginal tablet 10mcg	3	
GLUCOCORTICOIDS		
cortisone acetate TABS	4	
DEXAMETHASONE CONC	4	
dexamethasone ELIX; SOLN	3	
dexamethasone TABS	2	
dexamethasone sodium phosphate	2	

Drug Name	Drug Tier	Requirements/Limits
fludrocortisone acetate TABS	2	
hydrocortisone TABS	3	
methylpr ss inj	3	B/D
methylpred pak 4mg	2	
methylpred tab 4mg	3	B/D
methylpred tab 8mg	3	B/D
methylpred tab 16mg	3	B/D
methylpred tab 32mg	3	B/D
methylprednisolone acetate	2	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisolone sol 15mg/5ml	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
prednisone pak 5mg	2	
prednisone pak 10mg	2	
prednisone sol 5mg/5ml	4	B/D
prednisone tab 1mg	1	B/D
prednisone tab 2.5mg	1	B/D
prednisone tab 5mg	1	B/D
prednisone tab 10mg	1	B/D
prednisone tab 20mg	1	B/D
prednisone tab 50mg	1	B/D
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
cabergoline	4	
calcitonin (salmon)	3	B/D
FORTEO	5	NM, PA
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
INCRELEX	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
KORLYM	5	NM, LA, PA
NATPARA	5	NM, PA
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
octreotide acetate 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
raloxifene tab 60mg	3	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days)
calcium acetate (phosphate binder) CAPS	4	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate TABS	4	QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate tab	1	
norethindrone acetate TABS	3	
THYROID AGENTS		
levo-t	2	
levothyroxine sodium TABS	2	
levoxyl	2	
liothyronine sodium TABS	3	
methimazole TABS	2	
propylthiouracil TABS	3	
SYNTHROID	4	
unithroid	2	
VASOPRESSINS		
desmopressin acetate spray	4	
desmopressin acetate spray refrigerated	4	
desmopressin acetate tabs	3	

Drug Name	Drug Tier	Requirements/Limits
desmopressin inj 4mcg/ml	4	
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant	4	B/D
aprepitant pak 80mg & 125mg	4	B/D
compro supp	4	
dronabinol	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
granisetron hcl SOLN	3	
granisetron hcl TABS	4	B/D
meclizine hcl TABS	2	
metoclopramide hcl SOLN	2	
metoclopramide hcl TABS	1	
metoclopramide hcl inj	2	
ondansetron hcl TABS	3	B/D
ondansetron hcl inj	2	
ondansetron hcl oral soln	4	B/D
ondansetron odt	2	B/D
prochlorperazine inj	4	
prochlorperazine maleate TABS	2	
prochlorperazine supp	4	
promethazine hcl SYRP; TABS	2	PA; PA if 70 years and older
promethazine hcl inj	4	PA; PA if 70 years and older
scopolamine patch	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
dicyclomine hcl cap 10mg	3	
dicyclomine hcl soln 10mg/5ml	4	
dicyclomine hcl tab 20mg	3	
glycopyrrolate TABS	3	
H2-RECEPTOR ANTAGONISTS		
famotidine TABS 20mg, 40mg	1	
famotidine in nacl	2	
famotidine inj	2	
ranitidine hcl TABS	1	

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Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl inj	3	
ranitidine inj	3	
ranitidine syrup	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	QL (120 caps / 30 days)
balsalazide disodium	4	
budesonide ec	5	
CANASA	4	
colocort	4	
DELZICOL	4	
hydrocortisone (enema)	4	
mesalamine ENEM	4	
mesalamine TBEC 800mg	4	
mesalamine w/ cleanser	4	
sulfasalazine TABS	2	
sulfasalazine ec	3	
LAXATIVES		
constulose	2	
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac	2	
GOLYTELY	3	
lactulose	2	
lactulose (encephalopathy)	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	2	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	2	
peg 3350/electrolytes	2	
polyethylene glycol 3350 PACK	3	
polyethylene glycol 3350 POWD	2	
SUPREP BOWEL PREP KIT	4	
trilyte	2	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
alosetron hcl	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
cromolyn sodium (mastocytosis)	5	
diphenoxylate w/ atropine LIQD	4	
diphenoxylate w/ atropine TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
loperamide hcl CAPS	2	
misoprostol TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
sucralfate TABS	3	
SYMPROIC	3	
ursodiol CAPS	3	
ursodiol TABS	4	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
esomeprazole magnesium	4	QL (30 caps / 30 days)
esomeprazole sodium inj	4	
lansoprazole CPDR	3	QL (30 caps / 30 days)
omeprazole cap 10mg	1	
omeprazole cap 20mg	1	
omeprazole cap 40mg	1	
pantoprazole sodium SOLR	4	
pantoprazole sodium tbec	2	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	2	QL (30 tabs / 30 days)
dutasteride CAPS	3	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
finasteride TABS 5mg	2	
tamsulosin hcl	2	
MISCELLANEOUS		
bethanechol chloride TABS	3	
potassium citrate (alkalinizer) er tabs	4	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
oxybutynin chloride SYRP	3	
oxybutynin chloride TABS	3	
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
tolterodine tartrate CP24	4	QL (30 caps / 30 days), ST
tolterodine tartrate TABS	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
trospium chloride TABS	3	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal	3	
metronidazole vaginal	4	
terconazole vaginal	3	
vandazole	4	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
enoxaparin sodium	4	
fondaparinux sodium 2.5mg/0.5ml	4	
fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
heparin sod (porcine) in d5w	3	
heparin sod inj 1000/ml	3	B/D
heparin sod inj 5000/ml	3	B/D
heparin sod inj 10000/ml	3	B/D
heparin sod inj 20000/ml	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM/NACL 0.45%	3	
jantoven	1	
PRADAXA	4	
warfarin sodium	1	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	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		
anagrelide hcl	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
cilostazol	2	
DROXIA	3	
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
pentoxifylline 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
tranexamic acid SOLN; TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole	4	
BRILINTA	3	
clopidogrel tab 75mg	1	
prasugrel hcl	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
hydroxychloroquine sulfate	3	
leflunomide TABS	3	
methotrexate sodium tabs	3	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	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

Drug Name	Drug Tier	Requirements/Limits
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
IMMUNOSUPPRESSANTS		
azathioprine TABS	3	B/D
BENLYSTA	5	NM, PA
cyclosporine CAPS	4	B/D
cyclosporine modified (for microemulsion)	4	B/D
gengraf	4	B/D
mycophenolate mofetil CAPS; TABS	3	B/D
mycophenolate mofetil SUSR	5	B/D
mycophenolate sodium tbec	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus TABS 2mg	5	B/D
sirolimus TABS .5mg, 1mg	4	B/D
tacrolimus CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D

Drug Name	Drug Tier	Requirements/Limits
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	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
klor-con 8	2	
klor-con 10	2	
klor-con m10	2	
KLOR-CON M15	3	
klor-con m20	2	
klor-con pak 20meq	4	
klor-con spr cap 8meq	3	
klor-con spr cap 10meq	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
magnesium sulfate in dextrose	3	
magnesium sulfate inj 50%	3	
potassium chloride CPCR	3	
potassium chloride PACK	4	
potassium chloride SOLN 10%, 20%	4	
potassium chloride TBCR	2	
potassium chloride microencapsulated crystals er	2	
potassium chloride tab cr 10 meq	2	
sodium chloride SOLN 2.5meq/ml	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
tpn electrolytes	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
aminosyn 8.5%/electrolyte	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
aminosyn ii 8.5%/electrol	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	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 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 INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
hepatamine	4	B/D
INTRALIPID 30%	4	B/D
intralipid inj 20%	4	B/D
NEPHRAMINE	4	B/D
nutrilipid inj 20%	4	B/D
premasol 6%	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
dextrose 2.5%/nacl 0.45%	2	
dextrose 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
dextrose 5%/nacl 0.2%	2	
DEXTROSE 5%/NACL 0.3%	4	
dextrose 5%/nacl 0.9%	2	

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Drug Name	Drug Tier	Requirements/Limits
dextrose 5%/nacl 0.33%	2	
dextrose 5%/nacl 0.45%	2	
dextrose 5%/nacl 0.225%	2	
dextrose 5%/potassium chl	2	
dextrose 10% flex contain	2	
DEXTROSE 10%/NACL 0.2%	3	
dextrose 10%/nacl 0.45%	2	
dextrose 50%	2	
dextrose in lactated ringers	2	
dextrose inj 70%	2	
ISOLYTE P	4	
ISOLYTE S	4	
kcl0.15%/d5w/nacl0.2%	2	
KCL 0.3%/D5W/NACL 0.9%	4	
kcl 0.3%/d5w/nacl 0.45%	2	
kcl 0.15%/d5w/nacl 0.9%	2	
KCL 0.15%/D5W/NACL 0.225%	3	
kcl 0.075%/d5w/nacl 0.45%	2	
kcl/d5w inj 0.3%	2	
kcl/d5w/nacl inj 0.22%/0.45%	2	
kcl/d5w/nacl inj .15/.33%	2	
kcl/d5w/nacl inj .15/.45%	2	
kcl/nacl inj 0.3-0.9	2	
kcl/nacl inj 0.15%-0.9%	2	
lactated ringer's	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
pot chloride inj 2meq/ml	2	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride in nacl	2	
sodium chloride SOLN 3%, 5%	2	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.45%	2	
sodium chloride inj 0.9%	2	
VITAMINS		
calcitriol CAPS	3	B/D
calcitriol inj	4	B/D
calcitriol oral soln 1 mcg/ml	4	B/D
paricalcitol CAPS	4	B/D
PNV PRENATAL TAB PLUS	3	
RAYALDEE	5	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-poly-neomycin-hc	3	
BLEPHAMIDE OINT	4	
neomycin-polymy-dexameth	2	
sulfacetamide sod-prednisolone	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	4	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	4	
bacitracin (ophthalmic)	3	
bacitracin-polymyxin b (ophth)	2	
BESIVANCE	3	
CILOXAN OINT	3	
ciprofloxacin hcl (ophth)	2	
erythromycin (ophth)	2	
gentak	2	
gentamicin sulfate soln (ophth)	2	
MOXEZA	3	
moxifloxacin hcl (ophth)	3	
NATACYN	4	
neomycin-bacitracin zn-polymyxin	3	
neomycin-polymyxin-gramicidin	3	
ofloxacin (ophth)	2	
polymyxin b-trimethoprim	2	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (ophth)	3	
tobramycin (ophth)	2	
trifluridine SOLN	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
BROMSITE	4	
dexamethasone sodium phosphate (ophth)	3	
diclofenac sodium (ophth)	3	
DUREZOL	3	
fluorometholone	3	
flurbiprofen sodium	2	
ILEVRO	3	
ketorolac tromethamine (ophth)	3	
LOTEMAX	3	
prednisolone acetate (ophth)	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
azelastine drop 0.05%	3	
BEPREVE	3	
cromolyn sodium (ophth)	1	
LASTACAFT	4	
olopatadine hcl 0.2%	4	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
betaxolol hcl (ophth)	3	
BETOPTIC-S	3	
brimonidine sol 0.2%	2	
brimonidine tartrate soln 0.15%	4	
carteolol hcl (ophth)	2	
COMBIGAN	3	
dorzolamide hcl	3	
dorzolamide hcl-timolol maleate	3	

*This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Tier	Requirements/Limits
latanoprost SOLN	2	
levobunolol hcl	2	
LUMIGAN	3	
metipranolol	3	
PHOSPHOLINE IODIDE	4	
pilocarpine hcl SOLN	3	
SIMBRINZA	3	
timolol maleate (ophth) soln	1	
timolol maleate gel	4	
timolol maleate ophth soln 0.5% (once-daily)	4	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
proparacaine hcl SOLN	3	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
ipratropium bromide SOLN	2	B/D
ipratropium bromide (nasal)	3	
ANTIHISTAMINES		
azelastine spr 0.1%	3	
azelastine spr 0.15%	4	
cetirizine syrup	2	
cyproheptadine hcl SYRP; TABS	3	PA; PA if 70 years and older
diphenhydramine hcl inj 50mg/ml	2	
hydroxyzine hcl SYRP	3	PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl TABS	2	PA; PA if 70 years and older
hydroxyzine hcl inj	4	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride TABS	2	
BETA AGONISTS		
albuterol sulfate NEBU	2	B/D
albuterol sulfate SYRP	3	
albuterol sulfate TABS	4	
levalbuterol tartrate hfa	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW; TABS	2	
montelukast sodium PACK	4	
zafirlukast	3	
MAST CELL STABILIZERS		
cromolyn sod neb 20mg/2ml	3	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI TABS	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
theophylline TB12; TB24	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
flunisolide (nasal)	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal)	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
budesonide (inhalation) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
amnesteem	4	PA
avita	4	PA
claravis	4	PA
clindamycin phosphate (topical) GEL; LOTN	4	
clindamycin phosphate (topical) SOLN	3	
erythromycin (acne aid) GEL	4	
erythromycin (acne aid) SOLN	3	
isotretinoin CAPS	4	PA
myorisan	4	PA
sulfacetamide sodium (acne)	4	
tretinoin CREA	4	PA
tretinoin GEL .01%, .025%	4	PA
zenatane	4	PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical)	3	
mupirocin OINT	2	
silver sulfadiazine CREA	2	
ssd	2	
SULFAMYLON CREA	4	
DERMATOLOGY, ANTIFUNGALS		
clotrimazole (topical) CREA	3	
clotrimazole w/ betamethasone CREA	3	
ketoconazole cream	3	
nyamyc	3	
nystatin (topical)	3	
nystatin pow 100000	3	
nystop	3	
DERMATOLOGY, ANTIPSORIATICS		
acitretin	5	PA
calcipotriene CREA; OINT	4	QL (120 gm / 30 days), PA
calcipotriene SOLN	4	QL (120 mL / 30 days), PA
calcitrene	4	QL (120 gm / 30 days), PA
tazarotene CREA	3	PA
TAZORAC CREA .05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo	2	
selenium sulfide LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort 1%	1	
ala-cort 2.5%	2	
alclometasone dipropionate	3	
betamethasone dipropionate (topical) CREA; LOTN	3	
betamethasone dipropionate (topical) OINT	4	
betamethasone dipropionate augmented CREA	3	
betamethasone dipropionate augmented GEL; LOTN; OINT	4	
betamethasone valerate CREA; LOTN; OINT	3	

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Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide SOLN	4	
fluocinonide CREA .05%	4	
fluocinonide GEL	4	
fluocinonide SOLN	3	
fluocinonide emulsified base	4	
fluticasone propionate CREA; OINT	3	
halobetasol propionate	4	
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%	2	
hydrocortisone (topical) LOTN	3	
hydrocortisone (topical) OINT 2.5%	2	
hydrocortisone butyrate cream 0.1%	4	
hydrocortisone butyrate oint 0.1%	4	
mometasone furoate CREA	2	
mometasone furoate OINT; SOLN	3	
triamcinolone acetonide (topical) CREA; OINT	2	
triamcinolone acetonide (topical) LOTN	3	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo	3	QL (30 mL / 30 days), PA
lidocaine PTCH	4	QL (3 patches / 1 day), PA
lidocaine hcl GEL	3	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	2	QL (50 mL / 30 days), PA
lidocaine oint 5%	4	QL (50 grams / 30 days), PA
lidocaine-prilocaine	3	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate CREA; LOTN	3	
diclofenac sodium (topical) 1% gel	3	PA
fluorouracil (topical) CREA 5%	4	
fluorouracil (topical) SOLN	3	
imiquimod CREA	4	
metronidazole (topical) CREA	4	
metronidazole gel 0.75%	4	
PANRETIN	5	
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
podofilox SOLN	3	

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Drug Name	Drug Tier	Requirements/Limits
procto-med hc	3	
procto-pak	3	
proctosol hc cre 2.5%	3	
proctozone-hc	3	
rosadan cre 0.75%	4	
tacrolimus (topical)	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	4	
permethrin cre 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	2	
REGRANEX	5	PA
SANTYL	4	
sodium chlor sol 0.9% irr	2	
water for irrigation, sterile	2	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat)	1	
clotrimazole LOZG	4	
lidocaine hcl (mouth-throat)	2	
nystatin (mouth-throat)	3	
paroex sol 0.12%	1	
periogard	1	
pilocarpine hcl (oral)	4	
triamcinolone acetonide (mouth)	3	
OTIC		
acetic acid (otic)	3	
CIPRODEX	3	
neomycin-polymyxin-hc (otic)	3	
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Manager, Grievances and Appeals
3000 East Pine Avenue, Meridian, Idaho 83642
Telephone: (800) 274-4018 ext.3838, Fax: (208) 331-7493
Email: grievances&appeals@bcidaho.com
TTY: 1-800-377-1363

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Grievances and Appeals team is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ***https://ocrportal.hhs.gov/ocr/portal/lobby.jsf***, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at ***http://www.hhs.gov/ocr/office/file/index.html***. Reference: ***https://federalregister.gov/a/2016-11458***

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Persian-Farsi 1-888-494-2583 تماس بگیرید. توجه:گ ار به ابزن فارسی گفتگو می دینک، تسهیلات ینابزوصد برت اگیِ ارن بریا شما (TTY: 1-800-377-1363) فرا مهمی دشا بِ با

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Notes

Notes

3000 East Pine Avenue | Meridian, Idaho | 83642-5995
Mailing Address: PO Box 8406 | Boise, Idaho | 83707-2406
1-888-495-2583 | TTY 1-800-377-1363

This formulary was updated on 01/2019.

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