

SilverScript Choice (PDP) 2020 Formulary (List of Covered Drugs)

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

Formulary File 20224, Version 8

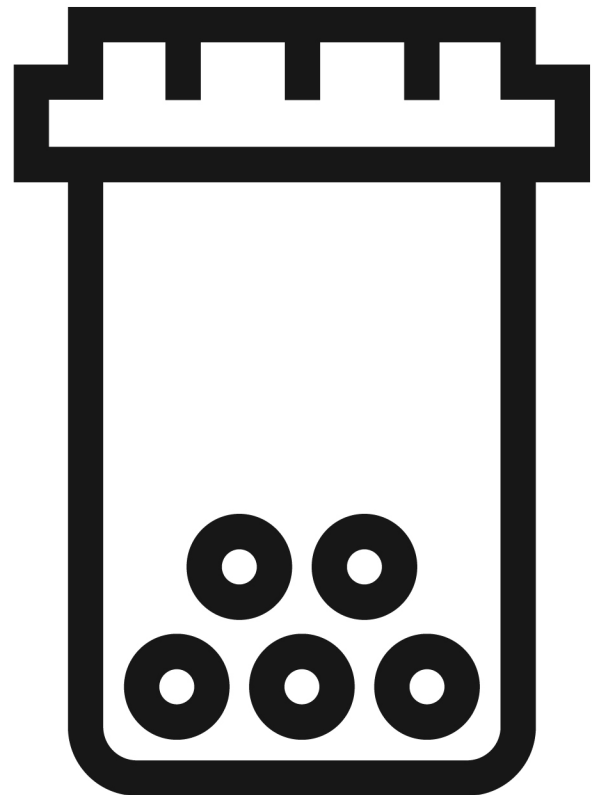
This formulary was updated on October 19, 2019. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.silverscript.com.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript Choice (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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



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What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript Choice (PDP) 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 plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year.

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

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

The enclosed formulary is current as of January 1, 2020. To get updated information about the drugs covered by SilverScript Choice (PDP), please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 46. 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?

SilverScript Choice (PDP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

Prior Authorization (PA)

SilverScript Choice (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Quantity Limits (QL)

For certain drugs, SilverScript Choice (PDP) limits the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per prescription for *rosuvastatin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST)

In some cases, SilverScript Choice (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 SilverScript Formulary?" on page iii 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 Care and ask if your drug is covered.

If you learn that SilverScript Choice (PDP) does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- 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 SilverScript Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, SilverScript Choice (PDP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days unless you have a prescription for fewer days. 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 SilverScript Choice (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

SilverScript Choice (PDP)'s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 46.

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

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

PA: – Prior authorization.

QL: – Drug has quantity limit.

ST: – Step therapy required.

NM: – Not available at our mail-order pharmacies.

NDS: – Non-extended day supply. Not available for an extended (long-term) supply.

LA: – Limited access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711.

HR: – High risk drug. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

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

The Tier column of the drug list that begins on page 1 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage stage) for up to a one-month supply of drugs in each tier.

Initial Coverage Stage Copayment / Coinsurance Levels

Preferred Retail/Mail-Order and Standard Retail/Mail-Order cost-sharing (in-network) (Up to a 30-day supply)

State	Pharmacy Type (Retail & Mail)	Tier 1 (Preferred Generic)	Tier 2 (Generic)	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)	Tier 5 (Specialty)
Alabama	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Alaska	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
Arizona	Preferred	\$0.00	\$1.00	\$47.00	38%	25%
	Standard	\$5.00	\$6.00			
Arkansas	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
California	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
Colorado	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Connecticut	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
Delaware	Preferred	\$0.00	\$1.00	\$47.00	38%	25%
	Standard	\$5.00	\$6.00			
District of Columbia	Preferred	\$0.00	\$1.00	\$47.00	38%	25%
	Standard	\$5.00	\$6.00			
Florida	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
Georgia	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Hawaii	Preferred	\$0.00	\$1.00	\$47.00	35%	25%
	Standard	\$7.00	\$8.00			
Idaho	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Illinois	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Indiana	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Iowa	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Kansas	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			

State	Pharmacy Type (Retail & Mail)	Tier 1 (Preferred Generic)	Tier 2 (Generic)	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)	Tier 5 (Specialty)
Kentucky	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Louisiana	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Maine	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Maryland	Preferred	\$0.00	\$1.00	\$47.00	38%	25%
	Standard	\$5.00	\$6.00			
Massachusetts	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
Michigan	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Minnesota	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Mississippi	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Missouri	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Montana	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Nebraska	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Nevada	Preferred	\$0.00	\$1.00	\$47.00	38%	25%
	Standard	\$5.00	\$6.00			
New Hampshire	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
New Jersey	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
New Mexico	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
New York	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
North Carolina	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
North Dakota	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Ohio	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Oklahoma	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Oregon	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
Pennsylvania	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			

State	Pharmacy Type (Retail & Mail)	Tier 1 (Preferred Generic)	Tier 2 (Generic)	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)	Tier 5 (Specialty)
Rhode Island	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
South Carolina	Preferred	\$0.00	\$1.00	\$47.00	38%	25%
	Standard	\$5.00	\$6.00			
South Dakota	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Tennessee	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Texas	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Utah	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			
Vermont	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
Virginia	Preferred	\$0.00	\$1.00	\$47.00	38%	25%
	Standard	\$5.00	\$6.00			
Washington	Preferred	\$0.00	\$1.00	\$47.00	38%	28%
	Standard	\$5.00	\$6.00			
West Virginia	Preferred	\$0.00	\$1.00	\$47.00	38%	26%
	Standard	\$5.00	\$6.00			
Wisconsin	Preferred	\$0.00	\$1.00	\$47.00	38%	29%
	Standard	\$5.00	\$6.00			
Wyoming	Preferred	\$0.00	\$1.00	\$47.00	38%	27%
	Standard	\$5.00	\$6.00			

Tier 1 (Preferred Generic)

Tier 2 (Generic)

Tier 3 (Preferred Brand)

Tier 4 (Non-Preferred Drug)

Tier 5 (Specialty)

You can find complete cost-sharing and days' supply information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS QL (120 tabs / 30 days)	3	QL
MITIGARE QL (60 caps / 30 days)	3	QL
<i>probenecid</i>	3	
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24	3	
<i>diclofenac sodium</i> TBEC	2	
<i>diflunisal</i> TABS	3	
<i>flurbiprofen</i> TABS	3	
<i>ibu tab 600mg</i>	2	
<i>ibu tab 800mg</i>	2	
<i>ibuprofen</i> SUSP	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	
<i>meloxicam</i> (generic of MOBIC) TABS	1	
<i>nabumetone</i> TABS	2	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg	1	
<i>naproxen</i> TABS 375mg, 500mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN) 375mg	2	
<i>naproxen dr</i> (generic of EC-NAPROXEN) 500mg	2	
<i>sulindac</i> TABS	2	

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> 300-15mg QL (400 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> 300-30mg (generic of TYLENOL/CODEINE #3) QL (360 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> 300-60mg (generic of TYLENOL/CODEINE #4) QL (180 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine soln</i> QL (2700 mL / 30 days)	3	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
BUTRANS QL (4 patches / 28 days)	3	QL PA
<i>nalbuphine hcl</i> SOLN	4	
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	3	QL
OPIOID ANALGESICS, CII		
EMBEDA CAP 20-0.8MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 30-1.2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 50-2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 60-2.4MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 80-3.2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 100-4MG QL (60 caps / 30 days)	3	QL PA
<i>endocet 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>endocet 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet 7.5-325mg</i> (generic of PERCO CET) QL (240 tabs / 30 days)	3	QL
<i>endocet 10-325mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	5	NDS QL PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	3	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	4	QL
<i>hydrocodone-ibuprofen 7.5-200mg</i> QL (150 tabs / 30 days)	3	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	3	QL
HYSINGLA ER QL (30 tabs / 30 days)	3	QL PA
<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	3	QL
<i>methadone hcl</i> SOLN 5mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	3	QL PA
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	3	QL PA
<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	3	QL PA
<i>methadone hcl soln 10 mg/5ml</i> QL (450 mL / 30 days)	3	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) QL (90 tabs / 30 days)	3	QL PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 8mg/ml	4	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> TABS QL (180 tabs / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 10mg/5ml QL (900 mL / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 20mg/5ml QL (900 mL / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 100mg/5ml QL (180 mL / 30 days)	3	QL
NUCYNTA ER QL (60 tabs / 30 days)	3	QL PA
<i>oxycodone hcl</i> SOLN QL (900 mL / 30 days)	4	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCO CET) QL (240 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCO CET) QL (180 tabs / 30 days)	3	QL
OXYCONTIN QL (60 tabs / 30 days)	3	QL PA
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) 2%	4	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) .5%, 1%	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE)	4	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	4	B/D
<i>lidocaine inj 1.5% preservative</i> <i>free</i> (pf) (generic of XYLOCAINE-MPF)	4	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	4	
<i>gentamicin in saline</i>	4	
<i>gentamicin sulfate</i> SOLN	4	
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	5	NDS
SULFADIAZINE TABS	4	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	5	NDS NM PA
<i>tobramycin inj 1.2 gm/30ml</i>	4	
<i>tobramycin inj 1.2gm</i>	5	NDS
<i>tobramycin inj 10mg/ml</i>	4	
<i>tobramycin inj 80mg/2ml</i>	4	
<i>tobramycin sulfate</i> SOLN	4	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> (generic of ALBENZA) TABS	5	NDS
ALINIA	5	NDS
<i>atovaquone</i> (generic of MEPRON) SUSP	5	NDS
<i>aztreonam</i> (generic of AZACTAM)	4	
CAYSTON	5	NDS NM LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	2	
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	2	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	2	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NA CL	4	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	4	
<i>dapsone</i> TABS	3	
<i>daptomycin</i> (generic of DAPTOMYCIN) 350mg	5	NDS
<i>daptomycin</i> (generic of CUBICIN) 500mg	5	NDS
EMVERM QL (12 tabs / 365 days)	5	NDS QL
<i>ertapenem sodium</i> (generic of INVANZ)	4	
<i>imipenem-cilastatin</i>	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS	3	
<i>linezolid</i> (generic of ZYVOX) SOLN; TABS	4	
<i>linezolid</i> (generic of ZYVOX) SUSR	5	NDS
<i>linezolid in sodium chloride</i>	4	
<i>meropenem</i> (generic of MERREM)	4	
<i>methenamine hippurate</i> (generic of HIPREX)	3	
<i>metronidazole</i> (generic of FLAGYL) TABS	2	
<i>metronidazole in nacl</i> NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PENTAM 300	3	
<i>pentamidine isethionate</i> (generic of PENTAM 300)	4	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	3	
SIVEXTRO	5	NDS
<i>sulfamethoxazole-trimethopri ds</i> (generic of BACTRIM DS)	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethopri m inj</i>	4	
<i>sulfamethoxazole-trimethopri m susp</i>	3	
<i>sulfamethoxazole-trimethopri m tab 400-80mg</i> (generic of BACTRIM)	2	
SYNERCID	5	NDS
<i>tigecycline</i> (generic of TYGACIL)	5	NDS
<i>trimethoprim</i> TABS	2	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg QL (120 caps / 30 days)	4	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (240 caps / 30 days)	5	NDS QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	NDS B/D
AMBISOME	5	NDS B/D
<i>amphotericin b</i> SOLR	4	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS)	5	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	2	
<i>fluconazole inj nacl 200</i>	4	
<i>fluconazole inj nacl 400</i>	4	
<i>flucytosine</i> (generic of ANCOBON) CAPS	5	NDS
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> (generic of SPORANOX) CAPS	4	PA
<i>ketconazole</i> TABS	3	PA
MYCAMINE	5	NDS

Drug Name	Drug Requirements/ Tier	Limits
NOXAFIL SUSP QL (630 mL / 30 days)	5	NDS QL
NOXAFIL TBEC QL (93 tabs / 30 days)	5	NDS QL
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	2	
<i>voriconazole</i> (generic of VFEND IV) SOLR	5	NDS PA
<i>voriconazole</i> (generic of VFEND) SUSR	5	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg	4	
<i>voriconazole</i> (generic of VFEND) TABS 200mg	5	NDS
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) 26.3mg	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN	4	
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS	3	
APTIVUS	5	NDS
<i>atazanavir sulfate</i> (generic of REYATAZ)	4	
CRIXIVAN	4	
<i>didanosine</i> (generic of VIDEX EC)	4	
EDURANT	5	NDS
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	4	
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	5	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>efavirenz</i> (generic of SUSTIVA) TABS	4	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	5	NDS
FUZEON	5	NDS NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	NDS
INVIRASE	5	NDS
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	NDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	NDS
ISENTRESS HD	5	NDS
<i>lamivudine</i> (generic of EPIVIR)	3	
LEXIVA SUSP	4	
<i>nevirapine susp 50 mg/5ml</i> (generic of VIRAMUNE)	4	
<i>nevirapine tab 100mg er</i>	4	
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	3	
<i>nevirapine tab 400mg er</i> (generic of VIRAMUNE XR)	4	
NORVIR PACK	4	
NORVIR SOLN	4	
PIFELTRO	5	NDS
PREZISTA SUSP QL (400 mL / 30 days)	5	NDS QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	NDS QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	NDS QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	NDS QL
RESCRIPTOR	4	
REYATAZ PACK	5	NDS
<i>ritonavir</i> (generic of NORVIR)	3	
SELZENTRY SOLN	5	NDS
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	NDS
<i>stavudine</i> 15mg, 20mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>stavudine</i> (generic of ZERIT) 30mg, 40mg	3	
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	3	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	NDS
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	NDS
VIREAD POWD	5	NDS
VIREAD TABS 150mg, 200mg, 250mg	5	NDS
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	4	
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	4	
<i>zidovudine tab 300mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	3	
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	5	NDS
ATRIPLA	5	NDS
BIKTARVY	5	NDS
CIMDUO	5	NDS
COMPLERA	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS
DOVATO	5	NDS
EVOTAZ	5	NDS
GENVOYA	5	NDS
JULUCA	5	NDS
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	NDS
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	4	
<i>lopinavir-ritonavir</i> (generic of KALETRA)	4	
ODEFSEY	5	NDS
PREZCOBIX	5	NDS
STRIBILD	5	NDS
SYMFI	5	NDS
SYMFI LO	5	NDS

Drug Name	Drug Requirements/ Tier	Limits
SYMTUZA	5	NDS
TRIUMEQ	5	NDS
TRUVADA TAB 100-150 QL (30 tabs / 30 days)	5	NDS QL
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	5	NDS QL
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	5	NDS QL
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	5	NDS QL
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	5	NDS
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	3	
<i>isoniazid</i> TABS	2	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i> (generic of MYCOBUTIN)	4	
<i>rifampin</i> (generic of RIFADIN) CAPS	3	
<i>rifampin</i> (generic of RIFADIN) SOLR	4	
RIFATER	4	
SIRTURO	5	NDS LA PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	2	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	5	NDS
BARACLUDE SOLN	5	NDS
<i>entecavir</i> (generic of BARACLUDE)	4	
EPCLUSA	5	NDS NM PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i>	3	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	4	B/D
HARVONI	5	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	4	
MAVYRET	5	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg	3	QL
QL (168 caps / year)		
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg	3	QL
QL (84 caps / year)		
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR	3	QL
QL (1080 mL / year)		
PEGASYS	5	NDS NM PA
PEGASYS PROCLICK	5	NDS NM PA
REBETOL SOL 40MG/ML	5	NDS NM
RELENZA DISKHALER	3	QL
QL (6 inhalers / year)		
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 600mg	5	NDS NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	3	
<i>valganciclovir hcl</i> (generic of VALCYTE)	5	NDS
VEMLIDY	5	NDS
VOSEVI	5	NDS NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	4	
<i>cefazolin inj</i>	4	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	4	
CEFAZOLIN SODIUM 1 GM/50ML	4	
<i>cefdinir</i> CAPS	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>cefdinir</i> SUSR	4	
<i>cefepime hcl</i> (generic of MAXIPIME)	4	
<i>cefixime</i> (generic of SUPRAX) SUSR	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	2	
<i>cephalexin</i> SUSR	3	
<i>tazicef</i> SOLR	4	
TEFLARO	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR	4	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	2	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i> (generic of BIAXIN XL)	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	NDS
<i>e.e.s. 400mg tab</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
<i>erythromycin tab ec</i>	4	

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Drug Name	Drug Requirements/ Tier Limits
FLUOROQUINOLONES	
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	4
<i>ciprofloxacin hcl tab</i> 100mg	4
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	2
<i>ciprofloxacin hcl tab</i> 750mg	2
<i>ciprofloxacin in d5w</i>	4
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	2
<i>levofloxacin in d5w</i>	4
<i>levofloxacin inj</i> 25mg/ml	4
<i>levofloxacin oral soln</i> 25 mg/ml	4
PENICILLINS	
<i>amoxicillin</i>	2
<i>amoxicillin & pot clavulanate</i> 200-28.5 chw tabs	4
<i>amoxicillin & pot clavulanate</i> 200/5ml susr	3
<i>amoxicillin & pot clavulanate</i> 250-125 tabs	3
<i>amoxicillin & pot clavulanate</i> 250/5ml susr (generic of AUGMENTIN)	4
<i>amoxicillin & pot clavulanate</i> 400-57 chw tabs	4
<i>amoxicillin & pot clavulanate</i> 400/5ml susr	3
<i>amoxicillin & pot clavulanate</i> 500-125 tabs (generic of AUGMENTIN)	2
<i>amoxicillin & pot clavulanate</i> 600/5ml susr	3
<i>amoxicillin & pot clavulanate</i> 875-125 tabs	2
<i>amoxicillin & pot clavulanate</i> er 12hr 1000-62.5 tabs	4
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	4
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	4
<i>ampicillin cap</i> 500mg	2
<i>ampicillin inj</i>	4
<i>ampicillin sodium</i>	4

Drug Name	Drug Requirements/ Tier Limits
BICILLIN L-A	4
<i>dicloxacillin sodium</i>	3
<i>nafcillin sodium</i> 1gm, 2gm	4
<i>nafcillin sodium</i> 10gm	5 NDS
NAFCILLIN SODIUM FOR INJ 10GM	4
<i>oxacillin sodium</i> 1gm, 2gm	4
<i>oxacillin sodium</i> 10gm	5 NDS
PENICILLIN G POT IN DEXTROSE 2MU	4
PENICILLIN G POT IN DEXTROSE 3MU	4
PENICILLIN G PROCAINE	4
<i>penicillin g sodium</i>	4
<i>penicillin v potassium</i>	2
<i>penicillin gk inj</i> 5mu	4
<i>penicillin gk inj</i> 20mu	4
<i>pfizerpen-g inj</i> 5mu	4
<i>pfizerpen-g inj</i> 20mu	4
<i>piper/tazoba inj</i> 2-0.25gm (generic of ZOSYN)	4
<i>piper/tazoba inj</i> 3-0.375gm (generic of ZOSYN)	4
<i>piper/tazoba inj</i> 4-0.5gm (generic of ZOSYN)	4
<i>piper/tazoba inj</i> 12-1.5gm	4
<i>piper/tazoba inj</i> 36-4.5gm (generic of ZOSYN)	4
TETRACYCLINES	
<i>doxy</i> 100	4
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3
<i>doxycycline hyclate</i> CAPS 50mg	3
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3
<i>doxycycline hyclate</i> SOLR	4
<i>doxycycline hyclate</i> TABS 20mg, 100mg	3
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	3

Drug Name	Drug Requirements/ Tier	Limits
<i>minocycline hcl CAPS 75mg</i>	3	
<i>mondoxyne nl cap 100mg</i>	2	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl CAPS</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide CAPS</i>	3	B/D
EMCYT	4	
GLEOSTINE 10mg	4	
GLEOSTINE 40mg, 100mg	5	NDS
LEUKERAN	5	NDS
ANTIMETABOLITES		
<i>mercaptopurine TABS</i>	3	
<i>methotrexate sodium inj soln</i>	3	B/D
<i>methotrexate sodium inj solr</i>	4	B/D
PURIXAN	5	NDS NM
TABLOID	5	NDS
BIOLOGIC RESPONSE MODIFIERS		
DAURISMO	5	NDS NM LA PA
ERIVEDGE	5	NDS NM LA PA
FARYDAK	5	NDS NM LA PA
IBRANCE QL (21 caps / 28 days)	5	NDS QL NM LA PA
IDHIFA QL (30 tabs / 30 days)	5	NDS QL NM LA PA
KISQALI	5	NDS NM PA
KISQALI FEMARA 200 DOSE	5	NDS NM PA
KISQALI FEMARA 400 DOSE	5	NDS NM PA
KISQALI FEMARA 600 DOSE	5	NDS NM PA
LYNPARZA	5	NDS NM LA PA
NINLARO	5	NDS NM PA
ODOMZO	5	NDS NM LA PA
RUBRACA	5	NDS NM LA PA
TALZENNA	5	NDS NM LA PA
TIBSOVO	5	NDS NM LA PA
VENCLEXTA 10mg	4	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VENCLEXTA 50mg, 100mg	5	NDS NM LA PA
VENCLEXTA STARTING PACK	5	NDS NM LA PA
VERZENIO	5	NDS NM LA PA
ZEJULA	5	NDS NM LA PA
ZOLINZA	5	NDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate (generic of ZYTIGA)</i>	5	NDS NM PA
<i>anastrozole (generic of ARIMIDEX) TABS</i>	2	
<i>bicalutamide (generic of CASODEX)</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NDS NM LA PA
<i>exemestane (generic of AROMASIN)</i>	4	
<i>flutamide</i>	3	
<i>letrozole (generic of FEMARA) TABS</i>	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NDS NM PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NDS NM PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml HR</i>	4	
<i>megestrol ac tab 20mg HR</i>	3	
<i>megestrol ac tab 40mg HR</i>	3	
<i>megestrol sus 625mg/5ml (generic of MEGACE ES) HR</i>	4	PA
<i>nilutamide (generic of NILANDRON)</i>	5	NDS
NUBEQA	5	NDS NM LA PA
SOLTAMOX	5	NDS
<i>tamoxifen citrate TABS</i>	1	
<i>toremifene citrate (generic of FARESTON)</i>	5	NDS

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Drug Name	Drug Requirements/ Tier	Limits
TRELSTAR DEP INJ 3.75MG	5	NDS NM PA
TRELSTAR LA INJ 11.25MG	5	NDS NM PA
XTANDI	5	NDS NM LA PA
ZYTIGA 500mg	5	NDS NM LA PA
IMMUNOMODULATORS		
POMALYST CAP 1MG QL (21 caps / 21 days)	5	NDS QL NM LA PA
POMALYST CAP 2MG QL (21 caps / 21 days)	5	NDS QL NM LA PA
POMALYST CAP 3MG QL (21 caps / 28 days)	5	NDS QL NM LA PA
POMALYST CAP 4MG QL (21 caps / 28 days)	5	NDS QL NM LA PA
REVLIMID QL (28 caps / 28 days)	5	NDS QL NM LA PA
THALOMID 50mg, 100mg QL (28 caps / 28 days)	5	NDS QL NM PA
THALOMID 150mg, 200mg QL (56 caps / 28 days)	5	NDS QL NM PA
KINASE INHIBITORS		
AFINITOR QL (30 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	5	NDS QL NM PA
ALECENSA	5	NDS NM LA PA
ALUNBRIG	5	NDS NM LA PA
BALVERSA	5	NDS NM LA PA
BOSULIF	5	NDS NM PA
BRAFTOVI	5	NDS NM LA PA
CABOMETYX QL (30 tabs / 30 days)	5	NDS QL NM LA PA
CALQUENCE	5	NDS NM LA PA
CAPRELSA	5	NDS NM LA PA
COMETRIQ	5	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
COPIKTRA	5	NDS NM LA PA
COTELLIC	5	NDS NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) 25mg QL (90 tabs / 30 days)	5	NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) 100mg, 150mg QL (30 tabs / 30 days)	5	NDS QL NM PA
GILOTRIF TAB 20MG	5	NDS NM LA PA
GILOTRIF TAB 30MG	5	NDS NM LA PA
GILOTRIF TAB 40MG	5	NDS NM LA PA
ICLUSIG	5	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	5	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	5	NDS QL NM PA
IMBRUVICA	5	NDS NM LA PA
INLYTA 1mg QL (180 tabs / 30 days)	5	NDS QL NM LA PA
INLYTA 5mg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
INREBIC	5	NDS NM LA PA
IRESSA	5	NDS NM LA PA
JAKAFI QL (60 tabs / 30 days)	5	NDS QL NM LA PA
LENVIMA 4 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 12MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 14 MG DAILY DOSE	5	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 18 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 24 MG DAILY DOSE	5	NDS NM LA PA
LORBRENA	5	NDS NM LA PA
MEKINIST	5	NDS NM LA PA
MEKTOVI	5	NDS NM LA PA
NERLYNX	5	NDS NM LA PA
NEXAVAR	5	NDS NM LA PA
PIQRAY 200MG DAILY DOSE	5	NDS NM PA
PIQRAY 250MG DAILY DOSE	5	NDS NM PA
PIQRAY 300MG DAILY DOSE	5	NDS NM PA
RYDAPT	5	NDS NM PA
SPRYCEL	5	NDS NM PA
STIVARGA	5	NDS NM LA PA
SUTENT QL (30 caps / 30 days)	5	NDS QL NM PA
TAFINLAR	5	NDS NM LA PA
TAGRISSO QL (30 tabs / 30 days)	5	NDS QL NM LA PA
TASIGNA	5	NDS NM PA
TURALIO	5	NDS NM LA PA
TYKERB	5	NDS NM LA PA
VITRAKVI	5	NDS NM LA PA
VIZIMPRO	5	NDS NM LA PA
VOTRIENT	5	NDS NM LA PA
XALKORI	5	NDS NM LA PA
XOSPATA	5	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ZELBORAF	5	NDS NM LA PA
ZYDELIG	5	NDS NM LA PA
ZYKADIA	5	NDS NM LA PA

MISCELLANEOUS

<i>bexarotene</i> (generic of TARGRETIN)	5	NDS NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	2	
LONSURF	5	NDS NM PA
MATULANE	5	NDS LA
SYLATRON	5	NDS PA
SYNRIBO	5	NDS NM PA
<i>tretinoin</i> (chemotherapy)	5	NDS
XPOVIO 60 MG ONCE WEEKLY	5	NDS NM LA PA
XPOVIO 80 MG ONCE WEEKLY	5	NDS NM LA PA
XPOVIO 80 MG TWICE WEEKLY	5	NDS NM LA PA
XPOVIO 100 MG ONCE WEEKLY	5	NDS NM LA PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> TABS 5mg, 10mg	3	
<i>leucovorin calcium</i> TABS 15mg, 25mg	4	
MESNEX TABS	5	NDS

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 2.5-10 mg		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL)		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL)		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 5-40 mg		

Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	2
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	2
<i>benazepril & hydrochlorothiazide</i>	3
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	3
<i>enalapril maleate & hydrochlorothiazide</i>	2
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	2
<i>fosinopril sodium & hydrochlorothiazide</i>	3
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	3
ACE INHIBITORS	
<i>benazepril hcl</i> TABS 5mg	1
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1
<i>enalapril maleate</i> (generic of VASOTEC) TABS	2
<i>fosinopril sodium</i>	2
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1
<i>moexipril hcl</i>	3
<i>perindopril erbumine</i>	2
<i>quinapril hcl</i> (generic of ACCUPRIL)	2
<i>ramipril</i> (generic of ALTACE)	2
<i>trandolapril</i> 1mg, 2mg	2
<i>trandolapril</i> (generic of MAVIK) 4mg	2
ALDOSTERONE RECEPTOR ANTAGONISTS	

Drug Name	Drug Requirements/ Tier Limits
<i>eplerenone</i> (generic of INSPRA)	3
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	1
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	2
ALPHA BLOCKERS	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	2
<i>prazosin hcl</i> (generic of MINIPRESS)	3
<i>terazosin hcl</i>	2
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	3
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	3
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	3
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	3
ENTRESTO	3
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	2
<i>losartan potassium & hctz tab 50-12.5 mg</i> (generic of HYZAAR)	1
<i>losartan potassium & hctz tab 100-12.5 mg</i> (generic of HYZAAR)	1
<i>losartan potassium & hctz tab 100-25 mg</i> (generic of HYZAAR)	1
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	3
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	3
ANGIOTENSIN II RECEPTOR ANTAGONISTS	

Drug Name	Drug Requirements/ Tier Limits
<i>irbesartan</i> (generic of AVAPRO)	2
<i>losartan potassium</i> (generic of COZAAR)	1
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	3
<i>telmisartan</i> (generic of MICARDIS)	3
<i>valsartan</i> (generic of DIOVAN)	3
ANTIARRHYTHMICS	
<i>amiodarone hcl soln</i>	4
<i>amiodarone tab 100mg</i>	4
<i>amiodarone tab 200mg</i>	2
<i>amiodarone tab 400mg</i>	4
<i>disopyramide phosphate</i> (generic of NORPACE) HR	4
<i>dofetilide</i> (generic of TIKOSYN)	4
<i>flecainide acetate</i>	3
MULTAQ	4
NORPACE CR HR	4
<i>pacerone</i> 100mg, 400mg	4
<i>pacerone</i> 200mg	2
<i>propafenone hcl</i>	3
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	4
<i>quinidine sulfate</i>	3
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2
<i>sorine</i> 240mg	2
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2
<i>sotalol hcl</i> 240mg	2
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	2
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1
<i>lovastatin</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>pravastatin sodium</i> 10mg, 80mg	2
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg	2
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	3 QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1 QL
ANTILIPEMICS, MISCELLANEOUS	
<i>cholestyramine</i> (generic of QUESTRAN)	3
<i>cholestyramine light pack</i>	4
<i>cholestyramine light powd</i> (generic of QUESTRAN LIGHT)	3
<i>colestipol hcl gran</i> (generic of COLESTID)	4
<i>colestipol hcl pack</i> (generic of COLESTID)	4
<i>colestipol hcl tabs</i> (generic of COLESTID)	3
<i>ezetimibe</i> (generic of ZETIA)	3
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	3
<i>fenofibrate</i> TABS 54mg, 160mg	3
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3
<i>gemfibrozil</i> (generic of LOPID) TABS	2
JUXTAPID	5 NDS NM LA PA
<i>niacin (antihyperlipidemic)</i>	4
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN)	3
<i>niacor</i>	4
PRALUENT	4 PA
<i>prevalite</i> PACK	4
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	3

Drug Name	Drug Requirements/ Tier	Limits
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 50)	2	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	2	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	2	
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> (generic of TENORMIN) TABS	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	4	QL
BYSTOLIC 20mg QL (60 tabs / 30 days)	4	QL
<i>carvedilol</i> (generic of COREG)	2	
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	2	
<i>metoprolol tartrate</i> SOCT	4	
<i>metoprolol tartrate</i> SOLN	4	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>pindolol</i>	3	
<i>propranolol cap er</i> (generic of INDERAL LA)	3	
<i>propranolol hcl</i> TABS	2	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	
CALCIUM CHANNEL BLOCKERS		

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	
<i>cartia xt</i> (generic of CARDIZEM CD)	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	3	
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	4	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	
<i>diltiazem hcl</i> TABS 90mg	2	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24	4	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD)	3	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	3	
<i>diltiazem inj</i>	4	
<i>felodipine</i>	2	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	3	
<i>nifedipine er</i> (generic of ADALAT CC)	3	
<i>nimodipine</i> CAPS	5	NDS
NYMALIZE	5	NDS
<i>taztia xt</i> (generic of TIAZAC)	3	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg	4	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	3	
<i>verapamil cap er</i> 300mg, 360mg	4	
<i>verapamil hcl</i> SOLN	4	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>verapamil hcl</i> TABS 40mg, 80mg	2		<i>bumetanide</i> (generic of BUMEX) TABS	3	
<i>verapamil hcl</i> (generic of CALAN) TABS 120mg	2		<i>chlorothiazide tabs</i>	3	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	2		<i>chlorthalidone</i>	3	
<i>verapamil tab er</i> 180mg	2		<i>furosemide</i> SOLN	2	
<i>verapamil tab er</i> (generic of CALAN SR) 240mg	2		<i>furosemide</i> (generic of LASIX) TABS	1	
DIGITALIS GLYCOSIDES			<i>furosemide inj</i>	4	
<i>digitek</i> (generic of LANOXIN) .25mg	3	PA	<i>hydrochlorothiazide</i> CAPS; TABS	1	
PA if 70 years and older; HR			<i>indapamide</i>	2	
<i>digitek</i> (generic of LANOXIN) .125mg	3	QL	<i>methazolamide</i> TABS	4	
QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)			<i>metolazone</i>	3	
<i>digox</i> (generic of LANOXIN) 125mcg	3	QL	<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	3	
QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)			<i>toremide tabs</i>	2	
<i>digox</i> (generic of LANOXIN) 250mcg	3	PA	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZAZIDE)	2	
PA if 70 years and older; HR			<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE)	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg	3	QL	<i>triamterene & hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	1	
QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)			MISCELLANEOUS		
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg	3	PA	<i>aliskiren fumarate</i> (generic of TEKTURNA)	4	
PA if 70 years and older; HR			<i>clonidine hcl</i> (generic of CATAPRES) TABS	2	
<i>digoxin inj</i> (generic of LANOXIN)	4		<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-1)	4	
HR (doses > 0.125 mg/day)			.1mg/24hr		
<i>digoxin sol</i> 50mcg/ml	4	PA	<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-2)	4	
PA if 70 years and older; HR			.2mg/24hr		
DIURETICS			<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-3)	4	
<i>acetazolamide</i> CP12	4		.3mg/24hr		
<i>acetazolamide</i> TABS	3		CORLANOR	4	
<i>amiloride & hydrochlorothiazide</i>	2		DEMSEER	5	NDS PA
<i>amiloride hcl</i> TABS	2		<i>hydralazine hcl</i> SOLN	4	
<i>bumetanide</i> SOLN	4		<i>hydralazine hcl</i> TABS	2	
			<i>midodrine hcl</i>	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>minoxidil</i> TABS	2	
NORTHERA 100mg QL (90 caps / 30 days)	5	NDS QL NM LA PA
NORTHERA 200mg, 300mg QL (180 caps / 30 days)	5	NDS QL NM LA PA
<i>ranolazine</i> (generic of RANEXA)	4	
NITRATES		
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	3	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i> (generic of NITRO-DUR)	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	3	
<i>nitroglycerin td patch</i> .1mg/hr	3	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	5	NDS QL NM LA PA
<i>ambrisentan</i> (generic of LETAIRIS) QL (30 tabs / 30 days)	5	NDS QL NM LA PA
OPSUMIT QL (30 tabs / 30 days)	5	NDS QL NM LA PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	3	QL NM PA
VENTAVIS	5	NDS NM PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	2	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS	3	
<i>lorazepam</i> (generic of ATIVAN) SOLN	4	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	2	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	3	QL
ANTICONVULSANTS		
APTIOM QL (60 tabs / 30 days)	4	QL
BANZEL SUS 40MG/ML	5	NDS PA
BANZEL TAB 200MG	5	NDS PA
BANZEL TAB 400MG	5	NDS PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	4	PA
BRIVIACT TAB 10MG	4	PA
BRIVIACT TAB 25MG	4	PA
BRIVIACT TAB 50MG	4	PA
BRIVIACT TAB 75MG	4	PA
BRIVIACT TAB 100MG	4	PA
<i>carbamazepine</i> CHEW	3	
<i>carbamazepine</i> (generic of CARBATROL) CP12	4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	4	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	4	
CELONTIN	4	
<i>clobazam</i> (generic of ONFI)	4	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>clorazepate dipotassium</i> QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	2	QL PA
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	4	
<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	3	QL PA
<i>diazepam oral soln 1 mg/ml</i> QL (1200 mL / 30 days) PA if 65 years and older	3	QL PA
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHEW TAB 50MG	4	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	4	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	3	
EPIDIOLEX QL (600 mL / 30 days)	5	NDS QL NM LA PA
<i>epitol</i> (generic of TEGRETOL)	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>felbamate</i> (generic of FELBATOL) SUSP	5	NDS
<i>felbamate</i> (generic of FELBATOL) TABS	4	
FYCOMPA SUSP QL (720 mL / 30 days)	4	QL PA
FYCOMPA TABS 2mg, 4mg, 6mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	3	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	2	
<i>levetiracetam</i> (generic of KEPPRA) SOLN	4	
<i>levetiracetam</i> (generic of KEPPRA) TABS	3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	3	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	4	
<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	4	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX PA if 70 years and older; HR	4	PA
<i>phenobarbital</i> TABS PA if 70 years and older; HR	3	PA
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older; HR	4	PA
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older; HR	4	PA
PHENYTEK	4	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	3	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	3	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	3	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	3	
<i>phenytoin sodium inj</i> 50mg/ml	4	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN QL (900 mL / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>primidone</i> (generic of MYSOLINE) TABS	2	
<i>roweepra</i> (generic of KEPPRA)	3	
<i>roweepra xr</i> (generic of KEPPRA XR)	3	
SPRITAM	4	
<i>subvenite tab</i> (generic of LAMICTAL)	2	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	NDS PA
<i>tiagabine hcl</i> (generic of GABITRIL)	4	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	3	
<i>topiramate</i> (generic of TOPAMAX) TABS	2	
<i>valproate sodium</i> (generic of DEPACON) SOLN	4	
<i>valproate sodium oral soln</i>	3	
<i>valproic acid</i> (generic of DEPAKENE) CAPS	3	
<i>vigabatrin powd pack 500mg</i> (generic of SABRIL) QL (180 packets / 30 days)	5	NDS QL NM LA PA
<i>vigabatrin tab 500mg</i> (generic of SABRIL) QL (180 tabs / 30 days)	5	NDS QL NM LA PA
<i>vigadrone</i> (generic of SABRIL) QL (180 packets / 30 days)	5	NDS QL NM LA PA
VIMPAT 50mg QL (120 tabs / 30 days)	4	QL
VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
VIMPAT INJ 200MG/20ML	4	
VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	4	QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	3	
<i>zonisamide</i> CAPS 50mg	3	

ANTIDEMENTIA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D Days Supply **HR** - High Risk Medication **LA** - Limited Access **NDS** - Non-Extended

Drug Name	Drug Requirements/ Tier	Limits
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	2	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	3	QL
<i>donepezil hydrochloride</i> TBDP 10mg	3	
EXELON PATCHES QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS QL (60 tabs / 30 days)	3	QL
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER) QL (30 caps / 30 days)	4	QL
<i>memantine hcl cp24</i> (generic of NAMENDA XR) PA if < 30 yrs	4	PA
<i>memantine soln</i> PA if < 30 yrs	4	PA
<i>memantine tabs</i> (generic of NAMENDA) PA if < 30 yrs	3	PA
NAMZARIC	4	
<i>rivastigmine tartrate caps</i> 1.5mg, 3mg QL (90 caps / 30 days)	4	QL
<i>rivastigmine tartrate caps</i> 4.5mg, 6mg QL (60 caps / 30 days)	4	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS HR	3	
<i>amoxapine</i> HR	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS HR	4	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg HR	4	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg HR	4	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	4	QL PA
<i>doxepin hcl</i> CAPS; CONC HR	3	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
EMSAM QL (30 patches / 30 days)	5	NDS QL PA
<i>escitalopram oxalate</i> SOLN	4	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	2	
FETZIMA 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	1	
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	1	
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS HR	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>maprotiline hcl</i>	3	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg	3	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	2	
<i>mirtazapine</i> TABS 45mg	2	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS HR	2	
<i>nortriptyline hcl</i> SOLN HR	4	
<i>paroxetine hcl</i> (generic of PAXIL) TABS HR	2	
PAXIL SUSP QL (900 mL / 30 days) HR	4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	3	
<i>protriptyline hcl</i> HR	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	4	
<i>trazodone hcl</i> TABS 50mg, 100mg	2	
<i>trazodone tab 150mg</i>	2	
<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days) HR	4	QL
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days) HR	4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days) HR	4	QL

Drug Name	Drug Requirements/ Tier	Limits
TRINTELLIX 5mg QL (120 tabs / 30 days)	4	QL PA
TRINTELLIX 10mg QL (60 tabs / 30 days)	4	QL PA
TRINTELLIX 20mg QL (30 tabs / 30 days)	4	QL PA
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	2	
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	PA
VIIBRYD TAB QL (30 tabs / 30 days)	4	QL PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	3	QL
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	3	
APOKYN QL (20 cartridges / 30 days)	5	NDS QL NM LA PA
<i>benztropine mesylate inj</i> (generic of COGENTIN)	4	
<i>benztropine mesylate tab 0.5mg</i> PA if 70 years and older; HR	3	PA
<i>benztropine mesylate tab 1mg</i> PA if 70 years and older; HR	3	PA
<i>benztropine mesylate tab 2mg</i> PA if 70 years and older; HR	3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	4	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	3	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	3	
<i>carbidopa levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 100)	4	
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 150)	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>entacapone</i> (generic of COMTAN)	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	2	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	2	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	2	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	2	
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	2	
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	2	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	4	
<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 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl</i> CAPS; TABS	3	
<i>trihexyphenidyl hcl</i> PA if 70 years and older; HR	3	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	4	QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	5	NDS QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	5	NDS QL
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	4	QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	4	QL
ARISTADA INITIO	4	
<i>chlorpromazine hcl</i> TABS	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> (generic of FAZACLO)	4	PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i> (generic of CLOZARIL)	4	
<i>clozapine tab 200mg</i>	4	
FANAPT QL (60 tabs / 30 days)	4	QL PA
FANAPT TITRATION PACK	4	PA
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR QL (6 mL / 3 days)	4	QL
<i>haloperidol</i> TABS	3	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	4	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	4	
<i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL)	4	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	3	QL
INVEGA 6mg QL (60 tabs / 30 days)	3	QL
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	4	QL
INVEGA TRINZA QL (1 injection / 90 days)	4	QL
LATUDA 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
LATUDA 80mg QL (60 tabs / 30 days)	4	QL
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID CAPS QL (30 caps / 30 days)	4	QL NM LA PA
NUPLAZID TABS 10MG QL (30 tabs / 30 days)	4	QL NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS	3	

Drug Name	Drug Requirements/ Tier	Limits
PERSERIS QL (1 injection / 30 days)	4	QL
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN	4	
<i>risperidone</i> (generic of RISPERDAL) TABS	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	4	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
SAPHRIS QL (60 tabs / 30 days)	4	QL
<i>thioridazine hcl</i> TABS	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
VERSACLOZ QL (600 mL / 30 days)	5	NDS QL PA
VRAYLAR 1.5mg QL (60 caps / 30 days)	4	QL PA
VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	QL PA
VRAYLAR THERAPY PACK <i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	4	PA QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	4	QL PA
ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	4	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroampheta mine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroampheta mine tab 5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL
<i>amphetamine-dextroampheta mine tab 7.5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL
<i>amphetamine-dextroampheta mine tab 10 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL
<i>amphetamine-dextroampheta mine tab 12.5 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL
<i>amphetamine-dextroampheta mine tab 15 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroampheta mine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroampheta mine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older; HR	3	PA
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	4	QL
<i>methylphenidate hcl tbc</i> 10 mg QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl tbc</i> 20mg QL (90 tabs / 30 days)	4	QL
HYPNOTICS		
BELSOMRA QL (30 tabs / 30 days)	4	QL
HETLIOZ	5	NDS NM LA PA
SILENOR QL (30 tabs / 30 days) HR (doses > 6mg/day)	3	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year; HR	2	QL PA
MIGRAINE		
AIMOVIQ QL (1 pen / 30 days)	3	QL PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i> (generic of D.H.E. 45)	5	NDS
<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i> QL (8 mL / 30 days)	5	NDS QL PA
EMGALITY SOAJ QL (2 pens / 30 days)	3	QL PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	3	QL PA
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	4	
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) 10mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate odt</i> 5mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT) 10mg QL (18 tabs / 30 days)	3	QL
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	4	QL
<i>sumatriptan nasal spray</i> (generic of IMITREX) 5mg/act QL (24 inhalers / 30 days)	4	QL
<i>sumatriptan nasal spray</i> (generic of IMITREX) 20mg/act QL (12 inhalers / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	2	QL
MISCELLANEOUS		
AUSTEDO 6mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
INGREZZA CAPS QL (30 caps / 30 days)	4	QL NM PA
INGREZZA CPPK QL (28 caps / 28 days)	4	QL NM PA
<i>lithium carbonate</i> CAPS; TABS	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	2	
<i>lithium carbonate er</i> 450mg	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR QL (60 tabs / 30 days)	3	QL PA
NUDEXTA QL (60 caps / 30 days)	4	QL PA
<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	3	
<i>riluzole</i> (generic of RILUTEK)	3	
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	5	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	5	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON QL (14 syringes / 28 days)	5	NDS QL NM PA
COPAXONE INJ 20MG/ML QL (30 syringes / 30 days)	5	NDS QL NM PA
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	5	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA)	3	NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	5	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older; HR	3	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	4	
<i>dantrolene sodium</i> CAPS 100mg	4	
<i>tizanidine hcl</i> TABS 2mg	2	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	2	

NARCOLEPSY/CATAPLEXY

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Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	3	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA
XYREM QL (540 mL / 30 days)	5	NDS QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	3	QL PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	2	QL
<i>bupropion hcl</i> (smoking deterrent)	3	
CHANTIX CONTINUING MONTH	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	3	
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	4	QL
VIVITROL	5	NDS
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	5	NDS PA
ANDRODERM QL (30 patches / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA
<i>testosterone GEL 1%</i> QL (300 grams / 30 days)	4	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	4	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN	3	PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	3	
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE QL (4 pens / 28 days)	3	QL
BYDUREON PEN QL (4 pens / 28 days)	3	QL
BYETTA QL (1 pen / 30 days)	4	QL
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS B/D
HUMULIN R U-500 KWIKPEN	5	NDS
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30 (brand RELION not covered)	3	
NOVOLIN 70/30 FLEXPEN (brand RELION not covered)	3	

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Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN N (brand RELION not covered)	3	
NOVOLIN R (brand RELION not covered)	3	
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 QL (1 pen / 28 days)	3	QL
OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	3	QL
SOLIQUA 100/33 QL (10 pens / 30 days)	3	QL
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY QL (4 pens / 28 days)	3	QL
VICTOZA QL (3 pens / 30 days)	3	QL
XULTOPHY 100/3.6 QL (5 pens / 30 days)	3	QL
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE) TABS	3	
FARXIGA QL (30 tabs / 30 days)	3	QL
<i>glimepiride</i> (generic of AMARYL) 1mg, 2mg QL (90 tabs / 30 days) HR	2	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days) HR	2	QL
<i>glip/metform tab 2.5-250mg</i> QL (240 tabs / 30 days)	3	QL
<i>glip/metform tab 2.5-500mg</i> QL (120 tabs / 30 days)	3	QL
<i>glip/metform tab 5-500mg</i> QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg, 5mg QL (90 tabs / 30 days)	2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	2	QL
JANUMET QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA QL (30 tabs / 30 days)	3	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	3	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	2	QL
<i>repaglinide</i> 2mg QL (240 tabs / 30 days)	3	QL
<i>repaglinide</i> .5mg, 1mg QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	3	QL
TRADJENTA QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	3	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg	1	
<i>alendronate sodium</i> TABS 40mg	3	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
<i>ibandronate sodium tabs</i> (generic of BONIVA)	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	4	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	4	B/D
<i>pamidronate inj 30mg</i>	4	B/D
<i>pamidronate inj 90mg</i>	4	B/D
<i>zoledronic acid inj 5mg/100ml</i> (generic of RECLAST)	4	B/D NM
<i>zoledronic inj 4mg/5ml</i>	4	B/D NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	NDS
JADENU	5	NDS NM LA PA
JADENU SPRINKLE	5	NDS NM LA PA
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps</i>	3	
<i>trientine hcl</i> (generic of SYPRINE)	5	NDS PA
CONTRACEPTIVES		
<i>altavera tab</i>	3	
<i>alyacen 1/35</i> (generic of ORTHO-NOVUM 1/35)	3	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>aubra</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	3	
<i>bekyree</i> (generic of MIRCETTE)	3	
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3	
<i>briellyn</i>	3	
<i>camila</i>	3	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i> (generic of ORTHO-NOVUM 1/35)	3	
<i>cyclafem 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3	
<i>cyred tab</i>	3	
<i>dasetta 1/35</i> (generic of ORTHO-NOVUM 1/35)	3	
<i>dasetta 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3	
<i>deblitane</i>	3	
<i>delyla</i>	3	
<i>desogestrel & ethinyl estradiol</i>	3	
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	3	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	3	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	3	
ELLA	3	
<i>emoquette</i>	3	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>errin</i> (generic of ORTHO MICRONOR)	3	
<i>estarylla tab 0.25-35</i>	3	
<i>ethynodiol diacet & eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	3	
<i>femynor</i>	3	
<i>gianvi</i> (generic of YAZ)	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jasmiel</i> (generic of YAZ)	3	
<i>jolessa</i>	3	
<i>jolivette</i> (generic of ORTHO MICRONOR)	3	
<i>juleber</i>	3	
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3	
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	3	
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3	
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	3	
<i>kariva</i> (generic of MIRCETTE)	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3	
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	3	
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3	
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3	
<i>larissia tab</i>	3	
<i>leena</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonor/ethi tab</i>	3	
<i>levonorgestrel & eth estradiol</i>	3	

Drug Name	Drug Requirements/ Tier Limits
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3
<i>levora 0.15/30-28</i>	3
<i>loryna</i> (generic of YAZ)	3
<i>low-ogestrel</i>	3
<i>lutra</i>	3
<i>lyza</i> (generic of ORTHO MICRONOR)	3
<i>marlissa</i>	3
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	3
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	3
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>mili</i>	3
<i>mono-lynyah tab 0.25-35</i>	3
<i>necon 0.5/35-28</i>	3
<i>nikki</i> (generic of YAZ)	3
<i>nora-be</i>	3
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	3
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	3
<i>norgest/ethi tab 0.25/35</i>	3
<i>norgestimate-ethinyl estradiol (triphasic)</i> 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	3
<i>norgestimate-ethinyl estradiol (triphasic)</i> 0.18-35/0.215-35/0.25-35 mg-mcg	3
<i>norlyroc</i>	3
<i>nortrel 0.5/35 (28)</i>	3
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	3

Drug Name	Drug Requirements/ Tier Limits
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3
<i>ocella</i> (generic of YASMIN 28)	3
<i>orsythia</i>	3
<i>philith</i>	3
<i>pimtrea</i> (generic of MIRCETTE)	3
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	3
<i>portia-28</i>	3
<i>previfem</i>	3
<i>reclipsen</i>	3
<i>setlakin tab</i>	3
<i>sharobel</i> (generic of ORTHO MICRONOR)	3
<i>sprintec 28</i>	3
<i>sronyx</i>	3
<i>syeda</i> (generic of YASMIN 28)	3
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>tilia fe</i> (generic of ESTROSTEP FE)	3
<i>tri-estarylla</i>	3
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	3
<i>tri-lynyah</i>	3
<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-mili</i>	3
<i>tri-previfem</i>	3
<i>tri-sprintec</i>	3
<i>tri-vylibra</i>	3
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>trivora-28</i>	3
<i>tulana</i>	3
<i>velivet</i>	3
<i>vienva</i>	3
<i>viorele</i> (generic of MIRCETTE)	3
<i>vyfemla</i>	3

Drug Name	Drug Requirements/ Tier	Limits
<i>vylibra</i>	3	
<i>xulane</i>	4	
<i>zarah</i> (generic of YASMIN 28)	3	
<i>zovia 1/35e</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	4	
SYNAREL	5	NDS
ENZYME REPLACEMENTS		
CARBAGLU	5	NDS NM LA PA
CERDELGA	5	NDS NM PA
CYSTADANE POW	5	NDS NM LA
CYSTAGON	4	NM LA PA
KUVAN	5	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	4	B/D
<i>miglustat</i> (generic of ZAVESCA)	5	NDS NM PA
NITYR	5	NDS NM LA PA
ORFADIN	5	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	5	NDS NM PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
ESTRACE CREA	3	
<i>estradiol</i> (generic of CLIMARA) PTWK HR	3	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg HR	2	
<i>estradiol valerate inj</i> (generic of DELESTROGEN)	4	
<i>fyavolv</i> HR	3	
<i>fyavolv</i> (generic of FEMHRT LOW DOSE) HR	3	
<i>jinteli</i> HR	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>norethindrone acetate-ethinyl estradiol</i> HR	3	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE) HR	3	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i> 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	4	
<i>dexamethasone sodium phosphate</i> (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml	4	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> (generic of CORTEF) TABS	3	
<i>methylpr ss inj</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	2	
<i>methylpred tab 4mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	3	B/D
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	4	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	4	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>prednisone pak 10mg</i>	3	
<i>prednisone sol 5mg/5ml</i>	4	B/D
<i>prednisone tab 1mg</i>	2	B/D
<i>prednisone tab 2.5mg</i>	2	B/D
<i>prednisone tab 5mg</i>	2	B/D
<i>prednisone tab 10mg</i>	2	B/D
<i>prednisone tab 20mg</i>	2	B/D
<i>prednisone tab 50mg</i>	2	B/D
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	3	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	3	B/D
<i>cinacalcet hcl</i> 30mg, 90mg QL (120 tabs / 30 days)	5	NDS B/D QL NM
<i>cinacalcet hcl</i> 60mg QL (60 tabs / 30 days)	5	NDS B/D QL NM
FORTEO	5	NDS NM PA
GENOTROPIN	5	NDS NM PA
GENOTROPIN MINIQUICK .2mg	3	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS NM PA
INCRELEX	5	NDS NM LA PA
KORLYM	5	NDS NM LA PA
NATPARA	5	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	4	NM PA
<i>octreotide acetate</i> 200mcg/ml	4	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	5	NDS NM PA
<i>octreotide acetate</i> 1000mcg/ml	5	NDS NM PA

Drug Name	Drug Requirements/ Tier Limits	
PROLIA	4	QL NM
QL (1 injection / 180 days)		
<i>raloxifene tab 60mg</i> (generic of EVISTA)	3	
SIGNIFOR	5	NDS NM LA PA
SOMATULINE DEPOT	5	NDS NM PA
SOMAVERT	5	NDS NM LA PA
TYMLOS	5	NDS NM PA
XGEVA	5	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA	4	QL PA
QL (360 tabs / 30 days)		
<i>calcium acetate (phosphate binder)</i> CAPS	3	QL
QL (360 caps / 30 days)		
<i>calcium acetate (phosphate binder)</i> TABS	3	QL
QL (360 tabs / 30 days)		
REVELA PAK 0.8GM	3	QL
QL (540 packets / 30 days)		
REVELA PAK 2.4GM	3	QL
QL (180 packets / 30 days)		
REVELA TAB 800MG	3	QL
QL (540 tabs / 30 days)		
PROGESTINS		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	2	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	3	
THYROID AGENTS		
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	3	
<i>methimazole</i> (generic of TAPAZOLE) TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
VASOPRESSINS		

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray</i> (generic of DDAVP)	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i> (generic of DDAVP)	3	
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	4	
STIMATE	5	NDS NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> (generic of EMEND)	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro</i>	4	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	4	B/D QL
EMEND SUSR	4	B/D
<i>granisetron hcl</i> SOLN	4	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS HR	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	2	
<i>metoclopramide hcl inj</i>	4	
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> TABS 24mg	3	B/D
<i>ondansetron hcl inj</i>	4	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	3	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate</i> TABS	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SYRP; TABS PA if 70 years and older; HR	2	PA
<i>promethazine hcl inj</i> (generic of PHENERGAN) PA if 70 years and older; HR	4	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>scopolamine</i> (generic of TRANSDERM SCOP) QL (10 patches / 30 days) PA if 70 years and older; HR	4	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i> HR	3	
<i>dicyclomine hcl soln 10mg/5ml</i> HR	4	
<i>dicyclomine hcl tab 20mg</i> HR	3	
<i>glycopyrrolate tab 1mg</i>	3	
<i>glycopyrrolate tab 2mg</i>	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine in nacl</i>	4	
<i>famotidine inj</i>	4	
<i>famotidine tab</i> (generic of PEPCID)	2	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg	2	
<i>ranitidine hcl</i> TABS 300mg	2	
<i>ranitidine hcl inj</i> (generic of ZANTAC) 50mg/2ml	4	
<i>ranitidine hcl inj 150mg/6ml</i>	4	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		
ASACOL HD	4	
<i>balsalazide disodium</i> (generic of COLAZAL)	3	
<i>budesonide ec</i> (generic of ENTOCORT EC)	4	
CANASA	4	
<i>colocort</i> (generic of CORTENEMA)	4	
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	4	
<i>mesalamine</i> (generic of DELZICOL) CPDR	4	
<i>mesalamine</i> ENEM	4	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	2	

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Drug Name	Drug Requirements/ Tier Limits	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	3	
LAXATIVES		
<i>constulose</i>	3	
<i>enulose</i>	2	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	2	
<i>gavilyte-g</i> (generic of GOLYTELY)	2	
<i>gavilyte-n/Flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i> SOLN	3	
<i>lactulose (encephalopathy)</i>	2	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	2	
<i>peg 3350/electrolytes</i>	2	
PLENVU	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	2	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	5	NDS PA
AMITIZA 8mcg QL (180 caps / 30 days)	3	QL
AMITIZA 24mcg QL (60 caps / 30 days)	3	QL
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	5	NDS
<i>diphenoxylate w/ atropine</i> LIQD HR	4	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS HR	3	

Drug Name	Drug Requirements/ Tier Limits	
GATTEX	5	NDS NM LA PA
LINZESS QL (30 caps / 30 days)	4	QL
<i>loperamide hcl</i> CAPS	3	
<i>misoprostol</i> (generic of CYTOTEC) TABS	3	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN	5	NDS PA
<i>sucralfate</i> (generic of CARAFATE) TABS	3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	3	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4	
XIFAXAN 550mg	5	NDS PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR QL (30 caps / 30 days)	4	QL
DEXILANT CAP 60MG DR QL (30 caps / 30 days)	4	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	3	QL
<i>omeprazole cap 10mg</i>	2	
<i>omeprazole cap 20mg</i>	2	
<i>omeprazole cap 40mg</i>	2	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	4	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC	2	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	2	
<i>dutasteride</i> (generic of AVODART) CAPS QL (30 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	2	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 15) 15meq	4	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 5) 540mg	4	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 10) 1080mg	4	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG QL (30 tabs / 30 days)	4	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SYRP	3	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg	3	
<i>oxybutynin chloride</i> TB24 15mg	3	
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate tabs</i> (generic of DETROL)	4	ST
TOVIAZ QL (30 tabs / 30 days)	3	QL
<i>tropium chloride</i> TABS	3	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	3	
<i>terconazole vaginal</i> CREA .8%	3	
<i>terconazole vaginal</i> SUPP	3	
<i>vandazole</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK QL (74 tabs / 30 days)	3	QL
<i>enoxaparin sodium</i> (generic of LOVENOX)	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
<i>heparin sod (porcine) in d5w</i>	4	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	4	
<i>jantoven</i> (generic of COUMADIN)	1	
PRADAXA QL (60 caps / 30 days)	4	QL
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STARTER PACK QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NDS NM PA
ZARXIO	5	NDS NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	4	
BERINERT QL (24 boxes / 30 days)	5	NDS QL NM LA PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NDS NM LA PA
HAEGARDA 2000unit QL (30 vials / 30 days)	5	NDS QL NM LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	5	NDS QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) QL (9 syringes / 30 days)	5	NDS QL NM PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA PACK QL (360 packets / 30 days)	5	NDS QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	4	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	4	
BRILINTA	4	
<i>clopidogrel tab 75mg</i> (generic of PLAVIX)	1	
<i>prasugrel hcl</i> (generic of EFFIENT)	4	
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	5	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	5	NDS QL NM PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	5	NDS QL NM PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	5	NDS QL NM PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	5	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NDS NM PA
HUMIRA PEN QL (6 pens / 28 days)	5	NDS QL NM PA
HUMIRA PEN CD/UC/HS STARTER	5	NDS NM PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NDS NM PA
HUMIRA PEN INJ PS/UV STARTER	5	NDS NM PA
HUMIRA PEN-PS/UV STARTER	5	NDS NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	3	
<i>leflunomide</i> (generic of ARAVA) TABS QL (30 tabs / 30 days)	3	QL
<i>methotrexate sodium tabs</i>	3	
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	NDS QL NM LA PA
STELARA SOSY QL (1 syringe / 28 days)	5	NDS QL NM PA
XATMEP	4	B/D
XELJANZ QL (60 tabs / 30 days)	5	NDS QL NM PA
XELJANZ XR QL (30 tabs / 30 days)	5	NDS QL NM PA
IMMUNOGLOBULINS		
BIVIGAM	5	NDS NM PA
GAMASTAN S/D	3	B/D NM
GAMMAKED	5	NDS NM PA
GAMMAPLEX	5	NDS NM PA
GAMMAPLEX 10GM/100ML	5	NDS NM PA
OCTAGAM	5	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
PANZYGA	5	NDS NM PA
PRIVIGEN	5	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NDS NM LA PA
ARCALYST	5	NDS NM PA
INTRON-A INJ 10MU	5	NDS B/D
INTRON-A INJ 18MU	5	NDS B/D
INTRON-A INJ 25MU	5	NDS B/D
INTRON-A INJ 50MU	5	NDS B/D
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> (generic of IMURAN) TABS	3	B/D
BENLYSTA	5	NDS NM PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	4	B/D
<i>gengraf</i> (generic of NEORAL)	4	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	5	NDS B/D
<i>mycophenolate sodium tbec</i> (generic of MYFORTIC) 180mg HR	4	B/D
<i>mycophenolate sodium tbec</i> (generic of MYFORTIC) 360mg	4	B/D
PROGRAF PACK	4	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> (generic of RAPAMUNE) SOLN	5	NDS B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	5	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	NDS B/D
ZORTRESS TAB 0.25MG	5	NDS B/D
ZORTRESS TAB 0.75MG	5	NDS B/D
ZORTRESS TAB 1MG	5	NDS B/D
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	4	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	4	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOl INACTIVATED IPV	3	
IXIARO	4	
KINRIX	3	
M-M-R II	3	
MENACTRA	4	
MENVEO	4	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	4	QL
QL (2 vials per lifetime)		
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	4	

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Drug Name	Drug Requirements/ Tier	Limits
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	4	
YF-VAX	4	
ZOSTAVAX	4	QL
QL (1 vial per lifetime)		
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE	3	
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml		
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE)	3	
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml		
<i>magnesium sulfate</i> SOLN	3	50%
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN	4	10%, 20%
<i>potassium chloride</i> TBCR	2	8meq, 10meq
<i>potassium chloride</i> (generic of K-TAB) TBCR	2	20meq
<i>potassium chloride microencapsulated crystals er</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>sodium chloride</i> SOLN	4	2.5meq/ml
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROLYTES	4	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINOLIPID	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
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		
<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 5%</i>	4	
DEXTROSE 5% /ELECTROLYTE	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
<i>dextrose 5%/potassium chl</i>	4	
<i>dextrose 10% flex contain</i>	4	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	4	
<i>dextrose 10%/nacl 0.45%</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>dextrose 50%</i>	4	
<i>dextrose in lactated ringers</i>	4	
<i>dextrose inj 70%</i>	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl/d5w inj 0.3%</i>	4	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	4	
<i>kcl/d5w/nacl inj .15/.33%</i>	4	
<i>kcl/d5w/nacl inj .15/.45%</i>	4	
<i>kcl/nacl inj 0.3-0.9</i>	4	
<i>kcl/nacl inj 0.15%-0.9%</i>	4	
<i>lactated ringer's</i>	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	4	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	4	
<i>potassium chloride in nacl sod chloride inj 0.9%</i>	4	
<i>sodium chloride SOLN 3%, 5%</i>	4	
<i>sodium chloride 0.45%</i>	4	
VITAMINS		
<i>calcitriol (generic of ROCALTROL) CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	4	B/D
M-NATAL PLUS	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	4	B/D
<i>paricalcitol CAPS 4mcg</i>	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	NDS
TRICARE	3	
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	4	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	3	
MOXEZA	4	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	

Drug Name	Drug Requirements/ Tier Limits
<i>neomycin-polymyxin-gramicidin</i>	3
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	2
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	2
<i>sulfacetamide sodium (ophth)</i> OINT	3
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10) SOLN	3
<i>tobramycin (ophth)</i> (generic of TOBREX)	2
<i>trifluridine</i> ZIRGAN	3 4
ANTI-INFLAMMATORIES	
ALREX	3
BROMSITE	4
<i>dexamethasone sodium phosphate (ophth)</i>	3
<i>diclofenac sodium (ophth)</i> DUREZOL	3 4
<i>fluorometholone</i>	3
<i>flurbiprofen sodium</i> ILEVRO	3 4
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) .4%	3
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	3
LOTEMAX GEL; OINT	3
<i>loteprednol etabonate</i> (generic of LOTEMAX)	3
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE)	3
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3
PROLENSA	3
ANTIALLERGICS	
<i>azelastine drop 0.05%</i>	3
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	2
LASTACFT	4

Drug Name	Drug Requirements/ Tier Limits
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	4
PAZEO	3
ANTIGLAUCOMA	
ALPHAGAN P SOL 0.1%	3
ALPHAGAN P SOL 0.15%	3
AZOPT	4
<i>betaxolol hcl (ophth)</i>	3
BETOPTIC-S	4
<i>brimonidine sol 0.2%</i>	2
<i>carteolol hcl (ophth)</i>	2
COMBIGAN	3
<i>dorzolamide hcl</i> (generic of TRUSOPT)	3
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	3
ISTALOL	3
<i>latanoprost</i> (generic of XALATAN) SOLN	2
<i>levobunolol hcl</i>	2
LUMIGAN	3
PHOSPHOLINE IODIDE	4
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	3
RHOPRESSA	4
SIMBRINZA	4
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	2
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	4
TRAVATAN Z	4
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	3
CYSTARAN	5 NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	3
RESTASIS QL (60 single use vials / 30 days)	4 QL
RESTASIS MULTIDOSE QL (1 bottle / 30 days)	3 QL
RESPIRATORY	

Drug Name	Drug Requirements/ Tier	Limits
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA QL (60 blisters / 30 days)	3	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	3	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN	2	B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	3	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl</i> SYRP; TABS PA if 70 years and older; HR	3	PA
<i>diphenhydramine hcl inj</i> 50mg/ml	4	
<i>hydroxyzine hcl</i> SYRP PA if 70 years and older; HR	3	PA
<i>hydroxyzine hcl</i> TABS PA if 70 years and older; HR	2	PA
<i>hydroxyzine hcl inj</i> PA if 70 years and older; HR	4	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older; HR	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levocetirizine dihydrochloride</i> TABS	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU .5%, .63mg/3ml, 1.25mg/3ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP	3	
<i>albuterol sulfate</i> TABS	4	
SEREVENT DISKUS QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; TABS	2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	4	
<i>zafirlukast</i> (generic of ACCOLATE)	3	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NDS NM LA PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) .15mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
ESBRIET	5	NDS NM PA
KALYDECO	5	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
NUCALA	5	NDS NM LA PA
OFEV	5	NDS NM PA
ORKAMBI	5	NDS NM PA
PROLASTIN-C	5	NDS NM LA PA
PULMOZYME	5	NDS NM PA
SYMDEKO	5	NDS NM LA PA
SYMJEPI	4	
<i>theophylline</i>	4	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab sr 24hr</i>	3	
XOLAIR	5	NDS NM LA PA
ZEMAIRA	5	NDS NM LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> QL (3 bottles / 30 days)	3	QL
<i>fluticasone propionate (nasal)</i> QL (1 bottle / 30 days)	2	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	3	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	4	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	4	QL
FLOVENT HFA QL (2 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	4	QL
STEROID/BETA-AGONIST COMBINATIONS		

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR DISKUS QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA QL (60 blisters / 30 days)	3	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
TOPICAL DERMATOLOGY, ACNE		
<i>amnestem</i>	4	PA
<i>avita</i> (generic of RETIN-A) CREA QL (45 grams / 30 days)	4	QL PA
<i>avita</i> GEL QL (45 grams / 30 days)	4	QL PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL QL (75 grams / 30 days)	4	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN	3	
<i>clindamycin phosphate (topical)</i> SOLN QL (60 mL / 30 days)	3	QL
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	4	
<i>tretinoin</i> (generic of RETIN-A) CREA QL (45 grams / 30 days)	4	QL PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025% QL (45 grams / 30 days)	4	QL PA
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>gentamicin sulfate (topical)</i> CREA	4	
<i>gentamicin sulfate (topical)</i> OINT	3	
<i>mupirocin</i> OINT QL (220 grams / 30 days)	2	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	2	
<i>ssd</i> (generic of SILVADENE) SULFAMYLON CREA	2 4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> (generic of LOPROX) CREA QL (90 grams / 30 days)	3	QL
<i>ciclopirox</i> (generic of LOPROX) SUSP QL (60 mL / 30 days)	3	QL
<i>clotrimazole (topical)</i> CREA	3	
<i>clotrimazole (topical)</i> SOLN QL (30 mL / 30 days)	3	QL
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	3	
<i>ketoconazole cream</i> QL (60 grams / 30 days)	3	QL
<i>nyamyc</i> QL (60 grams / 30 days)	3	QL
<i>nystatin (topical)</i> CREA; OINT	3	
<i>nystatin (topical)</i> POWD QL (60 grams / 30 days)	3	QL
<i>nystop</i> QL (60 grams / 30 days)	3	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	4	PA
<i>acitretin</i> 17.5mg	4	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA QL (120 grams / 30 days)	4	QL PA
<i>calcipotriene</i> OINT QL (120 grams / 30 days)	4	QL PA
<i>calcipotriene</i> SOLN QL (120 mL / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>calcitrene</i> QL (120 grams / 30 days)	4	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA QL (60 grams / 30 days)	3	QL PA
TAZORAC CREA .05% QL (60 grams / 30 days)	4	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	2	
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate</i> (<i>topical</i>) CREA; LOTN	3	
<i>betamethasone dipropionate</i> (<i>topical</i>) OINT	4	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE AF) CREA	3	
<i>betamethasone dipropionate</i> <i>augmented</i> GEL; LOTN	4	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE) OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
ENSTILAR QL (120 grams / 30 days)	4	QL PA
<i>fluocinolone acetonide</i> CREA .01%	3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN QL (90 mL / 30 days)	4	QL
<i>fluocinonide</i> CREA .05% QL (120 grams / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinonide</i> GEL QL (60 grams / 30 days)	4	QL
<i>fluocinonide</i> OINT QL (60 grams / 30 days)	4	QL
<i>fluocinonide</i> SOLN QL (60 mL / 30 days)	3	QL
<i>fluocinonide emulsified base</i> QL (120 grams / 30 days)	4	QL
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT QL (50 grams / 30 days)	4	QL
<i>hydrocortisone (topical) cream 1%</i>	2	
<i>hydrocortisone (topical) cream 2.5%</i>	2	
<i>hydrocortisone (topical) lotion 2.5%</i>	3	
<i>hydrocortisone (topical) oint 2.5%</i>	2	
<i>hydrocortisone butyrate cream 0.1%</i> (generic of LOCOID) QL (45 grams / 30 days)	4	QL
<i>hydrocortisone butyrate oint 0.1%</i> QL (45 grams / 30 days)	4	QL
<i>mometasone furoate</i> (generic of ELOCON) CREA	3	
<i>mometasone furoate</i> OINT; SOLN	3	
<i>triamcinolone acetonide (topical) CREA .1%</i> QL (454 grams / 30 days)	2	QL
<i>triamcinolone acetonide (topical) CREA .025%, .5%</i>	2	
<i>triamcinolone acetonide (topical) LOTN</i>	3	
<i>triamcinolone acetonide (topical) OINT</i>	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> QL (30 mL / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	3	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	3	QL PA
<i>lidocaine oint 5%</i> QL (50 grams / 30 days)	4	QL PA
<i>lidocaine-prilocaine</i> QL (30 grams / 30 days)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> CREA; LOTN	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 grams / 30 days)	4	QL
<i>fluorouracil (topical) SOLN</i> QL (10 mL / 30 days)	3	QL
<i>imiquimod</i> (generic of ALDARA) CREA 5% QL (24 packets / 30 days)	3	QL
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	4	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN QL (60 grams / 30 days)	5	NDS QL
PICATO .05% QL (2 tubes / 30 days)	4	QL
PICATO .015% QL (3 tubes / 30 days)	4	QL
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i> (generic of ANUSOL-HC)	3	
<i>procto-pak</i> (generic of PROCTOCORT)	3	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	3	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	3	

Drug Name	Drug Requirements/ Tier	Limits
RECTIV QL (30 grams / 30 days)	4	QL
rosadan (generic of METROCREAM)	4	
tacrolimus (topical) (generic of PROTOPIC) QL (100 grams / 30 days)	4	QL
TARGRETIN GEL QL (60 grams / 30 days)	5	NDS QL NM PA
VALCHLOR QL (60 grams / 30 days)	5	NDS QL NM LA PA
VOLTAREN GEL 1% QL (1000 grams / 30 days)	3	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	4	
permethrin cre 5% (generic of ELIMITE)	3	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	2	
REGRANEX QL (30 grams / 30 days)	5	NDS QL PA
SANTYL	4	
sodium chlor sol 0.9% irr	2	
water for irrigation, sterile	3	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)	2	
clotrimazole LOZG	4	
lidocaine hcl (mouth-throat)	2	
nystatin (mouth-throat)	3	
paroex sol 0.12% (generic of PERIDEX)	2	
periogard (generic of PERIDEX)	2	
pilocarpine hcl (oral) (generic of SALAGEN)	4	
triamcinolone acetone (mouth)	3	
OTIC		
acetic acid (otic)	3	
CIPRODEX	4	

Drug Name	Drug Requirements/ Tier	Limits
flac (generic of DERMOTIC)	4	
fluocinolone acetone (otic) (generic of DERMOTIC)	4	
neomycin-polymyxin-hc (otic)	3	
ofloxacin (otic) (generic of FLOXIN OTIC)	4	

ALREX.....	40	<i>besylate-valsartan tab</i>		<i>amine tab 10 mg.....</i>	23
ALTACE		<i>10-160 mg.....</i>	12	<i>amphetamine-dextroamphet</i>	
<i>see ramipril.....</i>	12	<i>amlodipine</i>		<i>amine tab 12.5 mg.....</i>	23
<i>altavera tab.....</i>	29	<i>besylate-valsartan tab</i>		<i>amphetamine-dextroamphet</i>	
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<i>cycloserine</i>	6	<i>delyla</i>	29	DETROL LA	
<i>cyclosporine</i>	37	DELZICOL		see <i>tolterodine tartrate cap</i>	
<i>cyclosporine modified (for</i>		see <i>mesalamine</i>	33	<i>er</i>	35

<i>dexamethasone</i>	31	<i>dicloxacillin sodium</i>	8	<i>valsartan-hydrochlorothiazide</i>	12
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<i>phosphate</i>	31	DIFLUCAN		<i>see betamethasone</i>	
<i>dexamethasone sodium</i>		<i>see fluconazole</i>	4	<i>dipropionate augmented</i>	43
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.....	34	<i>digox</i>	15	<i>dipropionate augmented</i>	43
DEXILANT CAP 60MG DR		<i>digoxin</i>	15	<i>disopyramide phosphate</i> ...	13
.....	34	<i>digoxin inj</i>	15	<i>disulfiram</i>	26
<i>dexmethylphenidate hcl</i>	23	<i>digoxin sol 50mcg/ml</i>	15	DITROPAN XL	
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SODIUM CHLORIDE 0.2%		<i>dihydroergotamine mesylate</i>		<i>dofetilide</i>	13
.....	38	<i>nasal spr 4 mg/ml</i>	24	DOLOPHINE	
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<i>dextrose 2.5%/nacl 0.45%</i> .	38	<i>see phenytoin sodium</i>		<i>see methadone hcl 5mg</i> ..	2
<i>dextrose 5%</i>	38	<i>extended</i>	18	<i>donepezil hydrochloride</i>	19
DEXTROSE 5%		DILANTIN CAP 100MG	17	<i>dorzolamide hcl</i>	40
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<i>dextrose 5%/nacl 0.2%</i>	38	DILANTIN CHEW TAB		<i>maleate</i>	40
<i>dextrose 5%/nacl 0.225%</i> .	38	50MG	17	DOVATO	6
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<i>dextrose 50%</i>	39	<i>diltiazem cap 240mg cd</i>	14	<i>dronabinol</i>	33
<i>dextrose in lactated ringers</i>		<i>diltiazem cap 360mg cd</i>	14	<i>drospirenone-ethinyl</i>	
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<i>diazepam gel</i>	17	<i>diltiazem hcl extended</i>		<i>mcg/hr</i>	2
<i>diazepam inj</i>	17	<i>release beads cap sr</i>	14	<i>see fentanyl patch 12</i>	
<i>diazepam intensol</i>	17	<i>diltiazem inj</i>	14	<i>mcg/hr</i>	2
<i>diazepam oral soln 1 mg/ml</i>		<i>dilt-xr cap</i>	14	<i>see fentanyl patch 25</i>	
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DYAZIDE		<i>endocet 5-325mg</i>	1	<i>erythromycin cap 250mg ec</i>	7
see <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	15	<i>endocet 7.5-325mg</i>	2	<i>erythromycin ethylsuccinate</i>	7
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<i>e.e.s. 400mg tab</i>	7	<i>enoxaparin sodium</i>	35	ESBRIET	41
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EMBEDA CAP 80-3.2MG ...	1	ERIVEDGE	9	F	
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SYNJARDY XR TAB	TENIVAC	37	TIMOPTIC-XE	
12.5-1000MG	<i>tenofovir disoproxil fumarate</i>		see <i>timolol maleate gel</i> .	40
SYNJARDY XR TAB	6	TIVICAY.....	6
25-1000MG	TENORETIC 100		<i>tizanidine hcl</i>	25
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5-1000MG	<i>chlorthalidone</i>	14	see	
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see <i>trientine hcl</i>	TERAZOL 7		<i>tobramycin inj 1.2 gm/30ml</i> .	3
T	see <i>terconazole vaginal</i>	35	<i>tobramycin inj 1.2gm</i>	3
TABLOID.....	<i>terazosin hcl</i>	12	<i>tobramycin inj 10mg/ml</i>	3
<i>tacrolimus</i>	<i>terbinafine hcl</i>	5	<i>tobramycin inj 80mg/2ml</i>	3
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TOFRANIL	TRICOR	<i>codeine 300-30mg</i> 1
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<i>tolterodine tartrate tabs</i>35	<i>tri-estarylla</i>30	<i>codeine 300-60mg</i> 1
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<i>topiramate</i>18	TRILEPTAL	see
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see <i>metoprolol succinate</i>	<i>tri-linyah</i>30	ULTRAM
.....14	<i>tri-lo marzia</i>30	see <i>tramadol hcl tab 50</i>
<i>toremifene citrate</i>9	<i>tri-lo-estarylla</i>30	<i>mg</i> 1
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<i>trandolapril</i>12	<i>tri-previfem</i>30	URECHOLINE
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