

Formulary

2020

LIST OF COVERED DRUGS

Premera Blue Cross Medicare Advantage **HMO**

Premera Blue Cross Medicare Advantage **Classic (HMO)**

Premera Blue Cross Medicare Advantage **Classic Plus (HMO)**

Premera Blue Cross Medicare Advantage **Core (HMO)**

Premera Blue Cross Medicare Advantage **Core Plus (HMO)**

Premera Blue Cross Medicare Advantage **Total Health (HMO)**

Premera Blue Cross Medicare Advantage **Charter + Rx (HMO)**

Premera Blue Cross Medicare Advantage **Peak + Rx (HMO)**

Premera Blue Cross Medicare Advantage **Sound + Rx (HMO)**

Customer Service

For more recent information or other questions, please contact Premera Blue Cross Medicare Advantage at

888-850-8526 (TTY: 711)

October 1–March 31,

8 a.m. to 8 p.m., 7 days a week

April 1–Sept 30,

8 a.m. to 8 p.m., Monday through Friday

premera.com/ma

FILE SUBMISSION ID: 00020386

VERSION 5

This formulary was updated on 08/27/2019

PLEASE READ: This document contains information about the drugs we cover in this plan.

PREMERA | 

BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Premera Blue Cross Medicare Advantage (HMO)

Premera Blue Cross Medicare Advantage Core (HMO)

Premera Blue Cross Medicare Advantage Core Plus (HMO)

Premera Blue Cross Medicare Advantage Classic (HMO)

Premera Blue Cross Medicare Advantage Classic Plus (HMO)

Premera Blue Cross Medicare Advantage Total Health (HMO)

Premera Blue Cross Medicare Advantage Charter + Rx (HMO)

Premera Blue Cross Medicare Advantage Peak + Rx (HMO)

Premera Blue Cross Medicare Advantage Sound + Rx (HMO)

2020 Formulary

(List of Covered Drugs)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

00020386, Version Number 5

This formulary was updated on 08/27/2019. For more recent information or other questions, please contact *Premera Blue Cross Medicare Advantage Customer Service*, at 888-850-8526 or, for TTY users, 711, Monday – Friday, 8 a.m. to 8 p.m. (7 days a week, 8 a.m. to 8 p.m., from October 1 – March 31; or visit premera.com/ma.

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 Premera Blue Cross. When it refers to “plan” or “our plan,” it means Premera Blue Cross Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/27/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Premera Blue Cross Medicare Advantage (HMO), Premera Blue Cross Medicare Advantage Core (HMO), Premera Blue Cross Medicare Advantage Core Plus (HMO), Premera Blue Cross Medicare Advantage Classic (HMO), Premera Blue Cross Medicare Advantage Classic Plus (HMO), Premera Blue Cross Medicare Advantage Total Health (HMO), Premera Blue Cross Medicare Advantage Charter + Rx (HMO), Premera Blue Cross Medicare Advantage Peak + Rx (HMO), Premera Blue Cross Medicare Advantage Sound + Rx (HMO) Formulary?

A formulary is a list of covered drugs selected by Premera Blue Cross Medicare Advantage Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Premera Blue Cross Medicare Advantage Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Premera Blue Cross Medicare Advantage Plans 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.

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 Premera Blue Cross Medicare Advantage (HMO), Premera Blue Cross Medicare Advantage Core (HMO), Premera Blue Cross Medicare Advantage Core Plus (HMO), Premera Blue Cross Medicare Advantage Classic (HMO) , Premera Blue Cross Medicare Advantage Classic Plus (HMO), Premera Blue Cross Medicare Advantage Total Health (HMO), Premera Blue Cross Medicare Advantage Charter + Rx (HMO), Premera Blue Cross Medicare Advantage Peak + Rx (HMO), Premera Blue Cross Medicare Advantage Sound + Rx (HMO)'s Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - 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 Premera Blue Cross Medicare Advantage (HMO), Premera Blue Cross Medicare Advantage Core (HMO), Premera Blue Cross Medicare Advantage Core Plus (HMO), Premera Blue Cross Medicare Advantage Classic (HMO) , Premera Blue Cross Medicare Advantage Classic Plus (HMO), Premera Blue Cross Medicare Advantage Total Health (HMO), Premera Blue Cross Medicare Advantage Charter + Rx (HMO), Premera Blue Cross Medicare Advantage Peak + Rx (HMO), Premera Blue Cross Medicare Advantage Sound + Rx (HMO)'s Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or

reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 08/27/2019. To get updated information about the drugs covered by Premera Blue Cross Medicare Advantage Plans, please contact us. Our contact information appears on the front and back cover pages. We will update print formularies in the event of mid-year non-maintenance formulary changes.

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 below. 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 57. 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?

Premera Blue Cross Medicare Advantage Plans 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:** Premera Blue Cross Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Premera Blue Cross Medicare Advantage Plans before you fill your

prescriptions. If you don't get approval, Premera Blue Cross Medicare Advantage Plans may not cover the drug.

- **Quantity Limits:** For certain drugs, Premera Blue Cross Medicare Advantage Plans limits the amount of the drug that Premera Blue Cross Medicare Advantage Plans will cover. For example, Premera Blue Cross Medicare Advantage Plans provides 30 per prescription for desvenlafaxine. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Premera Blue Cross Medicare Advantage Plans 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, Premera Blue Cross Medicare Advantage Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Premera Blue Cross Medicare Advantage Plans will then cover Drug B.

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

You can ask Premera Blue Cross Medicare Advantage Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Premera Blue Cross Medicare Advantage Plans' formulary?" on page vii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Premera Blue Cross Medicare Advantage Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Premera Blue Cross Medicare Advantage Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Premera Blue Cross Medicare Advantage Plans.

- You can ask Premera Blue Cross Medicare Advantage Plans to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Premera Blue Cross Medicare Advantage (HMO), Premera Blue Cross Medicare Advantage Core (HMO), Premera Blue Cross Medicare Advantage Core Plus (HMO), Premera Blue Cross Medicare Advantage Classic (HMO), Premera Blue Cross Medicare Advantage Classic Plus (HMO), Premera Blue Cross Medicare Advantage Total Health (HMO), Premera Blue Cross Medicare Advantage Charter + Rx (HMO), Premera Blue Cross Medicare Advantage Peak + Rx (HMO), Premera Blue Cross Medicare Advantage Sound + Rx (HMO)'s Formulary?

You can ask Premera Blue Cross Medicare Advantage Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Premera Blue Cross Medicare Advantage Plans 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, Premera Blue Cross Medicare Advantage Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier 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. Premera Blue Cross assures that members with level of care changes have access to transition supplies of medications as required. Please see the Premera Blue Cross Transition Policy on our website (premera.com/ma) for more information.

For more information

For more detailed information about your Premera Blue Cross Medicare Advantage Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Premera Blue Cross Medicare Advantage Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Premera Blue Cross Medicare Advantage Plans' Formulary

The formulary below provides coverage information about the drugs covered by Premera Blue Cross Medicare Advantage Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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

The information in the Requirements/Limits column tells you if Premera Blue Cross Medicare Advantage Plans has any special requirements for coverage of your drug.

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Premera Blue Cross Medicare Advantage Plans before you fill your prescription for this drug. Without prior approval, Premera Blue Cross Medicare Advantage Plans may not cover this drug.
B/D	Prior Authorization to determine Part B versus Part D coverage	This drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
QL	Quantity Limit Restriction	Premera Blue Cross Medicare Advantage Plans limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Premera Blue Cross Medicare Advantage Plans will provide coverage for this drug, you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service 888-850-8526 (TTY/ TDD: 711) April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. October 1 – March 31, 7 days a week, 8 a.m. to 8 p.m.
NM	Non-Mail Order	Not available at our mail-order pharmacies.

Drug Payment Stages and Drug Tiers

The amount you pay for a covered drug will depend on:

- Drug payment stage. There are different stages of drug coverage in your plan. The amount you pay will depend on the coverage stage you're in.
- Drug tier. There are five drug tiers. Each tier has a copay and/or co-insurance amount. The chart below shows the differences between the tiers.

Please take a look at your Evidence of Coverage for more information about drug coverage and copay or coinsurance amounts for each tier.

Drug Tier	Includes
Cost Sharing Tier 1: Preferred Generic	Tier 1 is the lowest tier and includes preferred generic drugs
Cost Sharing Tier 2: Generic	Tier 2 includes generic drugs
Cost Sharing Tier 3: Preferred Brand	Tier 3 includes preferred brand drugs and non-preferred generic drugs.
Cost Sharing Tier 4: Non-Preferred Drugs	Tier 4 includes non-preferred brand drugs and non-preferred generic drugs
Tier 5: Specialty Tier	Tier 5 is the highest tier. It contains very high cost brand and generic drugs, which may require special handling and/or close monitoring.

Extra Help

Members who qualify will receive Extra Help for prescription drugs, copays, and coinsurance. Please read the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider), to learn about your costs. You can also call customer service. Our contact information appears on the front and back cover pages.

PREMERA_CY20_5T_STND eff 01/01/2020

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	2	
<i>COLCRYS</i>	3	QL (120 tabs / 30 days)
<i>MITIGARE</i>	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
NSAIDS		
<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal TABS</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	1	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>endocet 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	2	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>endocet 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	2	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	2	QL (180 tabs / 30 days)
<i>HYSINGLA ER</i>	3	QL (30 tabs / 30 days), PA
<i>loracet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>loracet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>loracet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	2	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
<i>MORPHINE SUL INJ 4MG/ML</i>	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml</i>	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS</i>	2	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL (180 mL / 30 days)
NUCYNTA ER	3	QL (60 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	2	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	2	QL (900 mL / 30 days)
<i>oxycodone hcl TABS</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (180 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	2	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>neomycin sulfate TABS</i>	2	
<i>paramomycin sulfate CAPS</i>	2	
<i>streptomycin sulfate SOLR</i>	5	
<i>SULFADIAZINE TABS</i>	4	
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	2	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	
<i>tobramycin sulfate SOLN</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS</i>	5	
<i>ALINIA</i>	5	
<i>atovaquone SUSP</i>	5	
<i>aztreonam</i>	2	
<i>CAYSTON</i>	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	2	
<i>CLINDAMYCIN PHOSPHATE IN NACL</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin soln 75mg/5ml</i>	2	
<i>colistimethate sodium SOLR</i>	2	
<i>dapsone TABS</i>	2	
<i>DAPTOMYCIN 350mg</i>	5	
<i>daptomycin 500mg</i>	5	
<i>EMVERM</i>	5	QL (12 tabs / 365 days)
<i>ertapenem sodium</i>	2	
<i>imipenem-cilastatin</i>	2	
<i>ivermectin TABS</i>	2	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	2	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	2	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole TABS</i>	1	
<i>metronidazole in nacl</i>	2	
<i>NEBUPENT</i>	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
<i>PENTAM 300</i>	4	
<i>pentamidine isethionate</i>	2	
<i>praziquantel TABS</i>	2	
<i>SIVEXTRO</i>	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
<i>sulfamethoxazole-trimethoprim susp</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
<i>SYNERCID</i>	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	2	QL (120 caps / 30 days)
<i>vancomycin hcl CAPS 250mg</i>	5	QL (240 caps / 30 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	2	
<i>VANCOMYCIN IN NACL</i>	4	

ANTIFUNGALS

<i>ABELCET</i>	5	B/D
<i>AMBISOME</i>	5	B/D
<i>amphotericin b SOLR</i>	2	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole SUSR</i>	2	
<i>fluconazole TABS 50mg, 100mg, 200mg</i>	2	
<i>fluconazole TABS 150mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole CAPS</i>	2	PA
<i>ketoconazole TABS</i>	2	PA
<i>MYCAMINE</i>	5	
<i>NOXAFIL SUSP</i>	5	QL (630 mL / 30 days)
<i>NOXAFIL TBEC</i>	5	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	2	
<i>terbinafine hcl TABS</i>	1	QL (90 tabs / year)
<i>voriconazole SOLR</i>	5	PA
<i>voriconazole SUSR</i>	5	PA
<i>voriconazole TABS 50mg</i>	2	
<i>voriconazole TABS 200mg</i>	5	

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate TABS</i>	2	
<i>COARTEM</i>	4	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate 26.3mg</i>	2	
<i>PRIMAQUINE PHOSPHATE 26.3mg</i>	3	
<i>quinine sulfate CAPS</i>	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	2	NM
<i>APTVUS</i>	5	NM
<i>atazanavir sulfate</i>	2	NM
<i>CRIXIVAN</i>	4	NM
<i>didanosine</i>	2	NM
<i>EDURANT</i>	5	NM
<i>efavirenz CAPS 50mg</i>	2	NM
<i>efavirenz CAPS 200mg</i>	5	NM
<i>efavirenz TABS</i>	5	NM
<i>EMTRIVA</i>	3	NM
<i>fosamprenavir tab 700 mg</i>	5	NM
<i>FUZEON</i>	5	NM
<i>INTELENCE 25mg</i>	4	NM
<i>INTELENCE 100mg, 200mg</i>	5	NM
<i>INVIRASE</i>	5	NM
<i>ISENTRESS CHEW 25mg</i>	3	NM
<i>ISENTRESS CHEW 100mg</i>	5	NM
<i>ISENTRESS PACK</i>	3	NM
<i>ISENTRESS TABS</i>	5	NM
<i>ISENTRESS HD</i>	5	NM

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine</i>	2	NM
LEXIVA SUSP	4	NM
<i>nevirapine susp 50 mg/5ml</i>	2	NM
<i>nevirapine tab 100mg er</i>	2	NM
<i>nevirapine tab 200mg</i>	2	NM
<i>nevirapine tab 400mg er</i>	2	NM
NORVIR PACK	4	NM
NORVIR SOLN	4	NM
PIFELTRO	5	NM
PREZISTA SUSP	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
RESCRIPTOR	4	NM
REYATAZ PACK	5	NM
<i>ritonavir</i>	2	NM
SELZENTRY SOLN	5	NM
SELZENTRY TABS 25mg	4	NM
SELZENTRY TABS 75mg, 150mg, 300mg	5	NM
<i>stavudine</i>	2	NM
<i>tenofovir disoproxil fumarate</i>	2	NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NM
TROGARZO	5	NM, LA
TYBOST	4	NM
VIDEX EC 125mg	4	NM
VIDEX PEDIATRIC	4	NM
VIRACEPT	5	NM
VIREAD POWD	5	NM
VIREAD TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine cap 100mg</i>	2	NM
<i>zidovudine syrup 50mg/5ml</i>	2	NM
<i>zidovudine tab 300mg</i>	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i>	2	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	NM
ATRIPLA	5	NM
BIKTARVY	5	NM
CIMDUO	5	NM
COMPLERA	5	NM

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO	5	NM
DESCOZY	5	NM
DOVATO	5	NM
EVOTAZ	5	NM
GENVOYA	5	NM
JULUCA	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine</i>	2	NM
<i>lopinavir-ritonavir</i>	2	NM
ODEFSEY	5	NM
PREZCOBIX	5	NM
STRIBILD	5	NM
SYMFY	5	NM
SYMFY LO	5	NM
SYMTUZA	5	NM
TRIUMEQ	5	NM
TRUVADA TAB 100-150	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days), NM

ANTITUBERCULAR AGENTS

cycloserine CAPS	5
ethambutol hcl TABS	2
isoniazid TABS	1
<i>isoniazid</i> <i>syp 50mg/5ml</i>	2
PASER D/R	4
PRIFTIN	4
pyrazinamide TABS	2
rifabutin	2
rifampin CAPS; SOLR	2
RIFATER	4
SIRTURO	5 LA, PA
TRECATOR	4

ANTIVIRALS

acyclovir CAPS; TABS	1
acyclovir SUSP	2
<i>acyclovir sodium</i>	2 B/D
<i>adefovir dipivoxil</i>	5 NM
BARACLUDE SOLN	5 NM
<i>entecavir</i>	2 NM
EPCLUSIA	5 NM, PA

Drug Name		Drug Tier	Requirements/Limits
EPIVIR HBV SOLN		4	NM
<i>famciclovir</i>		2	
<i>ganciclovir sodium</i>		2	B/D
HARVONI		5	NM, PA
<i>lamivudine (hbv)</i>		2	NM
MAVYRET		5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg		2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg		2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR		2	QL (1080 mL / year)
PEGASYS		5	NM, PA
PEGASYS PROCLICK		5	NM, PA
REBETOL SOLN		5	NM
RELENZA DISKHALER		3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS		2	NM
<i>ribasphere</i> TABS 200mg		2	NM
<i>ribasphere</i> TABS 600mg		5	NM
<i>ribavirin</i> 200mg		2	NM
<i>rimantadine hydrochloride</i>		2	
<i>valacyclovir hcl</i> TABS		2	
<i>valganciclovir hcl</i>		5	
VEMLIDY		5	NM
VOSEVI		5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i>	2
CEFACLOR MONOHYDRATE ER	4
<i>cefadroxil</i> CAPS	1
<i>cefadroxil</i> SUSR; TABS	2
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3
<i>cefazin inj</i>	2
<i>cefazin sodium</i> SOLR 1gm, 20gm	2
CEFAZOLIN SODIUM 1 GM/50ML	3
<i>cefdinir</i>	2
<i>cefepime hcl</i>	2
<i>cefixime</i> SUSR	2
<i>cefoxitin sodium</i>	2
<i>cefpodoxime proxetil</i>	2
<i>ceprozil</i>	2
<i>ceftazidime</i> SOLR	2
CEFTAZIDIME/DEXTROSE	4
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2
<i>cefuroxime axetil</i>	2
<i>cefuroxime sodium</i>	2
<i>cephalexin</i> CAPS 250mg, 500mg	1
<i>cephalexin</i> SUSR	2

Drug Name	Drug Tier Requirements/Limits
tazicef SOLR	2
TEFLARO	5
ERYTHROMYCINS/MACROLIDES	
azithromycin PACK; SOLR; SUSR	2
azithromycin TABS	1
clarithromycin TABS	2
clarithromycin er	2
clarithromycin for susp	2
DIFICID	5
e.e.s 400	2
ery-tab	2
ERYTHROCIN LACTOBIONATE	4
erythrocin stearate	2
erythromycin base	2
erythromycin cap 250mg ec	2
erythromycin ethylsuccinate TABS	2
FLUOROQUINOLONES	
ciprofloxacin SUSR	2
ciprofloxacin hcl tab 100mg	2
ciprofloxacin hcl tab 250mg, 500mg, 750mg	1
ciprofloxacin in d5w	2
levofloxacin TABS	1
levofloxacin in d5w	2
levofloxacin inj 25mg/ml	2
levofloxacin oral soln 25 mg/ml	2
PENICILLINS	
amoxicillin CAPS; SUSR; TABS	1
amoxicillin CHEW	2
amoxicillin & pot clavulanate 200-28.5 chw tabs	2
amoxicillin & pot clavulanate 200/5ml susr	2
amoxicillin & pot clavulanate 250-125 tabs	2
amoxicillin & pot clavulanate 250/5ml susr	2
amoxicillin & pot clavulanate 400-57 chw tabs	2
amoxicillin & pot clavulanate 400/5ml susr	2
amoxicillin & pot clavulanate 500-125 tabs	2
amoxicillin & pot clavulanate 600/5ml susr	2
amoxicillin & pot clavulanate 875-125 tabs	2
amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs	2
ampicillin & sulbactam sodium	2
ampicillin cap 500mg	1
ampicillin inj	2
ampicillin sodium	2

Drug Name	Drug Tier Requirements/Limits
BICILLIN L-A	4
<i>dicloxacillin sodium</i>	2
<i>nafcillin sodium</i> 1gm, 2gm	2
<i>nafcillin sodium</i> 10gm	5
NAFCILLIN SODIUM FOR INJ 10GM	4
<i>oxacillin sodium</i> 1gm, 2gm	2
<i>oxacillin sodium</i> 10gm	5
PENICILLIN G POT IN DEXTROSE 2MU	4
PENICILLIN G POT IN DEXTROSE 3MU	4
PENICILLIN G PROCAINE	4
<i>penicillin g sodium</i>	2
<i>penicillin v potassium</i> SOLR	2
<i>penicillin v potassium</i> TABS	1
<i>penicilln gk inj 5mu</i>	2
<i>penicilln gk inj 20mu</i>	2
<i>pizerpen-g inj 5mu</i>	2
<i>pizerpen-g inj 20mu</i>	2
<i>piper/tazoba inj 2-0.25gm</i>	2
<i>piper/tazoba inj 3-0.375gm</i>	2
<i>piper/tazoba inj 4-0.5gm</i>	2
PIPER/TAZOBIA INJ 12-1.5GM	4
<i>piper/tazoba inj 36-4.5gm</i>	2

TETRACYCLINES

<i>doxy 100</i>	2
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	1
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	2
<i>doxycycline hyclate</i> CAPS	2
<i>doxycycline hyclate</i> SOLR	2
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2
<i>minocycline hcl</i> CAPS	2
<i>monodoxine nl cap 100mg</i>	1
<i>morgidox cap 1x50mg</i>	2
<i>tetracycline hcl</i> CAPS	2

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA	5	B/D, NM
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	4	B/D
<i>cyclophosphamide</i> SOLR	5	B/D
EMCYT	4	
GLEOSTINE 10mg	4	
GLEOSTINE 40mg, 100mg	5	
LEUKERAN	5	

Drug Name	Drug Tier	Requirements/Limits
ANTHACYCLINES		
<i>adriamycin</i> SOLN	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	2	B/D
ANTIMETABOLITES		
<i>adrucil inj</i>	2	B/D
<i>ALIMTA</i>	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cytarabine</i> 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN	2	B/D
<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	2	B/D
<i>mercaptopurine</i> TABS	2	
<i>methotrexate sodium inj soln</i>	2	B/D
<i>methotrexate sodium inj solr</i>	2	B/D
<i>PURIXAN</i>	5	NM
<i>TABLOID</i>	5	
ANTIMITOTIC, TAXOIDS		
<i>ABRAXANE</i>	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
<i>DOCETAXEL</i> CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>DOCETAXEL</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	2	B/D
<i>TAXOTERE</i> 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
<i>AVASTIN</i>	5	NM, LA, PA
<i>BORTEZOMIB</i>	5	NM, PA
<i>DAURISMO</i>	5	NM, LA, PA
<i>ERIVEDGE</i>	5	NM, LA, PA
<i>FARYDAK</i>	5	NM, LA, PA
<i>HERCEPTIN</i>	5	NM, PA
<i>HERCEPTIN HYLECTA</i>	5	NM, PA
<i>IBRANCE</i>	5	QL (21 caps / 28 days), NM, LA, PA
<i>IDHIFA</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>KADCYLA</i>	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg	4	NM, LA, PA
VENCLEXTA 50mg, 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i>	5	NM, PA
<i>anastrozole TABS</i>	1	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
FASLODEX	5	B/D
<i>flutamide</i>	2	
<i>letrozole TABS</i>	1	
<i>leuprolide inj 1mg/0.2</i>	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	3	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate TABS</i>	1	
<i>toremifene citrate</i>	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
XTANDI	5	NM, LA, PA
ZYTIGA 500mg	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA
KINASE INHIBITORS		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BALVERSA	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
<i>erlotinib hcl</i> 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
GILOTTRIF TAB 20MG	5	NM, LA, PA
GILOTTRIF TAB 30MG	5	NM, LA, PA
GILOTTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE	5	NM, PA
PIQRAY 250MG DAILY DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE	5	NM, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	QL (30 caps / 30 days), NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
bexarotene	5	NM, PA
hydroxyurea CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i> SOLN	2	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	2	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	2	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml	2	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	2	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i>	2	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	
<i>moexipril hcl</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	2	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
<i>MULTAQ</i>	4	
<i>NORPACE CR</i>	4	
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>simvastatin TABS 80mg</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	
<i>cholestyramine light pack</i>	2	
<i>cholestyramine light powd</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil TABS</i>	1	
<i>JUXTAPID</i>	5	NM, LA, PA
<i>niacin er (antihyperlipidemic) 500mg</i>	2	QL (60 tabs / 30 days)
<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	2	
<i>niacor</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PRALUENT	4	PA
prevalite	2	
VASCEPA	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
metoprolol & hctz tab 50-25mg	2	
metoprolol & hctz tab 100-25mg	2	
metoprolol & hctz tab 100-50mg	2	
propranolol & hydrochlorothiazide	2	
BETA-BLOCKERS		
acebutolol hcl CAPS	1	
atenolol TABS	1	
bisoprolol fumarate	1	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
carvedilol	1	
labetalol hcl TABS	2	
metoprolol succinate	1	
metoprolol tartrate SOCT	2	
metoprolol tartrate SOLN	2	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS	2	
pindolol	2	
propranolol cap er	2	
propranolol hcl TABS	2	
propranolol oral sol	2	
timolol maleate TABS	2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS	1	
cartia xt cap 120/24hr	2	
cartia xt cap 180/24hr	2	
cartia xt cap 240/24hr	2	
cartia xt cap 300/24hr	2	
dilt-xr cap	2	
diltiazem cap 240mg cd	2	
diltiazem cap 360mg cd	2	
diltiazem cap er/12hr	2	
diltiazem hcl TABS	1	
diltiazem hcl coated beads CP24	2	
diltiazem hcl coated beads cap sr 24hr	2	
diltiazem hcl extended release beads cap sr	2	
diltiazem inj	2	

Drug Name	Drug Tier Requirements/Limits
<i>felodipine</i>	2
<i>isradipine</i>	2
<i>nicardipine hcl CAPS</i>	2
<i>nifedipine TB24</i>	2
<i>nifedipine er</i>	2
<i>nimodipine CAPS</i>	5
NYMALIZE	5
<i>taztia xt</i>	2
<i>verapamil cap er</i>	2
<i>verapamil hcl SOLN</i>	2
<i>verapamil hcl TABS</i>	1
<i>verapamil hcl tab er</i>	1

DIGITALIS GLYCOSIDES

<i>digitek .25mg</i>	2	PA; PA if 70 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol 50mcg/ml</i>	2	PA; PA if 70 years and older

DIURETICS

<i>acetazolamide CP12; TABS</i>	2
<i>amiloride & hydrochlorothiazide</i>	1
<i>amiloride hcl TABS</i>	1
<i>bumetanide</i>	2
<i>chlorothiazide tabs</i>	2
<i>chlorthalidone</i>	2
<i>furosemide SOLN; TABS</i>	1
<i>furosemide inj</i>	2
<i>hydrochlorothiazide CAPS; TABS</i>	1
<i>indapamide</i>	1
<i>methazolamide TABS</i>	2
<i>metolazone</i>	2
<i>spironolactone & hydrochlorothiazide</i>	2
<i>torsemide tabs</i>	1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tabs</i>	1

MISCELLANEOUS

<i>aliskiren fumarate</i>	2
<i>clonidine hcl TABS</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl ptwk</i>	2	
CORLANOR TABS	4	
DEMSEER	5 PA	
<i>hydralazine hcl SOLN; TABS</i>	2	
<i>midodrine hcl</i>	2	
<i>minoxidil TABS</i>	1	
NORTHERA 100mg	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days), NM, LA, PA
RANEXA	4	
<i>ranolazine</i>	2	
NITRATES		
<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin SUBL</i>	2	
<i>nitroglycerin td patch</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
<i>alyq</i>	5	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan 62.5mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan 125mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i>	5	QL (60 tabs / 30 days), NM, PA
<i>treprostинil</i>	5	NM, LA, PA
VENTAVIS	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl TABS 5mg, 10mg, 15mg</i>	1	
<i>buspirone hcl TABS 7.5mg, 30mg</i>	2	
<i>fluvoxamine maleate TABS</i>	2	
<i>lorazepam SOLN</i>	2	
<i>lorazepam TABS</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)
ANTICONVULSANTS		
<i>APTIOM</i>	5	QL (60 tabs / 30 days)
<i>BANZEL SUS 40MG/ML</i>	5	PA
<i>BANZEL TAB 200MG</i>	5	PA
<i>BANZEL TAB 400MG</i>	5	PA
<i>BRIVIACT INJ 50MG/5ML</i>	4	PA
<i>BRIVIACT SOL 10MG/ML</i>	5	PA
<i>BRIVIACT TAB 10MG</i>	5	PA
<i>BRIVIACT TAB 25MG</i>	5	PA
<i>BRIVIACT TAB 50MG</i>	5	PA
<i>BRIVIACT TAB 75MG</i>	5	PA
<i>BRIVIACT TAB 100MG</i>	5	PA
<i>carbamazepine CHEW; CP12; SUSP; TABS; TB12</i>	2	
<i>CELONTIN</i>	4	
<i>clobazam</i>	2	PA
<i>clonazepam TABS 2mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam TABS .5mg, 1mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam TBDP 2mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam TBDP .125mg, .25mg, .5mg, 1mg</i>	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIASTAT ACUDIAL</i>	4	
<i>DIASTAT PEDIATRIC</i>	4	
<i>diazepam TABS</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	2	
<i>diazepam inj</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium CSDR; TB24; TBEC</i>	2	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	2	
<i>ethosuximide CAPS; SOLN</i>	2	
<i>felbamate SUSP</i>	5	
<i>felbamate TABS</i>	2	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin CAPS 100mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin CAPS 300mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin CAPS 400mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin SOLN</i>	2	QL (2160 mL / 30 days)
<i>gabapentin TABS 600mg</i>	2	QL (180 tabs / 30 days)
<i>gabapentin TABS 800mg</i>	2	QL (120 tabs / 30 days)
<i>lamotrigine CHEW; TB24</i>	2	
<i>lamotrigine TABS</i>	1	
<i>levetiracetam SOLN; TABS; TB24</i>	2	
<i>levetiracetam in sodium chloride</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	4	QL (120 caps / 30 days), PA
LYRICA CAPS 200mg	4	QL (90 caps / 30 days), PA
LYRICA CAPS 225mg, 300mg	4	QL (60 caps / 30 days), PA
LYRICA SOLN	4	QL (900 mL / 30 days), PA
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenobarbital ELIX</i>	4	PA; PA if 70 years and older

Drug Name		Drug Tier	Requirements/Limits
<i>phenobarbital</i> TABS		3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml		4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml		4	PA; PA if 70 years and older
PHENYTEK		3	
<i>phenytoin</i> CHEW; SUSP		2	
<i>phenytoin sodium extended</i>		2	
<i>phenytoin sodium inj</i> 50mg/ml		2	
<i>primidone</i> TABS		1	
<i>roweepra</i>		2	
<i>roweepra xr</i>		2	
SPRITAM		4	
<i>subvenite tab</i>		1	
SYMPAZAN 5mg		4	PA
SYMPAZAN 10mg, 20mg		5	PA
<i>tiagabine hcl</i>		2	
<i>topiramate</i> CPSP		2	
<i>topiramate</i> TABS		1	
<i>valproate sodium</i> SOLN		2	
<i>valproic acid</i> CAPS		2	
<i>vigabatrin powd pack</i> 500mg		5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab</i> 500mg		5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadron</i> e		5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg		4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg		5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML		5	
VIMPAT SOL 10MG/ML		5	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS		2	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> SOLN	2	
<i>galantamine hydrobromide</i> TABS	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	2	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	2	PA; PA if < 30 yrs
<i>memantine soln</i>	2	PA; PA if < 30 yrs
<i>memantine tabs</i>	2	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	2	QL (90 caps / 30 days)

Drug Name		Drug Tier	Requirements/Limits
rivastigmine tartrate 4.5mg, 6mg	2	QL (60 caps / 30 days)	
rivastigmine td patch 24hr 4.6 mg/24hr	2	QL (30 patches / 30 days)	
rivastigmine td patch 24hr 9.5 mg/24hr	2	QL (30 patches / 30 days)	
rivastigmine td patch 24hr 13.3 mg/24hr	2	QL (30 patches / 30 days)	

ANTIDEPRESSANTS

amitriptyline hcl TABS	3		
amoxapine tab 25mg	3		
amoxapine tab 50mg	3		
amoxapine tab 100mg	3		
amoxapine tab 150mg	3		
bupropion hcl TABS	2		
bupropion hcl TB12	1		
bupropion hcl TB24 150mg, 300mg	2		
citalopram hydrobromide SOLN	2		
citalopram hydrobromide TABS	1		
clomipramine hcl CAPS	4	PA	
desipramine hcl TABS	4		
desvenlafaxine succinate	2	QL (30 tabs / 30 days), PA	
doxepin hcl CAPS; CONC	3		
duloxetine hcl CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)	
EMSAM	5	QL (30 patches / 30 days), PA	
escitalopram oxalate SOLN	2		
escitalopram oxalate TABS	1		
FETZIMA 20mg, 40mg	4	QL (60 caps / 30 days), PA	
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA	
FETZIMA TITRATION PACK	4	PA	
fluoxetine cap 10mg	1		
fluoxetine cap 20mg	1		
fluoxetine cap 40mg	1		
fluoxetine hcl SOLN	1		
imipramine hcl TABS	2		
maprotiline hcl	2		
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)	
mirtazapine TABS 7.5mg	2		
mirtazapine TABS 15mg, 30mg, 45mg	1		
mirtazapine TBDP	2		
nefazodone hcl	2		
nortriptyline hcl CAPS	2		
nortriptyline hcl SOLN	4		

Drug Name		Drug Tier	Requirements/Limits
<i>paroxetine hcl tabs</i>		2	
PAXIL SUSP		4	QL (900 mL / 30 days)
<i>phenelzine sulfate TABS</i>		2	
<i>protriptyline hcl</i>		4	
<i>sertraline hcl CONC</i>		2	
<i>sertraline hcl TABS</i>		1	
<i>tranylcypromine sulfate</i>		2	
<i>trazodone hcl TABS 50mg, 100mg, 150mg</i>		1	
<i>trimipramine maleate CAPS 25mg</i>		4	QL (240 caps / 30 days)
<i>trimipramine maleate CAPS 50mg</i>		4	QL (120 caps / 30 days)
<i>trimipramine maleate CAPS 100mg</i>		4	QL (60 caps / 30 days)
TRINTELLIX 5mg		4	QL (120 tabs / 30 days), PA
TRINTELLIX 10mg		4	QL (60 tabs / 30 days), PA
TRINTELLIX 20mg		4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl CP24</i>		1	
<i>venlafaxine hcl TABS</i>		2	
VIIBRYD STARTER PACK		4	PA
VIIBRYD TAB		4	QL (30 tabs / 30 days), PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl CAPS</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl SYRP</i>	1	
<i>amantadine hcl TABS</i>	2	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate CAPS; TABS</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	1	
<i>pramipexole tab 0.25mg</i>	1	
<i>pramipexole tab 0.75mg</i>	1	
<i>pramipexole tab 0.125mg</i>	1	
<i>pramipexole tab 1.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole tab 1mg</i>	1	
<i>rasagiline mesylate TABS</i>	2	
<i>ropinirole tab 0.5mg</i>	1	
<i>ropinirole tab 0.25mg</i>	1	
<i>ropinirole tab 1mg</i>	1	
<i>ropinirole tab 2mg</i>	1	
<i>ropinirole tab 3mg</i>	1	
<i>ropinirole tab 4mg</i>	1	
<i>ropinirole tab 5mg</i>	1	
<i>selegiline hcl CAPS; TABS</i>	2	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>ariPIPRAZOLE odt</i>	5	QL (60 tabs / 30 days)
<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>ariPIPRAZOLE tab</i>	2	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	
<i>chlorpromazine hcl TABS</i>	2	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	2	PA
<i>clozapine odt 100mg</i>	2	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	2	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	2	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
<i>clozapine tab 100mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	4	PA
<i>fluphenazine decanoate SOLN</i>	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	2	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol decanoate SOLN</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	2	
<i>molindone hcl</i>	2	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	2	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg, 5mg, 10mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	2	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	2	
PERSERIS	5	QL (1 injection / 30 days)
<i>pimozide</i>	2	
<i>quetiapine fumarate TABS</i>	2	
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate TB24 150mg, 200mg</i>	2	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone SOLN</i>	2	QL (240 mL / 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>risperidone</i> TABS		1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg		2	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg		2	QL (90 tabs / 30 days)
SAPHRIS		4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS		2	
<i>thiothixene</i>		2	
<i>trifluoperazine hcl</i>		2	
VERSACLOZ		5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg		5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg		5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK		4	PA
<i>ziprasidone hcl</i>		2	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg		5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg		5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG		4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>		2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>		2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>		2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>		2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>		2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>		2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>		2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>		2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>		2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>		2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>		2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>		2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>		2	QL (60 tabs / 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i> 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)	
<i>atomoxetine hcl</i> 40mg	2	QL (60 caps / 30 days)	
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)	
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days)	
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 30 days)	
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older	
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)	
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days)	
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 30 days)	
<i>methylphenidate hcl oral soln</i> 5mg/5ml	2	QL (1800 mL / 30 days)	
<i>methylphenidate hcl oral soln</i> 10mg/5ml	2	QL (900 mL / 30 days)	
<i>methylphenidate hcl tbcr 10 mg</i>	2	QL (90 tabs / 30 days)	
<i>methylphenidate hcl tbcr 20mg</i>	2	QL (90 tabs / 30 days)	

HYPNOTICS

<i>HETLIOZ</i>	5	NM, LA, PA
<i>SILENOR</i>	3	QL (30 tabs / 30 days)
<i>temazepam</i> 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i>	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i>	5	QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i>	2	QL (12 tabs / 30 days)
<i>EMGALITY SOAJ</i>	3	QL (2 pens / 30 days), PA
<i>EMGALITY SOSY 120mg/ml</i>	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine</i> TABS	2	
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 tabs / 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>sumatriptan</i>	SOLN 5mg/act	2	QL (24 inhalers / 30 days)
<i>sumatriptan</i>	SOLN 20mg/act	2	QL (12 inhalers / 30 days)
<i>sumatriptan inj</i> 4mg/0.5ml		2	QL (18 injections / 30 days)
<i>sumatriptan inj</i> 6mg/0.5ml		2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i>	TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i>	TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>		2	QL (12 tabs / 30 days)

MISCELLANEOUS

AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab</i> 60mg	2	
<i>riluzole</i>	2	
tetrabenazine 12.5mg	5	QL (240 tabs / 30 days), NM, PA
tetrabenazine 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BETASERON	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older

Drug Name		Drug Tier	Requirements/Limits
<i>dantrolene sodium</i> CAPS		2	
<i>tizanidine hcl</i> TABS		2	
NARCOLEPSY/CATAPLEXY			
<i>armodafinil</i> 50mg		2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg		2	QL (30 tabs / 30 days), PA
<i>XYREM</i>		5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC			
<i>acamprosate calcium</i>		2	
<i>buprenorphine hcl</i> SUBL		2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>		2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>		2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>		2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>		2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>		2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>		2	
<i>CHANTIX</i>		4	PA
<i>CHANTIX CONTINUING MONTH</i>		4	PA
<i>CHANTIX STARTER PACK</i>		4	PA
<i>disulfiram</i> TABS		2	
<i>naloxone inj 0.4mg/ml</i>		2	
<i>naloxone inj 1mg/ml</i>		2	
<i>naltrexone hcl</i> TABS		2	
<i>NARCAN</i>		3	
<i>NICOTROL INHALER</i>		4	
<i>NICOTROL NS</i>		4	
<i>VIVITROL</i>		5	
ENDOCRINE AND METABOLIC			
ANDROGENS			
<i>ANADROL-50</i>		5	PA
<i>ANDRODERM</i>		4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS		2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm		2	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml		2	PA
<i>testosterone enanthate</i> SOLN		2	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	3	
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL		
acarbose TABS	2	
FARXIGA	3	QL (30 tabs / 30 days)
glimepiride 1mg, 2mg	2	QL (90 tabs / 30 days)
glimepiride 4mg	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl 10mg</i>	1	QL (60 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er 500mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
<i>SYNJARDY TAB 5-500MG</i>	3	QL (120 tabs / 30 days)
<i>SYNJARDY TAB 5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY TAB 12.5-500MG</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY TAB 12.5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 10-1000MG</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 12.5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 25-1000MG</i>	3	QL (30 tabs / 30 days)
<i>TRADJENTA</i>	3	QL (30 tabs / 30 days)
<i>XIGDUO XR TAB 2.5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 5-500MG</i>	3	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 10-500MG</i>	3	QL (30 tabs / 30 days)
<i>XIGDUO XR TAB 10-1000MG</i>	3	QL (30 tabs / 30 days)

Drug Name		Drug Tier Requirements/Limits
BISPHOSPHONATES		
ACTONEL 5mg, 35mg, 150mg	4	
alendronate sodium TABS 5mg, 10mg, 35mg, 70mg	1	
alendronate sodium TABS 40mg	2	
ibandronate sodium tabs	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	2	B/D
pamidronate inj 30mg	2	B/D
pamidronate inj 90mg	2	B/D
risedronate sodium TABS 5mg, 35mg, 150mg	2	
zoledronic acid inj 5mg/100ml	2	B/D, NM
zoledronic inj 4mg/5ml	2	B/D, NM
CHELATING AGENTS		
CHEMET	4	
deferasirox	5	NM, PA
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
kionex sus 15gm/60ml	2	
sodium polystyrene sulfonate powder	2	
sodium polystyrene sulfonate susp	2	
sps susp 15gm/60ml	2	
trientine hcl	5	PA
CONTRACEPTIVES		
altavera tab	2	
alyacen 1/35	2	
apri	2	
aranelle	2	
aubra	2	
aviane	2	
balziva	2	
bekyree	2	
blisovi fe 1.5/30	2	
briellyn	2	
camila	2	
caziant pak	2	
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
cyred tab	2	
dasetta 1/35	2	

Drug Name	Drug Tier Requirements/Limits
<i>dasetta 7/7/7</i>	2
<i>deblitane</i>	2
<i>delyla</i>	2
<i>desogestrel & ethinyl estradiol</i>	2
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2
<i>drospirenone-ethinyl estradiol</i>	2
<i>ELLA</i>	3
<i>emoquette</i>	2
<i>enpresse-28</i>	2
<i>enskyce</i>	2
<i>errin</i>	2
<i>estarrylla tab 0.25-35</i>	2
<i>ethynodiol diacet & eth estrad</i>	2
<i>ethynodiol tab 1-50</i>	2
<i>falmina</i>	2
<i>femynor</i>	2
<i>gianvi</i>	2
<i>heather</i>	2
<i>incassia</i>	2
<i>introvale</i>	2
<i>isibloom</i>	2
<i>jasmiel</i>	2
<i>jolessa tab 0.15-0.03 mg</i>	2
<i>jolivette</i>	2
<i>juleber</i>	2
<i>junel 1.5/30</i>	2
<i>junel 1/20</i>	2
<i>junel fe 1.5/30</i>	2
<i>junel fe 1/20</i>	2
<i>kariva</i>	2
<i>kelnor 1/35</i>	2
<i>kelnor 1/50</i>	2
<i>kurvelo</i>	2
<i>larin 1.5/30</i>	2
<i>larin 1/20</i>	2
<i>larin fe 1.5/30</i>	2
<i>larin fe 1/20</i>	2
<i>larissa tab</i>	2
<i>leena</i>	2
<i>lessina</i>	2
<i>levonest</i>	2
<i>levonor/ethi tab</i>	2
<i>levonorgestrel & eth estradiol</i>	2
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2
<i>levora 0.15/30-28</i>	2
<i>loryna</i>	2

Drug Name	Drug Tier Requirements/Limits
<i>low-ogestrel</i>	2
<i>lulera</i>	2
<i>lyza</i>	2
<i>marlissa</i>	2
<i>medroxyprogesterone acetate (contraceptive)</i>	2
<i>microgestin 1.5/30</i>	2
<i>microgestin 1/20</i>	2
<i>microgestin fe 1.5/30</i>	2
<i>microgestin fe 1/20</i>	2
<i>mili</i>	2
<i>mono-linyah tab 0.25-35</i>	2
<i>necon 0.5/35-28</i>	2
<i>nikki</i>	2
<i>nora-be tab</i>	2
<i>norethindrone (contraceptive)</i>	2
<i>norethindrone acet & eth estra</i>	2
<i>norgest/ethi tab 0.25/35</i>	2
<i>norgestimate-ethynodiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2
<i>norgestimate-ethynodiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2
<i>norlyroc</i>	2
<i>nortrel 0.5/35 (28)</i>	2
<i>nortrel 1/35</i>	2
<i>nortrel 7/7/7</i>	2
<i>NUVARING</i>	4
<i>ocella tab 3-0.03mg</i>	2
<i>orsythia</i>	2
<i>philith</i>	2
<i>pimtrea</i>	2
<i>pirmella 1/35</i>	2
<i>portia-28</i>	2
<i>previfem</i>	2
<i>reclipsen</i>	2
<i>setlakin tab</i>	2
<i>sharobel</i>	2
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	2
<i>tarina fe 1/20</i>	2
<i>tilia fe</i>	2
<i>tri-estarrylla</i>	2
<i>tri-legest fe</i>	2
<i>tri-linyah</i>	2
<i>tri-lo marzia</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarrylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	2	
<i>vienna</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	

ENDOMETRIOSIS

<i>danazol CAPS</i>	2	
<i>SYNAREL</i>	5	

ENZYME REPLACEMENTS

<i>ALDURAZYME</i>	5	NM, LA, PA
<i>CARBAGLU</i>	5	NM, LA, PA
<i>CERDELGA</i>	5	NM, PA
<i>CEREZYME</i>	5	NM, LA, PA
<i>CYSTADANE</i>	5	NM, LA
<i>CYSTAGON</i>	4	NM, LA, PA
<i>FABRAZYME</i>	5	NM, LA, PA
<i>KUVAN</i>	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
<i>LUMIZYME</i>	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
<i>NAGLAZYME</i>	5	NM, LA, PA
<i>NITYR</i>	5	NM, LA, PA
<i>ORFADIN</i>	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA

ESTROGENS

<i>DELESTROGEN 10mg/ml</i>	4	
<i>estradiol PTWK</i>	3	
<i>estradiol TABS</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tab</i>	2	
<i>estradiol valerate OIL</i>	2	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	2	
<i>DEXAMETHASONE CONC</i>	4	
<i>dexamethasone ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
<i>methylpred inj</i>	2	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
<i>PREDNISONE CON 5MG/ML</i>	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
<i>SOLU-CORTEF</i>	4	
GLUCOSE ELEVATING AGENTS		
<i>GLUCAGEN HYPOKIT</i>	3	
<i>GLUCAGON EMERGENCY KIT</i>	3	
<i>PROGLYCEM SUS 50MG/ML</i>	4	
MISCELLANEOUS		
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	B/D
<i>cinacalcet hcl 30mg, 90mg</i>	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl 60mg</i>	5	B/D, QL (60 tabs / 30 days), NM
<i>FORTEO</i>	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	2	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA

PHOSPHATE BINDER AGENTS

AURYXIA	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	2	QL (540 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate</i> tab	1	
<i>norethindrone acetate</i> TABS	2	

THYROID AGENTS

<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
<i>unithroid</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSINS		
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin inj 4mcg/ml</i>	2	
STIMATE	5	NM

GASTROINTESTINAL

ANTIEMETICS		
<i>aprepitant</i>	2	B/D
<i>aprepitant pak 80mg & 125mg</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	2	
<i>granisetron hcl TABS</i>	2	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS</i>	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl cap 10mg</i>	3
<i>dicyclomine hcl soln 10mg/5ml</i>	4
<i>dicyclomine hcl tab 20mg</i>	3
<i>glycopyrrolate tab 1mg</i>	2
<i>glycopyrrolate tab 2mg</i>	2

H2-RECEPTOR ANTAGONISTS

<i>famotidine SUSR</i>	2
<i>famotidine TABS 20mg, 40mg</i>	1
<i>famotidine in nacl</i>	2
<i>famotidine inj</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	2	
<i>ranitidine syrup</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	2	
<i>colocort enema 100mg</i>	2	
<i>hydrocortisone (enema)</i>	2	
<i>mesalamine CPDR</i>	2	
<i>mesalamine ENEM</i>	2	
<i>mesalamine SUPP</i>	5	
<i>mesalamine TBEC 1.2gm</i>	2	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	2	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
<i>GOLYTELY</i>	3	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
<i>NULYTELY/FLAVOR PACKS</i>	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>peg 3350/electrolytes</i>	1	
<i>PLENVU</i>	4	
<i>SUPREP BOWEL PREP KIT</i>	4	
<i>trilyte</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
<i>AMITIZA CAP 8MCG</i>	3	QL (180 caps / 30 days)
<i>AMITIZA CAP 24MCG</i>	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
<i>GATTEX</i>	5	NM, LA, PA
<i>LINZESS</i>	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate</i> TABS	2	
<i>ursodiol</i> CAPS; TABS	2	
XIFAXAN 550mg	5	PA

PANCREATIC ENZYMES

CREON	3
ZENPEP	4

PROTON PUMP INHIBITORS

DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR	2	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium</i> SOLR	2	
<i>pantoprazole sodium tbec</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>tamsulosin hcl</i>	1	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	2
<i>potassium citrate (alkalinizer) er tabs</i>	2

URINARY ANTISPASMODICS

MYRBETRIQ	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	2	
<i>oxybutynin chloride</i> TABS	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i>	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	2	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	2	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	2
<i>metronidazole vaginal</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>COUMADIN</i>	3	
<i>ELIQUIS 2.5mg</i>	3	QL (60 tabs / 30 days)
<i>ELIQUIS 5mg</i>	3	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK</i>	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
<i>HEPARIN SODIUM/NACL 0.45%</i>	3	
<i>jantoven</i>	1	
<i>PRADAXA</i>	4	QL (60 caps / 30 days)
<i>warfarin sodium</i>	1	
<i>XARELTO 2.5mg</i>	3	QL (60 tabs / 30 days)
<i>XARELTO 10mg, 15mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>XARELTO STARTER PACK</i>	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
<i>PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml</i>	3	NM, PA
<i>PROCRIT 20000unit/ml, 40000unit/ml</i>	5	NM, PA
<i>ZARXIO</i>	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	2	
<i>BERINERT</i>	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	1	
<i>DROXIA</i>	3	
<i>ENDARI</i>	5	NM, LA, PA
<i>FIRAZYR</i>	5	QL (9 syringes / 30 days), NM, PA
<i>HAEGARDA 2000unit</i>	5	QL (30 vials / 30 days), NM, LA, PA
<i>HAEGARDA 3000unit</i>	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline TBCR</i>	1	
<i>PROMACTA PACK</i>	5	QL (360 packets / 30 days), NM, LA, PA

Drug Name		Drug Tier	Requirements/Limits
PROMACTA TABS 12.5mg, 25mg		5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg		5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS		2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole</i>	2
BRILINTA	3
<i>clopidogrel tab 75mg</i>	1
<i>prasugrel hcl</i>	2

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i> TABS	2	QL (30 tabs / 30 days)
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NM, PA
RENFLEXIS	5	NM, LA, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	5	QL (1 syringe / 28 days), NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
GAMASTAN S/D	3	B/D, NM

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

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOV INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	1
<i>klor-con 10</i>	1
<i>klor-con m10</i>	1
<i>klor-con m15</i>	1
<i>klor-con m20</i>	1
<i>klor-con pak 20meq</i>	2
<i>klor-con spr cap 8meq</i>	2
<i>klor-con spr cap 10meq</i>	2
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride CPCR</i>	2	
<i>potassium chloride PACK</i>	2	
<i>potassium chloride SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>sodium chloride SOLN 2.5meq/ml</i>	2	
<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 INJ 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
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 SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
<i>DEXTROSE 5% /ELECTROLYTE</i>	3	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>DEXTROSE 5%/NAACL 0.3%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
dextrose 10%/nacl 0.45%	2	
dextrose 50%	2	
dextrose in lactated ringers	2	
dextrose inj 70%	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
kcl0.15%/d5w/nacl0.2%	2	
KCL 0.3%/D5W/NACL 0.9%	4	
kcl 0.3%/d5w/nacl 0.45%	2	
kcl 0.15%/d5w/nacl 0.9%	2	
KCL 0.15%/D5W/NACL 0.225%	4	
kcl 0.075%/d5w/nacl 0.45%	2	
kcl/d5w inj 0.3%	2	
kcl/d5w/nacl inj 0.22%/0.45%	2	
kcl/d5w/nacl inj .15/.33%	2	
kcl/d5w/nacl inj .15/.45%	2	
kcl/nacl inj 0.3-0.9	2	
kcl/nacl inj 0.15%-0.9%	2	
lactated ringer's	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
pot chloride inj 2meq/ml	2	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride in nacl	2	
sodium chloride SOLN 3%, 5%	2	
sodium chloride 0.45%	2	
sodium chloride inj 0.9%	2	
VITAMINS		
calcitriol CAPS	2	B/D
calcitriol inj	2	B/D
calcitriol oral soln 1 mcg/ml	2	B/D
M-NATAL PLUS	3	
paricalcitol CAPS	2	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	

Drug Name	Drug Tier Requirements/Limits
TRICARE	3
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-poly-neomycin-hc</i>	2
BLEPHAMIDE OINT	4
<i>neomycin-polymyxin-dexameth</i> OINT	1
<i>neomycin-polymyxin-dexameth</i> SUSP	2
<i>neomycin-polymyxin-hc (ophth)</i>	2
<i>sulfacetamide sod-prednisolone</i>	2
TOBRADEX OINT	3
TOBRADEX ST	3
<i>tobramycin-dexamethasone</i>	2
ZYLET	3
ANTI-INFECTIVES	
AZASITE	4
<i>bacitracin (ophthalmic)</i>	2
<i>bacitracin-polymyxin b (ophth)</i>	1
BESIVANCE	3
CILOXAN OINT	3
<i>ciprofloxacin hcl (ophth)</i>	1
<i>erythromycin (ophth)</i>	1
<i>gatifloxacin (ophth)</i>	2
<i>gentak</i>	2
<i>gentamicin sulfate soln (ophth)</i>	1
MOXEZA	3
<i>moxifloxacin hcl (ophth)</i>	2
NATACYN	4
<i>neomycin-bacitracin zn-polymyxin</i>	2
<i>neomycin-polymyxin-gramicidin</i>	2
<i>ofloxacin (ophth)</i>	2
<i>polymyxin b-trimethoprim</i>	1
<i>sulfacetamide sodium (ophth)</i>	2
<i>tobramycin (ophth)</i>	1
<i>trifluridine</i>	2
ZIRGAN	4
ANTI-INFLAMMATORIES	
ALREX	3
<i>bromfenac sodium (ophth)</i>	2
BROMSITE	4
<i>dexamethasone sodium phosphate (ophth)</i>	2
<i>diclofenac sodium (ophth)</i>	2
DUREZOL	3
<i>fluorometholone</i>	2
<i>flurbiprofen sodium</i>	2
ILEVRO	3

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX GEL; OINT	3	
<i>loteprednol etabonate</i>	2	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACAFT	4	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	2	
RHOPRESSA	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
TRAVATAN Z	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	4	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

Drug Name		Drug Tier	Requirements/Limits
RESPIRATORY			
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS			
ANORO ELLIPTA	3	QL (60 blisters / 30 days)	
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)	
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)	
<i>ipratropium-albuterol nebu</i>	2	B/D	
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)	
ANTICHOLINERGICS			
ATROVENT HFA	4	QL (2 inhalers / 30 days)	
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)	
<i>ipratropium bromide SOLN</i>	2	B/D	
<i>ipratropium bromide (nasal)</i>	2		
ANTIHISTAMINES			
<i>azelastine spr 0.1%</i>	2		
<i>azelastine spr 0.15%</i>	2		
<i>cetirizine syrup</i>	1		
<i>ciproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older	
<i>diphenhydramine hcl inj 50mg/ml</i>	2		
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older	
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older	
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older	
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older	
<i>levocetirizine dihydrochloride SOLN</i>	2		
<i>levocetirizine dihydrochloride TABS</i>	1		
BETA AGONISTS			
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)	
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)	
<i>albuterol sulfate NEBU</i>	2	B/D	
<i>albuterol sulfate SYRP</i>	2		
<i>albuterol sulfate TABS</i>	2		
<i>albuterol sulfate TB12</i>	2		
<i>levalbuterol hcl NEBU 1.25mg/3ml</i>	2	B/D	

Drug Name		Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>		2	B/D
<i>levalbuterol tartrate hfa</i>		2	QL (2 inhalers / 30 days)
SEREVENT DISKUS		3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS</i>		2	
VENTOLIN HFA		3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS			
<i>montelukast sodium CHEW; PACK</i>		2	
<i>montelukast sodium TABS</i>		1	
<i>zafirlukast</i>		2	
MAST CELL STABILIZERS			
<i>cromolyn sodium nebu</i>		2	B/D
MISCELLANEOUS			
<i>acetylcysteine SOLN 10%, 20%</i>		2	B/D
ARALAST NP		5	NM, LA, PA
DALIRESP		4	
<i>epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml</i>		2	(generic of EpiPen)
<i>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml</i>		2	(generic of Adrenaclick)
ESBRIET		5	NM, PA
KALYDECO		5	NM, PA
NUCALA		5	NM, LA, PA
OFEV		5	NM, PA
ORKAMBI		5	NM, PA
PROLASTIN-C		5	NM, LA, PA
PULMOZYME		5	NM, PA
SYMDEKO		5	NM, LA, PA
THEO-24		4	
<i>theophylline</i>		2	
XOLAIR		5	NM, LA, PA
ZEMAIRA		5	NM, LA, PA
NASAL STEROIDS			
<i>flunisolide (nasal)</i>		2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>		1	QL (1 bottle / 30 days)
STEROID INHALANTS			
ARNUITY ELLIPTA		3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) .25mg/2ml, .5mg/2ml</i>		2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist		3	QL (120 inhalations / 30 days)

Drug Name		Drug Tier	Requirements/Limits
FLOVENT DISKUS 250mcg/blist		3	QL (240 inhalations / 30 days)
FLOVENT HFA		3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER		4	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

amnesteem	2	PA
avita	2	QL (45 grams / 30 days), PA
benzoyl peroxide-erythromycin	2	
claravis	2	PA
clindamycin phosphate (topical) GEL	2	QL (75 grams / 30 days)
clindamycin phosphate (topical) LOTN	2	
clindamycin phosphate (topical) SOLN	2	QL (60 mL / 30 days)
ery pad 2%	2	
erythromycin (acne aid)	2	
isotretinoin CAPS	2	PA
myorisan	2	PA
sulfacetamide sodium (acne)	2	
tretinoin CREA	2	QL (45 grams / 30 days), PA
tretinoin GEL .01%, .025%	2	QL (45 grams / 30 days), PA
zenatane	2	PA

DERMATOLOGY, ANTIBIOTICS

gentamicin sulfate (topical)	2	
mupirocin OINT	1	QL (220 grams / 30 days)
silver sulfadiazine CREA	2	
ssd	2	
SULFAMYLYON CREA	4	

DERMATOLOGY, ANTIFUNGALS

ciclopirox CREA	2	QL (90 grams / 30 days)
ciclopirox SUSP	2	QL (60 mL / 30 days)
clotrimazole (topical) CREA	2	
clotrimazole (topical) SOLN	2	QL (30 mL / 30 days)
clotrimazole w/ betamethasone CREA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole cream</i>	2	QL (60 grams / 30 days)
<i>nyamyc</i>	2	QL (60 grams / 30 days)
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	QL (60 grams / 30 days)
<i>nystop</i>	2	QL (60 grams / 30 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	2	PA
<i>calcipotriene CREA; OINT</i>	2	QL (120 grams / 30 days), PA
<i>calcipotriene SOLN</i>	2	QL (120 mL / 30 days), PA
<i>calcitrene</i>	2	QL (120 grams / 30 days), PA
<i>tazarotene CREA</i>	2	QL (60 grams / 30 days), PA
<i>TAZORAC CREA .05%</i>	4	QL (60 grams / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide LOTN</i>	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate CREA; LOTN; OINT</i>	2	
<i>ENSTILAR</i>	4	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide CREA; OIL; OINT</i>	2	
<i>fluocinolone acetonide SOLN</i>	2	QL (90 mL / 30 days)
<i>fluocinolone acetonide oil body</i>	2	
<i>fluocinonide CREA .05%</i>	2	QL (120 grams / 30 days)
<i>fluocinonide GEL</i>	2	QL (60 grams / 30 days)
<i>fluocinonide OINT</i>	2	QL (60 grams / 30 days)
<i>fluocinonide SOLN</i>	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i>	2	QL (120 grams / 30 days)
<i>fluticasone propionate CREA; OINT</i>	2	
<i>halobetasol propionate CREA; OINT</i>	2	QL (50 grams / 30 days)
<i>hydrocortisone (topical) cream 1%</i>	1	
<i>hydrocortisone (topical) cream 2.5%</i>	1	
<i>hydrocortisone (topical) lotion 2.5%</i>	2	
<i>hydrocortisone (topical) oint 2.5%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (45 grams / 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (45 grams / 30 days)	
<i>mometasone furoate CREA; OINT; SOLN</i>	2		
<i>TEXACORT SOLN 2.5%</i>	4		
<i>triamcinolone acetonide (topical) CREA .1%</i>	1	QL (454 grams / 30 days)	
<i>triamcinolone acetonide (topical) CREA .025%, .5%</i>	1		
<i>triamcinolone acetonide (topical) LOTN</i>	2		
<i>triamcinolone acetonide (topical) OINT</i>	1		
DERMATOLOGY, LOCAL ANESTHETICS			
<i>glydo</i>	2	QL (30 mL / 30 days), PA	
<i>lidocaine PTCH</i>	2	QL (3 patches / 1 day), PA	
<i>lidocaine hcl GEL</i>	2	QL (30 mL / 30 days), PA	
<i>lidocaine hcl SOLN 4%</i>	2	QL (50 mL / 30 days), PA	
<i>lidocaine oint 5%</i>	2	QL (50 grams / 30 days), PA	
<i>lidocaine-prilocaine</i>	2	QL (30 grams / 30 days), PA	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE			
<i>ammonium lactate CREA; LOTN</i>	2		
<i>diclofenac sodium (topical) 1% gel</i>	2	QL (1000 grams / 30 days), PA	
<i>fluorouracil (topical) CREA 5%</i>	2	QL (40 grams / 30 days)	
<i>fluorouracil (topical) SOLN</i>	2	QL (10 mL / 30 days)	
<i>imiquimod CREA 5%</i>	2	QL (24 packets / 30 days)	
<i>metronidazole (topical) CREA; LOTN</i>	2		
<i>metronidazole gel 0.75%</i>	2		
<i>PANRETIN</i>	5	QL (60 grams / 30 days)	
<i>PICATO .05%</i>	4	QL (2 tubes / 30 days)	
<i>PICATO .015%</i>	4	QL (3 tubes / 30 days)	
<i>podofilox SOLN</i>	2		
<i>procto-med hc</i>	2		
<i>procto-pak</i>	2		
<i>proctosol hc cre 2.5%</i>	2		
<i>proctozone-hc</i>	2		
<i>RECTIV</i>	4	QL (30 grams / 30 days)	
<i>rosadan</i>	2		
<i>tacrolimus (topical)</i>	2	QL (100 grams / 30 days)	
<i>TARGRETIN GEL</i>	5	QL (60 grams / 30 days), NM, PA	

Drug Name	Drug Tier	Requirements/Limits
VALCHLOR	5	QL (60 grams / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	2	
permethrin cre 5%	2	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	2	
REGRANEX	5	QL (30 grams / 30 days), PA
SANTYL	4	
sodium chlor sol 0.9% irr	2	
water for irrigation, sterile	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl	2	
chlorhexidine gluconate (mouth-throat)	1	
clotrimazole LOZG	2	
lidocaine hcl (mouth-throat)	2	
nystatin (mouth-throat)	2	
paroex sol 0.12%	1	
periogard	1	
pilocarpine hcl (oral)	2	
triamcinolone acetonide (mouth)	2	
OTIC		
acetic acid (otic)	2	
CIPRODEX	3	
flac	2	
fluocinolone acetonide (otic)	2	
neomycin-polymyxin-hc (otic)	2	
ofloxacin (otic)	2	

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<i>clindamycin cap 300mg</i>	3
<i>clindamycin cap 75mg</i>	3
<i>clindamycin hcl cap 150 mg</i>	3
<i>clindamycin phosphate (topical)</i>	53
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<i>clozapine odt</i>	26
<i>clozapine tab 100mg</i>	26
<i>clozapine tab 200mg</i>	26
<i>clozapine tab 25mg</i>	26
<i>clozapine tab 50mg</i>	26
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<i>colesevelam hcl</i>	17
<i>colestipol hcl gran</i>	17
<i>colestipol hcl pack</i>	17
<i>colestipol hcl tabs</i>	17
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<i>cyclobenzaprine hcl</i>	30
<i>cyclophosphamide</i>	10
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<i>cyclosporine</i>	45
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<i>cyproheptadine hcl</i>	51
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<i>dapsone</i>	4
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DAPTOMYCIN	4
<i>dasetta 1/35</i>	34
<i>dasetta 7/7/7</i>	35
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<i>deblitane</i>	35
<i>deferasirox</i>	34
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<i>desipramine hcl</i>	24
<i>desmopressin acetate spray</i>	40
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.....	40
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desmopressin inj 4mcg/ml	40
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dextrose 2.5%/nacl 0.45%	47
dextrose 5%	47
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dextrose 5%/nacl 0.2%	47
dextrose 5%/nacl 0.225%	47
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dextrose 5%/nacl 0.33%	47
dextrose 5%/nacl 0.45%	47
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diazepam gel	21
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diazepam intensol	21
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diclofenac sodium	1
diclofenac sodium (ophth)	49
diclofenac sodium (topical) 1% gel	55
dicloxacillin sodium	10
dicyclomine hcl cap 10mg	40
dicyclomine hcl soln 10mg/5ml	40
dicyclomine hcl tab 20mg	40
didanosine	5
DIFICID	9
diflunisal	1
digitek	19
digox	19
digoxin	19
digoxin inj	19
digoxin sol 50mcg/ml	19
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DOCETAXEL	11
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endocet 2.5-325mg	1
endocet 5-325mg	1
endocet 7.5-325mg	1
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errin	35
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erythrocin stearate	9
erythromycin (acne aid)	53
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erythromycin cap 250mg ec	9
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ethosuximide	22
ethynodiol diacet & eth estrad	35
ethynodiol tab 1-50	35
etodolac	1
etodolac er	1
etoposide	15
EVOTAZ	7
exemestane	12
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fentanyl citrate	2
fentanyl patch 100 mcg/hr	2
fentanyl patch 12 mcg/hr	2

fentanyl patch 25 mcg/hr	2
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fluoxetine cap 40mg	24
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flurbiprofen sodium.....	49
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GAMMAPLEX	45
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<i>generlac</i>	41
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<i>gentak</i>	49
<i>gentamicin in saline</i>	3
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate (topical)</i>	53
<i>gentamicin sulfate soln (ophth)</i>	49
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GILENYA CAP 0.5MG	30
GILOTTRIF TAB 20MG	13
GILOTTRIF TAB 30MG	13
GILOTTRIF TAB 40MG	13
<i>glatiramer acetate 20mg/ml</i>	30
<i>glatiramer acetate 40mg/ml</i>	30
<i>glatopa</i>	30
GLEOSTINE.....	10
<i>glimepiride</i>	32
<i>glip/metform tab 2.5-250mg</i>	33

glip/metform tab 2.5-500mg	33
glip/metform tab 5-500mg	33
glipizide	33
glipizide xl	33
GLUCAGEN HYPOKIT	38
GLUCAGON EMERGENCY KIT	38
glycopyrrolate tab 1mg	40
glycopyrrolate tab 2mg	40
glydo	55
GOLYTELY	41
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griseofulvin microsize	5
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guanfacine er (adhd).....	29
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haloperidol decanoate	26
haloperidol lactate inj 5mg/ml	26
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heparin sod inj 1000/ml	43
heparin sod inj 10000/ml.....	43
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HERCEPTIN	11
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HIBERIX	46
HUMIRA	44
HUMIRA INJ 10MG/0.2ML	44
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hydrochlorothiazide.....	19
hydroco/apap tab 10-325mg	2
hydroco/apap tab 5-325mg	2
hydroco/apap tab 7.5-325	2
hydrocodone-acetaminophen 7.5-325 mg/15ml	2
hydrocodone-ibuprofen tab 7.5-200 mg.	2
hydrocortisone	38
hydrocortisone (enema)	41
hydrocortisone (topical) cream 1%	54
hydrocortisone (topical) cream 2.5%..	54
hydrocortisone (topical) lotion 2.5%....	54
hydrocortisone (topical) oint 2.5%	54
hydrocortisone butyrate cream 0.1% ..	54
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hydromorphone hcl.....	2
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hydroxyurea	15
hydroxyzine hcl	51
hydroxyzine hcl inj.....	51
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ibandronate sodium tabs	34
IBRANCE	11
ibuprofen	1
ibu tab 600mg	1
ibu tab 800mg	1
ICLUSIG	13
IDHIFA.....	11
ILEVRO	49
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INTELENCE	5
INTRALIPID 30%	47

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INTRON-A INJ 10MU	45
INTRON-A INJ 18MU	45
INTRON-A INJ 25MU	45
INTRON-A INJ 50MU	45
<i>introvale</i>	35
INVEGA SUST INJ 117 MG/0.75 ML	27
INVEGA SUST INJ 156MG/ML	27
INVEGA SUST INJ 234 MG/1.5 ML.....	27
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IONOSOL-MB/DEXTROSE 5%	48
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<i>ipratropium bromide</i>	51
<i>ipratropium bromide (nasal)</i>	51
<i>irbesartan</i>	16
<i>irbesartan-hydrochlorothiazide</i>	16
IRESSA	14
<i>irinotecan hcl</i>	15
ISENTRESS	5
ISENTRESS HD	5
<i>isibloom</i>	35
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<i>isoniazid</i>	7
<i>isoniazid syrup 50mg/5ml</i>	7
<i>isosorbide dinitrate</i>	20
<i>isosorbide dinitrate er</i>	20
<i>isosorbide mononitrate er</i>	20
<i>isosorb mononitrate tab</i>	20
<i>isotretinoin</i>	53
<i>isradipine</i>	19
<i>itraconazole</i>	5
<i>ivermectin</i>	4
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<i>kcl/d5w inj 0.3%</i>	48
<i>kcl-nacl inj 0.15%-0.9%</i>	48
<i>kcl-nacl inj 0.3-0.9</i>	48
<i>kcl 0.075%/d5w-nacl 0.45%</i>	48
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<i>larin 1.5/30</i>	35	<i>lidocaine hcl</i>	55
<i>larin fe 1/20</i>	35	<i>lidocaine hcl (local anesth.)</i>	3
<i>larin fe 1.5/30</i>	35	<i>lidocaine hcl (mouth-throat)</i>	56
<i>larissa tab</i>	35	<i>lidocaine inj 0.5%</i>	3
LASTACRAFT	50	<i>lidocaine inj 1.5% preservative free (pf)</i>	3
<i>latanoprost</i>	50	<i>lidocaine inj 1%</i>	3
LATUDA	27	<i>lidocaine oint 5%</i>	55
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<i>leflunomide</i>	44	<i>linezolid inj</i>	4
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LENVIMA 12MG DAILY DOSE	14	<i>linezolid susp</i>	4
LENVIMA 14 MG DAILY DOSE	14	<i>linezolid tab 600mg</i>	4
LENVIMA 18 MG DAILY DOSE	14	<i>LINZESS</i>	41
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LENVIMA 4 MG DAILY DOSE	14	<i>lisinopril & hydrochlorothiazide</i>	15
LENVIMA 8 MG DAILY DOSE	14	<i>lithium carbonate</i>	30
<i>lessina</i>	35	<i>lithium carbonate er</i>	30
<i>letrozole</i>	12	<i>LITHIUM SOLN 8MEQ/5ML</i>	30
<i>leucovorin calcium</i>	15	<i>LONSURF</i>	15
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<i>leuprolide inj 1mg/0.2</i>	12	<i>lopinavir-ritonavir</i>	7
<i>levalbuterol hcl</i>	51	<i>lorazepam</i>	21
<i>levalbuterol hcl soln nebu conc 1.25</i>		<i>lorazepam intensol</i>	21
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<i>levalbuterol tartrate hfa</i>	52	<i>lorcet hd tab 10-325mg</i>	2
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<i>lorcet tab 5-325mg</i>	2
<i>loryna</i>	35
<i>losartan-hydrochlorothiazide</i>	16
<i>losartan potassium</i>	16
<i>LOTEMAX</i>	50
<i>loteprednol etabonate</i>	50
<i>lovastatin</i>	17
<i>low-ogestrel</i>	36
<i>loxapine succinate</i>	27
<i>LUMIGAN</i>	50
<i>LUMIZYME</i>	37
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<i>LUPRON DEPOT INJ 11.25MG (3-MONTH)</i>	12
<i>LUPRON DEPOT-PED (1-MONTH)</i>	39
<i>LUPRON DEPOT-PED (3-MONTH)</i>	39
<i>LUPRON DEP-PED INJ 11.25MG (3-MONTH)</i>	39
<i>LUPRON DEP-PED INJ 7.5MG</i>	39
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<i>MAVYRET</i>	8
<i>meclizine hcl</i>	40
<i>medroxyprogesterone acetate (contraceptive)</i>	36
<i>medroxyprogesterone acetate tab</i>	39
<i>mefloquine hcl</i>	5
<i>megestrol ac sus 40mg/ml</i>	12
<i>megestrol ac tab 20mg</i>	12
<i>megestrol ac tab 40mg</i>	12
<i>megestrol sus 625mg/5ml</i>	12
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<i>MEKTOVI</i>	14
<i>meloxicam</i>	1
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<i>MENACTRA</i>	46
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<i>meropenem</i>	4
<i>mesalamine</i>	41
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<i>metformin hcl</i>	33
<i>methadone hcl</i>	2
<i>methadone hcl 10mg</i>	2
<i>methadone hcl 5mg</i>	2
<i>methadone hcl intensol</i>	2
<i>methazolamide</i>	19
<i>methenamine hippurate</i>	4
<i>methimazole</i>	39
<i>methotrexate sodium inj soln</i>	11
<i>methotrexate sodium inj solr</i>	11
<i>methotrexate sodium tabs</i>	44
<i>methylphenidate hcl</i>	29
<i>methylphenidate hcl oral soln</i>	29
<i>methylphenidate hcl tbcr 10 mg</i>	29
<i>methylphenidate hcl tbcr 20mg</i>	29
<i>methylprednisolone acetate</i>	38
<i>methylpred pak 4mg</i>	38
<i>methylpred tab 16mg</i>	38
<i>methylpred tab 32mg</i>	38
<i>methylpred tab 4mg</i>	38
<i>methylpred tab 8mg</i>	38
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<i>metoclopramide hcl</i>	40
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<i>metolazone</i>	19
<i>metoprolol & hctz tab 100-25mg</i>	18
<i>metoprolol & hctz tab 100-50mg</i>	18
<i>metoprolol & hctz tab 50-25mg</i>	18
<i>metoprolol succinate</i>	18
<i>metoprolol tartrate</i>	18
<i>metronidazole</i>	4
<i>metronidazole (topical)</i>	55
<i>metronidazole gel 0.75%</i>	55
<i>metronidazole in nacl</i>	4
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<i>microgestin 1/20</i>	36	<i>naloxone inj 0.4mg/ml</i>	31
<i>microgestin 1.5/30</i>	36	<i>naloxone inj 1mg/ml</i>	31
<i>microgestin fe 1/20</i>	36	<i>naltrexone hcl</i>	31
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<i>midodrine hcl</i>	20	<i>naproxen</i>	1
<i>miglustat</i>	37	<i>naproxen dr</i>	1
<i>mihi</i>	36	<i>naproxen sodium</i>	1
<i>minitran</i>	20	<i>naratriptan hcl</i>	29
<i>minocycline hcl</i>	10	NARCAN	31
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<i>molindone hcl</i>	27	<i>neomycin-polomy-dexameth</i>	49
<i>mometasone furoate</i>	55	<i>neomycin-polymyxin-gramicidin</i>	49
<i>monodoxyne nl cap 100mg</i>	10	<i>neomycin-polymyxin-hc (ophth)</i>	49
<i>mono-linyah tab 0.25-35</i>	36	<i>neomycin-polymyxin-hc (otic)</i>	56
<i>montelukast sodium</i>	52	<i>neomycin sulfate</i>	3
<i>morgidox cap 1x50mg</i>	10	NEPHRAMINE	47
<i>morphine ext-rel tab</i>	2	NERLYNX	14
<i>morphine sulfate</i>	2	NEUPRO	25
MORPHINE SULFATE	2	<i>nevirapine susp 50 mg/5ml</i>	6
<i>morphine sulfate oral soln 100mg/5ml</i>	3	<i>nevirapine tab 100mg er</i>	6
<i>morphine sulfate oral soln 10mg/5ml</i>	3	<i>nevirapine tab 200mg</i>	6
<i>morphine sulfate oral soln 20mg/5ml</i>	3	<i>nevirapine tab 400mg er</i>	6
<i>morphine sul inj 10mg/ml</i>	2	NEXAVAR	14
<i>morphine sul inj 1mg/ml</i>	2	<i>niacin er (antihyperlipidemic)</i>	17
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<i>moxifloxacin hcl (ophth)</i>	49	NICOTROL NS	31
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<i>mupirocin</i>	53	<i>nifedipine er</i>	19
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<i>mycophenolate mofetil</i>	45	<i>nilutamide</i>	12
<i>mycophenolate sodium tbec</i>	45	<i>nimodipine</i>	19
<i>myorisan</i>	53	NINLARO	12
MYRBETRIQ	42	NITRO-BID	20
N		NITRO-DUR DIS 0.3MG/HR	20
<i>nabumetone</i>	1	NITRO-DUR DIS 0.8MG/HR	20
<i>nadolol</i>	18	<i>nitrofurantoin macrocrystal</i>	4
<i>nafcillin sodium</i>	10	<i>nitrofurantoin monohyd macro</i>	4
NAFCILLIN SODIUM FOR INJ 10GM	10	<i>nitroglycerin</i>	20
NAGLAZYME	37	<i>nitroglycerin td patch</i>	20
<i>nalbuphine hcl</i>	1	NITYR	37

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<i>norethindrone acetate-ethinyl estradiol</i>	38
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<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	36
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	36
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<i>NORTHERA</i>	20
<i>nortrel 0.5/35 (28)</i>	36
<i>nortrel 1/35</i>	36
<i>nortrel 7/7/7</i>	36
<i>nortriptyline hcl</i>	24
<i>NORVIR PACK</i>	6
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<i>NOVOLOG PENFILL</i>	32
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<i>NUCALA</i>	52
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<i>NULOJIX</i>	45
<i>NULYTELY/FLAVOR PACKS</i>	41
<i>NUPLAZID CAPS</i>	27
<i>NUPLAZID TABS 10MG</i>	27
<i>NUTRILIPID INJ 20%</i>	47
<i>NUVARING</i>	36
<i>nyamyc</i>	54
<i>NYMALIZE</i>	19
<i>nystatin</i>	5
<i>nystatin (mouth-throat)</i>	56
<i>nystatin (topical)</i>	54
<i>nystatin pow 100000</i>	54
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<i>octreotide acetate</i>	39
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<i>ofloxacin (otic)</i>	56
<i>olanzapine</i>	27
<i>olmesartan medoxomil</i>	16
<i>olmesartan</i>	
<i>medoxomil-amlodipine-hydrochlorothiazide</i>	16
<i>olopatadine hcl 0.2%</i>	50
<i>omeprazole cap 10mg</i>	42
<i>omeprazole cap 20mg</i>	42
<i>omeprazole cap 40mg</i>	42
<i>ondansetron hcl</i>	40
<i>ondansetron hcl inj</i>	40
<i>ondansetron hcl oral soln</i>	40
<i>ondansetron odt</i>	40
<i>OPSUMIT</i>	20
<i>ORFADIN</i>	37
<i>ORKAMBI</i>	52
<i>orsythia</i>	36
<i>oseltamivir phosphate</i>	8
<i>oxacillin sodium</i>	10
<i>oxaliplatin inj 100mg</i>	15
<i>oxaliplatin inj 100mg/20ml</i>	15
<i>oxaliplatin inj 50mg</i>	15
<i>oxaliplatin inj 50mg/10ml</i>	15
<i>oxandrolone</i>	31
<i>oxcarbazepine</i>	22
<i>oxybutynin chloride</i>	42
<i>oxycodone hcl</i>	3
<i>oxycodone w/ acetaminophen 10-325mg</i>	3
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3
<i>oxycodone w/ acetaminophen 5-325mg</i>	3
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3
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<i>pramipexole tab 0.75mg</i>	25
<i>pramipexole tab 1.5mg</i>	25
<i>pramipexole tab 1mg</i>	26
<i>prasugrel hcl</i>	44
<i>pravastatin sodium</i>	17
<i>praziquantel</i>	4
<i>prazosin hcl</i>	16
<i>prednisolone acetate (ophth)</i>	50
<i>prednisolone sodium phosphate</i>	38
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<i>prednisolone sol 15mg/5ml</i>	38
<i>prednisolone sol 25mg/5ml</i>	38
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<i>prednisone pak 10mg</i>	38
<i>prednisone pak 5mg</i>	38
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<i>prednisone tab 10mg</i>	38
<i>prednisone tab 1mg</i>	38
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VERSION 5

This formulary was updated on 08/27/2019

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