SilverScript®
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HealthChoice

SilverScript Employer PDP sponsored by HealthChoice (SilverScript)

2020 Formulary
(List of Covered Drugs)

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

This formulary was updated on 08/16/2019. For more recent information or other questions, please contact SilverScript Customer Care at 1-866-275-5253, 24 hours a day, 7 days a week. TTY users should call 711.

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 January 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript 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*.

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 will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add 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 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of January 1, 2020. To get updated information about the drugs covered by SilverScript, 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.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

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 90-day supply. If your prescription is written for fewer than 90 days, we'll allow refills to provide up to a maximum 90-day supply of medication. After your first 90-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 before your individual maximum out-of-pocket is met:

	Network Retail Pharmacy (Up to a 30-day supply)	**Long-Term Care (LTC) Pharmacy** (Up to a 31-day supply)
Tier 1 (Generics)	25% of total cost	25% of total cost
Tier 2 (Preferred Brands)	25% of total cost	25% of total cost
Tier 3 (Non-Preferred Brands)	25% of total cost	25% of total cost
Tier 4 (High Cost)	25% of total cost	25% of total cost

Costs shown in the table above reflect the additional coverage that may be provided by HealthChoice. Drugs that are part of your standard Medicare plan, but do not have additional coverage from HealthChoice would be covered under the 2020 Medicare Part D Defined Standard Benefit. Please visit ***https://q1medicare.com/PartD-The-2020-Medicare-Part-D-Outlook.php*** for more information about the 2020 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 https://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 1-866-275-5253, 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.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol (generic of ZYLOPRIM) TABS	1	
colchicine w/ probenecid	1	
COLCRYS QL (120 tabs / 30 days)	2	QL
febuxostat (generic of ULORIC)	1	PA
KRYSTEXXA	4	NDS NM LA PA
MITIGARE QL (60 caps / 30 days)	3	QL
probenecid	1	
ULORIC	3	PA
ZYLOPRIM	3	
NSAIDS		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CELEBREX 50mg QL (240 caps / 30 days)	3	QL
CELEBREX 100mg QL (120 caps / 30 days)	3	QL
CELEBREX 200mg QL (60 caps / 30 days)	3	QL
CELEBREX 400mg QL (30 caps / 30 days)	3	QL
celecoxib (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	1	QL
celecoxib (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	1	QL
celecoxib (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	1	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
DAYPRO	2	
diclofenac potassium QL (120 tabs / 30 days)	1	QL
diclofenac sodium TB24; TBEC	1	
diclofenac w/ misoprostol (generic of ARTHROTEC 50)	1	
diclofenac w/ misoprostol (generic of ARTHROTEC 75)	1	
diflunisal TABS	1	
etodolac CAPS	1	
etodolac (generic of LODINE) TABS 400mg	1	
etodolac TABS 500mg	1	
etodolac TB24	1	
FELDENE	3	
flurbiprofen TABS	1	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen SUSP	1	
ibuprofen TABS 400mg, 600mg, 800mg	1	
ketoprofen CAPS; CP24	1	
meclofenamate sodium CAPS	1	
meloxicam (generic of MOBIC) TABS	1	
MOBIC	2	
nabumetone TABS	1	
naproxen (generic of NAPROSYN) TABS 250mg	1	
naproxen TABS 375mg, 500mg	1	
naproxen dr (generic of EC-NAPROSYN) 375mg	1	
naproxen dr (generic of EC-NAPROXEN) 500mg	1	
naproxen sodium TABS 275mg	1	
naproxen sodium (generic of ANAPROX DS) TABS 550mg	1	
oxaprozin (generic of DAYPRO)	1	
piroxicam (generic of FELDENE) CAPS	1	
QMIIZ ODT	3	
sulindac TABS	1	
tolmetin sodium	1	
OPIOID ANALGESICS		

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	Tier	Drug Requirements/ Limits
acetaminophen w/ codeine 300-15mg QL (400 tabs / 30 days)	1	QL
acetaminophen w/ codeine 300-30mg (generic of TYLENOL/CODEINE #3) QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine 300-60mg (generic of TYLENOL/CODEINE #4) QL (180 tabs / 30 days)	1	QL
acetaminophen w/ codeine soln QL (2700 mL / 30 days)	1	QL
acetaminophen-caff-dihydrocod QL (300 caps / 30 days)	1	QL
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	2	QL PA
BELBUCA 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
buprenorphine patch (generic of BUTRANS) 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
buprenorphine patch 7.5mcg/hr QL (4 patches / 28 days)	1	QL PA
butorphanol nasal spray QL (10 mL / 30 days)	1	QL
butorphanol tartrate SOLN	1	
BUTRANS QL (4 patches / 28 days)	3	QL PA
CONZIP QL (30 caps / 30 days)	3	QL PA
dvorah QL (300 tabs / 30 days)	1	QL
nalbuphine hcl SOLN	1	
tramadol hcl CP24 QL (30 caps / 30 days)	1	QL PA
tramadol hcl TB24 QL (30 tabs / 30 days)	1	QL PA
tramadol hcl er (biphasic) 100mg QL (30 tabs / 30 days)	1	QL PA
tramadol hcl er (biphasic) 200mg QL (30 tabs / 30 days)	1	QL PA
tramadol hcl er (biphasic) 300mg QL (30 tabs / 30 days)	1	QL PA
tramadol hcl tab 50 mg (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL
tramadol-acetaminophen (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
trezix QL (300 caps / 30 days)	1	QL
TYLENOL/CODEINE #3 QL (360 tabs / 30 days)	3	QL
TYLENOL/CODEINE #4 QL (180 tabs / 30 days)	3	QL
ULTRACET QL (240 tabs / 30 days)	3	QL
ULTRAM QL (240 tabs / 30 days)	2	QL
OPIOID ANALGESICS, CII		
ABSTRAL QL (120 tabs / 30 days)	4	NDS QL PA
ACTIQ QL (120 lozenges / 30 days)	4	NDS QL PA
ARYMO ER 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
ARYMO ER 60mg QL (90 tabs / 30 days)	4	NDS QL PA
codeine sulfate (generic of CODEINE SULFATE) 30mg QL (180 tabs / 30 days)	1	QL
CODEINE SULFATE 30mg, 60mg QL (180 tabs / 30 days)	3	QL
DILAUDID LIQD QL (600 mL / 30 days)	3	QL
DILAUDID SOLN	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL

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

Drug Name	Tier	Drug Requirements/ Limits
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL
DOLOPHINE QL (90 tabs / 30 days)	3	QL PA
DURAGESIC 12mcg/hr, 25mcg/hr QL (10 patches / 30 days)	3	QL PA
DURAGESIC 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	NDS QL PA
EMBEDA CAP 20-0.8MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 30-1.2MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 50-2MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 60-2.4MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 80-3.2MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 100-4MG QL (60 caps / 30 days)	2	QL PA
endocet 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
endocet 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
endocet 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
endocet 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
fentanyl 37.5mcg/hr QL (10 patches / 30 days)	1	QL PA
fentanyl 62.5mcg/hr, 87.5mcg/hr QL (10 patches / 30 days)	4	NDS QL PA
fentanyl citrate (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	4	NDS QL PA

Drug Name	Tier	Drug Requirements/ Limits
fentanyl citrate TABS QL (120 tabs / 30 days)	4	NDS QL PA
fentanyl patch 12 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
fentanyl patch 25 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
fentanyl patch 50 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
fentanyl patch 75 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
fentanyl patch 100 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
FENTORA QL (120 tabs / 30 days)	4	NDS QL PA
hydrocodone-acetaminophen 5-300mg (generic of XODOL) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 5-325mg (generic of NORCO) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-300mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-325mg (generic of NORCO) QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-300mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-325mg (generic of NORCO) QL (180 tabs / 30 days)	1	QL

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Drug Name	Tier	Drug Requirements/ Limits
hydrocodone-ibuprofen QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD QL (600 mL / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	1	B/D
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D
hydromorphone hcl T24A 12mg, 16mg QL (30 tabs / 30 days)	1	QL PA
hydromorphone hcl T24A 32mg QL (30 tabs / 30 days)	4	NDS QL PA
hydromorphone hcl (generic of DILAUDID) TABS QL (180 tabs / 30 days)	1	QL
hydromorphone hcl t24a 8mg QL (30 tabs / 30 days)	1	QL PA
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
HYSINGLA ER QL (30 tabs / 30 days)	2	QL PA
KADIAN 40mg, 50mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
LAZANDA QL (30 bottles / 30 days)	4	NDS QL PA
lorcet hd tab 10-325mg (generic of NORCO) QL (180 tabs / 30 days)	1	QL
lorcet plus tab 7.5-325 (generic of NORCO) QL (180 tabs / 30 days)	1	QL
lorcet tab 5-325mg (generic of NORCO) QL (240 tabs / 30 days)	1	QL
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
methadone hcl (generic of METHADONE HCL) SOLN 10mg/ml	1	
methadone hcl intensol (generic of METHADOSE) QL (90 mL / 30 days)	1	QL PA
methadone tab 5mg (generic of DOLOPHINE) QL (90 tabs / 30 days)	1	QL PA
methadone tab 10mg (generic of DOLOPHINE) QL (90 tabs / 30 days)	1	QL PA
MORPHABOND ER 15mg QL (90 tabs / 30 days)	3	QL PA
MORPHABOND ER 30mg, 60mg, 100mg QL (90 tabs / 30 days)	4	NDS QL PA
morphine sul inj 1mg/ml	1	B/D
morphine sulfate (generic of KADIAN) CP24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL PA
morphine sulfate (generic of KADIAN) CP24 100mg QL (60 caps / 30 days)	4	NDS QL PA
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	3	B/D
morphine sulfate (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
morphine sulfate SOLN 8mg/ml, 10mg/ml	1	B/D
morphine sulfate TABS QL (180 tabs / 30 days)	1	QL
morphine sulfate beads QL (30 caps / 30 days)	1	QL PA
morphine sulfate ext-rel tab (generic of MS CONTIN) QL (90 tabs / 30 days)	1	QL PA
morphine sulfate oral soln 10mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate oral soln 20mg/5ml QL (900 mL / 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 Tier	Requirements/ Limits
morphine sulfate oral soln 100mg/5ml QL (180 mL / 30 days)	1	QL
MS CONTIN 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN 60mg, 100mg, 200mg QL (90 tabs / 30 days)	4	NDS QL PA
NORCO TAB 5-325MG QL (240 tabs / 30 days)	3	QL
NORCO TAB 7.5-325MG QL (180 tabs / 30 days)	3	QL
NORCO TAB 10-325MG QL (180 tabs / 30 days)	3	QL
NUCYNTA 50mg, 75mg QL (180 tabs / 30 days)	2	QL
NUCYNTA 100mg QL (180 tabs / 30 days)	4	NDS QL
NUCYNTA ER QL (60 tabs / 30 days)	2	QL PA
OPANA TABS 5mg QL (180 tabs / 30 days)	3	QL
OPANA TABS 10mg QL (180 tabs / 30 days)	4	NDS QL
OXAYDO 5mg QL (540 tabs / 30 days)	3	QL
OXAYDO 7.5mg QL (360 tabs / 30 days)	4	NDS QL
oxycodone hcl CAPS QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC QL (180 mL / 30 days)	1	QL
oxycodone hcl SOLN QL (900 mL / 30 days)	1	QL
oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
oxycodone-aspirin QL (360 tabs / 30 days)	1	QL
oxycodone-ibuprofen QL (120 tabs / 30 days)	1	QL
OXYCONTIN QL (60 tabs / 30 days)	2	QL PA
oxymorphone tabs (generic of OPANA) QL (180 tabs / 30 days)	1	QL
PERCOCET 2.5-325MG QL (360 tabs / 30 days)	3	QL
PERCOCET 5-325MG QL (360 tabs / 30 days)	4	NDS QL
PERCOCET 7.5-325MG QL (240 tabs / 30 days)	4	NDS QL
PERCOCET 10-325MG QL (180 tabs / 30 days)	4	NDS QL
ROXICODONE 5mg, 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE 30mg QL (180 tabs / 30 days)	4	NDS QL
SUBSYS SPRAY 100MCG QL (120 spray units / 30 days)	4	NDS QL PA
SUBSYS SPRAY 200MCG QL (120 spray units / 30 days)	4	NDS QL PA
SUBSYS SPRAY 400MCG QL (120 spray units / 30 days)	4	NDS QL PA
SUBSYS SPRAY 600MCG QL (120 sprays / 30 days)	4	NDS QL PA

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Drug Name	Tier	Drug Requirements/ Limits
SUBSYS SPRAY 800MCG QL (120 sprays / 30 days)	4	NDS QL PA
SUBSYS SPRAY 1200MCG QL (240 sprays / 30 days)	4	NDS QL PA
SUBSYS SPRAY 1600MCG QL (240 sprays / 30 days)	4	NDS QL PA
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER 36mg QL (240 caps / 30 days)	4	NDS QL PA
ZOHYDRO ER (ABUSE DETERRENT) QL (60 caps / 30 days)	3	QL PA
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE) 2%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) .5%, 1%	1	B/D
lidocaine inj 0.5% (generic of XYLOCAINE)	1	B/D
lidocaine inj 1% (generic of XYLOCAINE)	1	B/D
lidocaine inj 1.5% preservative free (pf) (generic of XYLOCAINE-MPF)	1	B/D
lidocaine inj 2% preservative free (pf) (generic of XYLOCAINE-MPF)	1	B/D
lidocaine inj 4% preservative free (pf)	1	
XYLOCAINE	3	B/D
XYLOCAINE-MPF 1%	4	NDS B/D
XYLOCAINE-MPF .5%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	1	
ARIKAYCE	4	NDS NM LA PA
BETHKIS	4	NDS NM PA
gentamicin in saline	1	

Drug Name	Tier	Drug Requirements/ Limits
gentamicin sulfate SOLN	1	
KITABIS PAK	4	NDS NM PA
neomycin sulfate TABS	1	
paromomycin sulfate CAPS	1	
streptomycin sulfate SOLR	4	NDS
SULFADIAZINE TABS	3	
TOBI NEB	4	NDS NM PA
TOBI PODHALER	4	NDS NM LA PA
tobramycin (generic of KITABIS PAK) NEBU	4	NDS NM PA
tobramycin inj 1.2 gm/30ml	1	
tobramycin inj 1.2gm	4	NDS
tobramycin inj 10mg/ml	1	
tobramycin inj 80mg/2ml	1	
tobramycin sulfate SOLN	1	
ZEMDRI	4	NDS
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole (generic of ALBENZA) TABS	4	NDS
ALINIA	4	NDS
atovaquone (generic of MEPRON) SUSP	4	NDS
AZACTAM/DEX INJ	3	
aztreonam (generic of AZACTAM)	1	
BACTRIM	2	
BACTRIM DS	2	
BILTRICIDE	3	
CAYSTON	4	NDS NM LA PA
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOLN 75MG/5ML	2	
CLEOCIN PHOSPHATE	3	
clindamycin hcl (generic of CLEOCIN) CAPS	1	
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
clindamycin phosphate inj (generic of CLEOCIN PHOSPHATE)	1	

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Drug Name	Drug Tier	Requirements/ Limits
clindamycin soln 75mg/5ml (generic of CLEOCIN PEDIATRIC GRANULE)	1	
colistimethate sodium (generic of COLY-MYCIN M) SOLR	1	
COLY-MYCIN M	3	
CUBICIN	4	NDS
DALVANCE	4	NDS
dapsone TABS	1	
DAPTOMYCIN 350mg	4	NDS
daptomycin (generic of CUBICIN) 500mg	4	NDS
EMVERM QL (12 tabs / 365 days)	4	NDS QL
ertapenem sodium (generic of INVANZ)	1	
FIRVANQ	3	
FLAGYL	3	
FURADANTIN	4	NDS
HIPREX	3	
imipenem-cilastatin	1	
imipenem-cilastatin (generic of PRIMAXIN IV)	1	
INVANZ	3	
ivermectin (generic of STROMECTOL) TABS	1	
linezolid in sodium chloride	1	
linezolid inj (generic of ZYVOX)	1	
linezolid susp (generic of ZYVOX)	4	NDS
linezolid tab 600mg (generic of ZYVOX)	1	
MACROBID	3	
MEPRON	4	NDS
meropenem (generic of MERREM)	1	
MEROPENEM/SODIUM CHLORIDE	3	
MERREM	3	
methenamine hippurate (generic of HIPREX)	1	
metronidazole (generic of FLAGYL) CAPS	1	
METRONIDAZOLE SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
metronidazole (generic of FLAGYL) TABS	1	
metronidazole inj	1	
NEBUPENT	3	B/D
nitrofurantoin (generic of FURADANTIN) SUSP	3	
nitrofurantoin macrocrystal (generic of MACRODANTIN)	2	
nitrofurantoin monohyd macro (generic of MACROBID)	2	
ORBACTIV	4	NDS
PENTAM 300	3	
pentamidine isethionate (generic of PENTAM 300)	1	
polymyxin b sulfate SOLR	1	
praziquantel (generic of BILTRICIDE) TABS	1	
PRIMAXIN	3	
SIVEXTRO	4	NDS
SOLOSEC	3	
STROMECTOL	3	
sulfamethoxazole-trimethoprim ds (generic of BACTRIM DS)	1	
sulfamethoxazole-trimethoprim inj	1	
sulfamethoxazole-trimethoprim susp	1	
sulfamethoxazole-trimethoprim tab 400-80mg (generic of BACTRIM)	1	
SYNERCID	4	NDS
TIGECYCLINE 50mg	4	NDS
tigecycline (generic of TYGACIL) 50mg	4	NDS
tinidazole TABS	1	
trimethoprim TABS	1	
TYGACIL	4	NDS
VABOMERE	4	NDS
VANCOCIN HCL CAP 125MG QL (120 caps / 30 days)	4	NDS QL
VANCOCIN HCL CAP 250MG QL (240 caps / 30 days)	4	NDS QL
vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg QL (120 caps / 30 days)	1	QL

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Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (240 caps / 30 days)	4	NDS QL
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR	3	
VANCOMYCIN IN NACL	3	
VANCOMYCIN INJ 250MG	3	
VIBATIV	4	NDS
XIFAXAN TAB 200MG QL (9 tabs / 30 days)	4	NDS QL
ZYVOX	4	NDS
ANTIFUNGALS		
ABELCET	4	NDS B/D
AMBISOME	4	NDS B/D
amphotericin b SOLR	1	B/D
ANCOBON	4	NDS
CANCIDAS	4	NDS
CASPOFUNGIN ACETATE 50mg, 70mg	4	NDS
caspofungin acetate (generic of CANCIDAS) 50mg, 70mg	4	NDS
CRESEMBA	4	NDS
DIFLUCAN SUSR	3	
DIFLUCAN TABS 50mg, 100mg, 150mg	3	
DIFLUCAN TABS 200mg	4	NDS
ERAXIS 50mg	3	
ERAXIS 100mg	4	NDS
fluconazole (generic of DIFLUCAN) SUSR; TABS	1	
fluconazole inj nacl 200	1	
fluconazole inj nacl 400	1	
flucytosine (generic of ANCOBON) CAPS	4	NDS
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole (generic of SPORANOX) CAPS	1	PA
itraconazole (generic of SPORANOX) SOLN	4	NDS
ketoconazole TABS	1	PA
MYCAMINE	4	NDS
NOXAFIL SOLN	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL SUSP QL (630 mL / 30 days)	4	NDS QL
NOXAFIL TBEC QL (93 tabs / 30 days)	4	NDS QL
nystatin TABS	1	
SPORANOX CAPS	4	NDS PA
SPORANOX PULSEPAK	4	NDS PA
SPORANOX SOL 10MG/ML	4	NDS
terbinafine hcl (generic of LAMISIL) TABS QL (90 tabs / year)	1	QL
TOLSURA	4	NDS PA
VFEND IV	4	NDS PA
VFEND SUS 40MG/ML	4	NDS PA
VFEND TAB	4	NDS
voriconazole (generic of VFEND) SUSR	4	NDS PA
voriconazole (generic of VFEND) TABS 50mg	1	
voriconazole (generic of VFEND) TABS 200mg	4	NDS
voriconazole inj 200mg (generic of VFEND IV)	4	NDS PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1	
chloroquine phosphate TABS	1	
COARTEM	3	
KRINTAFEL	3	
MALARONE	2	
mefloquine hcl	1	
PRIMAQUINE PHOSPHATE 26.3mg	3	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) 26.3mg	1	
QUALAQUIN	3	PA
quinine sulfate (generic of QUALAQUIN) CAPS	1	PA
ANTIRETROVIRAL AGENTS		

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Drug Name	Tier	Drug Requirements/ Limits
abacavir sulfate (generic of ZIAGEN)	1	NM
APTIVUS	4	NDS NM
atazanavir sulfate (generic of REYATAZ)	1	NM
CRIXIVAN	3	NM
didanosine (generic of VIDEX EC)	1	NM
EDURANT	4	NDS NM
efavirenz (generic of SUSTIVA) CAPS 50mg	1	NM
efavirenz (generic of SUSTIVA) CAPS 200mg	4	NDS NM
efavirenz (generic of SUSTIVA) TABS	4	NDS NM
EMTRIVA	2	NM
EPIVIR SOL 10MG/ML	3	NM
EPIVIR TABS	3	NM
fosamprenavir tab 700 mg (generic of LEXIVA)	4	NDS NM
FUZEON	4	NDS NM
INTELENCE 25mg	2	NM
INTELENCE 100mg, 200mg	4	NDS NM
INVIRASE	4	NDS NM
ISENTRESS CHEW 25mg	2	NM
ISENTRESS CHEW 100mg	4	NDS NM
ISENTRESS PACK	2	NM
ISENTRESS TABS	4	NDS NM
ISENTRESS HD	4	NDS NM
lamivudine (generic of EPIVIR)	1	NM
LEXIVA SUSP	3	NM
LEXIVA TABS	4	NDS NM
nevirapine susp 50 mg/5ml (generic of VIRAMUNE)	1	NM
nevirapine tab 100mg er	1	NM
nevirapine tab 200mg (generic of VIRAMUNE)	1	NM
nevirapine tab 400mg er (generic of VIRAMUNE XR)	1	NM
NORVIR PACK	2	NM
NORVIR SOLN	2	NM
NORVIR TABS	2	NM
PIFELTRO	4	NDS NM
PREZISTA SUSP QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	2	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
RESCRIPTOR	3	NM
RETROVIR CAPS	2	NM
RETROVIR SYRP	2	NM
REYATAZ	4	NDS NM
ritonavir (generic of NORVIR)	1	NM
SELZENTRY SOLN	4	NDS NM
SELZENTRY TABS 25mg	3	NM
SELZENTRY TABS 75mg, 150mg, 300mg	4	NDS NM
stavudine 15mg, 20mg	1	NM
stavudine (generic of ZERIT) 30mg, 40mg	1	NM
SUSTIVA CAP 50MG	3	NM
SUSTIVA CAP 200MG	4	NDS NM
SUSTIVA TAB 600MG	4	NDS NM
tenofovir disoproxil fumarate (generic of VIREAD)	1	NM
TIVICAY 10mg	2	NM
TIVICAY 25mg, 50mg	4	NDS NM
TROGARZO	4	NDS NM LA
TYBOST	3	NM
VIDEX EC	2	NM
VIDEX PEDIATRIC	3	NM
VIRACEPT	4	NDS NM
VIRAMUNE	4	NDS NM
VIRAMUNE XR 400MG	4	NDS NM
VIREAD	4	NDS NM
ZIAGEN SOLN	3	NM
ZIAGEN TAB	3	NM
zidovudine cap 100mg (generic of RETROVIR)	1	NM
zidovudine syp 50mg/5ml (generic of RETROVIR)	1	NM
zidovudine tab 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine (generic of EPZICOM)	1	NM

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Drug Name	Tier	Drug Requirements/ Limits
abacavir sulfate-lamivudine-zidovudine (generic of TRIZIVIR)	4	NDS NM
ATRIPLA	4	NDS NM
BIKTARVY	4	NDS NM
CIMDUO	4	NDS NM
COMBIVIR	4	NDS NM
COMPLERA	4	NDS NM
DELSTRIGO	4	NDS NM
DESCOVY	4	NDS NM
DOVATO	4	NDS NM
EPZICOM	4	NDS NM
EVOTAZ	4	NDS NM
GENVOYA	4	NDS NM
JULUCA	4	NDS NM
KALETRA SOL	4	NDS NM
KALETRA TAB 100-25MG	2	NM
KALETRA TAB 200-50MG	4	NDS NM
lamivudine-zidovudine (generic of COMBIVIR)	1	NM
lopinavir-ritonavir (generic of KALETRA)	1	NM
ODEFSEY	4	NDS NM
PREZCOBIX	4	NDS NM
STRIBILD	4	NDS NM
SYMFI	4	NDS NM
SYMFI LO	4	NDS NM
SYMTUZA	4	NDS NM
TRIUMEQ	4	NDS NM
TRIZIVIR	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
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	4	NDS QL NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS	4	NDS
ethambutol hcl (generic of MYAMBUTOL) TABS	1	
isoniazid SYRP	1	
isoniazid tabs	1	
MYAMBUTOL	2	
MYCOBUTIN	4	NDS
PASER D/R	3	
PRIFTIN	3	
pyrazinamide TABS	1	
rifabutin (generic of MYCOBUTIN)	1	
RIFADIN CAP 150MG	2	
RIFADIN INJ	4	NDS
RIFAMATE	3	
rifampin (generic of RIFADIN) CAPS; SOLR	1	
RIFATER	3	
SIRTURO	4	NDS LA PA
TRECATOR	3	
ANTIVIRALS		
acyclovir (generic of ZOVIRAX) CAPS; SUSP; TABS	1	
acyclovir sodium	1	B/D
adefovir dipivoxil (generic of HEPSERA)	4	NDS NM
BARACLUDE	4	NDS NM
cidofovir	4	NDS
CYTOVENE	3	B/D
entecavir (generic of BARACLUDE)	1	NM
EPCLUSA	4	NDS NM PA
EPIVIR HBV	3	NM
famciclovir	1	
FLUMADINE	3	
GANCICLOVIR INJ 500MG/10ML	3	B/D
ganciclovir sodium (generic of CYTOVENE)	1	B/D
HARVONI	4	NDS NM PA
HEPSERA	4	NDS NM
lamivudine (hbv) (generic of EPIVIR HBV)	1	NM
MAVYRET	4	NDS NM PA
oseltamivir phosphate (generic of TAMIFLU) CAPS; SUSR	1	
PEGASYS	4	NDS NM PA
PEGASYS PROCLICK	4	NDS NM PA
PREVYMIS INJ	4	NDS
PREVYMIS TABS QL (28 tabs / 28 days)	4	NDS QL

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Drug Name	Drug Tier	Requirements/ Limits
REBETOL	4	NDS NM
RELENZA DISKHALER	2	
ribasphere CAPS	1	NM
ribasphere TABS 200mg	1	NM
ribasphere TABS 600mg	4	NDS NM
RIBASPHERE RIBAPAK 1000	4	NDS NM
RIBASPHERE RIBAPAK 1200	4	NDS NM
ribavirin 200mg	1	NM
rimantadine hydrochloride (generic of FLUMADINE)	1	
TAMIFLU CAPS	3	
TAMIFLU SUSR	3	
valacyclovir hcl (generic of VALTREX) TABS	1	
VALCYTE	4	NDS
valganciclovir hcl (generic of VALCYTE)	4	NDS
VALTREX	3	
VEMLIDY	4	NDS NM
VOSEVI	4	NDS NM PA
XOFLUZA	3	
ZOVIRAX CAPS; SUSP; TABS	3	
CEPHALOSPORINS		
AVYCAZ	4	NDS
cefaclor	1	
CEFACLOR ER TAB 500MG	3	
cefadroxil	1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
cefazolin inj	1	
cefazolin sodium SOLR 1gm, 20gm	1	
CEFAZOLIN SODIUM 1 GM/50ML	3	
cefdinir	1	
CEFEPIME 1GM SOLN	3	
CEFEPIME 2GM SOLN	3	
cefepime inj 1gm (generic of MAXIPIME)	1	
cefepime inj 2gm (generic of MAXIPIME)	1	
CEFEPIME/DEXTROSE	3	

Drug Name	Drug Tier	Requirements/ Limits
cefixime (generic of SUPRAX)	1	
CEFOTAN	3	
cefotetan disodium (generic of CEFOTAN) 1gm, 2gm	1	
cefotetan disodium 10gm	1	
CEFOXITIN SODIUM	3	
cefoxitin sodium 1gm, 2gm, 10gm	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime SOLR	1	
CEFTAZIDIME/DEXTROSE	3	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil	1	
cefuroxime sodium	1	
cephalexin (generic of KEFLEX) CAPS	1	
cephalexin SUSR; TABS	1	
MAXIPIME	3	
MAXIPIME IV	3	
SUPRAX CAPS	3	
SUPRAX CHEW; SUSR	2	
tazicef SOLR	1	
TEFLARO	4	NDS
ZERBAXA	4	NDS
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK	1	
azithromycin (generic of ZITHROMAX) SOLR; SUSR; TABS	1	
clarithromycin SUSR; TABS	1	
clarithromycin (generic of BIAXIN XL) TB24	1	
DIFICID	4	NDS
e.e.s 400	1	
ery-tab	1	
ERYTHROCIN LACTOBIONATE	3	
erythrocin stearate	1	
erythromycin base	1	
erythromycin cap 250mg ec	1	

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erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
erythromycin ethylsuccinate TABS	1	
ZITHROMAX PACK	3	
ZITHROMAX SOLR	3	
ZITHROMAX SUSR	3	
ZITHROMAX TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
FLUOROQUINOLONES		
AVELOX TABS	3	
BAXDELA	4	NDS
CIPRO SUSP	3	
CIPRO TABS	3	
ciprofloxacin (generic of CIPRO) SUSR	1	
ciprofloxacin hcl TABS 100mg, 750mg	1	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	1	
ciprofloxacin in d5w	1	
levofloxacin SOLN	1	
levofloxacin (generic of LEVAQUIN) TABS	1	
levofloxacin in d5w	1	
MOXIFLOXACIN HCL SOLN	3	
moxifloxacin hcl TABS	1	
moxifloxacin hcl in sodium chloride	1	
PENICILLINS		
amoxicillin	1	
amoxicillin & pot clavulanate 200-28.5 chw tabs	1	
amoxicillin & pot clavulanate 200/5ml susr	1	
amoxicillin & pot clavulanate 250-125 tabs	1	

Drug Name	Drug Requirements/ Tier	Limits
amoxicillin & pot clavulanate 250/5ml susr (generic of AUGMENTIN)	1	
amoxicillin & pot clavulanate 400-57 chw tabs	1	
amoxicillin & pot clavulanate 400/5ml susr	1	
amoxicillin & pot clavulanate 500-125 tabs (generic of AUGMENTIN)	1	
amoxicillin & pot clavulanate 600/5ml susr	1	
amoxicillin & pot clavulanate 875-125 tabs	1	
amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs	1	
ampicillin & sulbactam sodium	1	
ampicillin & sulbactam sodium (generic of UNASYN)	1	
ampicillin & sulbactam sodium (generic of UNASYN BULK PACK)	1	
ampicillin cap 500mg	1	
ampicillin inj	1	
ampicillin sodium	1	
AUGMENTIN ES-600	3	
AUGMENTIN SUS 125/5ML	4	NDS
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN TAB 500MG	3	
AUGMENTIN TAB 875MG	3	
BACTOCILL INJ DEX 1GM	3	
BACTOCILL INJ DEX 2GM	3	
BICILLIN C-R	3	
BICILLIN L-A	3	
dicloxacillin sodium	1	
NAFCILLIN IN DEXTROSE	3	
nafcillin sodium 1gm, 2gm	1	
nafcillin sodium 10gm	4	NDS
NAFCILLIN SODIUM FOR INJ 10GM	3	
oxacillin sodium 1gm, 2gm	1	
oxacillin sodium 10gm	4	NDS
PENICILLIN G POT IN DEXTROSE 1MU	3	

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Drug Name	Drug Requirements/ Tier	Limits
PENICILLIN G POT IN DEXTROSE 2MU	3	
PENICILLIN G POT IN DEXTROSE 3MU	3	
PENICILLIN G PROCAINE	3	
penicillin g sodium	1	
penicillin v potassium	1	
penicilln gk inj 5mu	1	
penicilln gk inj 20mu	1	
pfizerpen-g inj 5mu	1	
pfizerpen-g inj 20mu	1	
piper/tazoba inj 2-0.25gm (generic of ZOSYN)	1	
piper/tazoba inj 3-0.375gm (generic of ZOSYN)	1	
piper/tazoba inj 4-0.5gm (generic of ZOSYN)	1	
PIPER/TAZOBA INJ 12-1.5GM	3	
piper/tazoba inj 36-4.5gm (generic of ZOSYN)	1	
UNASYN	3	
UNASYN BULK PACK	3	
ZOSYN	3	
TETRACYCLINES		
demeclocycline hcl	1	
doxy 100	1	
doxycycline (monohydrate) CAPS; TABS	1	
doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR	1	
doxycycline hyclate CAPS 50mg	1	
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	1	
doxycycline hyclate SOLR	1	
doxycycline hyclate TABS 20mg, 50mg, 100mg	1	
doxycycline hyclate (generic of DORYX) TBEC	1	
doxycycline hyclate tab 75 mg dr	1	
doxycycline hyclate tab 100 mg dr	1	
doxycycline hyclate tab 150 mg dr	1	
minocycline hcl (generic of MINOCIN) CAPS 50mg, 100mg	1	
minocycline hcl CAPS 75mg	1	
minocycline hcl TABS	1	
minocycline tab 45mg er	1	PA
minocycline tab 55mg er (generic of SOLODYN)	4	NDS PA
minocycline tab 65mg er (generic of SOLODYN)	4	NDS PA
minocycline tab 80mg er (generic of SOLODYN)	4	NDS PA
minocycline tab 90mg er	1	PA
minocycline tab 105mg er (generic of SOLODYN)	4	NDS PA
minocycline tab 115mg er (generic of SOLODYN)	4	NDS PA
minocycline tab 135mg er	1	PA
mondoxyne nl cap 75mg	1	
mondoxyne nl cap 100mg	1	
morgidox cap 1x50mg	1	
SOLODYN	4	NDS PA
soloxide	1	
TARGADOX	3	
tetracycline hcl CAPS	1	
VIBRAMYCIN CAPS	3	
VIBRAMYCIN SUSR; SYRP	2	
XIMINO	4	NDS PA
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	4	NDS B/D NM
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	3	B/D
cyclophosphamide (generic of CYCLOPHOSPHAMIDE) CAPS 25mg, 50mg	1	B/D
cyclophosphamide SOLR	4	NDS B/D
dacarbazine 100mg	1	B/D
EMCYT	2	
GLEOSTINE 10mg	3	
GLEOSTINE 40mg, 100mg	4	NDS

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Drug Name	Tier	Drug Requirements/ Limits
IFEX INJ 3GM	3	B/D
ifosfamide SOLN	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
LEUKERAN	4	NDS
TREANDA	4	NDS B/D NM
ANTHRACYCLINES		
adriamycin SOLN	1	B/D
DOXIL	4	NDS B/D
doxorubicin hcl	1	B/D
doxorubicin hcl liposomal (generic of DOXIL)	4	NDS B/D
ELLENCE	4	NDS B/D
epirubicin hcl 50mg/25ml	1	B/D
epirubicin hcl (generic of ELLENCE) 200mg/100ml	1	B/D
ANTIBIOTICS		
bleomycin sulfate	1	B/D
mitomycin SOLR 5mg	1	B/D
mitomycin SOLR 20mg, 40mg	4	NDS B/D
VALSTAR	4	NDS NM
ANTIMETABOLITES		
adrucil inj	1	B/D
ALIMTA	4	NDS B/D
azacitidine (generic of VIDAZA)	4	NDS B/D NM
cytarabine	1	B/D
DACOGEN	4	NDS B/D NM
decitabine (generic of DACOGEN)	4	NDS B/D NM
fludarabine phosphate SOLN	4	NDS B/D
fludarabine phosphate SOLR	1	B/D
fluorouracil SOLN	1	B/D
FOLOTYN	4	NDS NM PA
gemcitabine hcl	1	B/D
gemcitabine inj soln 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml	1	B/D
gemcitabine inj soln (generic of GEMCITABINE) 200mg/5.26ml	1	B/D
gemcitabine inj solr	1	B/D
INFUGEM	4	NDS B/D
mercaptopurine TABS	1	
methotrexate sodium inj soln	1	B/D
methotrexate sodium inj solr	1	B/D

Drug Name	Tier	Drug Requirements/ Limits
NIPENT	4	NDS B/D
PURIXAN	4	NDS NM
TABLOID	4	NDS
VIDAZA	4	NDS B/D NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	4	NDS B/D
docetaxel (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	4	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	4	NDS B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
docetaxel (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
JEVTANA	4	NDS NM PA
paclitaxel	1	B/D
TAXOTERE	4	NDS B/D
ANTIMITOTIC, VINCA ALKALOIDS		
NAVELBINE	3	B/D
vinblastine sulfate	1	B/D
vincristine sulfate	1	B/D
vinorelbine tartrate (generic of NAVELBINE)	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	4	NDS B/D NM
AVASTIN	4	NDS NM LA PA
BAVENCIO	4	NDS NM LA PA
BELEODAQ	4	NDS NM PA
BESPONSA	4	NDS NM LA PA
BORTEZOMIB	4	NDS NM PA
CYRAMZA	4	NDS NM LA PA
DARZALEX	4	NDS NM LA PA
DAURISMO	4	NDS NM LA PA
EMPLICITI	4	NDS NM LA PA

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Drug Name	Tier	Drug Requirements/ Limits
ERBITUX	4	NDS B/D NM
ERIVEDGE	4	NDS NM LA PA
FARYDAK	4	NDS NM LA PA
GAZYVA	4	NDS NM LA PA
HERCEPTIN	4	NDS NM PA
HERCEPTIN HYLECTA	4	NDS NM PA
IBRANCE QL (21 caps / 28 days)	4	NDS QL NM LA PA
IDHIFA QL (30 tabs / 30 days)	4	NDS QL NM LA PA
IMFINZI	4	NDS NM LA PA
KADCYLA	4	NDS B/D NM
KEYTRUDA	4	NDS NM PA
KISQALI	4	NDS NM PA
KISQALI FEMARA 200 DOSE	4	NDS NM PA
KISQALI FEMARA 400 DOSE	4	NDS NM PA
KISQALI FEMARA 600 DOSE	4	NDS NM PA
KYPROLIS	4	NDS NM LA PA
LARTRUVO	4	NDS NM LA PA
LIBTAYO	4	NDS NM LA PA
LUMOXITI	4	NDS NM LA PA
LYNPARZA	4	NDS NM LA PA
MYLOTARG	4	NDS NM LA PA
NINLARO	4	NDS NM PA
ODOMZO	4	NDS NM LA PA
OPDIVO	4	NDS NM LA PA
PERJETA	4	NDS NM PA
PORTRAZZA	4	NDS NM LA PA
POTELIGEO	4	NDS NM LA PA
RITUXAN	4	NDS NM LA PA
RITUXAN HYCELA	4	NDS NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
RUBRACA	4	NDS NM LA PA
TALZENNA	4	NDS NM LA PA
TECENTRIQ	4	NDS NM LA PA
temsirolimus (generic of TORISEL)	4	NDS B/D NM
TIBSOVO	4	NDS NM LA PA
TORISEL	4	NDS B/D NM
VECTIBIX	4	NDS B/D NM
VELCADE	4	NDS NM PA
VENCLEXTA 10mg	3	NM LA PA
VENCLEXTA 50mg, 100mg	4	NDS NM LA PA
VENCLEXTA STARTING PACK	4	NDS NM LA PA
VERZENIO	4	NDS NM LA PA
YERVOY	4	NDS NM PA
ZALTRAP	4	NDS NM LA PA
ZEJULA	4	NDS NM LA PA
ZOLINZA	4	NDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA)	4	NDS NM PA
anastrozole (generic of ARIMIDEX) TABS	1	
ARIMIDEX	4	NDS
AROMASIN	4	NDS
bicalutamide (generic of CASODEX)	1	
CASODEX	4	NDS
DEPO-PROVERA INJ 400/ML	3	B/D
ELIGARD INJ 7.5MG	2	B/D NM
ELIGARD INJ 22.5MG	2	B/D NM
ELIGARD INJ 30MG	2	B/D NM
ELIGARD INJ 45MG	2	B/D NM
ERLEADA	4	NDS NM LA PA
exemestane (generic of AROMASIN)	1	
FARESTON	4	NDS

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Drug Name	Tier	Drug Requirements/ Limits
FASLODEX	4	NDS B/D
FEMARA	4	NDS
FIRMAGON 80mg	3	B/D NM
FIRMAGON 120mg	4	NDS B/D NM
flutamide	1	
hydroxyprogesterone caproate (antineoplastic)	4	NDS B/D
letrozole (generic of FEMARA) TABS	1	
leuprolide inj 1mg/0.2	1	NM PA
LUPRON DEPOT (1-MONTH)	4	NDS NM PA
LUPRON DEPOT (6-MONTH)	4	NDS NM PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	4	NDS NM PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	4	NDS NM PA
LUPRON DEPOT INJ 30MG (4-MONTH)	4	NDS NM PA
LYSODREN	2	
megestrol ac sus 40mg/ml	2	
megestrol ac tab 20mg	2	
megestrol ac tab 40mg	2	
megestrol sus 625mg/5ml	3	PA
nilutamide (generic of NILANDRON)	4	NDS
SOLTAMOX	4	NDS
tamoxifen citrate TABS	1	
toremifene citrate (generic of FARESTON)	4	NDS
TRELSTAR MIXJECT	4	NDS NM PA
VANTAS	3	NM PA
XTANDI	4	NDS NM LA PA
ZOLADEX	3	NM PA
ZYTIGA	4	NDS NM LA PA
IMMUNOMODULATORS		
POMALYST 1mg, 2mg QL (21 caps / 21 days)	4	NDS QL NM LA PA
POMALYST 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID	4	NDS NM LA PA
THALOMID	4	NDS NM PA
KINASE INHIBITORS		

Drug Name	Tier	Drug Requirements/ Limits
AFINITOR QL (30 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALECENSA	4	NDS NM LA PA
ALIQOPA	4	NDS NM LA PA
ALUNBRIG	4	NDS NM LA PA
BALVERSA	4	NDS NM LA PA
BOSULIF	4	NDS NM PA
BRAFTOVI	4	NDS NM LA PA
CABOMETYX QL (30 tabs / 30 days)	4	NDS QL NM LA PA
CALQUENCE	4	NDS NM LA PA
CAPRELSA	4	NDS NM LA PA
COMETRIQ	4	NDS NM LA PA
COPIKTRA	4	NDS NM LA PA
COTELLIC	4	NDS NM LA PA
erlotinib hcl (generic of TARCEVA) 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
erlotinib hcl (generic of TARCEVA) 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
GILOTRIF TAB 20MG	4	NDS NM LA PA
GILOTRIF TAB 30MG	4	NDS NM LA PA
GILOTRIF TAB 40MG	4	NDS NM LA PA
GLEEVEC 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
ICLUSIG	4	NDS NM LA PA
imatinib mesylate (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
imatinib mesylate (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMBRUVICA	4	NDS NM LA PA
INLYTA 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
INLYTA 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
IRESSA	4	NDS NM LA PA
JAKAFI QL (60 tabs / 30 days)	4	NDS QL NM LA PA
LENVIMA 4 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 12MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 14 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 18 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 24 MG DAILY DOSE	4	NDS NM LA PA
LORBRENA	4	NDS NM LA PA
MEKINIST	4	NDS NM LA PA
MEKTOVI	4	NDS NM LA PA
NERLYNX	4	NDS NM LA PA
NEXAVAR	4	NDS NM LA PA
PIQRAY 200MG DAILY DOSE	4	NDS NM PA
PIQRAY 250MG DAILY DOSE	4	NDS NM PA
PIQRAY 300MG DAILY DOSE	4	NDS NM PA
RYDAPT	4	NDS NM PA
SPRYCEL	4	NDS NM PA
STIVARGA	4	NDS NM LA PA
SUTENT QL (30 caps / 30 days)	4	NDS QL NM PA
TAFINLAR	4	NDS NM LA PA
TAGRISSO QL (30 tabs / 30 days)	4	NDS QL NM LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
TASIGNA	4	NDS NM PA
TYKERB	4	NDS NM LA PA
VITRAKVI	4	NDS NM LA PA
VIZIMPRO	4	NDS NM LA PA
VOTRIENT	4	NDS NM LA PA
XALKORI	4	NDS NM LA PA
XOSPATA	4	NDS NM LA PA
ZELBORAF	4	NDS NM LA PA
ZYDELIG	4	NDS NM LA PA
ZYKADIA	4	NDS NM LA PA
MISCELLANEOUS		
bexarotene (generic of TARGRETIN)	4	NDS NM PA
ERWINAZE	4	NDS NM LA PA
HALAVEN	4	NDS B/D NM
HYDREA	2	
hydroxyurea (generic of HYDREA) CAPS	1	
IXEMPRA KIT	4	NDS B/D NM

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Drug Name	Tier	Drug Requirements/ Limits
LONSURF	4	NDS NM PA
MATULANE	4	NDS LA
mitoxantrone hcl	1	B/D NM
SYLATRON	4	NDS NM PA
SYLVANT	4	NDS NM LA PA
SYNRIBO	4	NDS NM PA
TARGRETIN CAPS	4	NDS NM PA
tretinoin CAPS	4	NDS
PLATINUM-BASED AGENTS		
carboplatin	1	B/D
cisplatin SOLN	1	B/D
oxaliplatin inj 50mg	4	NDS B/D
oxaliplatin inj 50mg/10ml	1	B/D
oxaliplatin inj 100mg	4	NDS B/D
oxaliplatin inj 100mg/20ml	1	B/D
PROTECTIVE AGENTS		
dexrazoxane hcl (generic of ZINECARD)	4	NDS B/D
ELITEK	4	NDS B/D
FUSILEV	4	NDS B/D NM
KHAPZORY	4	NDS B/D NM
leucovorin calcium SOLN 500mg/50ml	1	B/D
leucovorin calcium SOLR	1	B/D
leucovorin calcium TABS	1	
levoleucovorin calcium 175mg/17.5ml	4	NDS B/D NM
levoleucovorin calcium 250mg/25ml	1	B/D NM
levoleucovorin calcium 50mg (generic of FUSILEV)	4	NDS B/D NM
LEVOLEUCOVORIN CALCIUM 175MG	4	NDS B/D NM
MESNEX TABS	4	NDS
TOTECT	4	NDS B/D
ZINECARD	4	NDS B/D
TOPOISOMERASE INHIBITORS		
etoposide SOLN	1	B/D
irinotecan hcl (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	1	B/D
irinotecan hcl 500mg/25ml	1	B/D
ONIVYDE	4	NDS B/D NM
toposar	1	B/D
topotecan hcl (generic of TOPOTECAN HCL) SOLN	4	NDS B/D
topotecan hcl (generic of HYCAMTIN) SOLR	4	NDS B/D
TOPOTECAN INJ 4MG/4ML	4	NDS B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-benazepril hcl (generic of LOTREL)	1	
benazepril & hydrochlorothiazide	1	
benazepril & hydrochlorothiazide (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide (generic of VASERETIC)	1	
fosinopril-hydrochlorothiazide tab 10/12.5mg	1	
fosinopril-hydrochlorothiazide tab 20/12.5mg	1	
lisinopril & hydrochlorothiazide (generic of ZESTORETIC)	1	
LOTREL	2	
quinapril-hydrochlorothiazide (generic of ACCURETIC)	1	
TARKA	2	
trandolapril-verapamil hcl	1	
trandolapril-verapamil hcl (generic of TARKA)	1	
VASERETIC	3	
ZESTORETIC	3	
ACE INHIBITORS		
ACCUPRIL	3	
ALTACE	3	
benazepril hcl TABS 5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
captopril TABS	1	
enalapril maleate (generic of VASOTEC) TABS	1	
EPANED	4	NDS
fosinopril sodium	1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	
lisinopril (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	
LOTENSIN	3	
moexipril hcl	1	
perindopril erbumine	1	
PRINIVIL	3	
QBRELIS	4	NDS
quinapril hcl (generic of ACCUPRIL)	1	
ramipril (generic of ALTACE)	1	
trandolapril 1mg, 2mg	1	
trandolapril (generic of MAVIK) 4mg	1	
VASOTEC 2.5mg, 5mg	3	
VASOTEC 10mg, 20mg	4	NDS
ZESTRIL	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	2	
CAROSPIR	3	
eplerenone (generic of INSPRA)	1	
INSPRA	2	
spironolactone (generic of ALDACTONE) TABS	1	
ALPHA BLOCKERS		
CARDURA	3	
doxazosin mesylate (generic of CARDURA) TABS	1	
MINIPRESS	3	
prazosin hcl (generic of MINIPRESS)	1	
terazosin hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		

Drug Name	Drug Requirements/ Tier	Limits
amlodipine besylate-olmesartan medoxomil (generic of AZOR)	1	
amlodipine besylate-valsartan (generic of EXFORGE)	1	
amlodipine-valsartan-hydrochlorothiazide (generic of EXFORGE HCT)	1	
ATACAND HCT	3	
AVALIDE	3	
AZOR	3	
BENICAR HCT	3	
candesartan cilexetil-hydrochlorothiazide (generic of ATACAND HCT)	1	
DIOVAN HCT	3	
EDARBYCLOR	3	
ENTRESTO	2	
EXFORGE	3	
EXFORGE HCT	3	
HYZAAR	3	
irbesartan-hydrochlorothiazide (generic of AVALIDE)	1	
losartan-hydrochlorothiazide tab 100-12.5mg (generic of HYZAAR)	1	
losartan-hydrochlorothiazide tab 100-25mg (generic of HYZAAR)	1	
losartan-hydrochlorothiazide tab 50-12.5mg (generic of HYZAAR)	1	
MICARDIS HCT	3	
olmesartan medoxomil-amlodipine-hydrochlorothiazide (generic of TRIBENZOR)	1	
olmesartan medoxomil-hydrochlorothiazide (generic of BENICAR HCT)	1	
telmisartan-amlodipine (generic of TWYNSTA)	1	
telmisartan-hydrochlorothiazide (generic of MICARDIS HCT)	1	
TRIBENZOR	3	
TWYNSTA	3	

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Drug Name	Drug Tier	Requirements/ Limits
valsartan-hydrochlorothiazide (generic of DIOVAN HCT)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	3	
AVAPRO	3	
BENICAR	3	
candesartan cilexetil (generic of ATACAND)	1	
COZAAR	3	
DIOVAN	3	
EDARBI	3	
eprosartan mesylate	1	
irbesartan (generic of AVAPRO)	1	
losartan potassium (generic of COZAAR)	1	
MICARDIS	3	
olmesartan medoxomil (generic of BENICAR) TABS	1	
telmisartan (generic of MICARDIS)	1	
valsartan (generic of DIOVAN)	1	
ANTIARRHYTHMICS		
amiodarone hcl soln	1	
amiodarone tab 100mg	1	
amiodarone tab 200mg	1	
amiodarone tab 400mg	1	
disopyramide phosphate (generic of NORPACE)	3	
dofetilide (generic of TIKOSYN)	1	NM
flecainide acetate	1	
MULTAQ	2	
NORPACE	3	
NORPACE CR	3	
pacerone	1	
propafenone hcl (generic of RYTHMOL SR) CP12	1	
propafenone hcl TABS	1	
quinidine sulfate	1	
RYTHMOL SR	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
sorine (generic of BETAPACE) 80mg, 120mg, 160mg	1	
sorine 240mg	1	
sotalol af tab 120mg (generic of BETAPACE AF)	1	
sotalol hcl (generic of BETAPACE) 80mg, 120mg, 160mg	1	
sotalol hcl 240mg	1	
sotalol hcl (afib/afl) (generic of BETAPACE AF)	1	
SOTYLIZE	3	
TIKOSYN	2	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	4	NDS
atorvastatin calcium (generic of LIPITOR) TABS	1	
CRESTOR	3	
FLOLIPID	3	
fluvastatin sodium CAPS	1	
fluvastatin sodium (generic of LESCOL XL) TB24	1	
LESCOL XL	3	
LIPITOR	3	
LIVALO	3	
lovastatin	1	
PRAVACHOL	3	
pravastatin sodium 10mg	1	
pravastatin sodium (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
rosuvastatin calcium (generic of CRESTOR)	1	
simvastatin (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
simvastatin (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR 10mg, 20mg, 40mg	3	
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG	3	

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Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	3	
cholestyramine (generic of QUESTRAN)	1	
cholestyramine light pack	1	
cholestyramine light powd (generic of QUESTRAN LIGHT)	1	
choline fenofibrate (generic of TRILIPIX)	1	
colesevelam hcl (generic of WELCHOL)	1	
COLESTID	3	
colestipol hcl gran (generic of COLESTID)	1	
colestipol hcl pack (generic of COLESTID)	1	
colestipol hcl tabs (generic of COLESTID)	1	
ezetimibe (generic of ZETIA)	1	
ezetimibe-simvastatin (generic of VYTORIN)	1	
fenofibrate CAPS	1	
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	1	
fenofibrate TABS 54mg, 160mg	1	
fenofibrate micronized	1	
fenofibric acid	1	
FIBRICOR	3	
gemfibrozil (generic of LOPID) TABS	1	
JUXTAPID	4	NDS NM LA PA
LIPOFEN	3	
LOPID	3	
LOVAZA	3	PA
niacin er (antihyperlipidemic) (generic of NIASPAN)	1	
niacor	1	
NIASPAN	3	
omega-3-acid ethyl esters (generic of LOVAZA)	1	PA
PRALUENT	3	PA

Drug Name	Drug Requirements/ Tier	Limits
prevalite PACK	1	
prevalite (generic of QUESTRAN LIGHT) POWD	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
TRICOR	3	
TRIGLIDE	3	
TRILIPIX	3	
VASCEPA	2	
VYTORIN	3	
WELCHOL PAK	3	
WELCHOL TAB 625MG	3	
ZETIA	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone (generic of TENORETIC 50)	1	
atenolol & chlorthalidone (generic of TENORETIC 100)	1	
bisoprolol & hydrochlorothiazide (generic of ZIAC)	1	
LOPRESSOR HCT	2	
metoprolol & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide (generic of LOPRESSOR HCT)	1	
nadolol & bendroflumethiazide	1	
propranolol & hydrochlorothiazide	1	
ZIAC	2	
BETA-BLOCKERS		
acebutolol hcl CAPS	1	
atenolol (generic of TENORMIN) TABS	1	
betaxolol hcl	1	
bisoprolol fumarate	1	
BYSTOLIC	2	
carvedilol (generic of COREG)	1	
carvedilol er (generic of COREG CR)	1	
COREG	3	
COREG CR	3	

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Drug Name	Drug Requirements/ Tier	Limits
CORGARD	3	
INDERAL LA	4	NDS
KAPSPARGO SPRINKLE	3	
labetalol hcl SOLN; TABS	1	
LOPRESSOR	3	
metoprolol succinate (generic of TOPROL XL)	1	
metoprolol tartrate SOCT	1	
metoprolol tartrate SOLN	1	
metoprolol tartrate TABS 25mg, 75mg	1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
nadolol (generic of CORGARD) TABS	1	
pindolol	1	
propranolol cap er (generic of INDERAL LA)	1	
propranolol inj 1mg/ml	1	
propranolol oral sol	1	
propranolol tab	1	
timolol maleate TABS	1	
TOPROL XL	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium	1	
amlodipine besylate-atorvastatin calcium (generic of CADUET)	1	
CADUET	3	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	3	
amlodipine besylate (generic of NORVASC) TABS	1	
CALAN	3	
CALAN SR 120mg, 240mg	3	
CARDIZEM 30mg	3	
CARDIZEM 60mg, 120mg	4	NDS
CARDIZEM CD	4	NDS
CARDIZEM LA	3	
cartia xt (generic of CARDIZEM CD)	1	
dilt-xr	1	

Drug Name	Drug Requirements/ Tier	Limits
diltiazem cd (generic of CARDIZEM CD)	1	
diltiazem er tab 180mg (generic of CARDIZEM LA)	1	
diltiazem er tab 240mg (generic of CARDIZEM LA)	1	
diltiazem er tab 300mg (generic of CARDIZEM LA)	1	
diltiazem er tab 360mg (generic of CARDIZEM LA)	1	
diltiazem er tab 420mg (generic of CARDIZEM LA)	1	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
diltiazem hcl TABS 90mg	1	
diltiazem hcl cap er/12hr	1	
diltiazem hcl coated beads (generic of CARDIZEM CD)	1	
diltiazem hcl coated beads cap sr 24hr (generic of CARDIZEM CD) 120mg	1	
diltiazem hcl coated beads cap sr 24hr (generic of TIAZAC) 120mg	1	
diltiazem hcl extended release beads cap sr (generic of TIAZAC) 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl extended release beads cap sr (generic of CARDIZEM CD) 180mg, 300mg	1	
diltiazem inj	1	
felodipine	1	
isradipine	1	
matzim la (generic of CARDIZEM LA)	1	
nicardipine hcl CAPS	1	
nifedipine (generic of ADALAT CC) TB24 30mg, 60mg, 90mg	1	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS	4	NDS

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Drug Name	Drug Tier	Requirements/ Limits
nisoldipine (generic of SULAR) 8.5mg, 17mg, 34mg	1	
nisoldipine 20mg, 25.5mg, 30mg, 40mg	1	
NORVASC	3	
NYMALIZE	4	NDS
PROCARDIA XL	3	
SULAR	3	
taztia xt (generic of TIAZAC)	1	
TIAZAC	3	
verapamil hcl (generic of VERELAN PM) CP24 100mg, 200mg	1	
verapamil hcl (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
verapamil hcl CP24 300mg, 360mg	1	
verapamil hcl SOLN	1	
verapamil hcl TABS 40mg, 80mg	1	
verapamil hcl (generic of CALAN) TABS 120mg	1	
verapamil hcl (generic of CALAN SR) TBCR 120mg, 240mg	1	
verapamil hcl TBCR 180mg	1	
VERELAN	3	
VERELAN PM	3	
DIGITALIS GLYCOSIDES		
digitek (generic of LANOXIN) .25mg PA if 70 years and older	1	PA
digitek (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	1	QL
digox (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	1	QL
digox (generic of LANOXIN) 250mcg PA if 70 years and older	1	PA
digoxin (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
digoxin (generic of LANOXIN) TABS 250mcg PA if 70 years and older	1	PA
digoxin inj (generic of LANOXIN)	1	
digoxin sol 50mcg/ml PA if 70 years and older	1	PA
LANOXIN 0.25MG/ML INJ	3	
LANOXIN PEDIATRIC INJ	3	
LANOXIN TABS 62.5MCG QL (60 tabs / 30 days)	2	QL
DIURETICS		
acetazolamide CP12; TABS	1	
ALDACTAZIDE	3	
amiloride & hydrochlorothiazide	1	
amiloride hcl TABS	1	
bumetanide SOLN	1	
bumetanide (generic of BUMEX) TABS	1	
chlorothiazide	1	
chlorthalidone	1	
DIURIL	3	
DYAZIDE	3	
EDECRIN	4	NDS
ethacrynic acid (generic of EDECRIN)	4	NDS
furosemide SOLN	1	
furosemide (generic of LASIX) TABS	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
hydrochlorothiazide CAPS; TABS	1	
indapamide	1	
KEVEYIS	4	NDS NM PA
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	
methazolamide TABS	1	
metolazone	1	
spironolactone & hydrochlorothiazide (generic of ALDACTAZIDE)	1	
torsemide	1	

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Drug Name	Drug Requirements/ Tier	Limits
triamterene & hydrochlorothiazide cap 37.5-25mg (generic of DYAZIDE)	1	
triamterene & hydrochlorothiazide tab 37.5-25mg (generic of MAXZIDE-25)	1	
triamterene & hydrochlorothiazide tab 75-50mg (generic of MAXZIDE)	1	
MISCELLANEOUS		
aliskiren fumarate (generic of TEKTURNA)	1	
BIDIL	2	
CATAPRES TAB	2	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
clonidine hcl (generic of CATAPRES) TABS	1	
clonidine hcl ptwk (generic of CATAPRES-TTS-1) .1mg/24hr	1	
clonidine hcl ptwk (generic of CATAPRES-TTS-2) .2mg/24hr	1	
clonidine hcl ptwk (generic of CATAPRES-TTS-3) .3mg/24hr	1	
CORLANOR TABS	2	
DEMSER	4	NDS PA
DIBENZYLINE	4	NDS PA
hydralazine hcl SOLN; TABS	1	
midodrine hcl	1	
minoxidil TABS	1	
NORTHERA 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
NORTHERA 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
phenoxybenzamine hcl (generic of DIBENZYLINE) CAPS	4	NDS PA
RANEXA	3	

Drug Name	Drug Requirements/ Tier	Limits
ranolazine (generic of RANEXA)	1	
TEKTURNA	3	
TEKTURNA HCT	2	
NITRATES		
DILATRATE SR	3	
GONITRO	3	
ISORDIL TITRADOSE 5mg	2	
ISORDIL TITRADOSE 40mg	4	NDS
isosorbide dinitrate (generic of ISORDIL TITRADOSE) 5mg	1	
isosorbide dinitrate 10mg, 20mg, 30mg	1	
isosorbide dinitrate er	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
minitran (generic of NITRO-DUR)	1	
NITRO-BID	2	
NITRO-DUR	2	
nitroglycerin (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
nitroglycerin (generic of NITROSTAT) SUBL	1	
nitroglycerin td patch .1mg/hr	1	
nitroglycerin td patch (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	1	
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	NDS NM PA
ADEMPAS	4	NDS NM LA PA
alyq (generic of ADCIRCA)	4	NDS NM PA
ambrisentan (generic of LETAIRIS)	4	NDS NM LA PA
bosentan (generic of TRACLEER)	4	NDS NM LA PA
epoprostenol sodium (generic of FLOLAN)	4	NDS B/D NM LA

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Drug Name	Tier	Drug Requirements/ Limits
FLOLAN	4	NDS B/D NM LA
LETAIRIS	4	NDS NM LA PA
OPSUMIT	4	NDS NM LA PA
ORENITRAM .25mg, 1mg, 2.5mg, 5mg	4	NDS NM LA PA
ORENITRAM .125mg	2	NM LA PA
REMODULIN	4	NDS NM LA PA
REVATIO SUSR; TABS	4	NDS NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO)	4	NDS NM PA
sildenafil citrate tab 20 mg (pulmonary hypertension) (generic of REVATIO)	1	NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA)	4	NDS NM PA
TRACLEER	4	NDS NM LA PA
treprostinil	4	NDS NM LA PA
TYVASO	4	NDS NM PA
UPTRAVI	4	NDS NM LA PA
VELETRI	4	NDS B/D NM LA
VENTAVIS	4	NDS NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
ALPRAZOLAM INTENSOL QL (300 mL / 30 days)	3	QL
alprazolam tab 0.5mg (generic of XANAX) QL (150 tabs / 30 days)	1	QL
alprazolam tab 0.25mg (generic of XANAX) QL (150 tabs / 30 days)	1	QL
alprazolam tab 1mg (generic of XANAX) QL (150 tabs / 30 days)	1	QL
alprazolam tab 2mg (generic of XANAX) QL (150 tabs / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
ATIVAN INJ	3	
ATIVAN TABS QL (150 tabs / 30 days)	4	NDS QL
buspirone hcl TABS	1	
fluvoxamine cap er 100mg QL (90 caps / 30 days)	1	QL
fluvoxamine cap er 150mg QL (60 caps / 30 days)	1	QL
fluvoxamine tab 25mg	1	
fluvoxamine tab 50mg	1	
fluvoxamine tab 100mg	1	
lorazepam (generic of ATIVAN) SOLN	1	
lorazepam (generic of ATIVAN) TABS QL (150 tabs / 30 days)	1	QL
lorazepam intensol QL (150 mL / 30 days)	1	QL
XANAX QL (150 tabs / 30 days)	3	QL
ANTICONVULSANTS		
APTIOM	4	NDS
BANZEL	4	NDS PA
BRIVIACT INJ 50MG/5ML	3	PA
BRIVIACT SOL 10MG/ML	4	NDS PA
BRIVIACT TAB 10MG	4	NDS PA
BRIVIACT TAB 25MG	4	NDS PA
BRIVIACT TAB 50MG	4	NDS PA
BRIVIACT TAB 75MG	4	NDS PA
BRIVIACT TAB 100MG	4	NDS PA
carbamazepine CHEW	1	
carbamazepine (generic of CARBATROL) CP12	1	
carbamazepine (generic of TEGRETOL) SUSP; TABS	1	
carbamazepine (generic of TEGRETOL-XR) TB12	1	
CARBATROL	3	
CELONTIN	3	
clobazam (generic of ONFI)	1	PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
felbamate (generic of FELBATOL) SUSP	4	NDS
felbamate (generic of FELBATOL) TABS	1	
FELBATOL	4	NDS
FYCOMPA SUSP	4	NDS PA
FYCOMPA TABS 2mg	2	PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	NDS PA
gabapentin (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
gabapentin (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
gabapentin (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	1	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL	3	
KEPPRA SOLN	4	NDS
KEPPRA TABS 250mg	3	
KEPPRA TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA XR	4	NDS
KLONOPIN 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN .5mg, 1mg QL (90 tabs / 30 days)	3	QL
LAMICTAL CHEWABLE DISPERS	4	NDS
LAMICTAL ODT KIT	3	
LAMICTAL ODT TBDP 25mg	3	
LAMICTAL ODT TBDP 50mg, 100mg, 200mg	4	NDS
LAMICTAL STARTER KIT	3	
LAMICTAL TABS	4	NDS

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Drug Name	Tier	Drug Requirements/ Limits
LAMICTAL XR KIT	3	
LAMICTAL XR TB24 25mg	3	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
lamotrigine (generic of LAMICTAL STARTER/NOT TAKI) KIT	1	
lamotrigine (generic of LAMICTAL STARTER/TAKING C) KIT	1	
lamotrigine (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
lamotrigine (generic of LAMICTAL) TABS	1	
lamotrigine (generic of LAMICTAL XR) TB24	1	
lamotrigine (generic of LAMICTAL ODT) TBDP	1	
LEVETIRACETAM SOLN	3	
levetiracetam (generic of KEPPRA) SOLN 500mg/5ml	1	
levetiracetam (generic of KEPPRA) TABS	1	
levetiracetam (generic of KEPPRA XR) TB24	1	
levetiracetam in sodium chloride (generic of LEVETIRACETAM)	1	
levetiracetam oral soln 100 mg/ml (generic of KEPPRA)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL PA
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
LYRICA SOLN QL (900 mL / 30 days)	3	QL PA
MYSOLINE	4	NDS

Drug Name	Tier	Drug Requirements/ Limits
NEURONTIN CAPS 100mg QL (1080 caps / 30 days)	3	QL
NEURONTIN CAPS 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN QL (2160 mL / 30 days)	4	NDS QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI	4	NDS PA
oxcarbazepine (generic of TRILEPTAL)	1	
OXTELLAR XR 150mg, 300mg	2	
OXTELLAR XR 600mg	4	NDS
PEGANONE	3	
phenobarbital ELIX PA if 70 years and older	3	PA
phenobarbital TABS PA if 70 years and older	2	PA
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older	3	PA
phenobarbital sodium SOLN 130mg/ml PA if 70 years and older	3	PA
PHENYTEK	3	
phenytoin (generic of DILANTIN INFATABS) CHEW	1	
phenytoin (generic of DILANTIN-125) SUSP	1	
phenytoin sodium extended (generic of DILANTIN) 100mg	1	
phenytoin sodium extended (generic of PHENYTEK) 200mg, 300mg	1	
phenytoin sodium inj 50mg/ml	1	
primidone (generic of MYSOLINE) TABS	1	
QUDEXY XR 25mg, 50mg, 100mg	3	

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QUDEXY XR 150mg, 200mg	4	NDS
roweepra (generic of KEPPRA)	1	
roweepra xr (generic of KEPPRA XR)	1	
SABRIL PACK QL (180 packets / 30 days)	4	NDS QL NM LA PA
SABRIL TABS QL (180 tabs / 30 days)	4	NDS QL NM LA PA
SPRITAM	3	
subvenite starter kit (generic of LAMICTAL STARTER/NOT TAKI)	1	
subvenite starter kit (generic of LAMICTAL STARTER/TAKING C)	1	
subvenite starter kit (generic of LAMICTAL STARTER/TAKING V) 25mg	1	
subvenite tab (generic of LAMICTAL)	1	
SYMPAZAN 5mg	3	PA
SYMPAZAN 10mg, 20mg	4	NDS PA
TEGRETOL	3	
TEGRETOL-XR	3	
tiagabine hcl (generic of GABITRIL)	1	
TOPAMAX 25mg	3	
TOPAMAX 50mg, 100mg, 200mg	4	NDS
TOPAMAX SPRINKLE 15mg	3	
TOPAMAX SPRINKLE 25mg	4	NDS
topiramate (generic of TOPAMAX SPRINKLE) CPSP	1	
topiramate CS24 25mg, 50mg, 100mg, 150mg	1	
topiramate CS24 200mg	4	NDS
topiramate (generic of TOPAMAX) TABS	1	
TRILEPTAL SUSP	4	NDS
TRILEPTAL TABS 150mg	3	
TRILEPTAL TABS 300mg, 600mg	4	NDS
TROKENDI XR 25mg, 50mg	2	
TROKENDI XR 100mg, 200mg	4	NDS
VALIUM QL (120 tabs / 30 days) PA if 65 years and older	2	QL PA
valproate sodium (generic of DEPACON) SOLN 100mg/ml	1	
valproate sodium SOLN 250mg/5ml	1	
valproic acid (generic of DEPAKENE) CAPS	1	
vigabatrin powd pack 500mg (generic of SABRIL) QL (180 packets / 30 days)	4	NDS QL NM LA PA
vigabatrin tab 500mg (generic of SABRIL) QL (180 tabs / 30 days)	4	NDS QL NM LA PA
vigadrone (generic of SABRIL) QL (180 packets / 30 days)	4	NDS QL NM LA PA
VIMPAT 50mg	2	
VIMPAT 100mg, 150mg, 200mg	4	NDS
VIMPAT INJ 200MG/20ML	4	NDS
VIMPAT SOL 10MG/ML	4	NDS
ZARONTIN	3	
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
ANTIDEMENTIA		
ARICEPT	3	
donepezil 5mg odt	1	
donepezil 10mg odt	1	
donepezil hydrochloride (generic of ARICEPT)	1	
EXELON PATCHES	3	
galantamine hydrobromide SOLN	1	
galantamine hydrobromide (generic of RAZADYNE) TABS	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 Tier	Requirements/ Limits
galantamine hydrobromide er (generic of RAZADYNE ER)	1	
memantine hcl cp24 (generic of NAMENDA XR) PA if < 30 yrs	1	PA
memantine soln PA if < 30 yrs	1	PA
memantine tabs (generic of NAMENDA) PA if < 30 yrs	1	PA
memantine titration pak (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA
NAMENDA TABS PA if < 30 yrs	3	PA
NAMENDA TITRATION PAK PA if < 30 yrs	3	PA
NAMENDA XR PA if < 30 yrs	3	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	3	PA
NAMZARIC	2	
RAZADYNE	3	
RAZADYNE ER	3	
rivastigmine tartrate	1	
rivastigmine td patch 24hr 4.6mg/24hr (generic of EXELON)	1	
rivastigmine td patch 24hr 9.5mg/24hr (generic of EXELON)	1	
rivastigmine td patch 24hr 13.3mg/24hr (generic of EXELON)	1	
ANTIDEPRESSANTS		
amitriptyline hcl TABS	2	
amoxapine	2	
ANAFRANIL	4	NDS PA
bupropion hcl TABS	1	
bupropion hcl (generic of WELLBUTRIN SR) TB12	1	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB24 450mg QL (30 tabs / 30 days)	1	QL
CELEXA	3	
citalopram hydrobromide SOLN	1	
citalopram hydrobromide (generic of CELEXA) TABS	1	
clomipramine hcl (generic of ANAFRANIL) CAPS	3	PA
CYMBALTA QL (60 caps / 30 days)	3	QL
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	3	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER	3	
desvenlafaxine succinate (generic of PRISTIQ)	1	PA
doxepin hcl CAPS; CONC	2	
duloxetine cap 20mg (generic of CYMBALTA) QL (60 caps / 30 days)	1	QL
duloxetine cap 30mg (generic of CYMBALTA) QL (60 caps / 30 days)	1	QL
duloxetine cap 40mg QL (90 caps / 30 days)	1	QL
duloxetine cap 60mg (generic of CYMBALTA) QL (60 caps / 30 days)	1	QL
EFFEXOR XR	3	
EMSAM	4	NDS PA
escitalopram oxalate SOLN	1	
escitalopram oxalate (generic of LEXAPRO) TABS	1	
FETZIMA	2	PA
FETZIMA TITRATION PACK	2	PA
fluoxetine hcl (generic of PROZAC) CAPS	1	
fluoxetine hcl CPDR	1	
fluoxetine hcl SOLN	1	
fluoxetine hcl TABS 10mg, 20mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
fluoxetine hcl (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1	
FLUOXETINE HYDROCHLORIDE TAB 60MG	3	
FORFIVO XL QL (30 tabs / 30 days)	3	QL
imipramine hcl (generic of TOFRANIL) TABS	1	
imipramine pamoate	3	
KHEDEZLA	3	
LEXAPRO	3	
maprotiline hcl	1	
MARPLAN TAB 10MG	3	
mirtazapine tab 15mg odt (generic of REMERON SOLTAB)	1	
mirtazapine tab 30mg odt (generic of REMERON SOLTAB)	1	
mirtazapine tab 45mg odt (generic of REMERON SOLTAB)	1	
mirtazapine tabs 7.5mg, 45mg	1	
mirtazapine tabs (generic of REMERON) 15mg, 30mg	1	
NARDIL	2	
nefazodone hcl	1	
NORPRAMIN	2	
nortriptyline hcl (generic of PAMELOR) CAPS	1	
nortriptyline hcl SOLN	3	
PAMELOR	4	NDS
PARNATE	4	NDS
paroxetine er tab (generic of PAXIL CR) QL (60 tabs / 30 days)	3	QL
paroxetine hcl tabs (generic of PAXIL)	1	
PAXIL	3	
PAXIL CR QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
PEXEVA 10mg, 30mg QL (60 tabs / 30 days)	3	QL
PEXEVA 20mg, 40mg QL (30 tabs / 30 days)	3	QL
phenelzine sulfate (generic of NARDIL) TABS	1	
PRISTIQ	3	PA
protriptyline hcl	3	
PROZAC 10mg, 20mg	3	
PROZAC 40mg	4	NDS
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl CONC	1	
sertraline hcl (generic of ZOLOFT) TABS	1	
SURMONTIL	3	
TOFRANIL	4	NDS
tranylcypromine sulfate (generic of PARNATE)	1	
trazodone hcl TABS	1	
trimipramine maleate CAPS	3	
TRINTELLIX	2	PA
venlafaxine cap er (generic of EFFEXOR XR)	1	
venlafaxine tab	1	
venlafaxine tab 225mg er	1	
VIIBRYD STARTER PACK	2	PA
VIIBRYD TAB	2	PA
WELLBUTRIN SR	3	
WELLBUTRIN XL	4	NDS
ZOLOFT	3	
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS QL (120 caps / 30 days)	1	QL
amantadine hcl SYRP; TABS	1	
APOKYN QL (20 cartridges / 30 days)	4	NDS QL NM LA PA
AZILECT	4	NDS
benztropine mesylate inj (generic of COGENTIN)	1	
benztropine mesylate tab 0.5mg PA if 70 years and older	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
benztropine mesylate tab 1mg PA if 70 years and older	2	PA
benztropine mesylate tab 2mg PA if 70 years and older	2	PA
bromocriptine mesylate (generic of PARLODEL) CAPS; TABS	1	
carbidopa (generic of LODOSYN) TABS	4	NDS
carbidopa-levodopa (generic of SINEMET) TABS	1	
carbidopa-levodopa (generic of SINEMET CR) TBCR	1	
carbidopa-levodopa TBDP	1	
carbidopa-levodopa-entacapone (generic of STALEVO 50)	1	
carbidopa-levodopa-entacapone (generic of STALEVO 75)	1	
carbidopa-levodopa-entacapone (generic of STALEVO 100)	1	
carbidopa-levodopa-entacapone (generic of STALEVO 125)	1	
carbidopa-levodopa-entacapone (generic of STALEVO 150)	1	
carbidopa-levodopa-entacapone (generic of STALEVO 200)	1	
COGENTIN	3	
COMTAN	4	NDS
DUOPA	4	NDS B/D NM
entacapone (generic of COMTAN)	1	
GOCOVRI QL (60 caps / 30 days)	4	NDS QL LA PA
INBRIJA	4	NDS NM LA PA
LODOSYN	4	NDS
MIRAPEX ER	3	
NEUPRO	2	
OSMOLEX ER QL (30 tabs / 30 days)	3	QL PA
PARLODEL	3	
pramipexole er (generic of MIRAPEX ER)	1	
pramipexole tab 0.5mg (generic of MIRAPEX)	1	
pramipexole tab 0.25mg (generic of MIRAPEX)	1	
pramipexole tab 0.75mg (generic of MIRAPEX)	1	
pramipexole tab 0.125mg (generic of MIRAPEX)	1	
pramipexole tab 1.5mg (generic of MIRAPEX)	1	
pramipexole tab 1mg (generic of MIRAPEX)	1	
rasagiline mesylate (generic of AZILECT) TABS	1	
ropinirole er 2mg	1	
ropinirole er (generic of REQUIP XL) 4mg, 6mg, 8mg, 12mg	1	
ropinirole tab 0.5mg (generic of REQUIP)	1	
ropinirole tab 0.25mg	1	
ropinirole tab 1mg	1	
ropinirole tab 2mg	1	
ropinirole tab 3mg	1	
ropinirole tab 4mg	1	
ropinirole tab 5mg	1	
RYTARY	3	
selegiline hcl CAPS; TABS	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 50	3	
STALEVO 75	4	NDS
STALEVO 100	4	NDS
STALEVO 125	4	NDS
STALEVO 150	4	NDS
STALEVO 200	4	NDS
trihexyphenidyl hcl PA if 70 years and older	2	PA
XADAGO	4	NDS
ZELAPAR	4	NDS
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	4	NDS QL
ABILIFY TABS QL (30 tabs / 30 days)	4	NDS QL

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Drug Name	Tier	Drug Requirements/ Limits
aripiprazole odt QL (60 tabs / 30 days)	4	NDS QL
aripiprazole oral solution 1 mg/ml QL (900 mL / 30 days)	4	NDS QL
aripiprazole tabs (generic of ABILIFY) QL (30 tabs / 30 days)	1	QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	4	NDS QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	4	NDS QL
ARISTADA INITIO	4	NDS
chlorpromazine hcl TABS	1	
CHLORPROMAZINE INJ	3	
clozapine odt (generic of FAZACLO) 12.5mg, 25mg	1	PA
clozapine odt (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	1	QL PA
clozapine odt (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	1	QL PA
clozapine odt (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	1	QL PA
clozapine tab 25mg (generic of CLOZARIL)	1	
clozapine tab 50mg (generic of CLOZAPINE)	1	
clozapine tab 100mg (generic of CLOZARIL) QL (270 tabs / 30 days)	1	QL
clozapine tab 200mg (generic of CLOZAPINE) QL (135 tabs / 30 days)	1	QL
CLOZARIL 25mg	3	
CLOZARIL 100mg QL (270 tabs / 30 days)	4	NDS QL
FANAPT QL (60 tabs / 30 days)	3	QL PA
FANAPT TITRATION PACK	3	PA
FAZACLO 12.5mg, 25mg	3	PA
FAZACLO 100mg QL (270 tabs / 30 days)	4	NDS QL PA
FAZACLO 150mg QL (180 tabs / 30 days)	4	NDS QL PA
FAZACLO 200mg QL (135 tabs / 30 days)	4	NDS QL PA
fluphenazine decanoate SOLN	1	
fluphenazine hcl	1	
GEODON QL (60 caps / 30 days)	4	NDS QL
GEODON INJ QL (6 mL / 3 days)	3	QL
HALDOL	3	
HALDOL DECANOATE 50	3	
HALDOL DECANOATE 100	3	
haloperidol TABS	1	
haloperidol conc 2mg/ml	1	
haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
haloperidol lactate inj 5mg/ml (generic of HALDOL)	1	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	NDS QL
INVEGA 6mg QL (60 tabs / 30 days)	4	NDS QL
INVEGA SUSTENNA 39mg/0.25ml QL (1 injection / 28 days)	3	QL
INVEGA SUSTENNA 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 injection / 28 days)	4	NDS QL
INVEGA TRINZA QL (1 injection / 90 days)	4	NDS QL
LATUDA 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	2	QL

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Drug Name	Tier	Drug Requirements/ Limits
LATUDA 80mg QL (60 tabs / 30 days)	2	QL
loxapine succinate	1	
molindone hcl	1	
NUPLAZID CAPS QL (30 caps / 30 days)	4	NDS QL NM LA PA
NUPLAZID TABS 10MG QL (30 tabs / 30 days)	4	NDS QL NM LA PA
olanzapine (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	1	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
olanzapine odt (generic of ZYPREXA ZYDIS) 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
olanzapine odt (generic of ZYPREXA ZYDIS) 10mg QL (60 tabs / 30 days)	1	QL
paliperidone (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
paliperidone (generic of INVEGA) 6mg QL (60 tabs / 30 days)	1	QL
perphenazine TABS	1	
PERSERIS QL (1 injection / 30 days)	4	NDS QL
pimozide	1	
quetiapine fumarate (generic of SEROQUEL) TABS	1	
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Tier	Drug Requirements/ Limits
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
REXULTI .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
RISPERDAL SOLN QL (240 mL / 30 days)	4	NDS QL
RISPERDAL TABS 2mg, 3mg, 4mg	4	NDS
RISPERDAL TABS .25mg, .5mg, 1mg	3	
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	2	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	2	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	NDS QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	NDS QL
risperidone (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	1	QL
risperidone (generic of RISPERDAL) TABS	1	
risperidone odt 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	1	QL
risperidone odt .25mg, .5mg QL (90 tabs / 30 days)	1	QL
SAPHRIS QL (60 tabs / 30 days)	3	QL
SEROQUEL 25mg, 50mg, 100mg	3	
SEROQUEL 200mg, 300mg, 400mg	4	NDS
SEROQUEL XR 50mg, 300mg QL (60 tabs / 30 days)	3	QL PA
SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
SEROQUEL XR 400mg QL (60 tabs / 30 days)	4	NDS QL PA

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Drug Name	Tier	Drug Requirements/ Limits
thioridazine hcl TABS	1	
thiothixene	1	
trifluoperazine hcl	1	
VERSACLOZ QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR 1.5mg QL (60 caps / 30 days)	4	NDS QL PA
VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL PA
VRAYLAR THERAPY PACK	2	PA
ziprasidone hcl (generic of GEODON) QL (60 caps / 30 days)	1	QL
ZYPREXA SOLR QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA TABS 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	4	NDS QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	4	NDS QL PA
ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	3	QL PA
ZYPREXA ZYDIS 5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA ZYDIS 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA ZYDIS 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (120 tabs / 30 days)	3	QL
ADDERALL TAB 7.5MG QL (120 tabs / 30 days)	3	QL
ADDERALL TAB 10MG QL (120 tabs / 30 days)	3	QL
ADDERALL TAB 12.5MG QL (120 tabs / 30 days)	3	QL
ADDERALL TAB 15MG QL (90 tabs / 30 days)	3	QL
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL
ADDERALL TAB 30MG QL (60 tabs / 30 days)	3	QL
ADDERALL XR CAP 5MG QL (90 caps / 30 days)	3	QL
ADDERALL XR CAP 10MG QL (90 caps / 30 days)	3	QL
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL
ADZENYS ER SUS 1.25MG QL (450 ml / 30 days)	3	QL
ADZENYS XR-ODT 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL
ADZENYS XR-ODT 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL
amphetamine-dextroamphetamine cap sr 24hr 5 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
amphetamine-dextroamphetamine cap sr 24hr 10 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
amphetamine-dextroamphetamine cap sr 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
amphetamine-dextroamphetamine cap sr 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL

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amphetamine-dextroamphetamine cap sr 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
amphetamine-dextroamphetamine cap sr 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL) QL (120 tabs / 30 days)	1	QL
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (120 tabs / 30 days)	1	QL
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL) QL (120 tabs / 30 days)	1	QL
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (120 tabs / 30 days)	1	QL
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL
APTENSIO XR 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL
APTENSIO XR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL
atomoxetine hcl (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
atomoxetine hcl (generic of STRATTERA) 40mg QL (60 caps / 30 days)	1	QL
atomoxetine hcl (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
CONCERTA 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL
CONCERTA 54mg QL (30 tabs / 30 days)	3	QL
COTEMPLA XR-ODT QL (60 tabs / 30 days)	3	QL
DAYTRANA QL (30 patches / 30 days)	3	QL
DEXEDRINE 5mg, 10mg QL (150 caps / 30 days)	4	NDS QL
DEXEDRINE 15mg QL (120 caps / 30 days)	4	NDS QL
dexmethylphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL
dexmethylphenidate hcl (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 5mg, 10mg QL (150 caps / 30 days)	1	QL
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL

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Drug Name	Tier	Drug Requirements/ Limits
dextroamphetamine sulfate TABS QL (180 tabs / 30 days)	1	QL
DYANAVEL XR QL (240 ml / 30 days)	3	QL
FOCALIN 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL
FOCALIN 10mg QL (60 tabs / 30 days)	3	QL
FOCALIN XR 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL
FOCALIN XR 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL
guanfacine er (adhd) (generic of INTUNIV) PA if 70 years and older	2	PA
INTUNIV PA if 70 years and older	3	PA
metadate er QL (90 tabs / 30 days)	1	QL
METHYLIN 5mg/5ml QL (1800 mL / 30 days)	3	QL
METHYLIN 10mg/5ml QL (900 mL / 30 days)	3	QL
methylphenidate hcl CHEW QL (180 tabs / 30 days)	1	QL
methylphenidate hcl (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL
methylphenidate hcl (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL
methylphenidate hcl CP24 60mg QL (30 caps / 30 days)	1	QL
methylphenidate hcl CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL
methylphenidate hcl CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL
methylphenidate hcl TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL
methylphenidate hcl TB24 54mg QL (30 tabs / 30 days)	1	QL
methylphenidate hcl (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL
methylphenidate hcl (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL
methylphenidate hcl tbcr 10 mg QL (90 tabs / 30 days)	1	QL
methylphenidate hcl tbcr 20mg QL (90 tabs / 30 days)	1	QL
METHYLPHENIDATE HCL TBCR 72MG QL (30 tabs / 30 days)	1	QL
MYDAYIS CAP 12.5MG QL (60 caps / 30 days)	2	QL
MYDAYIS CAP 25MG QL (60 caps / 30 days)	2	QL
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	2	QL
MYDAYIS CAP 50MG QL (30 caps / 30 days)	2	QL
QUILLICHEW ER 20mg, 30mg QL (60 tabs / 30 days)	3	QL

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Drug Name	Tier	Drug Requirements/ Limits
QUILLICHEW ER 40mg QL (30 tabs / 30 days)	3	QL
QUILLIVANT XR QL (360 mL / 30 days)	3	QL
RELEXXII QL (30 tabs / 30 days)	1	QL
RITALIN 5mg, 10mg QL (180 tabs / 30 days)	3	QL
RITALIN 20mg QL (90 tabs / 30 days)	3	QL
RITALIN LA 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL
RITALIN LA 40mg QL (30 caps / 30 days)	3	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL
STRATTERA 40mg QL (60 caps / 30 days)	3	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	2	QL
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	2	QL
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	2	QL
zenzedi 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL
zenzedi 15mg QL (120 tabs / 30 days)	1	QL
zenzedi 20mg QL (90 tabs / 30 days)	1	QL
zenzedi 30mg QL (60 tabs / 30 days)	1	QL
HYPNOTICS		

Drug Name	Tier	Drug Requirements/ Limits
AMBIEN QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA QL (30 tabs / 30 days)	2	QL
HETLIOZ	4	NDS NM LA PA
RESTORIL 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA
RESTORIL 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA
SILENOR QL (30 tabs / 30 days)	2	QL
temazepam (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
temazepam (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
zolpidem tartrate (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
MIGRAINE		
AIMOVIG QL (1 pen / 30 days)	2	QL PA
almotriptan malate QL (12 tabs / 30 days)	1	QL
AMERGE QL (12 tabs / 30 days)	3	QL
D.H.E. 45	4	NDS

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Drug Name	Tier	Drug Requirements/ Limits
dihydroergotamine mesylate inj 1 mg/ml (generic of D.H.E. 45)	4	NDS
dihydroergotamine mesylate nasal spr 4 mg/ml QL (8 mL / 30 days)	4	NDS QL PA
eletriptan hydrobromide (generic of RELPAX) QL (12 tabs / 30 days)	1	QL
EMGALITY SOAJ QL (2 pens / 30 days)	2	QL PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL PA
ergotamine w/ caffeine (generic of CAFERGOT)	1	
FROVA QL (18 tabs / 30 days)	4	NDS QL
frovatriptan succinate (generic of FROVA) QL (18 tabs / 30 days)	1	QL
IMITREX SOLN 5mg/act QL (24 inhalers / 30 days)	3	QL
IMITREX SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
IMITREX SOLN 20mg/act QL (12 inhalers / 30 days)	3	QL
IMITREX TABS QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL 4MG/0.5ML QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE REFILL 6MG/0.5ML QL (12 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM 4MG/0.5ML QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM 6MG/0.5ML QL (12 injections / 30 days)	4	NDS QL

Drug Name	Tier	Drug Requirements/ Limits
MAXALT 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT QL (18 tabs / 30 days)	3	QL
migergot	4	NDS
MIGRANAL QL (8 mL / 30 days)	4	NDS QL PA
naratriptan hcl (generic of AMERGE) QL (12 tabs / 30 days)	1	QL
ONZETRA XSAIL QL (16 nosepieces / 30 days)	4	NDS QL
RELPAX QL (12 tabs / 30 days)	3	QL
rizatriptan benzoate 5mg QL (18 tabs / 30 days)	1	QL
rizatriptan benzoate (generic of MAXALT) 10mg QL (18 tabs / 30 days)	1	QL
rizatriptan benzoate odt (generic of MAXALT-MLT) QL (18 tabs / 30 days)	1	QL
sumatriptan (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	1	QL
sumatriptan (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	1	QL
sumatriptan inj 4mg/0.5ml (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	1	QL
sumatriptan inj 4mg/0.5ml (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	1	QL
sumatriptan inj 6mg/0.5ml (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	1	QL

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Drug Name	Tier	Drug Requirements/ Limits
sumatriptan inj 6mg/0.5ml (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	1	QL
sumatriptan inj 6mg/0.5ml (generic of IMITREX) SOLN QL (12 injections / 30 days)	1	QL
sumatriptan inj 6mg/0.5ml SOSY QL (12 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX) TABS QL (12 tabs / 30 days)	1	QL
sumatriptan-naproxen sodium (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL
TREXIMET 85-500MG QL (9 tabs / 30 days)	4	NDS QL
ZEMBRACE SYMTOUCH QL (24 pens / 30 days)	4	NDS QL
zolmitriptan (generic of ZOMIG) TABS QL (12 tabs / 30 days)	1	QL
zolmitriptan (generic of ZOMIG ZMT) TBDP QL (12 tabs / 30 days)	1	QL
ZOMIG NASAL SPRAY QL (12 inhalers / 30 days)	2	QL
ZOMIG TABS QL (12 tabs / 30 days)	4	NDS QL
ZOMIG ZMT QL (12 tabs / 30 days)	4	NDS QL
MISCELLANEOUS		
AUSTEDO 6mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
BRISDELLE QL (30 caps / 30 days)	3	QL
EQUETRO	3	
FIRDAPSE	4	NDS NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
GRALISE 300mg QL (180 tabs / 30 days)	2	QL PA
GRALISE 600mg QL (90 tabs / 30 days)	2	QL PA
GRALISE STARTER	2	PA
HORIZANT	3	PA
INGREZZA CAPS QL (30 caps / 30 days)	4	NDS QL NM PA
INGREZZA CPPK QL (28 caps / 28 days)	4	NDS QL NM PA
lithium carb tab 300mg	1	
lithium carbonate CAPS	1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	1	
lithium carbonate TBCR 450mg	1	
LITHIUM SOLN 8MEQ/5ML	3	
LITHOBID	4	NDS
LYRICA CR QL (60 tabs / 30 days)	2	QL PA
MESTINON	4	NDS
MESTINON TIMESPAN	4	NDS
NUEDEXTA QL (60 caps / 30 days)	2	QL PA
paroxetine mesylate (vasomotor) (generic of BRISDELLE) QL (30 caps / 30 days)	3	QL
pyridostigmine bromide (generic of MESTINON) SOLN	4	NDS
pyridostigmine bromide (generic of MESTINON TIMESPAN) TBCR	1	
pyridostigmine tab 60mg (generic of MESTINON)	1	
RADICAVA	4	NDS NM LA PA
RILUTEK	4	NDS
riluzole (generic of RILUTEK)	1	
SAVELLA QL (60 tabs / 30 days)	2	QL
SAVELLA TITRATION PACK	2	
TEGSEDI QL (4 syringes / 28 days)	4	NDS QL NM LA PA

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Drug Name	Tier	Drug Requirements/ Limits
tetrabenazine (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	4	NDS QL NM PA
tetrabenazine (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TIGLUTIK QL (600 mL / 30 days)	4	NDS QL PA
XENAZINE 12.5mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
XENAZINE 25mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	NDS NM LA PA
AUBAGIO QL (30 tabs / 30 days)	4	NDS QL NM LA PA
AVONEX QL (4 injections / 28 days)	4	NDS QL NM PA
AVONEX PEN QL (4 injections / 28 days)	4	NDS QL NM PA
BETASERON QL (14 syringes / 28 days)	4	NDS QL NM PA
COPAXONE 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
COPAXONE 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
dalfampridine (generic of AMPYRA)	4	NDS NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	4	NDS QL NM PA
glatiramer acetate 20mg/ml (generic of COPAXONE) QL (30 syringes / 30 days)	4	NDS QL NM PA
glatiramer acetate 40mg/ml (generic of COPAXONE) QL (12 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
glatopa (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
glatopa (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
LEMTRADA	4	NDS NM LA PA
MAYZENT 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
MAYZENT .25mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
OCREVUS	4	NDS NM LA PA
PLEGRIDY SOPN QL (2 pens / 28 days)	4	NDS QL NM PA
PLEGRIDY SOSY QL (2 syringes / 28 days)	4	NDS QL NM PA
PLEGRIDY STARTER PACK SOPN QL (2 pens / 28 days)	4	NDS QL NM PA
PLEGRIDY STARTER PACK SOSY QL (2 syringes / 28 days)	4	NDS QL NM PA
REBIF QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF REBIDOSE QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF REBIDOSE TITRATION QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF TITRATION PACK QL (12 injections / 28 days)	4	NDS QL NM PA
TECFIDERA 120mg QL (14 caps / 7 days)	4	NDS QL NM LA PA
TECFIDERA 240mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
TECFIDERA STARTER PACK	4	NDS NM LA PA

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Drug Name	Tier	Drug Requirements/ Limits
TYSABRI	4	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS	1	
BOTOX	4	NDS PA
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	2	PA
DANTRIUM	2	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	1	
dantrolene sodium CAPS 100mg	1	
DYSPORT	3	PA
MYOBLOC	3	PA
tizanidine hcl (generic of ZANAFLEX) CAPS	1	
tizanidine tabs 2mg	1	
tizanidine tabs (generic of ZANAFLEX) 4mg	1	
XEOMIN INJ 50 UNITS	3	PA
XEOMIN INJ 100 UNITS	4	NDS PA
XEOMIN INJ 200 UNITS	4	NDS PA
ZANAFLEX CAPS	3	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	1	QL PA
armodafinil (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
modafinil (generic of PROVIGIL) 100mg QL (30 tabs / 30 days)	1	QL PA
modafinil (generic of PROVIGIL) 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL 50mg QL (90 tabs / 30 days)	3	QL PA
NUVIGIL 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL 200mg QL (60 tabs / 30 days)	4	NDS QL PA
XYREM QL (540 mL / 30 days)	4	NDS QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	1	
ANTABUSE	2	
BUNAVAIL MIS 2.1-0.3MG QL (90 films / 30 days)	2	QL
BUNAVAIL MIS 4.2-0.7MG QL (90 films / 30 days)	2	QL
BUNAVAIL MIS 6.3-1MG QL (60 films / 30 days)	2	QL
buprenorphine hcl SUBL QL (90 tabs / 30 days)	1	QL PA
buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl dihydrate 4-1mg (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl dihydrate 8-2mg (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl dihydrate 12-3mg (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl QL (90 tabs / 30 days)	1	QL
bupropion hcl (smoking deterrent)	1	
CHANTIX CONTINUING MONTH	2	PA
CHANTIX STARTER PACK	2	PA
CHANTIX TABS	2	PA
disulfiram (generic of ANTABUSE) TABS	1	
fluoxetine hcl (pmdd) (generic of SARAFEM) (generic of SARAFEM)	1	
LUCEMYRA QL (228 tabs / 14 days)	4	NDS QL PA

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Drug Name	Drug Requirements/ Tier	Limits
naloxone inj 0.4mg/ml	1	
naloxone inj 1mg/ml	1	
naltrexone hcl TABS	1	
NARCAN	2	
NICOTROL INHALER	3	
NICOTROL NS	3	
SARAFEM	3	
SUBLOCADE	4	NDS
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
VIVITROL	4	NDS
ZUBSOLV SUB 0.7-0.18MG QL (90 tabs / 30 days)	2	QL
ZUBSOLV SUB 1.4-0.36MG QL (90 tabs / 30 days)	2	QL
ZUBSOLV SUB 2.9-0.71MG QL (90 tabs / 30 days)	2	QL
ZUBSOLV SUB 5.7-1.4MG QL (90 tabs / 30 days)	2	QL
ZUBSOLV SUB 8.6-2.1MG QL (60 tabs / 30 days)	2	QL
ZUBSOLV SUB 11.4-2.9MG QL (30 tabs / 30 days)	2	QL
ZYBAN	2	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	4	NDS PA
ANDRODERM QL (30 patches / 30 days)	2	QL PA
ANDROGEL 1.62% QL (150 grams / 30 days)	3	QL PA
ANDROGEL 25MG/2.5GM QL (300 grams / 30 days)	3	QL PA
ANDROGEL 50MG/5GM QL (300 grams / 30 days)	3	QL PA
AVEED	3	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
DEPO-TESTOSTERONE	3	PA
FORTESTA QL (120 grams / 30 days)	3	QL PA
oxandrolone TABS	1	PA
STRIANT QL (60 buccal systems / 30 days)	3	QL PA
TESTIM QL (300 grams / 30 days)	3	QL PA
testosterone GEL 1% QL (300 grams / 30 days)	1	QL PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62% QL (150 grams / 30 days)	1	QL PA
testosterone (generic of FORTESTA) GEL 10mg/act QL (120 grams / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 grams / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	1	QL PA
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN	1	PA
testosterone td soln 30 mg/act QL (180 mL / 30 days)	1	QL PA
VOGELXO 50 MG/5GM QL (300 grams / 30 days)	3	QL PA
VOGELXO PUMP QL (300 grams / 30 days)	3	QL PA

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Drug Name	Tier	Drug Requirements/ Limits
XYOSTED	3	PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	2	
BD ALCOHOL SWABS	2	
BD ULTRAFINE INSULIN SYRINGE	2	
BD ULTRAFINE/NANO PEN NEEDLES	2	
BYDUREON BCISE QL (4 pens / 28 days)	2	QL
BYDUREON PEN QL (4 pens / 28 days)	2	QL
BYETTA QL (1 pen / 30 days)	3	QL
FIASP	2	
FIASP FLEXTOUCH	2	
GAUZE PADS 2X2	2	
HUMULIN R U-500 (CONCENTRATE)	4	NDS B/D
HUMULIN R U-500 KWIKPEN	4	NDS
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30 (brand RELION not covered)	2	
NOVOLIN 70/30 FLEXPEN (brand RELION not covered)	2	
NOVOLIN N (brand RELION not covered)	2	
NOVOLIN R (brand RELION not covered)	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG PENFILL	2	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE QL (1 pen / 28 days)	2	QL
OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	2	QL
SOLIQUA 100/33 QL (10 pens / 30 days)	2	QL
SYMLINPEN 60	4	NDS PA
SYMLINPEN 120	4	NDS PA
TRESIBA FLEXTOUCH	2	
TRESIBA INJ	2	
TRULICITY QL (4 pens / 28 days)	2	QL
VICTOZA QL (3 pens / 30 days)	2	QL
XULTOPHY 100/3.6 QL (5 pens / 30 days)	2	QL
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE) TABS	1	
ACTOPLUS MET TAB 15-500MG QL (90 tabs / 30 days)	3	QL
ACTOPLUS MET TAB 15-850MG QL (90 tabs / 30 days)	3	QL
ACTOS QL (30 tabs / 30 days)	3	QL
AMARYL 1mg, 2mg QL (90 tabs / 30 days)	3	QL
AMARYL 4mg QL (60 tabs / 30 days)	3	QL
DUETACT QL (30 tabs / 30 days)	3	QL
FARXIGA QL (30 tabs / 30 days)	2	QL
glimepiride (generic of AMARYL) 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	1	QL

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glipizide er (generic of GLUCOTROL XL) 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide er (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin 5-500mg QL (120 tabs / 30 days)	1	QL
GLUCOPHAGE 500mg QL (150 tabs / 30 days)	3	QL
GLUCOPHAGE 850mg QL (90 tabs / 30 days)	3	QL
GLUCOPHAGE 1000mg QL (75 tabs / 30 days)	3	QL
GLUCOPHAGE XR 500mg QL (120 tabs / 30 days)	3	QL
GLUCOPHAGE XR 750mg QL (60 tabs / 30 days)	3	QL
GLUCOTROL 5mg QL (240 tabs / 30 days)	3	QL
GLUCOTROL 10mg QL (120 tabs / 30 days)	3	QL
GLUCOTROL XL 2.5mg, 5mg QL (90 tabs / 30 days)	3	QL
GLUCOTROL XL 10mg QL (60 tabs / 30 days)	3	QL
GLYSET	3	
JANUMET 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 QL (30 tabs / 30 days)	2	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	2	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	2	QL
metformin er (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin er (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	QL
miglitol (generic of GLYSET)	1	
nateglinide (generic of STARLIX) QL (90 tabs / 30 days)	1	QL
pioglitazone hcl (generic of ACTOS) QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
pioglitazone hcl-glimepiride (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
PRANDIN 1mg QL (120 tabs / 30 days)	3	QL
PRANDIN 2mg QL (240 tabs / 30 days)	3	QL
PRECOSE	2	
repaglinide (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	1	QL
repaglinide (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	1	QL
repaglinide .5mg QL (120 tabs / 30 days)	1	QL
repaglinide-metformin hcl QL (150 tabs / 30 days)	1	QL
RIOMET QL (780 mL / 30 days)	3	QL
STARLIX QL (90 tabs / 30 days)	3	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 12.5-500MG 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 10-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
TRADJENTA QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	2	QL
BISPHOSPHONATES		
ACTONEL 5mg, 35mg, 150mg	3	
alendronate sodium SOLN	1	
alendronate sodium TABS 5mg, 10mg, 35mg, 40mg	1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
ATELVIA	3	
BINOSTO	3	
BONIVA INJ QL (1 injection / 90 days)	3	B/D QL
BONIVA TAB 150MG	3	B/D
FOSAMAX	3	
FOSAMAX PLUS D	3	
ibandronate sodium inj (generic of BONIVA) QL (1 injection / 90 days)	1	B/D QL
ibandronate sodium tabs (generic of BONIVA)	1	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	1	B/D
pamidronate inj 30mg	1	B/D
pamidronate inj 90mg	1	B/D
RECLAST	3	B/D NM
risedronate sodium (generic of ACTONEL) TABS	1	
risedronate sodium (generic of ATELVIA) TBEC	1	

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Drug Name	Drug Requirements/ Tier	Limits
zoledronic acid inj 5mg/100ml (generic of RECLAST)	1	B/D NM
zoledronic inj 4mg/5ml	1	B/D NM
ZOLEDRONIC INJ 4MG/100ML	3	B/D NM
CHELATING AGENTS		
CHEMET	3	
deferasirox (generic of EXJADE)	4	NDS NM PA
deferoxamine mesylate 2gm	1	NM PA
deferoxamine mesylate (generic of DESFERAL) 500mg	1	NM PA
DEPEN TITRATABS	4	NDS
DESFERAL	3	NM PA
EXJADE	4	NDS NM LA PA
FERRIPROX SOLN	4	NDS NM LA PA
FERRIPROX TABS 500mg	4	NDS NM LA PA
JADENU	4	NDS NM LA PA
JADENU SPRINKLE	4	NDS NM LA PA
kionex sus 15gm/60ml	1	
LOKELMA	2	
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate susp	1	
sps	1	
SYPRINE	4	NDS PA
trientine hcl (generic of SYPRINE)	4	NDS PA
VELTASSA	4	NDS LA
CONTRACEPTIVES		
altavera tab	1	
alyacen 1/35 (generic of ORTHO-NOVUM 1/35)	1	
amethia (generic of SEASONIQUE)	1	
amethia lo (generic of LOSEASONIQUE)	1	
apri	1	
aranelle	1	

Drug Name	Drug Requirements/ Tier	Limits
ashlyna (generic of SEASONIQUE)	1	
aubra	1	
aviane	1	
balziva	1	
bekyree (generic of MIRCETTE)	1	
BEYAZ	3	
blisovi 24 fe	1	
blisovi fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
briellyn	1	
camila	1	
camrese lo tab (generic of LOSEASONIQUE)	1	
caziant pak	1	
cryselle-28	1	
cyclafem 1/35 (generic of ORTHO-NOVUM 1/35)	1	
cyclafem 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	1	
cyred tab	1	
dasetta 1/35 (generic of ORTHO-NOVUM 1/35)	1	
dasetta 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	1	
deblitane	1	
delyla	1	
DEPO-PROVERA CONTRACEPTIVE	2	
DEPO-SUBQ PROVERA 104	2	
desogestrel & ethinyl estradiol	1	
desogestrel-ethinyl estradiol (biphasic) (generic of MIRCETTE)	1	
drospirenone-ethinyl estradiol (generic of YASMIN 28)	1	
drospirenone-ethinyl estradiol (generic of YAZ)	1	
drospirenone-ethinyl estradiol-levomefolate calcium (generic of BEYAZ)	1	
drospirenone-ethinyl estradiol-levomefolate calcium (generic of SAFYRAL)	1	

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Drug Name	Drug Requirements/ Tier	Limits
ELLA	3	
emoquette	1	
enpresse-28	1	
enskyce	1	
errin (generic of ORTHO MICRONOR)	1	
estarylla tab 0.25-35	1	
ESTROSTEP FE	3	
ethynodiol diacet & eth estrad	1	
ethynodiol tab 1-50	1	
falmina	1	
fayosim (generic of QUARTETTE)	1	
femynor	1	
gianvi tab 3-0.02mg (generic of YAZ)	1	
hailey 24 fe	1	
heather	1	
incassia	1	
introvale	1	
isibloom	1	
jasmiel (generic of YAZ)	1	
jolessa tab 0.15-0.03 mg	1	
jolivette (generic of ORTHO MICRONOR)	1	
juleber	1	
junel 1.5/30 (generic of LOESTRIN 1.5/30-21)	1	
junel 1/20 (generic of LOESTRIN 1/20-21)	1	
junel fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
junel fe 1/20 (generic of LOESTRIN FE 1/20)	1	
junel fe 24	1	
kaitlib fe (generic of GENERESS FE)	1	
kariva (generic of MIRCETTE)	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30 (generic of LOESTRIN 1.5/30-21)	1	

Drug Name	Drug Requirements/ Tier	Limits
larin 1/20 (generic of LOESTRIN 1/20-21)	1	
larin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
larin fe 1/20 (generic of LOESTRIN FE 1/20)	1	
larissia tab	1	
layolis fe chw (generic of GENERESS FE)	1	
leena tab	1	
lessina	1	
levonest	1	
levonor/ethi tab	1	
levonorgestrel & eth estradiol	1	
levonorgestrel-ethinyl estradiol (91-day)	1	
levonorgestrel-ethinyl estradiol (91-day) (generic of LOSEASONIQUE)	1	
levonorgestrel-ethinyl estradiol (91-day) (generic of QUARTETTE)	1	
levonorgestrel-ethinyl estradiol (91-day) (generic of SEASONIQUE)	1	
levonorgestrel-ethinyl estradiol (continuous)	1	
levora 0.15/30-28	1	
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 21 DAY	3	
LOESTRIN 1/20 21 DAY	3	
LOESTRIN FE 1.5/30 28 DAY	3	
LOESTRIN FE 1/20 28 DAY	3	
loryna (generic of YAZ)	1	
LOSEASONIQUE	3	
low-ogestrel	1	
lutera	1	
lyza (generic of ORTHO MICRONOR)	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	1	

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Drug Name	Drug Requirements/ Tier	Limits
melodetta 24 fe (generic of MINASTRIN 24 FE)	1	
mibelas 24 fe (generic of MINASTRIN 24 FE)	1	
microgestin 1.5/30 (generic of LOESTRIN 1.5/30-21)	1	
microgestin 1/20 (generic of LOESTRIN 1/20-21)	1	
microgestin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
microgestin fe 1/20 (generic of LOESTRIN FE 1/20)	1	
mili	1	
MINASTRIN 24 FE	3	
MIRCETTE	2	
mono-linyah tab 0.25-35	1	
NATAZIA	2	
necon 0.5/35-28	1	
nikki (generic of YAZ)	1	
nora-be tab	1	
nore/eth/fer chw 0.4mg-35	1	
noreth/ethin chw fe (generic of GENERESS FE)	1	
norethin acet & estrad-fe (generic of MINASTRIN 24 FE) CHEW	1	
norethin acet & estrad-fe TABS	1	
norethindrone (contraceptive) (generic of ORTHO MICRONOR)	1	
norethindrone acet & eth estra (generic of LOESTRIN 1/20-21)	1	
norgest/ethi tab 0.25/35	1	
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1	
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (generic of ORTHO-NOVUM 1/35)	1	
nortrel 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	1	
NUVARING	2	
ocella tab 3-0.03mg (generic of YASMIN 28)	1	
orsythia	1	
ORTHO MICRONOR	2	
ORTHO TRI-CYCLEN LO	3	
ORTHO-NOVUM 1/35	3	
ORTHO-NOVUM 7/7/7	3	
philith	1	
pimtrea (generic of MIRCETTE)	1	
pirmella 1/35 (generic of ORTHO-NOVUM 1/35)	1	
portia-28	1	
previfem	1	
QUARTETTE	3	
reclipsen	1	
rivelsa (generic of QUARTETTE)	1	
SAFYRAL	3	
SEASONIQUE	3	
setlakin tab	1	
sharobel (generic of ORTHO MICRONOR)	1	
sprintec 28	1	
sronyx	1	
syeda (generic of YASMIN 28)	1	
tarina 24 fe	1	
tarina fe 1/20 (generic of LOESTRIN FE 1/20)	1	
TAYTULLA	2	
tilia fe (generic of ESTROSTEP FE)	1	
tri-estarylla	1	
tri-legest fe (generic of ESTROSTEP FE)	1	
tri-linyah	1	
tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)	1	

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Drug Name	Drug Requirements/ Tier	Limits
tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)	1	
tri-mili	1	
tri-previfem	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)	1	
trivora-28	1	
tulana	1	
tydemy (generic of SAFYRAL)	1	
velivet	1	
vienva	1	
viorele (generic of MIRCETTE)	1	
vyfemla	1	
vylibra	1	
wymzya fe	1	
xulane dis 150-35	1	
YASMIN 28	3	
YAZ	3	
zarah (generic of YASMIN 28)	1	
zovia 1/35e	1	
ENDOMETRIOSIS		
danazol CAPS	1	
LUPANETA PACK	4	NDS NM PA
ORILISSA	4	NDS PA
SYNAREL	4	NDS
ENZYME REPLACEMENTS		
ALDURAZYME	4	NDS NM LA PA
BUPHENYL POWD	4	NDS NM PA
BUPHENYL TABS	4	NDS NM LA PA
CARBAGLU	4	NDS NM LA PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA	4	NDS NM PA
CEREZYME	4	NDS NM LA PA
CYSTADANE	4	NDS NM LA
CYSTAGON	3	NM LA PA
ELAPRASE	4	NDS NM LA PA
ELELYSO	4	NDS NM PA
FABRAZYME	4	NDS NM LA PA
GALAFOLD	4	NDS NM LA PA
KANUMA	4	NDS NM LA PA
KUVAN	4	NDS NM LA PA
levocarnitine (metabolic modifiers) (generic of CARNITOR)	1	B/D
LUMIZYME	4	NDS NM LA PA
miglustat (generic of ZAVESCA)	4	NDS NM PA
NAGLAZYME	4	NDS NM LA PA
NITYR	4	NDS NM LA PA
ORFADIN	4	NDS NM LA PA
PALYNZIQ	4	NDS NM LA PA
PROCYSBI	4	NDS NM LA PA
RAVICTI	4	NDS NM LA PA
REVCOVI	4	NDS NM LA PA
sodium phenylbutyrate (generic of BUPHENYL)	4	NDS NM PA
STRENSIQ	4	NDS NM LA PA
VIMIZIM	4	NDS NM PA
VPRIV	4	NDS NM PA
ZAVESCA	4	NDS NM LA PA
ESTROGENS		
ALORA .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
CLIMARA	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
dotti (generic of VIVELLE-DOT)	2	

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Drug Name	Drug Requirements/ Tier	Limits
ESTRACE	3	
estradiol (generic of VIVELLE-DOT) PTTW	2	
estradiol (generic of CLIMARA) PTWK	2	
estradiol (generic of ESTRACE) TABS	1	
estradiol vaginal cream (generic of ESTRACE)	1	
estradiol vaginal tab (generic of VAGIFEM)	1	
estradiol valerate (generic of DELESTROGEN) OIL	1	
ESTRING	2	
FEMRING	3	
fyavolv	2	
fyavolv (generic of FEMHRT LOW DOSE)	2	
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
jinteli	2	
MENEST	3	
MENOSTAR	3	
MINIVELLE	3	
norethindrone acetate-ethinyl estradiol	2	
norethindrone acetate-ethinyl estradiol (generic of FEMHRT LOW DOSE)	2	
PREMARIN CREAM	2	
PREMARIN INJ	3	
PREMARIN TABS	2	
PREMPHASE	2	
PREMPRO	2	
VAGIFEM	3	
VIVELLE-DOT	3	
yuvafem vaginal tablet 10 mcg (generic of VAGIFEM)	1	
GLUCOCORTICOIDS		
CORTEF	3	
cortisone acetate TABS	1	
DEPO-MEDROL	3	B/D
DEXAMETHASONE CONC	3	

Drug Name	Drug Requirements/ Tier	Limits
dexamethasone ELIX; SOLN; TABS	1	
dexamethasone sodium phosphate 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
dexamethasone sodium phosphate (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml	1	
fludrocortisone acetate TABS	1	
hydrocortisone (generic of CORTEF) TABS	1	
KENALOG-10	3	B/D
KENALOG-40	3	B/D
MEDROL PAK 4MG	3	
MEDROL TAB 2MG	3	B/D
MEDROL TAB 4MG	3	B/D
MEDROL TAB 8MG	3	B/D
MEDROL TAB 16MG	3	B/D
MEDROL TAB 32MG	3	B/D
methylpr ss inj (generic of SOLU-MEDROL)	1	B/D
methylpred pak 4mg (generic of MEDROL DOSEPAK)	1	
methylpred tab 4mg (generic of MEDROL)	1	B/D
methylpred tab 8mg (generic of MEDROL)	1	B/D
methylpred tab 16mg (generic of MEDROL)	1	B/D
methylpred tab 32mg (generic of MEDROL)	1	B/D
methylprednisolone acetate (generic of DEPO-MEDROL)	1	B/D
ORAPRED ODT TAB 10MG	2	B/D
ORAPRED ODT TAB 15MG	2	B/D
ORAPRED ODT TAB 30MG	2	B/D
PEDIAPRED	3	B/D
pred sod pho sol 5mg/5ml (generic of PEDIAPRED)	1	B/D
prednisolone sodium phosphate SOLN	1	B/D
prednisolone sodium phosphate (generic of ORAPRED ODT) TBDP	1	B/D

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Drug Name	Tier	Drug Requirements/ Limits
prednisolone sol 15mg/5ml	1	B/D
prednisolone sol 25mg/5ml	1	B/D
PREDNISONE CON 5MG/ML	3	B/D
prednisone pak 5mg	1	
prednisone pak 10mg	1	
prednisone sol 5mg/5ml	1	B/D
prednisone tab 1mg	1	B/D
prednisone tab 2.5mg	1	B/D
prednisone tab 5mg	1	B/D
prednisone tab 10mg	1	B/D
prednisone tab 20mg	1	B/D
prednisone tab 50mg	1	B/D
SOLU-CORTEF 100MG	3	
SOLU-CORTEF 250MG	3	
SOLU-CORTEF 500MG	3	
SOLU-CORTEF 1000MG	3	
SOLU-MEDROL	3	B/D
triamcinolone acetonide (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
MISCELLANEOUS		
cabergoline	1	
calcitonin (salmon) nasal spray (generic of MIACALCIN)	1	B/D
CHORIONIC GONADOTROPIN SOLR	3	NM PA
cinacalcet hcl	4	NDS B/D NM
EGRIFTA	4	NDS NM LA PA
EVISTA	3	
FORTEO	4	NDS NM PA
GENOTROPIN	4	NDS NM PA
GENOTROPIN MINIQUICK .2mg	3	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
HUMATROPE	4	NDS NM PA
HUMATROPE COMBO PACK	4	NDS NM PA

Drug Name	Tier	Drug Requirements/ Limits
INCRELEX	4	NDS NM LA PA
JYNARQUE	4	NDS NM LA PA
KORLYM	4	NDS NM LA PA
LUPRON DEP-PED INJ 7.5MG	4	NDS NM PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	4	NDS NM PA
LUPRON DEPOT-PED (1-MONTH	4	NDS NM PA
LUPRON DEPOT-PED (3-MONTH	4	NDS NM PA
MYALEPT	4	NDS NM LA PA
NATPARA	4	NDS NM PA
NORDITROPIN FLEXPRO	4	NDS NM PA
NOVAREL	3	NM PA
NUTROPIN AQ NUSPIN 5	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 10	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 20	4	NDS NM LA PA
octreotide acetate (generic of SANDOSTATIN) 50mcg/ml	1	NM PA
octreotide acetate 200mcg/ml	1	NM PA
octreotide acetate (generic of SANDOSTATIN) 500mcg/ml	4	NDS NM PA
octreotide acetate 1000mcg/ml	4	NDS NM PA
octreotide inj 100mcg/ml (generic of SANDOSTATIN)	1	NM PA
OMNITROPE 5.8MG	4	NDS NM LA PA
OMNITROPE 5MG	4	NDS NM LA PA
OMNITROPE 10MG	4	NDS NM LA PA
OSPHENA	2	PA
PREGNYL W/DILUENT BENZYL	3	NM PA
PROLIA QL (1 injection / 180 days)	2	QL NM

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Drug Name	Tier	Drug Requirements/ Limits
raloxifene hcl (generic of EVISTA)	1	
SAIZEN	4	NDS NM LA PA
SAIZENPREP RECONSTITUTION	4	NDS NM LA PA
SAMSCA	4	NDS NM LA PA
SANDOSTATIN	4	NDS NM PA
SANDOSTATIN LAR DEPOT	4	NDS NM PA
SENSIPAR TAB 30MG	4	NDS B/D NM
SENSIPAR TAB 60MG	4	NDS B/D NM
SENSIPAR TAB 90MG	4	NDS B/D NM
SEROSTIM	4	NDS NM LA PA
SIGNIFOR	4	NDS NM LA PA
SIGNIFOR LAR	4	NDS NM LA PA
SOMATULINE DEPOT	4	NDS NM PA
SOMAVERT	4	NDS NM LA PA
TYMLOS	4	NDS NM PA
XGEVA	4	NDS NM PA
ZOMACTON 5mg	3	NM PA
ZOMACTON 10mg	4	NDS NM PA
ZORBTIVE	4	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA	4	NDS PA
calcium acetate (phosphate binder)	1	
FOSRENOL	4	NDS
lanthanum chew tab (generic of FOSRENOL)	4	NDS
PHOSLYRA	2	
RENAGEL	4	NDS
RENVELA PAK	4	NDS
RENVELA TAB 800MG	4	NDS
sevelamer carbonate (generic of RENVELA) PACK	4	NDS
sevelamer carbonate (generic of RENVELA) TABS	1	
sevelamer tab 400mg	1	
sevelamer tab 800mg (generic of RENAGEL)	1	
VELPHORO	4	NDS

Drug Name	Tier	Drug Requirements/ Limits
PROGESTINS		
AYGESTIN	3	
CRINONE	2	PA
medroxyprogesterone acetate (generic of PROVERA)	1	
norethindrone acetate (generic of AYGESTIN) TABS	1	
progesterone micronized (generic of PROMETRIUM) CAPS	1	
PROMETRIUM	3	
PROVERA	3	
THYROID AGENTS		
CYTOMEL	2	
levo-t (generic of SYNTHROID)	1	
levothyroxine sodium (generic of SYNTHROID) TABS	1	
levoxyl (generic of SYNTHROID)	1	
liothyronine sodium (generic of CYTOMEL) TABS	1	
methimazole (generic of TAPAZOLE) TABS	1	
propylthiouracil TABS	1	
SYNTHROID	2	
TAPAZOLE	2	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid (generic of SYNTHROID)	1	
VASOPRESSINS		
DDAVP SOLN	4	NDS
DDAVP SPRAY	4	NDS
DDAVP SPRAY (REFRIGERATED)	2	
DDAVP TAB 0.1MG	4	NDS
DDAVP TAB 0.2MG	4	NDS
desmopressin acetate (generic of DDAVP) TABS	1	
desmopressin acetate spray (generic of DDAVP)	1	
desmopressin acetate spray refrigerated	1	

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desmopressin inj 4mcg/ml (generic of DDAVP)	1	
STIMATE	4	NDS NM
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAPS	3	B/D
AKYNZEO SOLR	3	
ALOXI	4	NDS
aprepitant (generic of EMEND)	1	B/D
aprepitant pak 80mg & 125mg	1	B/D
CESAMET QL (60 caps / 30 days)	4	NDS B/D QL
CINVANTI	3	
compro	1	
dronabinol (generic of MARINOL) QL (60 caps / 30 days)	1	B/D QL
EMEND CAPS 40mg, 80mg	3	B/D
EMEND CAPS 125mg	4	NDS B/D
EMEND SOLR	3	
EMEND SUSR	3	B/D
EMEND PAK 80 & 125	4	NDS B/D
granisetron hcl SOLN	1	
granisetron hcl TABS	1	B/D
MARINOL 2.5mg QL (60 caps / 30 days)	3	B/D QL
MARINOL 5mg, 10mg QL (60 caps / 30 days)	4	NDS B/D QL
meclizine hcl TABS	1	
metoclopramide hcl SOLN	1	
metoclopramide hcl (generic of REGLAN) TABS	1	
metoclopramide hcl inj	1	
metoclopramide odt 5mg	1	
METOCLOPRAMIDE ODT 10MG	3	
ondansetron hcl (generic of ZOFRAN) TABS 4mg, 8mg	1	B/D
ondansetron hcl TABS 24mg	1	B/D
ondansetron hcl inj	1	
ondansetron hcl oral soln	1	B/D
ondansetron odt	1	B/D
palonosetron hcl (generic of ALOXI) SOLN	1	

Drug Name	Tier	Drug Requirements/ Limits
palonosetron hcl SOSY	1	
PALONOSETRON HYDROCHLORID 0.25MG/2ML	3	
PALONOSETRON HYDROCHLORIDE 0.25MG/5ML	3	
phenadoz PA if 70 years and older	3	PA
PHENERGAN INJ PA if 70 years and older	3	PA
prochlorperazine inj	1	
prochlorperazine maleate TABS	1	
prochlorperazine supp	1	
promethazine hcl SUPP PA if 70 years and older	3	PA
promethazine hcl SYRP; TABS PA if 70 years and older	1	PA
promethazine hcl inj (generic of PHENERGAN) PA if 70 years and older	3	PA
promethegan PA if 70 years and older	3	PA
REGLAN	3	
SANCUSO QL (4 patches / 28 days)	4	NDS QL
scopolamine (generic of TRANSDERM SCOP) QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
SUSTOL	3	
SYNDROS QL (120 mL / 30 days)	4	NDS B/D QL
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
VARUBI INJ	2	
VARUBI TAB 90MG	2	B/D
ZOFRAN TAB 4MG	4	NDS B/D
ZOFRAN TAB 8MG	4	NDS B/D
ZUPLENZ	4	NDS B/D
ANTISPASMODICS		

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Drug Name	Drug Requirements/ Tier	Limits
atropine sulfate SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL	3	
CUVPOSA	3	
dicyclomine hcl cap 10mg	2	
dicyclomine hcl inj (generic of BENTYL)	3	
dicyclomine hcl soln 10mg/5ml	3	
dicyclomine hcl tab 20mg	2	
GLYCATE	3	
glycopyrrolate SOLN	1	
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3	
glycopyrrolate tab 1mg	1	
glycopyrrolate tab 2mg	1	
methscopolamine bromide TABS PA if 70 years and older	1	PA
PAMINE PA if 70 years and older	3	PA
PAMINE FORTE PA if 70 years and older	3	PA
propantheline bromide TABS	1	
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS	1	
cimetidine oral soln	1	
famotidine SUSR	1	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl	1	
famotidine inj	1	
nizatidine	1	
PEPCID	3	
ranitidine hcl CAPS	1	
ranitidine hcl SYRP	1	
ranitidine hcl (generic of ZANTAC) TABS 150mg	1	
ranitidine hcl TABS 300mg	1	
ranitidine hcl inj (generic of ZANTAC)	1	
ZANTAC INJ 25MG/ML	3	
ZANTAC INJ 50MG/2ML	3	
INFLAMMATORY BOWEL DISEASE		

Drug Name	Drug Requirements/ Tier	Limits
APRISO	2	
ASACOL HD	4	NDS
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium (generic of COLAZAL)	1	
budesonide (generic of ENTOCORT EC) CPEP	1	
budesonide (generic of UCERIS) TB24	4	NDS
CANASA	4	NDS
colocort (generic of CORTENEMA)	1	
CORTENEMA	3	
DELZICOL	3	
DIPENTUM	4	NDS
ENTOCORT EC	4	NDS
ENTYVIO	4	NDS NM PA
hydrocortisone (enema) (generic of CORTENEMA)	1	
LIALDA	3	
mesalamine (generic of DELZICOL) CPDR	1	
mesalamine (generic of CANASA) SUPP	4	NDS
mesalamine (generic of LIALDA) TBEC 1.2gm	1	
mesalamine (generic of ASACOL HD) TBEC 800mg	1	
mesalamine enema	1	
mesalamine w/ cleanser (generic of ROWASA)	1	
PENTASA	4	NDS
ROWASA KIT 4GM	4	NDS
SFROWASA	4	NDS
sulfasalazine dr (generic of AZULFIDINE EN-TABS)	1	
sulfasalazine ir (generic of AZULFIDINE)	1	
UCERIS FOAM	3	
UCERIS TAB	4	NDS
LAXATIVES		
CLENPIQ	3	
COLYTE-FLAVOR PACKS	3	
constulose	1	

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Drug Name	Drug Tier	Requirements/ Limits
enulose	1	
gavilyte-c (generic of COLYTE-FLAVOR PACKS)	1	
gavilyte-g (generic of GOLYTELY)	1	
gavilyte-n/flavor pack (generic of NULYTELY/FLAVOR PACKS)	1	
generlac	1	
GOLYTELY	3	
KRISTALOSE	3	
lactulose SOLN	1	
lactulose (encephalopathy)	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic of GOLYTELY)	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride (generic of NULYTELY/FLAVOR PACKS)	1	
peg 3350/electrolytes	1	
PLENVU	3	
PREPOPIK	3	
SUPREP BOWEL PREP KIT	2	
trilyte (generic of NULYTELY/FLAVOR PACKS)	1	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX)	4	NDS PA
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
amoxicillin-clarithromycin w/ lansoprazole	1	
CARAFATE	3	
CHOLBAM	4	NDS NM LA PA
cromolyn sodium (mastocytosis) (generic of GASTROCROM)	4	NDS
CYTOTEC	2	
diphenoxylate w/ atropine LIQD	3	

Drug Name	Drug Tier	Requirements/ Limits
diphenoxylate w/ atropine (generic of LOMOTIL) TABS	2	
GASTROCROM	4	NDS
GATTEX	4	NDS NM LA PA
LINZESS	3	
LOMOTIL	2	
loperamide hcl CAPS	1	
LOTRONEX	4	NDS PA
misoprostol (generic of CYTOTEC) TABS	1	
MOTEGRITY	3	
MOVANTIK	2	
OCALIVA	4	NDS NM LA PA
OMECLAMOX-PAK	3	
RELISTOR	4	NDS PA
SUCRAID	4	NDS LA
sucralfate (generic of CARAFATE) TABS	1	
SYMPROIC	3	
TRULANCE	3	
URSO 250	2	
URSO FORTE	2	
ursodiol (generic of ACTIGALL) CAPS	1	
ursodiol (generic of URSO 250) TABS 250mg	1	
ursodiol (generic of URSO FORTE) TABS 500mg	1	
VIBERZI	4	NDS PA
XERMELO	4	NDS NM LA PA
XIFAXAN TAB 550MG	4	NDS PA
PANCREATIC ENZYMES		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
VIOKACE 10	2	
VIOKACE 20	4	NDS
ZENPEP	2	
PROTON PUMP INHIBITORS		
ACIPHEX QL (30 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
DEXILANT QL (30 caps / 30 days)	2	QL
esomeprazole magnesium (generic of NEXIUM) QL (30 caps / 30 days)	1	QL ST
esomeprazole sodium inj 20mg	1	
esomeprazole sodium inj (generic of NEXIUM I.V.) 40mg	1	
lansoprazole (generic of PREVACID) CPDR QL (30 caps / 30 days)	1	QL
lansoprazole (generic of PREVACID SOLUTAB) TBDP QL (30 tabs / 30 days)	1	QL
NEXIUM CAP 20MG QL (30 caps / 30 days)	3	QL ST
NEXIUM CAP 40MG QL (30 caps / 30 days)	3	QL ST
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR QL (30 packets / 30 days)	3	QL
NEXIUM GRA 20MG DR QL (30 packets / 30 days)	3	QL
NEXIUM GRA 40MG DR QL (30 packets / 30 days)	3	QL
NEXIUM I.V.	3	
omeprazole cap 10mg	1	
omeprazole cap 20mg	1	
omeprazole cap 40mg	1	
pantoprazole sodium (generic of PROTONIX) SOLR; TBEC	1	
PREVACID QL (30 caps / 30 days)	3	QL
PREVACID SOLUTAB QL (30 tabs / 30 days)	3	QL
PRILOSEC	3	
PROTONIX PACK QL (30 packets / 30 days)	3	QL
PROTONIX SOLR; TBEC	3	
rabeprazole sodium (generic of ACIPHEX) QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL)	1	
AVODART	3	
CARDURA XL	3	
dutasteride (generic of AVODART) CAPS	1	
dutasteride-tamsulosin hcl (generic of JALYN)	1	
finasteride (generic of PROSCAR) TABS 5mg	1	
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	3	
silodosin (generic of RAPAFLO)	1	
tamsulosin hcl (generic of FLOMAX)	1	
MISCELLANEOUS		
bethanechol chloride (generic of URECHOLINE) TABS	1	
ELMIRON	4	NDS
INTRAROSA	3	PA
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq	1	
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg	1	
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg	1	
THIOLA	4	NDS
URECHOLINE	2	
UROCIT-K 5	2	
UROCIT-K 10	2	
UROCIT-K 15	2	
URINARY ANTISPASMODICS		

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Drug Name	Drug Requirements/ Tier	Limits
darifenacin hydrobromide (generic of ENABLEX)	1	
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
ENABLEX	3	
GELNIQUE PUMP	3	
MYRBETRIQ	2	
oxybutynin chloride SYRP	1	
oxybutynin chloride TABS	1	
oxybutynin chloride (generic of DITROPAN XL) TB24 5mg, 10mg	1	
oxybutynin chloride TB24 15mg	1	
OXYTROL	3	
solifenacin succinate (generic of VESICARE)	1	
tolterodine er (generic of DETROL LA)	1	
tolterodine tartrate (generic of DETROL)	1	
TOVIAZ	2	
trospium chloride	1	
VESICARE	3	
VAGINAL ANTI-INFECTIVES		
AVC	3	
CLEOCIN CREA	2	
CLEOCIN SUPP	3	
clindamycin cre 2% vag (generic of CLEOCIN)	1	
CLINDESSE	3	
GYNAZOLE-1	3	
METROGEL-VAGINAL	2	
metronidazole vaginal (generic of METROGEL-VAGINAL)	1	
miconazole 3 SUPP	1	
terconazole vaginal (generic of TERAZOL 7) CREA .4%	1	
terconazole vaginal CREA .8%	1	
terconazole vaginal SUPP	1	
vandazole	1	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA	4	NDS
COUMADIN	3	
ELIQUIS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK QL (74 tabs / 30 days)	2	QL
enoxaparin sodium (generic of LOVENOX)	1	
fondaparinux sodium (generic of ARIXTRA) 2.5mg/0.5ml	1	
fondaparinux sodium (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	2	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	4	NDS
heparin sod (porcine) in d5w	1	
heparin sod inj 5000u/0.5ml	1	B/D
heparin sodium (porcine) 1000 u/ml	1	B/D
heparin sodium (porcine) 5000 u/ml	1	B/D
heparin sodium (porcine) 10000 u/ml	1	B/D
heparin sodium (porcine) 20000 u/ml	1	B/D
HEPARIN SODIUM/NACL 0.45%	3	
jantoven (generic of COUMADIN)	1	
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 300mg/3ml	2	
LOVENOX 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA QL (60 caps / 30 days)	3	QL

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Drug Name	Tier	Drug Requirements/ Limits
warfarin sodium (generic of COUMADIN)	1	
XARELTO 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STARTER PACK QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml	4	NDS NM PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NDS NM PA
LEUKINE	4	NDS NM PA
MOZOBIL	4	NDS NM PA
NPLATE	4	NDS NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NDS NM PA
ZARXIO	4	NDS NM PA
MISCELLANEOUS		
AGRYLIN	4	NDS
anagrelide hcl 1mg	1	
anagrelide hcl (generic of AGRYLIN) .5mg	1	
BERINERT QL (24 boxes / 30 days)	4	NDS QL NM LA PA
CABLIVI	4	NDS NM LA PA
cilostazol	1	
CINRYZE QL (20 vials / 30 days)	4	NDS QL NM LA PA
DOPTELET	4	NDS NM LA PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI	4	NDS NM LA PA
FIRAZYR QL (9 syringes / 30 days)	4	NDS QL NM PA
HAEGARDA 2000unit QL (30 vials / 30 days)	4	NDS QL NM LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
KALBITOR QL (18 mL / 30 days)	4	NDS QL NM LA PA
LYSTEDA	3	
MULPLETA	4	NDS NM PA
pentoxifylline TBCR	1	
PROMACTA PACK QL (360 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
RUCONEST QL (12 vials / 30 days)	4	NDS QL NM PA
SOLIRIS	4	NDS NM LA PA
TAKHZYRO QL (2 vials / 28 days)	4	NDS QL NM LA PA
TAVALISSE QL (60 tabs / 30 days)	4	NDS QL NM LA PA
tranexamic acid (generic of CYKLOKAPRON) SOLN	1	
tranexamic acid (generic of LYSTEDA) TABS	1	
ULTOMIRIS	4	NDS NM LA PA
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
aspirin-dipyridamole (generic of AGGRENOX)	1	
BRILINTA	2	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1	

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Drug Name	Tier	Drug Requirements/ Limits
clopidogrel bisulfate TABS 300mg	1	
EFFIENT	3	
PLAVIX	3	
prasugrel hcl (generic of EFFIENT)	1	
ZONTIVITY	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA QL (30 tabs / 30 days)	4	NDS QL
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	4	NDS QL NM PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	4	NDS QL NM PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS DISEASE	4	NDS NM PA
HUMIRA PEN QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN CD/UC/HS STARTER	4	NDS NM PA
HUMIRA PEN INJ CD/UC/HS STARTER	4	NDS NM PA
HUMIRA PEN INJ PS/UV STARTER	4	NDS NM PA
HUMIRA PEN-PS/UV STARTER	4	NDS NM PA
hydroxychloroquine sulfate (generic of PLAQUENIL)	1	
leflunomide (generic of ARAVA) TABS QL (30 tabs / 30 days)	1	QL
methotrexate sodium tabs	1	

Drug Name	Tier	Drug Requirements/ Limits
PLAQUENIL	2	
RENFLEXIS	4	NDS NM LA PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM LA PA
STELARA SOSY QL (1 syringe / 28 days)	4	NDS QL NM PA
TREXALL	2	B/D
XATMEP	3	B/D
XELJANZ QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR QL (30 tabs / 30 days)	4	NDS QL NM PA
IMMUNOGLOBULINS		
BIVIGAM	4	NDS NM PA
CUTAQUIG	4	NDS NM LA PA
CUVITRU 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml	4	NDS NM LA PA
CYTOGAM	4	NDS NM
GAMASTAN S/D	2	B/D NM
GAMMAGARD LIQUID	4	NDS NM PA
GAMMAGARD S/D	4	NDS NM PA
GAMMAKED	4	NDS NM PA
GAMMAPLEX	4	NDS NM PA
GAMMAPLEX 10GM/100ML	4	NDS NM PA
GAMUNEX-C	4	NDS NM PA
HIZENTRA	4	NDS NM LA PA
HYQVIA	4	NDS NM PA
OCTAGAM	4	NDS NM PA
PANZYGA	4	NDS NM PA
PRIVIGEN	4	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE	4	NDS NM LA PA
ARCALYST	4	NDS NM PA
ILARIS	4	NDS NM LA PA
INTRON-A INJ 10MU	4	NDS B/D NM
INTRON-A INJ 18MU	4	NDS B/D NM
INTRON-A INJ 25MU	4	NDS B/D NM
INTRON-A INJ 50MU	4	NDS B/D NM
ORALAIR	2	PA

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Drug Name	Tier	Drug Requirements/ Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL 5mg	4	NDS B/D NM
ASTAGRAF XL .5mg, 1mg	3	B/D NM
ATGAM	4	NDS B/D
AZASAN	2	B/D
azathioprine (generic of IMURAN) TABS	1	B/D
BENLYSTA	4	NDS NM PA
CELLCEPT CAP	4	NDS B/D NM
CELLCEPT SUSP	4	NDS B/D NM
CELLCEPT TAB	4	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS; SOLN	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	1	B/D NM
ENVARSUS XR	3	B/D NM
gengraf (generic of NEORAL)	1	B/D NM
IMURAN	2	B/D
mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR	4	NDS B/D NM
mycophenolate sodium tbec (generic of MYFORTIC)	1	B/D NM
MYFORTIC 180mg	3	B/D NM
MYFORTIC 360mg	4	NDS B/D NM
NEORAL	3	B/D NM
NULOJIX	4	NDS B/D NM
PROGRAF CAPS 5mg	4	NDS B/D NM
PROGRAF CAPS .5mg, 1mg	3	B/D NM
PROGRAF PACK	3	B/D NM
RAPAMUNE	4	NDS B/D NM
SANDIMMUNE CAP 25MG	3	B/D NM
SANDIMMUNE CAP 100MG	4	NDS B/D NM
SANDIMMUNE INJ	3	B/D NM
SANDIMMUNE SOLN 100MG/ML	3	B/D NM
sirolimus (generic of RAPAMUNE) SOLN	4	NDS B/D NM
sirolimus (generic of RAPAMUNE) TABS 2mg	4	NDS B/D NM
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D NM
tacrolimus (generic of PROGRAF) CAPS	1	B/D NM
ZORTRESS TAB 0.5MG	4	NDS B/D NM
ZORTRESS TAB 0.25MG	4	NDS B/D NM
ZORTRESS TAB 0.75MG	4	NDS B/D NM
ZORTRESS TAB 1MG	4	NDS B/D NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	2	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	2	

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Drug Name	Drug Requirements/ Tier	Limits
ROTATEQ	3	
SHINGRIX QL (2 vials per lifetime)	3	QL
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX QL (1 vial per lifetime)	3	QL
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
K-TAB 8meq, 20meq	3	
K-TAB 10meq	2	
klor-con 8	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con pak 20meq	1	
klor-con spr cap 8meq	1	
klor-con spr cap 10meq	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
magnesium sulfate SOLN 50%	1	
MAGNESIUM SULFATE IN D5W	3	
magnesium sulfate in dextrose (generic of MAGNESIUM SULFATE IN D5W)	1	
magnesium sulfate inj 50%	1	
MICRO-K	2	
potassium chloride CPCR	1	
potassium chloride PACK	1	
potassium chloride SOLN 10%, 20%	1	
potassium chloride TBCR 8meq, 10meq	1	
potassium chloride (generic of K-TAB) TBCR 20meq	1	
potassium chloride microencapsulated crystals er	1	
sodium chloride SOLN 2.5meq/ml	1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
TPN ELECTROLYTES	3	B/D
IV NUTRITION		
AMINOSYN II	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 2.75%/DEXTROSE	3	B/D
CLINIMIX E 4.25%/DEXTROSE	3	B/D
CLINIMIX E 5%/DEXTROSE 15	3	B/D
CLINIMIX E 5%/DEXTROSE 20	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
clinisol sf 15%	1	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
hepatamine	1	B/D
INTRALIPID 30%	3	B/D
INTRALIPID INJ 20%	3	B/D
NEPHRAMINE	3	B/D
NUTRILIPID INJ 20%	3	B/D
plenamine	1	B/D
PREMASOL 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
IV REPLACEMENT SOLUTIONS		
dextrose SOLN	1	
dextrose 5%	1	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/NACL 0.3%	3	
dextrose 10%	1	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
dextrose in lactated ringers	1	
dextrose w/ sodium chloride	1	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
kcl0.15%/d5w/nacl0.2%	1	
KCL 0.3%/D5W/LR	3	
KCL 0.3%/D5W/NACL 0.9%	3	
KCL 0.15%/D5W/NACL 0.225%	3	
kcl/d5w/nacl inj 0.22%/0.45%	1	
kcl/nacl inj 0.15%-0.9%	1	
lactated ringer's	1	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
NORMOSOL-R IN D5W	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	1	
potassium chloride 0.15% in nacl 0.45%	1	
potassium chloride in dextrose	1	
potassium chloride in dextrose & sodium chloride	1	
potassium chloride in nacl	1	
POTASSIUM CHLORIDE/DEXTRO	3	

Drug Name	Drug Requirements/ Tier	Limits
sodium chloride SOLN .9%, 3%, 5%	1	
sodium chloride 0.45%	1	
VITAMINS		
calcitriol (generic of ROCALTROL) CAPS; SOLN	1	B/D
calcitriol inj	1	B/D
doxercalciferol CAPS	1	B/D
M-NATAL PLUS	2	
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
paricalcitol CAPS 4mcg	1	B/D
PNV FOLIC ACID + IRON MUL	2	
PRENATAL	2	
PRENATAL PLUS	2	
PRENATAL PLUS LOW IRON	2	
RAYALDEE	4	NDS
ROCALTROL	2	B/D
TRICARE	2	
ZEMPLAR CAPS 1mcg	3	B/D
ZEMPLAR CAPS 2mcg	4	NDS B/D
OPHTHALMIC ***ANTI-INFECTIVE/ANTI-INFLAMMATORY***		
bacitracin-poly-neomycin-hc	1	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
MAXITROL	3	
neomycin-polymy-dexameth (generic of MAXITROL)	1	
neomycin-polymyxin-hc (ophth)	1	
PRED-G	3	
PRED-G S.O.P.	3	
sulfacetamide sod-prednisolone	1	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
TOBRADEX ST	2	
tobramycin-dexamethasone (generic of TOBRADEX)	1	
ZYLET	2	
ANTI-INFECTIVES		

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Drug Name	Drug Requirements/ Tier	Limits
AZASITE	3	
bacitracin (ophthalmic)	1	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	2	
BLEPH-10	3	
CILOXAN OINT	2	
CILOXAN SOLN	3	
ciprofloxacin hcl (ophth) (generic of CILOXAN)	1	
erythromycin (ophth)	1	
gatifloxacin (ophth) (generic of ZYMAXID)	1	
gentak	1	
gentamicin sulfate soln (ophth)	1	
levofloxacin (ophth)	1	
MOXEZA	2	
moxifloxacin hcl (ophth) (generic of VIGAMOX)	1	
NATACYN	3	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
OCUFLOX	3	
ofloxacin (ophth) (generic of OCUFLOX)	1	
polymyxin b-trimethoprim (generic of POLYTRIM)	1	
POLYTRIM	3	
sulfacetamide sodium (ophth) OINT	1	
sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN	1	
tobramycin (ophth) (generic of TOBREX)	1	
TOBREX	3	
trifluridine	1	
VIGAMOX	3	
ZIRGAN	3	
ZYMAXID	3	
ANTI-INFLAMMATORIES		
ACULAR	3	
ACULAR LS	3	

Drug Name	Drug Requirements/ Tier	Limits
ACUVAIL	2	
ALREX	3	
bromfenac sodium (ophth)	1	
BROMSITE	3	
dexamethasone sodium phosphate (ophth)	1	
diclofenac sodium (ophth)	1	
DUREZOL	2	
FLAREX	2	
fluorometholone (ophth)	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
ILEVRO	2	
INVELTYS	3	
ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%	1	
ketorolac tromethamine (ophth) (generic of ACULAR) .5%	1	
LOTEMAX	3	
loteprednol etabonate (generic of LOTEMAX)	1	
MAXIDEX	2	
NEVANAC	2	
OMNIPRED	3	
PRED MILD	2	
prednisolone acetate (ophth) (generic of PRED FORTE)	1	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
ALOCRIL	3	
ALOMIDE	3	
azelastine hcl (ophth)	1	
BEPREVE	3	
cromolyn sodium (ophth)	1	
epinastine hcl (ophth)	1	
LASTACAFT	2	
olopatadine hcl 0.1% (generic of PATANOL)	1	

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Drug Name	Drug Tier	Requirements/ Limits
olopatadine hcl 0.2% (generic of PATADAY)	1	
PATADAY	3	
PATANOL	3	
PAZEO	2	
ANTIGLAUCOMA		
ALPHAGAN P	2	
AZOPT	2	
betaxolol hcl (ophth)	1	
BETIMOL	2	
BETOPTIC-S	2	
brimonidine sol 0.2%	1	
brimonidine sol 0.15% (generic of ALPHAGAN P)	1	
carteolol hcl (ophth)	1	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	3	
dorzol/timol sol 22.3-6.8 pf (generic of COSOPT PF)	1	
dorzolamide hcl (generic of TRUSOPT)	1	
dorzolamide hcl-timolol maleate (generic of COSOPT)	1	
ISOPTO CARPINE	3	
ISTALOL	3	
latanoprost (generic of XALATAN) SOLN	1	
levobunolol hcl	1	
LUMIGAN	2	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl (generic of ISOPTO CARPINE) SOLN	1	
RHOPRESSA	3	
SIMBRINZA	2	
timolol maleate (ophth) soln (generic of TIMOPTIC)	1	
timolol maleate gel (generic of TIMOPTIC-XE)	1	
timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC-XE	3	
TRAVATAN Z	3	
TRUSOPT	3	
XALATAN	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
CYSTARAN	4	NDS NM LA PA
EYLEA	4	NDS NM LA PA
LACRISERT	3	
LUCENTIS SOLN	4	NDS NM LA PA
LUCENTIS SOSY .3mg/0.05ml	4	NDS NM LA PA
proparacaine hcl (generic of ALCAINE) SOLN	1	
RESTASIS	3	
RESTASIS MULTIDOSE	2	
RESPIRATORY ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS***		
ANORO ELLIPTA QL (60 blisters / 30 days)	2	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	2	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	2	QL
ipratropium-albuterol	1	B/D
TRELEGY ELLIPTA QL (60 blisters / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	2	QL
ipratropium bromide (nasal)	1	
ipratropium sol inhal	1	B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
SPIRIVA RESPIMAT 1.25MCG/ACT QL (1 inhaler / 30 days)	2	QL
SPIRIVA RESPIMAT 2.5MCG/ACT QL (1 inhaler / 30 days)	2	QL
SPIRIVA RESPIMAT 2.5MCG/ACT (INSTITUTIONAL PACK) QL (2 inhalers / 28 days)	2	QL
ANTIHISTAMINE COMBINATIONS		
CLARINEX-D 12 HOUR	3	
DYMISTA QL (1 bottle / 30 days)	2	QL
SEMPREX-D	3	
ANTIHISTAMINES		
azelastine hcl SOLN .1%	1	
azelastine hcl (generic of ASTEPRO) SOLN .15%	1	
cetirizine hcl SOLN	1	
CLARINEX	3	
cyproheptadine hcl SYRP; TABS PA if 70 years and older	2	PA
desloratadine (generic of CLARINEX) TABS	1	
desloratadine TBDP	1	
diphenhydramine hcl inj 50mg/ml	1	
hydroxyzine hcl SYRP PA if 70 years and older	2	PA
hydroxyzine hcl TABS PA if 70 years and older	1	PA
hydroxyzine hcl inj PA if 70 years and older	3	PA
hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	1	PA
hydroxyzine pamoate CAPS 100mg PA if 70 years and older	1	PA
levocetirizine oral soln	1	
levocetirizine tab 5 mg	1	
olopatadine hcl (nasal) (generic of PATANASE)	1	

Drug Name	Drug Requirements/ Tier	Limits
PATANASE	3	
VISTARIL PA if 70 years and older	3	PA
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
albuterol sulfate NEBU	1	B/D
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
albuterol sulfate TB12	1	
ARCAPTA NEOHALER QL (30 caps / 30 days)	3	QL
BROVANA	4	NDS B/D
levalbuterol hcl (generic of XOPENEX) NEBU	1	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (generic of XOPENEX CONCENTRATE)	1	B/D
levalbuterol tartrate hfa QL (2 inhalers / 30 days)	1	QL
PERFOROMIST	4	NDS B/D
PROAIR HFA QL (2 inhalers / 30 days)	3	QL
PROAIR RESPICLICK QL (2 inhalers / 30 days)	3	QL
PROVENTIL HFA QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT QL (1 inhaler / 30 days)	2	QL
terbutaline sulfate SOLN	4	NDS
terbutaline sulfate TABS	1	

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Drug Name	Tier	Drug Requirements/ Limits
VENTOLIN HFA QL (2 inhalers / 30 days)	2	QL
XOPENEX	3	B/D
XOPENEX CONCENTRATE	3	B/D
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
ACCOLATE	3	
montelukast sodium (generic of SINGULAIR) CHEW; PACK; TABS	1	
SINGULAIR	3	
zafirlukast (generic of ACCOLATE)	1	
MAST CELL STABILIZERS		
cromolyn sod neb 20mg/2ml	1	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP	4	NDS NM LA PA
CINQAIR	4	NDS NM LA PA
DALIRESP	2	
ELIXOPHYLLIN	3	
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) .3mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) .15mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
ESBRIET	4	NDS NM PA
GLASSIA	4	NDS NM LA PA
KALYDECO	4	NDS NM PA
NUCALA	4	NDS NM LA PA
OFEV	4	NDS NM PA
ORKAMBI	4	NDS NM PA
PROLASTIN-C	4	NDS NM LA PA
PULMOZYME	4	NDS NM PA

Drug Name	Tier	Drug Requirements/ Limits
SYMDEKO	4	NDS NM LA PA
THEO-24	3	
theophylline	1	
XOLAIR	4	NDS NM LA PA
ZEMAIRA	4	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ QL (2 inhalers / 30 days)	3	QL
flunisolide (nasal) QL (3 bottles / 30 days)	1	QL
fluticasone propionate (nasal) QL (1 bottle / 30 days)	1	QL
mometasone furoate (nasal) (generic of NASONEX) QL (2 inhalers / 30 days)	1	QL
NASONEX QL (2 inhalers / 30 days)	3	QL
OMNARIS QL (1 inhaler / 30 days)	3	QL
QNASL QL (1 inhaler / 30 days)	3	QL
QNASL CHILDRENS QL (1 inhaler / 30 days)	3	QL
XHANCE QL (2 bottles / 30 days)	3	QL
ZETONNA QL (1 inhaler / 30 days)	3	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	2	QL
budesonide (inhalation) (generic of PULMICORT)	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	2	QL
PULMICORT	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	2	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (60 inhalations / 30 days)	2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA QL (60 blisters / 30 days)	2	QL
SYMBICORT QL (1 inhaler / 30 days)	2	QL
TOPICAL *DERMATOLOGY, ACNE*		
ABSORICA	4	NDS PA
ACANYA QL (50 grams / 30 days)	3	QL
ACZONE QL (90 grams / 30 days)	3	QL
adapalene (generic of DIFFERIN) CREA; GEL	1	
ADAPALENE SOLN	3	
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)	1	
AKTIPAK	3	
ALTRENO QL (45 grams / 30 days)	3	QL PA
amnesteem	1	PA
ATRALIN QL (45 gm / 30 days)	3	QL PA
avita (generic of RETIN-A) CREA QL (45 grams / 30 days)	1	QL PA
avita GEL QL (45 grams / 30 days)	1	QL PA
AZELEX	3	
BENZACLIN WITH PUMP	3	
BENZAMYCIN	3	
benzoyl peroxide-erythromycin (generic of BENZAMYCIN)	1	
claravis	1	PA

Drug Name	Drug Requirements/ Tier	Limits
CLEOCIN-T GEL QL (75 grams / 30 days)	4	NDS QL
CLEOCIN-T LOTN; SWAB	3	
clindacin-p	1	
CLINDAGEL QL (75 mL / 30 days)	4	NDS QL
clindam/benz gel 1.2-2.5% (generic of ACANYA) QL (50 grams / 30 days)	1	QL
clindamy/ben gel 1-5% (generic of BENZACLIN)	1	
clindamycin phosphate (topical) (generic of EVOCLIN) FOAM	1	
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL QL (75 grams / 30 days)	1	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN	1	
clindamycin phosphate (topical) SOLN QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SWAB	1	
clindamycin phosphate-benzoyl peroxide (refrigerate) (generic of DUAC)	1	
clindamycin phosphate-tretinoin (generic of ZIANA)	1	
dapsone gel 5% (generic of ACZONE) QL (90 grams / 30 days)	1	QL
DIFFERIN	3	
DUAC	3	
EPIDUO	3	
EPIDUO FORTE	2	
ery pad 2%	1	
ERYGEL	3	
erythromycin (acne aid) (generic of ERYGEL) GEL	1	
erythromycin (acne aid) SOLN	1	

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Drug Name	Tier	Drug Requirements/ Limits
EVOCLIN	3	
isotretinoin CAPS	1	PA
KLARON	3	
myorisan	1	PA
neuac gel 1.2-5% (generic of DUAC)	1	
ONEXTON	2	
RETIN-A QL (45 grams / 30 days)	3	QL PA
RETIN-A MICRO QL (50 grams / 30 days)	4	NDS QL PA
RETIN-A MICRO PUMP QL (50 grams / 30 days)	4	NDS QL PA
sulfacetamide sodium (acne) (generic of KLARON)	1	
tretinoin (generic of RETIN-A) CREA QL (45 grams / 30 days)	1	QL PA
tretinoin (generic of RETIN-A) GEL .01%, .025% QL (45 grams / 30 days)	1	QL PA
tretinoin (generic of ATRALIN) GEL .05% QL (45 grams / 30 days)	1	QL PA
tretinoin microsphere (generic of RETIN-A MICRO) QL (50 grams / 30 days)	1	QL PA
zenatane	1	PA
ZIANA	2	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL	3	
CENTANY QL (220 grams / 30 days)	3	QL
CORTISPORIN	3	
gentamicin sulfate (topical)	1	
mafenide acetate (generic of SULFAMYLON) PACK	1	
mupirocin OINT QL (220 grams / 30 days)	1	QL
SILVADENE	2	
silver sulfadiazine (generic of SILVADENE) CREA	1	
ssd (generic of SILVADENE)	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	4	NDS
XEPI	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine (generic of LOPROX) CREA QL (90 grams / 30 days)	1	QL
ciclopirox olamine (generic of LOPROX) SUSP QL (60 mL / 30 days)	1	QL
clotrimazole (topical) CREA	1	
clotrimazole (topical) SOLN QL (30 mL / 30 days)	1	QL
clotrimazole w/ betamethasone (generic of LOTRISONE) CREA	1	
clotrimazole w/ betamethasone LOTN QL (30 mL / 30 days)	1	QL
econazole nitrate CREA QL (85 grams / 30 days)	1	QL
ERTACZO QL (60 grams / 30 days)	4	NDS QL
EXELDERM CREA QL (60 grams / 30 days)	3	QL
EXELDERM SOLN QL (60 mL / 30 days)	3	QL
EXTINA QL (100 grams / 30 days)	4	NDS QL
JUBLIA QL (8 mL / 30 days)	4	NDS QL
ketoconazole cream QL (60 grams / 30 days)	1	QL
ketoconazole foam (generic of EXTINA) QL (100 grams / 30 days)	1	QL
LOPROX CREA QL (90 grams / 30 days)	3	QL
LOPROX SUSP QL (60 mL / 30 days)	3	QL
luliconazole QL (60 grams / 30 days)	1	QL
LUZU QL (60 grams / 30 days)	3	QL
MENTAX	3	

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Drug Name	Drug Requirements/ Tier	Limits
naftifine hcl 1% QL (90 grams / 30 days)	1	QL
naftifine hcl (generic of NAFTIN) 2% QL (60 grams / 30 days)	1	QL
NAFTIN CREA QL (60 grams / 30 days)	2	QL
NAFTIN GEL 1% QL (90 grams / 30 days)	2	QL
NAFTIN GEL 2% QL (60 grams / 30 days)	2	QL
nyamyc QL (60 grams / 30 days)	1	QL
nystatin (topical)	1	
nystatin pow 100000 QL (60 grams / 30 days)	1	QL
nystop QL (60 grams / 30 days)	1	QL
OXISTAT LOTN QL (60 mL / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
acitretin (generic of SORIATANE) 10mg, 25mg	1	PA
acitretin 17.5mg	1	PA
calcipotriene OINT QL (120 grams / 30 days)	1	QL PA
calcipotriene SOLN QL (120 mL / 30 days)	1	QL PA
calcitrene QL (120 grams / 30 days)	1	QL PA
methoxsalen rapid (generic of OXSORALEN ULTRA)	4	NDS
OXSORALEN ULTRA	4	NDS
SORIATANE	4	NDS PA
SORILUX QL (120 grams / 30 days)	4	NDS QL PA
tazarotene (generic of TAZORAC) CREA QL (60 grams / 30 days)	1	QL PA
TAZORAC CREAM 0.1% QL (60 grams / 30 days)	2	QL PA
TAZORAC CREAM 0.05% QL (60 grams / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
TAZORAC GEL 0.1% QL (100 grams / 30 days)	2	QL PA
TAZORAC GEL 0.05% QL (100 grams / 30 days)	2	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo (generic of NIZORAL)	1	
NIZORAL	3	
selenium sulfide LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		
ALA SCALP	3	
ala-cort	1	
alclometasone dipropionate	1	
amcinonide CREA; LOTN	1	
AMCINONIDE OINT	3	
APEXICON E QL (60 grams / 30 days)	4	NDS QL
beser (generic of CUTIVATE) LOTN QL (120 mL / 30 days)	1	QL
betamethasone dipropionate (topical)	1	
betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA	1	
betamethasone dipropionate augmented GEL; LOTN	1	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT	1	
betamethasone valerate CREA; LOTN; OINT	1	
betamethasone valerate (generic of LUXIQ) FOAM	1	
BRYHALI QL (100 grams / 30 days)	3	QL
calcipotriene-betamethasone dipropionate (generic of TACLONEX) QL (400 grams / 28 days)	1	QL PA
CAPEX	2	

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Drug Name	Tier	Drug Requirements/ Limits
clobetasol propionate (generic of TEMOVATE) CREA; OINT QL (60 grams / 30 days)	1	QL
clobetasol propionate (generic of OLUX) FOAM QL (100 grams / 30 days)	1	QL
clobetasol propionate GEL QL (60 grams / 30 days)	1	QL
clobetasol propionate (generic of CLOBEX) LIQD QL (125 mL / 30 days)	1	QL
clobetasol propionate (generic of CLOBEX) LOTN; SHAM QL (118 mL / 30 days)	1	QL
clobetasol propionate SOLN QL (50 mL / 30 days)	1	QL
clobetasol propionate emo QL (60 grams / 30 days)	1	QL
clobetasol propionate emulsion (generic of OLUX-E) QL (100 grams / 30 days)	1	QL
CLOBEX LIQD QL (125 mL / 30 days)	3	QL
CLOBEX LOTN QL (118 mL / 30 days)	2	QL
CLOBEX SHAM QL (118 mL / 30 days)	4	NDS QL
clodan (generic of CLOBEX) QL (118 mL / 30 days)	1	QL
CORDRAN TAPE	3	
CUTIVATE CREAM 0.05%	3	
CUTIVATE LOT 0.05% QL (120 mL / 30 days)	4	NDS QL
DERMA-SMOOTHE/FS BODY	2	
DERMA-SMOOTHE/FS SCALP	2	
DESONATE QL (60 grams / 30 days)	3	QL
desonide (generic of DESOWEN) CREA QL (60 grams / 30 days)	1	QL
desonide LOTN QL (118 mL / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
desonide OINT QL (60 grams / 30 days)	1	QL
DESOWEN CREA QL (60 grams / 30 days)	2	QL
DESOWEN LOTN QL (118 mL / 30 days)	2	QL
desoximetasone (generic of TOPICORT) LIQD QL (100 mL / 30 days)	1	QL
DIPROLENE	2	
DIPROLENE AF	3	
DUOBRII QL (100 grams / 30 days)	4	NDS QL PA
ELOCON	3	
ENSTILAR QL (120 gm / 30 days)	2	QL PA
fluocinolone acetonide CREA .01%	1	
fluocinolone acetonide (generic of SYNALAR) CREA .025%	1	
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL	1	
fluocinolone acetonide (generic of SYNALAR) OINT	1	
fluocinolone acetonide (generic of SYNALAR) SOLN QL (90 mL / 30 days)	1	QL
fluocinolone acetonide oil body (generic of DERMA-SMOOTHE/FS SCALP)	1	
fluocinonide CREA .05% QL (120 grams / 30 days)	1	QL
fluocinonide GEL QL (60 grams / 30 days)	1	QL
fluocinonide OINT QL (60 grams / 30 days)	1	QL
fluocinonide SOLN QL (60 mL / 30 days)	1	QL

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Drug Name	Tier	Drug Requirements/ Limits
fluocinonide emulsified base QL (120 grams / 30 days)	1	QL
flurandrenolide (generic of CORDRAN) CREA QL (120 grams / 30 days)	1	QL
flurandrenolide (generic of CORDRAN) LOTN	1	
fluticasone propionate CREA; OINT	1	
fluticasone propionate (generic of CUTIVATE) LOTN QL (120 mL / 30 days)	1	QL
halobetasol propionate CREA; OINT QL (50 grams / 30 days)	1	QL
HALOBETASOL PROPIONATE FOAM	4	NDS
HALOG QL (240 grams / 30 days)	4	NDS QL
hydrocortisone (topical) cream 1%	1	
hydrocortisone (topical) cream 2.5%	1	
hydrocortisone (topical) lotion 2.5%	1	
hydrocortisone (topical) oint 1% QL (30 gm / 30 days)	1	QL
hydrocortisone (topical) oint 2.5%	1	
hydrocortisone butyrate cream 0.1% (generic of LOCOID) QL (45 grams / 30 days)	1	QL
hydrocortisone butyrate cream 0.1% lipo base (generic of LOCOID LIPOCREAM)	1	
hydrocortisone butyrate lotion 0.1% (generic of LOCOID)	1	
hydrocortisone butyrate oint 0.1% QL (45 grams / 30 days)	1	QL
hydrocortisone butyrate soln 0.1% (generic of LOCOID) QL (60 mL / 30 days)	1	QL
IMPOYZ QL (60 grams / 30 days)	3	QL
KENALOG	3	
LEXETTE	4	NDS
LOCOID CREA QL (45 grams / 30 days)	3	QL
LOCOID LOTN	3	
LOCOID LIPOCREAM	4	NDS
LOCOID SOLN QL (60 mL / 30 days)	3	QL
MICORT-HC	3	
mometasone furoate (generic of ELOCON) CREA	1	
mometasone furoate OINT; SOLN	1	
nolix (generic of CORDRAN) CREA QL (120 grams / 30 days)	1	QL
nolix (generic of CORDRAN) LOTN	1	
OLUX QL (100 grams / 30 days)	4	NDS QL
OLUX-E QL (100 grams / 30 days)	4	NDS QL
PANDEL QL (80 grams / 30 days)	4	NDS QL
prednicarbate	1	
SERNIVO	4	NDS
SYNALAR CREA; OINT	3	
SYNALAR SOLN QL (90 mL / 30 days)	2	QL
TACLONEX QL (400 grams / 28 days)	4	NDS QL PA
TEMOVATE CREA QL (60 grams / 30 days)	3	QL
TEMOVATE OINT QL (60 grams / 30 days)	2	QL
TEXACORT	2	

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Drug Name	Tier	Drug Requirements/ Limits
TOPICORT LIQD QL (100 mL / 30 days)	3	QL
triamcinolone acetonide (topical) (generic of KENALOG) AERS	1	
triamcinolone acetonide (topical) CREA .1% QL (454 grams / 30 days)	1	QL
triamcinolone acetonide (topical) CREA .025%, .5%	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT	1	
triderm QL (454 grams / 30 days)	1	QL
TRIDESILON QL (60 grams / 30 days)	2	QL
ULTRAVATE CREA; OINT QL (50 grams / 30 days)	4	NDS QL
ULTRAVATE LOTN QL (120 mL / 30 days)	4	NDS QL
DERMATOLOGY, LOCAL ANESTHETICS		
glydo QL (30 mL / 30 days)	1	QL PA
lidocaine OINT QL (50 grams / 30 days)	1	QL PA
lidocaine (generic of LIDODERM) PTCH QL (3 patches / 1 day)	1	QL PA
lidocaine hcl GEL QL (30 mL / 30 days)	1	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	1	QL PA
lidocaine-prilocaine QL (30 grams / 30 days)	1	QL PA
LIDODERM QL (3 patches / 1 day)	2	QL PA
ZTLIDO QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical (generic of ZOVIRAX) CREA QL (5 grams / 30 days)	4	NDS QL

Drug Name	Tier	Drug Requirements/ Limits
acyclovir topical (generic of ZOVIRAX) OINT QL (30 grams / 30 days)	1	QL
ALDARA QL (24 packets / 30 days)	3	QL
ANUSOL-HC CREA	2	
azelaic acid (generic of FINACEA) GEL QL (50 grams / 30 days)	1	QL
CONDYLOX	2	
CORTIFOAM	2	
DENAVIR QL (5 grams / 30 days)	4	NDS QL
diclofenac sodium (topical) 1% gel (generic of VOLTAREN) QL (1000 grams / 30 days)	1	QL PA
diclofenac sodium (topical) 1.5% soln QL (450 mL / 30 days)	1	QL PA
diclofenac sodium (topical) 3% gel QL (100 grams / 30 days)	4	NDS QL PA
doxycycline (rosacea)	1	
EFUDEX QL (40 grams / 30 days)	3	QL
ELIDEL QL (100 grams / 30 days)	3	QL PA
FINACEA AER 15%	2	
FINACEA GEL 15% QL (50 grams / 30 days)	3	QL
fluorouracil (topical) cream 5% (generic of EFUDEX) QL (40 grams / 30 days)	1	QL
fluorouracil (topical) soln QL (10 mL / 30 days)	1	QL
imiquimod (generic of ALDARA) CREA 5% QL (24 packets / 30 days)	1	QL
LAC-HYDRIN	2	
lactic acid (ammonium lactate)	1	

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Drug Name	Tier	Drug Requirements/ Limits
METROCREAM	3	
METROLOTION	3	
metronidazole (topical) (generic of METROCREAM) CREA	1	
metronidazole (topical) (generic of METROLOTION) LOTN	1	
metronidazole gel 0.75%	1	
MIRVASO QL (30 grams / 30 days)	3	QL
NORITATE QL (60 grams / 30 days)	4	NDS QL
ORACEA	4	NDS
PANRETIN QL (60 grams / 30 days)	4	NDS QL
PENNSAID QL (224 grams / 28 days)	4	NDS QL PA
PICATO .05% QL (2 tubes / 30 days)	3	QL
PICATO .015% QL (3 tubes / 30 days)	3	QL
pimecrolimus (generic of ELIDEL) QL (100 grams / 30 days)	1	QL PA
podofilox SOLN	1	
procto-med hc (generic of ANUSOL-HC)	1	
procto-pak (generic of PROCTOCORT)	1	
proctosol hc cre 2.5% (generic of ANUSOL-HC)	1	
proctozone-hc (generic of ANUSOL-HC)	1	
PROTOPIC QL (100 grams / 30 days)	3	QL
RECTIV	3	
rosadan cre 0.75% (generic of METROCREAM)	1	
tacrolimus (topical) (generic of PROTOPIC) QL (100 grams / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
TARGRETIN GEL QL (60 grams / 30 days)	4	NDS QL NM PA
VALCHLOR QL (60 grams / 30 days)	4	NDS QL NM LA PA
VOLTAREN GEL 1% QL (1000 grams / 30 days)	3	QL PA
XERESE QL (5 grams / 30 days)	4	NDS QL
ZOVIRAX CREA QL (5 grams / 30 days)	4	NDS QL
ZOVIRAX OINT QL (30 grams / 30 days)	4	NDS QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan (generic of EURAX) QL (454 grams / 30 days)	1	QL
ELIMITE	2	
EURAX CREA	3	
EURAX LOTN QL (454 grams / 30 days)	3	QL
malathion (generic of OVIDE)	1	
NATROBA	3	
OVIDE	2	
permethrin cre 5% (generic of ELIMITE)	1	
SKLICE	3	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	1	
neomycin/polymyxin b gu	1	
REGRANEX QL (30 grams / 30 days)	4	NDS QL PA
SANTYL	3	
sodium chloride 0.9% irrigation	1	
water for irrigation, sterile	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl (generic of EVOXAC)	1	
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)	1	
clotrimazole LOZG	1	

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Drug Name	Drug Requirements/ Tier	Limits
EVOXAC	2	
lidocaine hcl (mouth-throat)	1	
nystatin (mouth-throat)	1	
ORAVIG	4	NDS
paroex sol 0.12% (generic of PERIDEX)	1	
periogard (generic of PERIDEX)	1	
pilocarpine hcl (oral) (generic of SALAGEN)	1	
SALAGEN	2	
triamcinolone acetonide (mouth)	1	
OTIC		
acetic acid (otic)	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX	2	
ciprofloxacin hcl (otic)	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
flac (generic of DERMOTIC)	1	
fluocinolone acetonide (otic) (generic of DERMOTIC)	1	
hydrocortisone w/acetic acid	1	
neomycin-polymyxin-hc (otic)	1	
ofloxacin (otic) (generic of FLOXIN OTIC)	1	
OTOVEL	3	

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