

SilverScript Employer PDP sponsored by Cleveland Clinic Retiree Plan (SilverScript)

2021 Formulary (List of Covered Drugs)

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

This formulary was updated on 03/24/2021. For more recent information or other questions, please contact SilverScript Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID 21265

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of March 24, 2021. 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, 2022, and from time to time during the year.

What is the SilverScript Formulary?

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

Please note: Cleveland Clinic Retiree Plan provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call SilverScript Customer Care.

Can the Formulary (drug list) change?

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

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

New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of March 24, 2021. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

Quantity Limits (QL): For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): In some cases, SilverScript 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, SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may 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 SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SilverScript Formulary?" 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 SilverScript Customer Care and ask if your drug is covered.

If you learn that SilverScript does not cover your drug, you have two options:

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

Cleveland Clinic Retiree Plan offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact SilverScript Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript Formulary?

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

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

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the High Cost tier.

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

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

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

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

Every drug on the plan’s drug list is in one of four cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier 1: Generics

Cost-Sharing Tier 2: Preferred Brands

Cost-Sharing Tier 3: Non-Preferred Brands

Cost-Sharing Tier 4: High Cost

To find out which cost-sharing tier your drug is in, look it up in the plan’s drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Network Retail Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1 (Generics)	20% of total cost Minimum \$5.00 Maximum \$75.00	20% of total cost Minimum \$5.00 Maximum \$75.00
Tier 2 (Preferred Brands)	30% of total cost Minimum \$5.00 Maximum \$75.00	30% of total cost Minimum \$5.00 Maximum \$75.00
Tier 3 (Non-Preferred Brands)	50% of total cost	50% of total cost
Tier 4 (High Cost)	20% of total cost Maximum \$100.00	20% of total cost Maximum \$100.00

Costs shown in the table above reflect the additional coverage that may be provided by Cleveland Clinic Retiree Plan. Drugs that are part of your standard Medicare plan, but do not have additional coverage from Cleveland Clinic Retiree Plan would be covered under the 2021 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2021-Medicare-Part-D-Outlook.php> for more information about the 2021 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

If you have general questions about Medicare Part D 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 www.medicare.gov.

SilverScript's Formulary

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

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

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

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- ST Step Therapy required.
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call SilverScript Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>naproxen</i> TABS 250mg, 375mg	1	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1		<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1	
<i>probenecid</i> TABS 500mg	1		<i>naproxen sodium</i> TABS 275mg	1	
NSAIDS					
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	1	QL	<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	1	QL	<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	1	QL	<i>sulindac</i> TABS 150mg, 200mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL	OPIOID ANALGESICS, LONG-ACTING		
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL	<i>fentanyl</i> (generic of DURAGESIC) PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>diflunisal</i> TABS 500mg	1		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1		<i>methadone hcl intensol</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>etodolac</i> (generic of LODINE) TABS 400mg	1		<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>flurbiprofen</i> TABS 100mg	1				
<i>ibu</i> TABS 600mg, 800mg	1				
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1				
<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1				

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

Drug Name	Drug Requirements/ Tier Limits	
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3	
<i>endocet tab 2.5-325mg (generic of PERCO CET)</i> QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg (generic of PERCO CET)</i> QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg (generic of PERCO CET)</i> QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg (generic of PERCO CET)</i> QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate (generic of ACTIQ) LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i> QL (120 lozenges / 30 days)	4	NDS QL PA
<i>fentanyl citrate (generic of ACTIQ) LPOP 400mcg</i> QL (120 lozenges / 30 days)	1	QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier Limits	
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate SOLN 1mg/ml</i>	3	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>morphine sulfate (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>morphine sulfate SOLN 10mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>morphine sulfate SOLN 20mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>morphine sulfate SOLN 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>morphine sulfate TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	3	
<i>oxycodone hcl CAPS 5mg</i> QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl CONC 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl SOLN 5mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL
<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> (generic of ALBENZA) TABS 200mg	4	NDS
ALINIA SUSR 100mg/5ml QL (180 mL / 30 days)	4	NDS QL
ALINIA TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	4	NDS NM LA PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	4	NDS
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
<i>daptomycin</i> (generic of CUBICIN) SOLR 500mg	4	NDS
EMVERM CHEW 100mg QL (12 tabs / 365 days)	4	NDS QL
<i>ertapenem sodium</i> (generic of INVANZ) SOLR 1gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
<i>ivermectin (generic of STROMEKTOL) TABS 3mg</i>	1	
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	1	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	4	NDS QL
<i>linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)</i>	1	QL
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>meropenem SOLR 1gm</i>	1	
<i>meropenem (generic of MERREM) SOLR 500mg</i>	1	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
<i>metronidazole TABS 250mg</i>	1	
<i>metronidazole (generic of FLAGYL) TABS 500mg</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)</i>	4	NDS QL
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>paromomycin sulfate CAPS 250mg</i>	1	
<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	1	
<i>praziquantel (generic of BILTRICIDE) TABS 600mg</i>	1	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	4	NDS
<i>streptomycin sulfate SOLR 1gm</i>	4	NDS
<i>SULFADIAZINE TABS 500mg</i>	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1	
<i>SYNERCID INJ 500MG</i>	4	NDS
<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	4	NDS NM PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg QL (80 caps / 180 days)</i>	1	QL
<i>vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)</i>	1	QL
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	1	
<i>VANCOMYCIN INJ 1 GM</i>	3	

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Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	4	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	4	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL
<i>terbinafine hcl</i> (generic of LAMISIL) TABS 250mg QL (90 tabs / year)	1	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	4	NDS PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	4	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg; SOLN 100mg/ml	4	NDS NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 150mg, 200mg, 300mg	1	NM
CRIXIVAN CAPS 200mg, 400mg	3	NM
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	2	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
INVIRASE TABS 500mg	4	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
ISENTRESS CHEW 25mg; PACK 100mg	2	NM
ISENTRESS CHEW 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
<i>nevirapine</i> (generic of VIRAMUNE) SUSP 50mg/5ml	1	NM
<i>nevirapine</i> TABS 200mg; TB24 100mg	1	NM
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
REYATAZ PACK 50mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	4	NDS NM
SELZENTRY TABS 25mg	2	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	2	NM

Drug Name	Drug Requirements/ Tier	Limits
TROGARZO SOLN 200mg/1.33ml	4	NDS NM LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	4	NDS NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM
<i>abacavir sulfate-lamivudine- zidovudine tab 300-150-300 mg</i> (generic of TRIZIVIR)	4	NDS NM
BIKTARVY TAB	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i> QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i> QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg</i> QL (30 tabs / 30 days)	4	NDS QL NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI LO TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TEMIXYS TAB 300-300	4	NDS NM
TRIUMEQ TAB	4	NDS NM
TRUVADA TAB 100-150 QL (30 tabs / 30 days)	4	NDS QL NM
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	4	NDS QL NM
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	4	NDS QL NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg	1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PASER PACK 4gm	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
SIRTURO TABS 20mg, 100mg	4	NDS LA PA
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP 200mg/5ml	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	4	NDS NM
BARACLUDE SOLN .05mg/ml	4	NDS NM
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
EPIVIR HBV SOLN 5mg/ml	3	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	1	NM
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg	1	
VEMLIDY TABS 25mg	4	NDS NM PA
VOSEVI TAB	4	NDS NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> (generic of SUPRAX) SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm	1	
<i>ceftazidime</i> SOLR 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	

Drug Name	Drug Requirements/ Tier	Limits
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> (generic of FORTAZ) SOLR 1gm	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1		<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1		<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ciprofloxacin hcl TABS 100mg, 750mg</i>	1		<i>ampicillin CAPS 500mg</i>	1	
<i>ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg</i>	1		<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1	
<i>levofloxacin SOLN 25mg/ml</i>	1		<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1	
<i>levofloxacin (generic of LEVAQUIN) TABS 250mg, 500mg, 750mg</i>	1		<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1		<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1		<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1		<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
PENICILLINS			<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	3	
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1		<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1		<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1		<i>nafcillin sodium SOLR 10gm</i>	4	NDS
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1		<i>NAFCILLIN SODIUM SOLR 10gm</i>	4	NDS
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (generic of AUGMENTIN)</i>	1		<i>oxacillin sodium SOLR 1gm, 2gm</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1		<i>oxacillin sodium SOLR 10gm</i>	4	NDS
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1		<i>PEN GK/DEXTR INJ 40000/ML</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1		<i>PEN GK/DEXTR INJ 60000/ML</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	1		<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
			<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	3	
			<i>penicillin g sodium SOLR 5000000unit</i>	1	

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<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate (generic of VIBRAMYCIN)</i> CAPS 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg	1	
<i>minocycline hcl (generic of MINOCIN)</i> CAPS 100mg	1	
<i>mondoxylene nl</i> CAPS 100mg	1	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>TIGECYCLINE</i> SOLR 50mg	4	NDS
<i>tigecycline (generic of TYGACIL)</i> SOLR 50mg	4	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA</i> SOLN 100mg/4ml	4	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclophosphamide</i> CAPS 25mg, 50mg	1	B/D
<i>CYCLOPHOSPHAMIDE</i> SOLN 1gm/5ml, 500mg/2.5ml	4	NDS B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	4	NDS B/D
<i>LEUKERAN</i> TABS 2mg	4	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	4	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal (generic of DOXIL)</i> INJ 2mg/ml	4	NDS B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml	1	B/D
<i>epirubicin hcl (generic of ELLENCE)</i> SOLN 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>ALIMTA</i> SOLR 100mg, 500mg	4	NDS B/D
<i>azacitidine (generic of VIDAZA)</i> SUSR 100mg	4	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl (generic of GEMCITABINE)</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
<i>ONUREG</i> TABS 200mg, 300mg	4	NDS NM LA PA
<i>PURIXAN</i> SUSP 2000mg/100ml	4	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
TABLOID TABS 40mg	3	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg	4	NDS NM PA
<i>abiraterone acetate</i> TABS 500mg	4	NDS NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
EMCYT CAPS 140mg	3	
ERLEADA TABS 60mg	4	NDS NM LA PA
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
<i>flutamide</i> CAPS 125mg	1	
<i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml	4	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	4	NDS NM PA
LYSODREN TABS 500mg	4	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4	NDS
NUBEQA TABS 300mg	4	NDS NM LA PA
ORGOVYX TABS 120mg	4	NDS NM LA PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	4	NDS
TRELSTAR MIXJECT 3.75mg, 11.25mg	4	NDS NM PA
XTANDI CAPS 40mg	4	NDS NM LA PA
ZYTIGA TABS 500mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg QL (21 caps / 21 days)	4	NDS QL NM LA PA
POMALYST CAPS 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	4	NDS NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
INQOVI TAB 35-100MG	4	NDS NM LA PA
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	4	NDS NM PA
KISQALI 400 PAK FEMARA	4	NDS NM PA
KISQALI 600 PAK FEMARA	4	NDS NM PA
LONSURF TAB 15-6.14	4	NDS NM PA
LONSURF TAB 20-8.19	4	NDS NM PA
MATULANE CAPS 50mg	4	NDS NM LA
SYNRIBO SOLR 3.5mg	4	NDS NM PA
<i>tretinoin</i> (chemotherapy) CAPS 10mg	4	NDS
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml	4	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>docetaxel</i> (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D	CALQUENCE CAPS 100mg	4	NDS NM LA PA
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D	CAPRELSA TABS 100mg, 300mg	4	NDS NM LA PA
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D	COMETRIQ (60MG DOSE) KIT 20mg	4	NDS NM LA PA
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D	COMETRIQ KIT 100MG	4	NDS NM LA PA
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D	COMETRIQ KIT 140MG	4	NDS NM LA PA
MOLECULAR TARGET AGENTS			COPIKTRA CAPS 15mg, 25mg	4	NDS NM LA PA
AFINITOR TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA	COTELLIC TABS 20mg	4	NDS NM LA PA
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA	DAURISMO TABS 25mg, 100mg	4	NDS NM LA PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	ERIVEDGE CAPS 150mg	4	NDS NM LA PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA	<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg	4	NDS NM LA PA	<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 30mg, 90mg, 180mg	4	NDS NM LA PA	<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG PAK	4	NDS NM LA PA	FARYDAK CAPS 10mg, 15mg, 20mg	4	NDS NM LA PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA	GAVRETO CAPS 100mg	4	NDS NM LA PA
AYVAKIT TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	GILOTRIF TABS 20mg, 30mg, 40mg	4	NDS NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	4	NDS NM LA PA	HERCEP HYLEC SOL 60- 10000	4	NDS NM PA
BORTEZOMIB SOLR 3.5mg	4	NDS NM PA	HERCEPTIN SOLR 150mg	4	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	4	NDS NM PA	HERZUMA SOLR 150mg, 420mg	4	NDS NM PA
BRAFTOVI CAPS 75mg	4	NDS NM LA PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
BRUKINSA CAPS 80mg	4	NDS NM LA PA			

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Drug Name	Drug Requirements/ Tier	Limits
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM LA PA
ICLUSIG TABS 10mg, 15mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ICLUSIG TABS 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA TABS 140mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
IMBRUVICA TABS 280mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
IMBRUVICA TABS 420mg, 560mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
INREBIC CAPS 100mg	4	NDS NM LA PA
IRESSA TABS 250mg	4	NDS NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
KISQALI TBPK 200mg <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	NDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	NDS NM LA PA
LENVIMA CAP 14 MG	4	NDS NM LA PA
LENVIMA CAP 18 MG	4	NDS NM LA PA
LENVIMA CAP 24 MG	4	NDS NM LA PA
LORBRENA TABS 25mg, 100mg	4	NDS NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
MEKINIST TABS .5mg, 2mg	4	NDS NM LA PA
MEKTOVI TABS 15mg	4	NDS NM LA PA
MONJUVI SOLR 200mg	4	NDS NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
NERLYNX TABS 40mg	4	NDS NM LA PA
NEXAVAR TABS 200mg	4	NDS NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	NDS NM PA
ODOMZO CAPS 200mg	4	NDS NM LA PA
OGIVRI SOLR 150mg	4	NDS NM PA
OGIVRI INJ 420MG	4	NDS NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	NDS NM LA PA
PHESGO SOL	4	NDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
PIQRAY 250MG TAB DOSE	4	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	NDS NM PA
QINLOCK TABS 50mg	4	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	4	NDS NM LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
RITUXAN INJ HYCELA	4	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	4	NDS NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg	4	NDS NM LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RYDAPT CAPS 25mg	4	NDS NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	4	NDS NM PA
STIVARGA TABS 40mg	4	NDS NM LA PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg	4	NDS NM PA
TAFINLAR CAPS 50mg, 75mg	4	NDS NM LA PA
TAGRISO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
TALZENNA CAPS .25mg, 1mg	4	NDS NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	4	NDS NM PA
TAZVERIK TABS 200mg	4	NDS NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM LA PA
TIBSOVO TABS 250mg	4	NDS NM LA PA
TRAZIMERA SOLR 420mg	4	NDS NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TUKYSA TABS 50mg, 150mg	4	NDS NM LA PA
TURALIO CAPS 200mg	4	NDS NM LA PA
TYKERB TABS 250mg	4	NDS NM LA PA
VELCADE SOLR 3.5mg	4	NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4	NDS NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	4	NDS NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	4	NDS NM LA PA
VOTRIENT TABS 200mg	4	NDS NM LA PA
XALKORI CAPS 200mg, 250mg	4	NDS NM LA PA
XOSPATA TABS 40mg	4	NDS NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg	4	NDS NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg	4	NDS NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg	4	NDS NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	4	NDS NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg	4	NDS NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	4	NDS NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg	4	NDS NM LA PA
ZEJULA CAPS 100mg	4	NDS NM LA PA
ZELBORAF TABS 240mg	4	NDS NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ZOLINZA CAPS 100mg	4	NDS NM PA
ZYDELIG TABS 100mg, 150mg	4	NDS NM LA PA
ZYKADIA TABS 150mg	4	NDS NM LA PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	4	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide</i> tab 10-12.5 mg (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide</i> tab 20-12.5 mg (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide</i> tab 20-25 mg (generic of ZESTORETIC)	1	
<i>quinapril-hydrochlorothiazide</i> tab 10-12.5 mg (generic of ACCURETIC)	1	
<i>quinapril-hydrochlorothiazide</i> tab 20-12.5 mg (generic of ACCURETIC)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>quinapril-hydrochlorothiazide</i> tab 20-25 mg (generic of ACCURETIC)	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 20mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg	1	
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan</i> tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan</i> tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan</i> tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan</i> tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i> QL (30 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i> QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan-hydrochlorothiazide</i> tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CR CP12 100mg, 150mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/afI)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> (generic of PRAVACHOL) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM LA PA
<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg (generic of ZIAC)	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg (generic of ZIAC)	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg (generic of ZIAC)	1	
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	1	
<i>propranolol & hydrochlorothiazide tab</i> 40-25 mg	1	
<i>propranolol & hydrochlorothiazide tab</i> 80-25 mg	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg, 80mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	4	NDS
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> CP24 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1
<i>furosemide inj</i> SOLN 10mg/ml	1
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1
<i>indapamide</i> TABS 1.25mg, 2.5mg	1
<i>methazolamide</i> TABS 25mg, 50mg	1
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	1
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	1
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1
MISCELLANEOUS	
ADRENALIN SOLN 1mg/ml	3
<i>aliskiren fumarate</i> (generic of TEKTRINA) TABS 150mg, 300mg	1
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3

Drug Name	Drug Requirements/ Tier Limits
DEMSEER CAPS 250mg	4 NDS PA
<i>digitek</i> (generic of LANOXIN) TABS .125mg, .25mg QL (30 tabs / 30 days)	1 QL
<i>digox</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1 QL
<i>digoxin</i> SOLN .05mg/ml	1
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	1
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1 QL
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2 PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1
<i>methyl dopa</i> TABS 250mg, 500mg PA if 70 years and older	1 PA
<i>metirosine</i> (generic of DEMSEER) CAPS 250mg	4 NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1
<i>minoxidil</i> TABS 2.5mg, 10mg	1
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4 NDS QL NM LA PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4 NDS QL NM LA PA
<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	1
NITRATES	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1
<i>minitran</i> (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1

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Drug Name	Drug Requirements/ Tier	Limits
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 125mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (90 tabs / 30 days)	1	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NDS NM PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	4	NDS PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>carbamazepine</i> CHEW 100mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	4	NDS NM LA PA
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM LA PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	4	NDS
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	4	NDS QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1		<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
NAYZILAM SOLN 5mg/0.1ml	3		<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1		<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
PEGANONE TABS 250mg	3		<i>roweepira</i> (generic of KEPPRA) TABS 500mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	3	PA	<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml	4	NDS PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	2	PA	SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA	<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
PHENYTEK CAPS 200mg, 300mg	3		SYMPAZAN FILM 5mg QL (60 films / 30 days)	3	QL PA
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1		SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
			<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
VIMPAT SOLN 200mg/20ml	4	NDS
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI TABS 50mg QL (90 tabs / 30 days)	4	NDS QL
XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
XCOPRI TAB 50-200MG QL (56 tabs / 28 days)	4	NDS QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
<i>memantine hcl</i> SOLN 2mg/ml PA if < 30 yrs	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg QL (90 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
<i>doxepin hcl</i> CAPS 150mg	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO	3	PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg	1	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days)	3	QL
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days)	3	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
TRINTELLIX TABS 5mg QL (120 tabs / 30 days)	3	QL
TRINTELLIX TABS 10mg QL (60 tabs / 30 days)	3	QL
TRINTELLIX TABS 20mg QL (30 tabs / 30 days)	3	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
VIIBRYD KIT STARTER	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SYRP 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)	4	NDS QL NM LA PA
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN 1mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	2	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25-250 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> (generic of STALEVO 75)	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125)	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
<i>pramipexole dihydrochloride</i> TABS .25mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS 1mg QL (30 tabs / 30 days)	1	QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg QL (60 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	2	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	4	NDS QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	NDS QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	4	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 injection / 56 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 42mg QL (30 caps / 30 days)	3	QL
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (135 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	4	NDS QL PA
<i>clozapine</i> TBDP 200mg QL (135 tabs / 30 days)	4	NDS QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
FANAPT PAK	3	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 1 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>haloperidol lactate</i> CONC 2mg/ml	1		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	1	QL
<i>haloperidol lactate</i> (generic of HALDOL) SOLN 5mg/ml	1		<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 injection / 28 days)	3	QL	<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 injection / 28 days)	4	NDS QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml QL (1 injection / 90 days)	4	NDS QL	PERSERIS PRSY 90mg, 120mg QL (1 injection / 30 days)	4	NDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	3	QL	<i>pimozide</i> TABS 1mg, 2mg	1	
LATUDA TABS 80mg QL (60 tabs / 30 days)	3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	QL PA
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	3	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL	RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL			

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Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL PA
VRAYLAR CAP 1.5-3MG	3	PA
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
HETLIOZ CAPS 20mg	4	NDS NM LA PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> (generic of CAFERGOT)	1	
<i>naratriptan hcl</i> (generic of AMERGE) TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOSY 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
<i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL
<i>zolmitriptan</i> (generic of ZOMIG ZMT) TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
INGREZZA CAPS 40mg, 80mg QL (30 caps / 30 days)	4	NDS QL NM PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LYRICA CR TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	2	QL PA
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
GILENYA CAPS .5mg QL (28 caps / 28 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	2	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	1	
<i>dantrolene sodium</i> CAPS 100mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (90 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 12-3 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	1	
CHANTIX TABS .5mg, 1mg	3	PA
CHANTIX CONTINUING MONTH TABS 1mg	3	PA
CHANTIX PAK 0.5& 1MG	3	PA
<i>disulfiram TABS 250mg, 500mg</i>	1	
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
NARCAN LIQD 4mg/0.1ml	2	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
VIVITROL SUSR 380mg	4	NDS NM
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50 TABS 50mg	4	NDS PA
ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	3	QL PA
<i>oxandrolone TABS 2.5mg</i> QL (120 tabs / 30 days)	1	QL PA
<i>oxandrolone TABS 10mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>testosterone GEL 1%</i> QL (300 gm / 30 days)	1	QL PA
<i>testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm</i> QL (300 gm / 30 days)	1	QL PA
<i>testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml</i>	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone enanthate SOLN 200mg/ml</i>	1	PA
ANTIDIABETICS		
<i>acarbose (generic of PRECOSE) TABS 25mg, 50mg, 100mg</i>	1	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL
BYDUREON PEN PEN 2mg QL (4 pens / 28 days)	2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride (generic of AMARYL) TABS 1mg, 2mg</i> QL (90 tabs / 30 days)	1	QL
<i>glimepiride (generic of AMARYL) TABS 4mg</i> QL (60 tabs / 30 days)	1	QL
<i>glipizide TABS 5mg</i> QL (240 tabs / 30 days)	1	QL
<i>glipizide (generic of GLUCOTROL) TABS 10mg</i> QL (120 tabs / 30 days)	1	QL
<i>glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg</i> QL (90 tabs / 30 days)	1	QL
<i>glipizide (generic of GLUCOTROL XL) TB24 10mg</i> QL (60 tabs / 30 days)	1	QL
<i>glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg</i> QL (90 tabs / 30 days)	1	QL
<i>glipizide xl (generic of GLUCOTROL XL) TB24 10mg</i> QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	2	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml QL (2 pens / 28 days)	2	QL
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL	INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL	LEVEMIR SOLN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL	NOVOLIN INJ 70/30 (brand RELION not covered)	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL	NOVOLIN N FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL	NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL	NOVOLOG SOLN 100unit/ml	2	
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	NOVOLOG FLEXPEN SOPN 100unit/ml	2	
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL	NOVOLOG MIX INJ 70/30	2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL	NOVOLOG MIX INJ FLEXPEN	2	
ANTIDIABETICS, INSULINS			NOVOLOG PENFILL SOCT 100unit/ml	2	
BASAGLAR KWIKPEN SOPN 100unit/ml	2		OMNIPOD KIT STARTER QL (1 kit / year)	3	QL PA
BD ALCOHOL SWABS	2		OMNIPOD MIS 5 PACK QL (10 boxes / 30 days)	3	QL PA
FIASP FLEX INJ TOUCH	2		PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	2	
FIASP INJ 100/ML	2		SOLIQUA INJ 100/33 QL (10 pens / 30 days)	2	QL
FIASP PENFIL INJ U-100	2		TRESIBA SOLN 100unit/ml	2	
GAUZE PADS 2" X 2"	2				
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D			
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS			
INSULIN SAFETY NEEDLES	2				

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Drug Name	Drug Requirements/ Tier	Limits
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT QL (1 kit / 30 days)	3	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	3	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
<i>calcitonin (salmon)</i> (generic of MIACALCIN) SOLN 200unit/act	1	B/D
FORTEO SOPN 600mcg/2.4ml	4	NDS NM PA
<i>ibandronate sodium</i> (generic of BONIVA) TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	NDS NM PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
PROLIA SOSY 60mg/ml QL (1 injection / 180 days)	3	QL NM
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	4	NDS NM PA
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>clovique</i> (generic of SYPRINE) CAPS 250mg	4	NDS PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of JADENU) TABS 90mg, 180mg, 360mg	4	NDS NM PA
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS
<i>sodium polystyrene sulfonate</i> powder	1	
sps SUSP 15gm/60ml	1	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	PA
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i> (generic of MIRCETTE)	1	
<i>balziva</i>	1	
<i>bekyree</i> (generic of MIRCETTE)	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>deblitane</i> TABS .35mg	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(2 1/5)</i> (generic of MIRCETTE)	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1
<i>elinest</i>	1
ELLA TABS 30mg	2
<i>eluryng</i> (generic of NUVARING)	1
<i>emoquette</i>	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
errin TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	1
<i>falmina</i>	1
<i>femynor</i>	1
<i>gianvi</i> (generic of YAZ)	1
<i>hailey 1.5/30</i>	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>kariva</i> (generic of MIRCETTE)	1
<i>kelnor 1/35</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>larissia</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1
<i>levora 0.15/30-28</i>	1
<i>lillow</i>	1
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>loryna</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1
<i>lutra</i>	1
<i>lyleq</i> TABS .35mg	1
<i>lyza</i> TABS .35mg	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>microgestin fe 1/20</i>	1
<i>mili</i>	1
<i>mono-linyah</i>	1
<i>necon 0.5/35-28</i>	1

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Drug Name	Drug Requirements/ Tier Limits
<i>nikki</i> (generic of YAZ)	1
<i>nora-be</i> TABS .35mg	1
<i>norethindrone</i> (contraceptive) TABS .35mg	1
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.2 15-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>norgestimate-eth estrad tab 0.18-35/0.2 15-35/0.25-35 mg-mcg</i>	1
<i>norlyroc</i> TABS .35mg	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>nylia 7/7/7</i>	1
<i>ocella</i> (generic of YASMIN 28)	1
<i>orsythia</i>	1
<i>philith</i>	1
<i>pimtrea</i> (generic of MIRCETTE)	1
<i>pirmella 1/35</i>	1
<i>portia-28</i>	1
<i>previfem</i>	1
<i>reclipsen</i>	1
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i> (generic of MIRCETTE)	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina fe 1/20 eq</i>	1
<i>tilia fe</i> (generic of ESTROSTEP FE)	1
<i>tri-estarylla</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i>	1
<i>tri-previfem</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>tulana</i> TABS .35mg	1
<i>velivet</i>	1
<i>vienva</i>	1
<i>viorele</i> (generic of MIRCETTE)	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>xulane</i>	1
<i>zarah</i> (generic of YASMIN 28)	1
<i>zovia 1/35e</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ENDOMETRIOSIS	
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1
SYNAREL SOLN 2mg/ml	4 NDS
ESTROGENS	
<i>amabelz</i>	2
<i>amabelz</i> (generic of ACTIVELLA)	2
DELESTROGEN OIL 10mg/ml	3
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2

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Drug Name	Drug Requirements/ Tier Limits
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1
<i>fyavolv tab 0.5mg-2.5mcg</i> (generic of FEMHRT LOW DOSE)	2
<i>fyavolv tab 1mg-5mcg</i>	2
<i>jinteli</i>	2
<i>lopreeza</i> (generic of ACTIVELLA)	2
<i>mimvey</i> (generic of ACTIVELLA)	2
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (generic of FEMHRT LOW DOSE)	2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1
GLUCOCORTICOIDS	
<i>cortisone acetate</i> TABS 25mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1
DEXAMETHASONE INTENSOL CONC 1mg/ml	3
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1
<i>fludrocortisone acetate</i> TABS .1mg	1
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	1 B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1 B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 1000mg	1 B/D
<i>prednisolone</i> SOLN 15mg/5ml	1 B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1 B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1 B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1 B/D
<i>prednisone</i> TBPK 5mg, 10mg	1
PREDNISONE INTENSOL CONC 5mg/ml	3 B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3

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Drug Name	Drug Requirements/ Tier	Limits
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM LA PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TABS 200mg	4	NDS NM LA PA
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg QL (120 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg QL (60 tabs / 30 days)	4	NDS B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
CYSTADANE POW	4	NDS NM LA
CYTAGON CAPS 50mg, 150mg	3	NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM LA PA
GENOTROPIN SOLR 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
INCRELEX SOLN 40mg/4ml	4	NDS NM LA PA
KORLYM TABS 300mg	4	NDS NM LA PA
KUVAN PACK 100mg, 500mg; TBSO 100mg	4	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	4	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	4	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	4	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml	4	NDS NM PA
OSPHEHA TABS 60mg	2	PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TBSO 100mg	4	NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
SOMATULINE DEPOT SOLN 4 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM LA PA
STIMATE SOLN 1.5mg/ml	4	NDS NM
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg QL (360 tabs / 30 days)	4	NDS QL PA
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS 667mg QL (360 caps / 30 days)	1	QL
calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 30 days)	1	QL
sevelamer carbonate (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	4	NDS QL
sevelamer carbonate (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	4	NDS QL
sevelamer carbonate (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	1	QL
PROGESTINS		
medroxyprogesterone acetate 1 (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	
megestrol acetate (appetite) SUSP 625mg/5ml	3	PA
norethindrone acetate (generic of AYGESTIN) TABS 5mg	1	
THYROID AGENTS		
euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
methimazole (generic of TAPAZOLE) TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D
calcitriol SOLN 1mcg/ml	1	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
paricalcitol CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS

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Drug Name	Drug Requirements/ Tier	Limits
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SUSR 125mg/5ml	3	B/D
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 8mg, 24mg	1	B/D
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>glycopyrrolate</i> TABS 1mg, 2mg	1	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> (generic of ENTOCORT EC) CPEP 3mg	1	
<i>budesonide</i> (generic of UCERIS) TB24 9mg	4	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	

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<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/flavor pack</i> (generic of NULYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
NULYTELY SOL FLAV PKS	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (generic of NULYTELY)	1	
PLENVU SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
<i>trilyte</i> (generic of NULYTELY)	1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	2	
GATTEX KIT 5mg	4	NDS NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg QL (60 tabs / 30 days)	2	QL
MOVANTIK TABS 25mg QL (30 tabs / 30 days)	2	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	4	NDS PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
XIFAXAN TABS 550mg	4	NDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000	3	
ZENPEP CAP 40000	3	

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Drug Name	Drug Requirements/ Tier	Limits
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
esomeprazole magnesium (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
lansoprazole (generic of PREVACID) CPDR 15mg, 30mg QL (60 caps / 30 days)	1	QL
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
finasteride (generic of PROSCAR) TABS 5mg	1	
tamsulosin hcl (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meg	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	1	

Drug Name	Drug Requirements/ Tier	Limits
URINARY ANTISPASMODICS		
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	1	
oxybutynin chloride (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	1	QL
oxybutynin chloride (generic of DITROPAN XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
oxybutynin chloride TB24 15mg QL (60 tabs / 30 days)	1	QL
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
tolterodine tartrate (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
tolterodine tartrate (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL ST
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	2	QL
tropium chloride TABS 20mg QL (60 tabs / 30 days)	1	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	1	
metronidazole vaginal GEL .75%	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
vandazole GEL .75%	1	
HEMATOLOGIC ANTICOAGULANTS		
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
ELIQUIS STARTER PACK TBPk 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
HEP SOD/NAACL INJ 25000UNT	2	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>heparin sodium (porcine) 100</i> <i>unit/ml in d5w</i>	1	
<i>heparin sodium (porcine)-</i> <i>dextrose iv sol 20000</i> <i>unit/500ml-5%</i>	1	
<i>heparin sodium (porcine)-</i> <i>dextrose iv sol 25000</i> <i>unit/500ml-5%</i>	1	
HEPARIN/NAACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 110mg, 150mg QL (60 caps / 30 days)	3	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DROXIA CAPS 200mg, 300mg, 400mg	2	
ENDARI PACK 5gm	4	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 injections / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 injections / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml QL (6 injections / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEDIA INJ CROHNS	4	NDS NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV	4	NDS NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	4	NDS NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	NDS NM PA
REMICADE SOLR 100mg	4	NDS NM PA
RENFLEXIS SOLR 100mg	4	NDS NM LA PA
RINVOQ TB24 15mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SKYRIZI PSKT 75mg/0.83ml QL (7 kits / year)	4	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM LA PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	NDS NM LA PA
ARCALYST SOLR 220mg	4	NDS NM PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	4	NDS B/D NM
IMMUNOSUPPRESSANTS		
azathioprine (generic of IMURAN) TABS 50mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	4	NDS NM PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .5mg, .75mg	4	NDS B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg	1	B/D NM
<i>engraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM
SANDIMMUNE SOLN 100mg/ml	2	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml; TABS 2mg	4	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS 1mg	4	NDS B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
VACCINES		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE INJ	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D
GARDASIL 9 INJ	2	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2	
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENQUADFI INJ	2	
MENVEO INJ	2	
PEDIARIX INJ 0.5ML	2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENTACEL INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	2	QL
TDVAX INJ 2-2 LF	2	B/D
TENIVAC INJ 5-2LF	2	B/D
TRUMENBA INJ	2	
TWINRIX INJ	2	

Drug Name	Drug Requirements/ Tier	Limits
TYPHIM VI SOLN 25mcg/0.5ml	2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2	
VARIVAX INJ 1350pfu/0.5ml	2	
YF-VAX INJ	2	
ZOSTAVAX SUSR 19400unt/0.65ml QL (1 vial per lifetime)	2	QL
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	2	
D10W/NACL INJ 0.2%	2	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	2	
<i>magnesium sulfate SOLN 50%</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2	
MG SO4/D5W INJ 10MG/ML	2	
NORMOSOL -M INJ /D5W	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
<i>potassium chloride SOLN 2meq/ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	2	

Drug Name	Drug Requirements/ Tier	Limits
PNV FOLIC AC TAB + IRON	2	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq</i>	1	
<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB LOW IRON	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
AMINOSYN-PF INJ 7%	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 10%	3	B/D
<i>hepatamine</i>	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NEPHRAMINE INJ 5.4%	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D

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OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) 500unit/gm</i>	OINT	1
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	SOLN	1
.3%		
<i>erythromycin (ophth) 5mg/gm</i>	OINT	1
<i>gatifloxacin (ophth) (generic of ZYMAXID)</i>	SOLN	1
.5%		
<i>gentak</i>	OINT	1
.3%		
<i>gentamicin sulfate (ophth)</i>	SOLN	1
.3%		
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX)</i>	SOLN	1
.5%		
NATACYN SUSP 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%</i>	1	
<i>sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN 10%</i>	1	
<i>tobramycin (ophth) (generic of TOBEX) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
DUREZOL EMUL .05%	2	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	1	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	1	
LOTEMAX OINT .5%	2	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	

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ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
BEPREVE SOLN 1.5%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
LASTACAFT SOLN .25%	3	
<i>olopatadine hcl</i> SOLN .2%	1	
PAZEO SOLN .7%	2	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	2	
AZOPT SUSP 1%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	2	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> (generic of TRUSOPT) SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml (generic of COSOPT)	1	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) SOLG .25%, .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
CYSTADROPS SOLN .37%	4	NDS NM LA PA
CYSTARAN SOLN .44%	4	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
XIIDRA SOLN 5% QL (60 single use vials / 30 days)	2	QL
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	2	PA
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml PA if 70 years and older	2	PA
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg PA if 70 years and older	1	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	1	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg	1	
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
FASENRA SOSY 30mg/ml	4	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	4	NDS NM LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	4	NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	NDS NM LA PA
PULMOZYME SOLN 1mg/ml	4	NDS NM PA
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
TRIKAFTA TAB QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NDS NM LA PA
ZEMAIRA SOLR 1000mg	4	NDS NM LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	2	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	2	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	2	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	2	QL
TOPICAL DERMATOLOGY, ACNE		
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>avita</i> (generic of RETIN-A) CREA .025% QL (45 gm / 30 days)	1	QL PA
<i>avita</i> GEL .025% QL (45 gm / 30 days)	1	QL PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN)	1	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>ery</i> PADS 2%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10%	1	
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1% QL (30 gm / 30 days)	1	QL
<i>gentamicin sulfate (topical)</i> OINT .1%	1	
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> (generic of LOPROX) CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>ketoconazole (topical)</i> 2% QL (60 gm / 30 days)	CREA 1	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	CREA 1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> (generic of SORIATANE) CAPS 10mg, 25mg	1	PA
<i>acitretin</i> CAPS 17.5mg	1	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA .005% QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> 2% QL (120 mL / 30 days)	SHAM 1	QL
<i>selenium sulfide</i> LOTN 2.5%	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA .05%	1	
<i>betamethasone dipropionate augmented</i> GEL .05%; LOTN .05%	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	1	
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	1	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> GEL .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
ENSTILAR AER QL (120 gm / 30 days)	3	QL PA
<i>fluocinolone acetonide</i> CREA .01%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium (topical)</i> (generic of VOLTAREN) GEL 1% QL (1000 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>imiquimod</i> (generic of ALDARA) CREA 5% QL (24 packets / 30 days)	1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	1	
<i>metronidazole (topical)</i> GEL .75%	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	
PICATO GEL .05% QL (2 tubes / 30 days)	3	QL
PICATO GEL .015% QL (3 tubes / 30 days)	3	QL
<i>podofilox</i> SOLN .5%	1	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
<i>rosadan</i> (generic of METROCREAM) CREA .75%	1	
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1% QL (100 gm / 30 days)	1	QL
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	
<i>permethrin</i> (generic of ELIMITE) CREA 5%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	4	NDS QL PA
SANTYL OINT 250unit/gm	3	
<i>sodium chloride</i> (gu irrigant) SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
<i>lidocaine hcl</i> (mouth-throat) SOLN 2%	1	
<i>nystatin</i> (mouth-throat) SUSP 100000unit/ml	1	
<i>paroex</i> (generic of PERIDEX) SOLN .12%	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide</i> (mouth) PSTE .1%	1	
OTIC		
<i>acetic acid</i> (otic) SOLN 2%	1	
<i>ciprofloxacin-dexamethasone</i> otic susp 0.3-0.1% (generic of CIPRODEX)	1	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide</i> (otic) (generic of DERMOTIC) OIL .01%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyxin-hc</i> otic soln 1%	1	
<i>neomycin-polymyxin-hc</i> otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin</i> (otic) SOLN .3%	1	

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<i>20-12.5 mg</i>15	<i>monohyd macro</i> 4	MAXZIDE
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