



***SilverScript Employer PDP sponsored by REHP
(SilverScript)***

2017 Formulary (List of Covered Drugs)

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

This formulary was updated on 05/26/2017. For more recent information or other questions, please contact SilverScript Customer Care at 1-866-329-2088, 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 01/01/2017. 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, 2018, and from time to time during the year.

What is the SilverScript Formulary?

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

Please note: REHP provides additional coverage that may differ in structure from your Medicare Part D benefit. There may be instances where your cost share may be more or less due to this additional coverage. If you are unsure about the cost share or which drugs may or may not be covered by this additional coverage, please call SilverScript Customer Care.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add quantity limits, prior authorization, and 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 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of January 1, 2017. 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 30 tablets per prescription for *doxazosin*. 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.

Generally, the SilverScript formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. If a brand drug is dispensed when a generic is available and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the additional coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact SilverScript Customer Care.

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.

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 102-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a long-term care to a home setting, and you 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 30 days (or 34 days if you move to a long-term care facility) 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 three Cost-Sharing Tiers

Every drug on the plan's Drug List is in one of three cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

- **Cost-Sharing Tier 1: Generic/Preferred Generic**
- **Cost-Sharing Tier 2: Preferred Brand**
- **Cost-Sharing Tier 3: Non-Preferred Brand**

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.

	Preferred Network Retail Pharmacy (Up to a 30-day supply)	Non-Preferred Network Retail Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 34-day supply)
Generic/Preferred Generic	\$10.00	\$10.00	\$10.00
Preferred Brand	\$20.00 *	\$20.00 *	\$20.00 *
Non-Preferred Brand	\$40.00 *	\$40.00 *	\$40.00 *

*Plus the cost difference between brand and generic, if one exists.

Costs shown in the table above reflect the additional coverage that may be provided by REHP. Drugs that are part of your standard Medicare plan, but do not have additional coverage from REHP would be covered under the 2017 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2017-Medicare-Part-D-Outlook.php> for more information about the 2017 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 <http://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 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol sodium</i> (generic of ALOPRIM)	1	
<i>allopurinol tab</i> (generic of ZYLOPRIM)	1	
ALOPRIM	3	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL
QL (120 tabs / 30 days)		
KRYSTEXXA	3	NDS NM LA PA
<i>probenecid</i>	1	
ULORIC	2	ST
ZURAMPIC	3	PA
MISCELLANEOUS		
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 75)	1	
DUEXIS	3	NDS
VIMOVO	3	NDS
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg	1	QL
QL (240 caps / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg	1	QL
QL (120 caps / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg	1	QL
QL (60 caps / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg	1	QL
QL (30 caps / 30 days)		
<i>diclofenac potassium</i>	1	QL
QL (120 tabs / 30 days)		
<i>diclofenac sodium</i> TB24; TBEC	1	
<i>diflunisal</i>	1	
<i>etodolac</i> CAPS	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>etodolac</i> TABS 500mg	1	
<i>etodolac er</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
FENOPROFEN CALCIUM CAPS 400mg	1	
<i>fenopropfen calcium</i> TABS	1	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	
<i>mefenamic acid</i> (generic of PONSTEL) CAPS	1	
MELOXICAM SUSP	1	
<i>meloxicam tabs</i> (generic of MOBIC)	1	
<i>nabumetone</i> TABS	1	
NAPRELAN 750mg	3	
<i>naproxen</i> (generic of NAPROSYN) SUSP	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	
<i>naproxen</i> TABS 375mg	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	1	
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
NAPROXEN SODIUM TB24	3	NDS
<i>oxaprozin</i> (generic of DAYPRO)	1	
<i>piroxicam</i> (generic of FELDENE) CAPS	1	
<i>sulindac</i> TABS	1	
<i>tolmetin sodium</i>	1	
VIVLODEX	3	
ZIPSOR	3	QL
QL (120 caps / 30 days)		
ZORVOLEX	3	QL
QL (90 caps / 30 days)		
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN	1	QL
QL (5000 mL / 30 days)		

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

Drug Name	Drug Requirements/ Tier	Limits
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen-caff-dihydroco</i> <i>d</i> QL (360 caps / 30 days)	1	QL
ASPIRIN-CAFFEINE-DIHYDR OCODEINE CAP 356.4-30-16 MG QL (360 caps / 30 days)	1	QL
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg QL (120 buccal films / 30 days)	3	QL PA
BELBUCA 600mcg, 750mcg, 900mcg QL (60 buccal films / 30 days)	3	QL PA
<i>butorphanol nasal spray</i> QL (10 mL / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN	1	
BUTRANS 5mcg/hr QL (16 patches / 28 days)	2	QL
BUTRANS 7.5mcg/hr, 10mcg/hr QL (8 patches / 28 days)	2	QL
BUTRANS 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	2	QL
<i>nalbuphine hcl</i> SOLN	1	
TRAMADOL HCL CP24 100mg QL (90 caps / 30 days)	1	QL
TRAMADOL HCL CP24 200mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
TRAMADOL HCL CP24 300mg QL (30 caps / 30 days)	1	QL
<i>tramadol hcl er</i> TB24 100mg QL (90 tabs / 30 days)	1	QL
<i>tramadol hcl er</i> TB24 200mg QL (30 tabs / 30 days)	1	QL
TRAMADOL HCL ER TB24 300mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl er (biphasic)</i> 100mg QL (90 tabs / 30 days)	1	QL
<i>tramadol hcl er (biphasic)</i> 200mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl er (biphasic)</i> 300mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
OPIOID ANALGESICS, CII		
ABSTRAL QL (120 tabs / 30 days)	3	NDS QL PA
CODEINE SULFATE 15mg QL (720 tabs / 30 days)	1	QL
CODEINE SULFATE 30mg QL (360 tabs / 30 days)	1	QL
CODEINE SULFATE 60mg QL (180 tabs / 30 days)	1	QL
DURAMORPH	1	B/D
EMBEDA QL (60 caps / 30 days)	3	QL
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	3	NDS QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL
FENTORA QL (120 tabs / 30 days)	3	NDS QL PA
<i>hydrocodone-acetaminophen 2.5-325mg</i> QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 5-300mg</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 7.5-300mg</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET) QL (5400 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen 7.5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 10-300mg</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-200mg</i> (generic of REPRESAIN) QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 10-200mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	1	
HYDROMORPHONE HCL SOLN 1mg/ml, 2mg/ml, 4mg/ml	1	B/D
<i>hydromorphone hcl SOLN</i> 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	1	QL
<i>hydromorphone tab 8mg er</i> (generic of EXALGO) QL (60 tabs / 30 days)	1	QL
<i>hydromorphone tab 12mg er</i> (generic of EXALGO) QL (60 tabs / 30 days)	1	QL
<i>hydromorphone tab 16mg er</i> (generic of EXALGO) QL (60 tabs / 30 days)	3	NDS QL
HYDROMORPHONE TABS 32MG QL (60 tabs / 30 days)	3	NDS QL
HYSINGLA ER 20mg, 30mg, 40mg, 60mg QL (60 tabs / 30 days)	2	QL
HYSINGLA ER 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL
<i>ibudone tab 5-200mg</i> (generic of REPRESAIN) QL (150 tabs / 30 days)	1	QL
<i>ibudone tab 10-200mg</i> QL (150 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
KADIAN 40mg QL (60 caps / 30 days)	3	QL
KADIAN 200mg QL (60 caps / 30 days)	3	NDS QL
LAZANDA 100mcg/act, 400mcg/act QL (30 bottles / 30 days)	3	NDS QL PA
LAZANDA 300mcg/act QL (30 boxes / 30 days)	3	NDS QL PA
levorphanol tartrate TABS QL (180 tabs / 30 days)	3	NDS QL
lorcet hd tab 10-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
lorcet plus tab 7.5-325 (generic of NORCO) QL (360 tabs / 30 days)	1	QL
lorcet tab 5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
lortab tab 5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
lortab tab 7.5-325 (generic of NORCO) QL (360 tabs / 30 days)	1	QL
lortab tab 10-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
methadone hcl (generic of METHADOSE) CONC QL (120 mL / 30 days)	1	QL
methadone hcl SOLN QL (600 mL / 30 days)	1	QL
methadone hcl 5mg (generic of DOLOPHINE) QL (240 tabs / 30 days)	1	QL
methadone hcl 10mg (generic of DOLOPHINE) QL (240 tabs / 30 days)	1	QL
METHADONE INJ 10MG/ML	3	
MORPHINE SUL 20MG/ML ORAL SOL	1	
MORPHINE SUL INJ 1MG/ML	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
MORPHINE SUL INJ 4MG/ML	3	B/D
MORPHINE SUL INJ 10MG/ML	1	B/D
MORPHINE SUL INJ 15MG/ML	1	B/D
<i>morphine sulfate</i> (generic of KADIAN) CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>morphine sulfate</i> (generic of KADIAN) CP24 100mg QL (60 caps / 30 days)	3	NDS QL
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	3	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml	1	B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	1	
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	1	B/D
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate beads</i> QL (60 caps / 30 days)	1	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	1	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	1	QL
NUCYNTA 50mg QL (360 tabs / 30 days)	2	QL
NUCYNTA 75mg QL (240 tabs / 30 days)	2	QL
NUCYNTA 100mg QL (180 tabs / 30 days)	2	QL
NUCYNTA ER 50mg, 100mg QL (120 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
NUCYNTA ER 150mg QL (60 tabs / 30 days)	2	QL
NUCYNTA ER 200mg, 250mg QL (60 tabs / 30 days)	3	NDS QL
OPANA ER (CRUSH RESISTANT) QL (120 tabs / 30 days)	2	QL
oxycodone hcl CAPS QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC	1	
OXYCODONE HCL SOLN	1	
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 (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen soln QL (1800 mL / 30 days)	1	QL
oxycodone-aspirin QL (360 tabs / 30 days)	1	QL
oxycodone-ibuprofen QL (28 tabs / 30 days)	1	QL
OXYCONTIN QL (120 tabs / 30 days)	2	QL
oxymorphone hcl (generic of OPANA) TABS QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
reprexain tab 10-200mg QL (150 tabs / 30 days)	1	QL
SUBSYS QL (120 sprays / 30 days)	3	NDS QL PA
vicodin (generic of XODOL) QL (400 tabs / 30 days)	1	QL
vicodin es (generic of XODOL) QL (400 tabs / 30 days)	1	QL
vicodin hp (generic of XODOL) QL (400 tabs / 30 days)	1	QL
XARTEMIS XR QL (120 tabs / 30 days)	3	QL
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg QL (120 caps / 30 days)	3	QL
XTAMPZA ER 36mg QL (240 caps / 30 days)	3	QL
xylon tab 10-200mg QL (150 tabs / 30 days)	1	QL
zamicet QL (5400 mL / 30 days)	1	QL
ZOHYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg QL (120 caps / 30 days)	3	QL
ZOHYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg QL (60 caps / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) 1%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) 4%	1	
lidocaine hcl (local anesth.) (generic of XYLOCAINE) .5%	1	B/D
lidocaine inj 0.5% (generic of XYLOCAINE-MPF)	1	B/D
lidocaine inj 1% (generic of XYLOCAINE)	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE) 2%	1	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE-MPF) 2%	1	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	1	
BETHKIS	3	NDS NM PA
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i> SOLN	1	
<i>gentamicin sulfate/0.9% s</i>	3	
<i>neomycin sulfate</i> TABS	1	
<i>paromomycin sulfate</i> CAPS	1	
<i>streptomycin sulfate</i> SOLR	1	
<i>sulfadiazine</i> TABS	3	
TOBI PODHALER	3	NDS NM LA PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	3	NDS NM PA
<i>tobramycin inj 1.2 gm/30ml</i>	1	
<i>tobramycin inj 1.2gm</i>	3	NDS
<i>tobramycin inj 10mg/ml</i>	1	
<i>tobramycin inj 40mg/ml</i>	1	
<i>tobramycin inj 80mg/2ml</i>	1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	3	NDS
ALINIA	2	
<i>atovaquone</i> (generic of MEPRON) SUSP	3	NDS
AZACTAM IN ISO-OSMOTIC DE	3	
AZACTAM/DEX INJ 2GM	3	
<i>aztreonam</i> (generic of AZACTAM)	1	
BILTRICIDE	2	
CAYSTON	3	NDS NM LA PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN	1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	1	
CUBICIN	3	NDS
DALVANCE	3	NDS
<i>dapsone</i> TABS	1	
<i>daptomycin</i> (generic of CUBICIN)	3	NDS
DARAPRIM	3	NDS PA
DORIBAX	3	
DORIPENEM	1	
<i>emverm</i>	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	1	
INVANZ	3	
<i>ivermectin</i> (generic of STROMEKTOL) TABS	1	
<i>linezolid</i> (generic of ZYVOX) SOLN	3	NDS
LINEZOLID SUSR; TABS	3	NDS
LINEZOLID IN SODIUM CHLORIDE	3	NDS
<i>meropenem</i> (generic of MERREM)	1	
MEROPENEM/SODIUM CHLORIDE	3	
<i>methenamine hippurate</i> (generic of HIPREX)	1	
METRO IV	3	
<i>metronidazole</i> (generic of FLAGYL) CAPS; TABS	1	
<i>metronidazole inj</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin</i> (generic of FURADANTIN) SUSP PA applies if 65 years and older after a 90 day supply in a calendar year	1	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) PA applies if 65 years and older after a 90 day supply in a calendar year	3	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 65 years and older after a 90 day supply in a calendar year	3	PA
ORBACTIV	3	NDS
PENTAM 300	3	
<i>polymyxin b sulfate</i> SOLR	1	
PRIMSOL	3	
SIVEXTRO	3	NDS
<i>sulfamethoxazole-trimethop</i> SUSP	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM) TABS	1	
<i>sulfamethoxazole-trimethop</i> ds (generic of BACTRIM DS)	1	
<i>sulfamethoxazole-trimethopri</i> <i>m inj</i>	1	
SYNERCID	3	NDS
TIGECYCLINE	3	NDS
<i>trimethoprim</i> TABS	1	
TYGACIL	3	NDS
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	3	NDS
<i>vancomycin hcl</i> SOLR	1	
VANCOMYCIN IN NACL	3	
XIFAXAN TAB 200MG	3	NDS
ANTIFUNGALS		
ABELCET	3	NDS B/D
AMBISOME	3	B/D
<i>amphotericin b</i> SOLR	1	B/D
CANCIDAS	3	NDS
CRESEMBA	3	NDS
ERAXIS	3	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole inj nacl 100</i>	3	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>flucytosine</i> (generic of ANCOBON) CAPS	3	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	1	PA
<i>ketoconazole</i> TABS	1	PA
LAMISIL PACK	3	
MYCAMINE	3	NDS
NOXAFIL	3	NDS
<i>nystatin</i> TABS	1	
ONMEL	3	NDS PA
SPORANOX SOL 10MG/ML	3	NDS
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / 365 days)	1	QL
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	3	NDS
<i>voriconazole inj 200mg</i> (generic of VFEND IV)	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS	1	
COARTEM	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	1	
APTIVUS	3	NDS
CRIVAN	3	
<i>didanosine</i> (generic of VIDEX EC)	1	
EDURANT	3	NDS
EMTRIVA	2	
FUZEON	3	NDS NM
INTELENCE 25mg	2	

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Drug Name		Drug Requirements/ Tier	Limits
INTELENCE	100mg, 200mg	3	NDS
INVIRASE		3	NDS
ISENTRESS	CHEW 25mg	2	
ISENTRESS	CHEW 100mg	3	NDS
ISENTRESS	PACK	3	NDS
ISENTRESS	TABS	3	NDS
<i>lamivudine</i> (generic of EPIVIR)		1	
LEXIVA	SUSP	3	
LEXIVA	TABS	3	NDS
NEVIRAPINE	SUSP	1	
<i>nevirapine</i> (generic of VIRAMUNE)	TABS	1	
<i>nevirapine</i> (generic of VIRAMUNE XR)	TB24	1	
NORVIR		2	
PREZISTA	SUSP	3	NDS
PREZISTA	TABS 75mg, 150mg	2	
PREZISTA	TABS 600mg, 800mg	3	NDS
RESCRIPTOR		3	
RETROVIR IV INFUSION		3	
REYATAZ		3	NDS
SELZENTRY	25mg	3	
SELZENTRY	75mg, 150mg, 300mg	3	NDS
<i>stavudine</i> (generic of ZERIT)		1	
SUSTIVA	CAPS 50mg	2	
SUSTIVA	CAPS 200mg	3	NDS
SUSTIVA	TABS	3	NDS
TIVICAY	10mg	2	
TIVICAY	25mg, 50mg	3	NDS
TYBOST		2	
VIDEX PEDIATRIC		3	
VIRACEPT		3	NDS
VIREAD		3	NDS
ZERIT	SOLR	3	NDS
ZIAGEN	SOLN	2	
<i>zidovudine</i> (generic of RETROVIR)	CAPS; SYRP	1	
<i>zidovudine</i>	TABS	1	

ANTIRETROVIRAL COMBINATION AGENTS

Drug Name		Drug Requirements/ Tier	Limits
ABACAVIR		3	NDS
SULFATE-LAMIVUDINE			
<i>abacavir</i>		3	NDS
<i>sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)			
ATRIPLA		3	NDS
COMPLERA		3	NDS
DESCOVY		3	NDS
EVOTAZ		3	NDS
GENVOYA		3	NDS
KALETRA SOL		3	NDS
KALETRA TAB 100-25MG		2	
KALETRA TAB 200-50MG		3	NDS
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)		1	
<i>lopinavir-ritonavir</i> (generic of KALETRA)		3	NDS
ODEFSEY		3	NDS
PREZCOBIX		3	NDS
STRIBILD		3	NDS
TRIUMEQ		3	NDS
TRUVADA TAB 100-150 QL (60 tabs / 30 days)		3	NDS QL
TRUVADA TAB 133-200 QL (30 tabs / 30 days)		3	NDS QL
TRUVADA TAB 167-250 QL (30 tabs / 30 days)		3	NDS QL
TRUVADA TAB 200-300 QL (30 tabs / 30 days)		3	NDS QL
ANTITUBERCULAR AGENTS			
CAPASTAT SULFATE		3	
<i>cycloserine</i> CAPS		3	NDS
<i>ethambutol hcl</i> (generic of MYAMBUTOL)	TABS	1	
<i>isoniazid</i> SOLN; SYRP		1	
<i>isoniazid tabs</i>		1	
<i>paser d/r</i>		3	
PRIFTIN		3	
<i>pyrazinamide</i> TABS		1	
<i>rifabutin</i> (generic of MYCOBUTIN)		1	
<i>rifamate</i>		3	
<i>rifampin</i> (generic of RIFADIN)	CAPS; SOLR	1	
RIFATER		3	
SIRTURO		3	NDS LA PA

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Drug Name	Drug Requirements/ Tier	Limits
TRECTOR	3	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i>	1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	3	NDS
BARACLUDE SOLN	3	NDS
<i>cidofovir</i>	3	NDS
DAKLINZA	3	NDS NM PA
<i>entecavir</i> (generic of BARACLUDE)	3	NDS
EPIVIR HBV SOLN	2	
<i>famciclovir</i> TABS 125mg, 250mg	1	
<i>famciclovir</i> (generic of FAMVIR) TABS 500mg	1	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	1	B/D
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	1	
<i>moderiba pak</i>	3	NDS NM
<i>moderiba tab 200mg</i> (generic of COPEGUS)	1	NM
<i>oseltamivir phosphate</i> (generic of TAMIFLU)	1	
PEGASYS	3	NDS NM PA
PEGASYS PROCLICK	3	NDS NM PA
REBETOL SOLN	3	NDS NM
RELENZA DISKHALER	2	
<i>ribapak mis 600/day</i>	3	NDS NM
<i>ribasphere</i> (generic of REBETOL) CAPS	1	NM
<i>ribasphere</i> (generic of COPEGUS) TABS 200mg	1	NM
<i>ribasphere</i> TABS 400mg, 600mg	3	NDS NM
<i>ribasphere ribapak 800</i>	3	NDS NM
<i>ribasphere ribapak 1000</i>	3	NDS NM
<i>ribasphere ribapak 1200</i>	3	NDS NM
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	1	NM
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	1	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
SOVALDI	3	NDS NM PA
TAMIFLU SUSR	2	
TYZEKA	3	NDS
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	1	
VALCYTE SOLR	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE)	3	NDS
VEMLIDY	3	NDS
ZEPATIER	3	NDS NM PA
CEPHALOSPORINS		
AVYCAZ	3	NDS
<i>cefaclor</i>	1	
<i>cefaclor er tab 500mg</i>	3	
<i>cefadroxil</i>	1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	1	
<i>cefazolin sodium 1 gm/50ml</i>	3	
<i>cefdinir</i>	1	
CEFEPIME 1GM SOLN	3	
CEFEPIME 2GM SOLN	3	
<i>cefepime inj 1gm</i> (generic of MAXIPIME)	1	
<i>cefepime inj 2gm</i> (generic of MAXIPIME)	1	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i> (generic of SUPRAX)	1	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) 1gm, 2gm	1	
<i>cefotetan disodium</i> 10gm	1	
CEFOXITIN SODIUM	3	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> (generic of FORTAZ) SOLR	1	
CEFTAZIDIME/DEXTROSE	3	

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Drug Name	Drug Requirements/ Tier	Limits
CEFTIBUTEN	1	
CEFTIN SUSP	3	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	1	
<i>cefuroxime sodium</i> (generic of ZINACEF)	1	
<i>cephalexin</i> (generic of KEFLEX) CAPS	1	
<i>cephalexin</i> SUSR; TABS	1	
FORTAZ SOLN	3	
FORTAZ SOLR 500mg	3	
MAXIPIPE	3	
SUPRAX CAPS	2	
<i>suprax</i> CHEW	2	
SUPRAX SUSR 500mg/5ml	2	
<i>tazicef</i> (generic of FORTAZ) SOLR	1	
<i>tazicef vial</i> (generic of FORTAZ)	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
ZINACEF SOLR 750mg	3	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR; TABS	1	
<i>clarithromycin</i> SUSR 125mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) SUSR 250mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) TABS	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24	1	
DIFICID	3	NDS
<i>e.e.s 400</i>	1	
E.E.S. GRANULES	3	
<i>ery-tab</i>	1	
ERYPED 200	3	

Drug Name	Drug Requirements/ Tier	Limits
ERYPED 400	3	
<i>erythrocin</i>	3	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin cap 250mg ec</i>	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR	1	
<i>erythromycin ethylsuccinate</i> TABS	1	
PCE	3	
ZMAX	3	
FLUOROQUINOLONES		
AVELOX SOLN	3	
<i>ciprofloxacin</i> SOLN 200mg/20ml	1	
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	1	
<i>ciprofloxacin er</i> (generic of CIPRO XR)	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin in d5w</i>	1	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	1	
<i>ciprofloxacin inj</i>	1	
<i>levofloxacin</i> SOLN	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	1	
<i>levofloxacin in d5w</i>	1	
MOXIFLOXACIN HCL SOLN	3	
<i>moxifloxacin hcl</i> (generic of AVELOX) TABS	1	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i> CHEW	1	
<i>amoxicillin & pot clavulanate</i> SUSR	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	1	
<i>amoxicillin & pot clavulanate</i> TABS	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	1	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	1	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin inj</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin susp</i>	1	
AUGMENTIN SUSR	3	
BACTOCILL INJ DEX 1GM	3	
BACTOCILL INJ DEX 2GM	3	NDS
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN IN DEXTROSE	3	
<i>nafcillin sodium</i>	1	
<i>oxacillin sodium</i> 1gm, 2gm	1	
<i>oxacillin sodium</i> 10gm	3	NDS
PENICILLIN G POT IN DEXTROSE	3	
PENICILLIN G POTASSIUM IN	3	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	1	
<i>penicillin gk inj 20mu</i>	1	
<i>pfizerpen g inj 5mu</i>	1	
<i>pfizerpen-g inj 20mu</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin</i>	1	
<i>sodium-tazobactam sodium</i> (generic of ZOSYN)		
<i>piperacillin/tazobactam</i>	1	
ZOSYN SOLN	3	
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	
<i>doxy</i>	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg	1	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 75mg, 100mg	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) CAPS 150mg	1	
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR	1	
<i>doxycycline (monohydrate)</i> TABS	1	
<i>doxycycline hyclate</i> CAPS 50mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> SOLR	1	
<i>doxycycline hyclate</i> TABS	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC	1	
<i>doxycycline hyclate tab 75 mg</i> dr	1	
<i>doxycycline hyclate tab 100</i> mg dr	1	
<i>doxycycline hyclate tab 150</i> mg dr	1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS	1	
<i>minocycline hcl</i> TABS; TB24	1	
<i>morgidox cap 1x50mg</i>	1	
SOLODYN	3	NDS PA
TETRACYCLINE HCL CAPS	1	
VIBRAMYCIN SYRP	2	

ANTINEOPLASTIC AGENTS
ALKYLATING AGENTS

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Drug Name	Drug Requirements/ Tier	Limits
BENDEKA	3	NDS B/D NM
BICNU	3	NDS B/D
<i>busulfan</i> (generic of BUSULFEX)	3	NDS B/D
BUSULFEX	3	NDS B/D
CYCLOPHOSPHAMIDE CAPS	2	B/D
<i>cyclophosphamide</i> SOLR	3	NDS B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
GLEOSTINE	3	
HEXALEN	3	NDS
IFEX INJ 3GM	3	B/D
<i>ifosfamide inj 1gm</i> (generic of IFEX)	1	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	2	
<i>melphalan hcl</i> (generic of ALKERAN)	3	NDS B/D
MUSTARGEN	3	NDS B/D
<i>thiotepa</i> SOLR	3	NDS B/D
TREANDA	3	NDS B/D NM
ZANOSAR	3	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	1	B/D
<i>daunorubicin hcl</i>	1	B/D
<i>doxorubicin hcl 50mg</i>	1	B/D
<i>doxorubicin hcl liposomal inj</i> (for iv infusion) 2 mg/ml (generic of DOXIL)	3	NDS B/D
<i>doxorubicin inj 50mg</i>	1	B/D
<i>epirubicin hcl</i> (generic of ELLENCE)	1	B/D
<i>epirubicin inj 200mg</i> (generic of ELLENCE)	1	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	3	NDS B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	3	NDS B/D
<i>mitomycin</i> SOLR	3	NDS B/D
VALSTAR	3	NDS NM
ANTIMETABOLITES		
<i>adrucil</i>	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
ALIMTA	3	NDS B/D
ARRANON	3	NDS B/D
<i>azacitidine</i> (generic of VIDAZA)	3	NDS B/D NM
<i>cladribine</i>	3	NDS B/D
CLOLAR	3	NDS B/D
<i>cytarabine inj</i>	1	B/D
<i>decitabine</i> (generic of DACOGEN)	3	NDS B/D NM
<i>fludarabine phosphate</i>	1	B/D
<i>fluorouracil</i> SOLN	1	B/D
FOLOTYN	3	NDS NM PA
GEMCITABINE HCL SOLN	3	NDS B/D
<i>gemcitabine hcl</i> (generic of GEMZAR) SOLR 1gm, 200mg	3	NDS B/D
<i>gemcitabine hcl</i> SOLR 2gm	3	NDS B/D
<i>mercaptopurine</i> TABS	1	
METHOTREXATE SODIUM 50mg/2ml	1	B/D
<i>methotrexate sodium</i> 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml	1	B/D
<i>methotrexate sodium inj</i>	1	B/D
NIPENT	3	NDS B/D
PURIXAN	3	NDS NM
TABLOID	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	3	NDS B/D
DOCEFREZ	3	NDS B/D
DOCETAXEL CONC 20mg/ml	3	NDS B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 80mg/4ml	3	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	3	NDS B/D
DOCETAXEL SOLN	3	NDS B/D
DOCETAXEL SOLN 80MG/8ML	3	NDS B/D
JEVTANA	3	NDS NM PA
<i>paclitaxel</i>	1	B/D
TAXOTERE 80mg/4ml	3	NDS B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	1	B/D
<i>vincasar</i>	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	3	NDS B/D NM
AVASTIN	3	NDS NM LA PA
BELEODAQ	3	NDS NM PA
CYRAMZA	3	NDS NM LA PA
DARZALEX	3	NDS NM LA PA
EMPLICITI	3	NDS NM LA PA
ERBITUX	3	NDS B/D NM
ERIVEDGE	3	NDS NM LA PA
FARYDAK	3	NDS NM LA PA
GAZYVA	3	NDS NM LA PA
HERCEPTIN 440mg	3	NDS NM PA
IBRANCE	3	NDS NM LA PA
ISTODAX (OVERFILL)	3	NDS B/D NM
KADCYLA	3	NDS B/D NM
KEYTRUDA	3	NDS NM PA
LYNPARZA	3	NDS NM LA PA
NINLARO	3	NDS NM PA
OPDIVO	3	NDS NM LA PA
PERJETA	3	NDS NM PA
PORTRAZZA	3	NDS NM LA PA
PROLEUKIN	3	NDS B/D NM
RITUXAN	3	NDS NM LA PA
RUBRACA 200mg, 300mg	3	NDS NM LA PA
TECENTRIQ	3	NDS NM LA PA
TORISEL	3	NDS B/D NM
VECTIBIX	3	NDS B/D NM
VELCADE	3	NDS NM PA
VENCLEXTA 10mg, 50mg	3	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VENCLEXTA 100mg	3	NDS NM LA PA
VENCLEXTA STARTING PACK	3	NDS NM LA PA
YERVOY	3	NDS NM PA
ZALTRAP	3	NDS NM LA PA
ZOLINZA	3	NDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	1	
<i>bicalutamide</i> (generic of CASODEX)	1	
DEPO-PROVERA INJ 400/ML	3	B/D
ELIGARD INJ 7.5MG	3	B/D NM
ELIGARD INJ 22.5MG	3	B/D NM
ELIGARD INJ 30MG	3	B/D NM
ELIGARD INJ 45MG	3	B/D NM
<i>exemestane</i> (generic of AROMASIN)	1	
FARESTON	3	NDS
FASLODEX	3	NDS B/D
FIRMAGON 80mg	3	B/D NM
FIRMAGON 120mg	3	NDS B/D NM
<i>flutamide</i>	1	
<i>hydroxyprogesterone caproate</i> (antineoplastic)	3	B/D
<i>letrozole</i> (generic of FEMARA) TABS	1	
<i>leuprolide acetate</i> KIT	1	NM PA
LUPRON DEPOT INJ 3.75MG	3	NDS NM PA
LUPRON DEPOT INJ 7.5MG	3	NDS NM PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	3	NDS NM PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	3	NDS NM PA
LUPRON DEPOT INJ 30MG (4-MONTH)	3	NDS NM PA
LUPRON DEPOT INJ 45MG (6-MONTH)	3	NDS NM PA
LYSODREN	2	
<i>megestrol ac sus</i> 40mg/ml (generic of MEGACE ORAL) PA if 65 years and older	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>megestrol ac tab 20mg</i> PA if 65 years and older	3	PA
<i>megestrol ac tab 40mg</i> PA if 65 years and older	3	PA
MEGESTROL SUS 625MG/5ML	3	PA
<i>nilutamide</i> (generic of NILANDRON)	3	NDS
SOLTAMOX	3	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR MIXJECT	3	NDS NM PA
VANTAS	3	NM PA
XTANDI	3	NDS NM LA PA
ZOLADEX	2	NM PA
ZYTIGA 250mg	3	NDS NM LA PA
KINASE INHIBITORS		
AFINITOR	3	NDS NM PA
AFINITOR DISPERZ	3	NDS NM PA
ALECENSA	3	NDS NM LA PA
BOSULIF	3	NDS NM PA
CABOMETYX	3	NDS NM LA PA
CAPRELSA	3	NDS NM LA PA
COMETRIQ	3	NDS NM LA PA
COTELLIC	3	NDS NM LA PA
GILOTRIF TAB 20MG	3	NDS NM LA PA
GILOTRIF TAB 30MG	3	NDS NM LA PA
GILOTRIF TAB 40MG	3	NDS NM LA PA
ICLUSIG	3	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
IMBRUVICA CAP 140MG	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
INLYTA	3	NDS NM LA PA
IRESSA	3	NDS NM LA PA
JAKAFI	3	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 14 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 18 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 24 MG DAILY DOSE	3	NDS NM LA PA
MEKINIST	3	NDS NM LA PA
NEXAVAR	3	NDS NM LA PA
SPRYCEL	3	NDS NM PA
STIVARGA	3	NDS NM LA PA
SUTENT	3	NDS NM PA
TAFINLAR	3	NDS NM LA PA
TAGRISSO	3	NDS NM LA PA
TARCEVA	3	NDS NM LA PA
TASIGNA	3	NDS NM PA
TYKERB	3	NDS NM LA PA
VOTRIENT	3	NDS NM LA PA
XALKORI	3	NDS NM LA PA
ZELBORAF	3	NDS NM LA PA
ZYDELIG	3	NDS NM LA PA
ZYKADIA	3	NDS NM LA PA

MISCELLANEOUS

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Drug Name	Drug Requirements/ Tier	Limits
<i>bexarotene</i> (generic of TARGRETIN)	3	NDS NM PA
DROXIA	3	
ERWINAZE	3	NDS NM LA PA
HALAVEN	3	NDS B/D NM
<i>hydroxyurea</i> (generic of HYDREA) CAPS	1	
IXEMPRA KIT	3	NDS B/D NM
LONSURF	3	NDS NM PA
MATULANE	3	NDS LA
<i>mitoxantrone hcl</i>	1	B/D NM
ODOMZO	3	NDS NM LA PA
SYLATRON KIT 200MCG	3	NDS NM PA
SYLATRON KIT 300MCG	3	NDS NM PA
SYLATRON KIT 600MCG	3	NDS NM PA
SYLVANT	3	NDS NM LA PA
SYNRIBO	3	NDS NM PA
<i>tretinoin</i> CAPS	3	NDS
TRISENOX	3	NDS B/D
UVADEX	3	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
<i>oxaliplatin</i>	1	B/D
PROTECTIVE AGENTS		
AMIFOSTINE	3	NDS B/D
<i>dexrazoxane</i> (generic of ZINECARD)	3	NDS B/D
ELITEK	3	NDS B/D
FUSILEV	3	NDS B/D NM
KEPIVANCE	3	NDS B/D
<i>leucovorin ca inj</i>	1	B/D
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>leucovorin calcium 500 mg</i>	1	B/D
<i>levoleucovorin calcium</i> SOLN	3	NDS B/D NM
<i>levoleucovorin calcium</i> (generic of FUSILEV) SOLR 50mg	3	NDS B/D NM
LEVOLEUCOVORIN CALCIUM SOLR 175mg	3	NDS B/D NM
<i>mesna</i> (generic of MESNEX)	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
MESNEX TABS	3	NDS
TOPOISOMERASE INHIBITORS		
CAMPTOSAR 300mg/15ml	3	B/D
ETOPOPHOS	3	B/D
<i>etoposide</i> SOLN	1	B/D
<i>irinotecan inj 40mg/2ml</i> (generic of CAMPTOSAR)	1	B/D
<i>irinotecan inj 100/5ml</i> (generic of CAMPTOSAR)	1	B/D
<i>irinotecan inj 500mg/25ml</i>	1	B/D
ONIVYDE	3	NDS B/D NM
<i>toposar</i>	1	B/D
TOPOTECAN HCL SOLN	3	NDS B/D
<i>topotecan hcl</i> (generic of HYCANTIN) SOLR	3	NDS B/D
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i>		
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i> (generic of LOTREL)		
<i>benazepril & hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1	
<i>trandolapril-verapamil hcl</i> (generic of TARKA)	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	1	
EPANED	3	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i> 2mg	1	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	1	
QBRELIS	3	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	1	
<i>trandolapril</i> (generic of MAVIK)	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA)	1	
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA)	1	
<i>prazosin hcl</i> (generic of MINIPRESS)	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	1	
<i>amlodipine besylate-valsartan</i> tab 5-160 mg (generic of EXFORGE)	1	
<i>amlodipine besylate-valsartan</i> tab 5-320 mg (generic of EXFORGE)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan</i> tab 10-160 mg (generic of EXFORGE)	1	
<i>amlodipine besylate-valsartan</i> tab 10-320 mg (generic of EXFORGE)	1	
<i>amlodipine-valsartan-hydrochl orothiazide</i> 5-160-12.5mg (generic of EXFORGE HCT)	1	
<i>amlodipine-valsartan-hydrochl orothiazide</i> 5-160-25mg (generic of EXFORGE HCT)	1	
<i>amlodipine-valsartan-hydrochl orothiazide</i> 10-160-12.5mg (generic of EXFORGE HCT)	1	
<i>amlodipine-valsartan-hydrochl orothiazide</i> 10-160-25mg (generic of EXFORGE HCT)	1	
<i>amlodipine-valsartan-hydrochl orothiazide</i> 10-320-25mg (generic of EXFORGE HCT)	1	
BYVALSON	3	
<i>candesartan cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT)	1	
EDARBYCLOR	3	
ENTRESTO	2	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	1	
<i>losartan-hydrochlorothiazide</i> (generic of HYZAAR)	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	1	
<i>telmisartan-amlodipine</i> (generic of TWYNSTA)	1	
<i>telmisartan-hydrochlorothiazide</i> (generic of MICARDIS HCT)	1	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		

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Drug Name	Drug Requirements/ Tier	Limits
<i>candesartan cilexetil</i> (generic of ATACAND)	1	
EDARBI	3	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i> (generic of AVAPRO)	1	
<i>losartan potassium</i> (generic of COZAAR)	1	
<i>olmesartan medoxomil</i> (generic of BENICAR)	1	
<i>telmisartan</i> (generic of MICARDIS)	1	
<i>valsartan</i> (generic of DIOVAN)	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	1	
<i>amiodarone inj 50mg/ml</i>	1	
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older	3	PA
DOFETILIDE	1	NM
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	3	
NORPACE CR PA if 65 years and older	3	PA
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	1	
<i>quinidine gluconate</i> TBCR	1	
<i>quinidine sulfate</i> TABS	1	
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1	
<i>sorine</i> 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1	
<i>fluvastatin sodium cap 20 mg</i> (generic of LESCOL)	1	
<i>fluvastatin sodium cap 40 mg</i>	1	
FLUVASTATIN SODIUM TAB SR 24 HR 80 MG	1	
LIVALO	3	
<i>lovastatin</i> 10mg, 20mg	1	
<i>lovastatin</i> (generic of MEVACOR) 40mg	1	
<i>pravastatin sodium</i> 10mg	1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
<i>rosuvastatin calcium</i> (generic of CRESTOR)	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	3	
<i>cholestyramine</i> (generic of QUESTRAN)	1	
<i>cholestyramine light</i> PACK	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	1	
<i>choline fenofibrate</i> (generic of TRILIPIX)	1	
<i>colestipol hcl</i> (generic of COLESTID)	1	
<i>ezetimibe</i> (generic of ZETIA)	1	
FENOFIBRATE CAPS	1	
FENOFIBRATE TABS 40mg, 120mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg, 160mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fenofibrate micronized</i> 43mg, 130mg	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	1	
FENOFIBRIC ACID	1	
<i>gemfibrozil</i> (generic of LOPID) TABS	1	
JUXTAPID	3	NDS NM LA PA
KYNAMRO	3	NDS NM PA
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN)	1	
<i>niacor</i>	1	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	1	
PRALUENT	3	NDS NM PA
<i>prevalite</i> (generic of QUESTRAN LIGHT)	1	
TRIGLIDE	3	
VASCEPA	2	
VYTORIN	2	
WELCHOL	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
DUTOPROL	3	
<i>metoprolol & hctz tab</i> 50-25mg (generic of LOPRESSOR HCT)	1	
<i>metoprolol & hctz tab</i> 100-25mg	1	
<i>metoprolol & hctz tab</i> 100-50mg	1	
<i>nadolol & bendroflumethiazide</i> (generic of CORZIDE)	1	
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol</i> (generic of TENORMIN) TABS	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i> (generic of COREG)	1	
COREG CR	2	
<i>labetalol hcl</i> SOLN; TABS	1	
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	
<i>metoprolol tartrate</i> SOCT	1	
<i>metoprolol tartrate</i> SOLN	1	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORCARD) TABS	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i> (generic of INDERAL LA)	1	
<i>propranolol inj 1mg/ml</i>	1	
<i>propranolol oral sol</i>	1	
<i>propranolol tab</i>	1	
SOTYLIZE	3	
<i>timolol maleate</i> TABS	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate/atorv</i>	1	
<i>amlodipine besylate/atorv</i> (generic of CADUET)	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> (generic of ADALAT CC)	1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	
CARDIZEM LA 120mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	1	
<i>cartia xt</i> 300mg	1	
<i>dilt-xr cap</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	1	
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	1	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	1	
<i>diltiazem cap 300mg cd</i>	1	
DILTIAZEM CAP 360MG CD	1	
<i>diltiazem cap er/12hr</i>	1	
DILTIAZEM ER TAB 180MG	1	
DILTIAZEM ER TAB 240MG	1	
DILTIAZEM ER TAB 300MG	1	
DILTIAZEM ER TAB 360MG	1	
DILTIAZEM ER TAB 420MG	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> TABS 90mg	1	
<i>diltiazem hcl cap sr 24hr</i>	1	
<i>diltiazem hcl coated beads</i> <i>cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 180mg, 360mg	1	
<i>diltiazem hcl coated beads</i> <i>cap sr 24hr</i> 300mg	1	
<i>diltiazem hcl extended release</i> <i>beads cap sr</i> (generic of TIAZAC)	1	
<i>diltiazem inj 25mg/5ml</i>	1	
<i>diltiazem inj 50/10ml</i>	1	
<i>diltiazem inj 100mg</i>	3	
<i>diltiazem inj 125/25ml</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i> (generic of CARDIZEM LA)	1	
<i>nicardipine hcl</i> CAPS	1	
<i>nifedical xl</i> (generic of PROCARDIA XL)	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	1	
<i>nifedipine er</i> (generic of ADALAT CC)	1	
<i>nimodipine</i> CAPS	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>nisoldipine</i> (generic of SULAR) 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> 20mg, 25.5mg, 30mg, 40mg	1	
NYMALIZE	3	NDS
<i>taztia xt</i> (generic of TIAZAC)	1	
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
VERAPAMIL HCL CP24 360mg	1	
<i>verapamil hcl</i> SOLN	1	
<i>verapamil hcl</i> TABS 40mg	1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	1	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 65 years and older	1	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	1	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	1	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 65 years and older	1	PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	1	QL
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 65 years and older	1	PA
<i>digoxin inj</i> (generic of LANOXIN)	1	
DIGOXIN SOL 50MCG/ML PA if 65 years and older	1	PA
LANOXIN TABS 62.5mcg QL (60 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier Limits
LANOXIN TABS 187.5mcg PA if 65 years and older	2 PA
LANOXIN PEDIATRIC	3
DIRECT RENIN INHIBITORS/COMBINATIONS	
TEKTURNA	2
TEKTURNA HCT	2
DIURETICS	
acetazolamide (generic of DIAMOX) CP12	1
acetazolamide TABS	1
acetazolamide sodium	1
ALDACTAZIDE TAB 50/50	3
amiloride & hydrochlorothiazide	1
amiloride hcl TABS	1
bumetanide SOLN	1
bumetanide (generic of BUMEX) TABS	1
chlorothiazide tabs	1
chlorthalidone	1
DIURIL SUS 250/5ML	3
DYRENIUM	3
EDECIN	3 NDS
ethacrynic acid (generic of EDECIN)	1
furosemide SOLN	1
furosemide (generic of LASIX) TABS	1
furosemide inj 10mg/ml	1
FUROSEMIDE INJ 10mg/ml	1
furosemide oral soln 8 mg/ml	1
hydrochlorothiazide (generic of MICROZIDE) CAPS	1
hydrochlorothiazide TABS	1
indapamide	1
methazolamide (generic of NEPTAZANE) TABS	1
methyclothiazide	1
metolazone	1
spironolactone & hydrochlorothiazide (generic of ALDACTAZIDE)	1
toremide tabs 5mg, 100mg	1

Drug Name	Drug Requirements/ Tier Limits
toremide tabs (generic of DEMADEX) 10mg, 20mg	1
triamt/hctz cap 37.5-25 (generic of DYAZIDE)	1
triamt/hctz cap 50-25mg	1
triamt/hctz tab 37.5-25 (generic of MAXZIDE-25)	1
triamt/hctz tab 75-50mg (generic of MAXZIDE)	1
MISCELLANEOUS	
BIDIL	2
clonidine hcl (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1
clonidine hcl (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1
clonidine hcl (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1
clonidine hcl (generic of CATAPRES) TABS	1
clorpres	1
CORLANOR	2
DEMSE	3 NDS
hydralazine hcl SOLN; TABS	1
KEVEYIS	3 NDS NM PA
midodrine hcl	1
minoxidil TABS	1
NORTHERA	3 NDS NM LA PA
PHENOXYBENZAMINE HCL CAPS	3 NDS
RANEXA	2
NITRATES	
DILATRATE SR	3
GONITRO	3
ISORDIL TITRADOSE 40mg	3 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

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Drug Name	Drug Requirements/ Tier Limits
<i>minitran</i> (generic of NITRO-DUR)	1
<i>nitro-bid</i>	3
NITRO-DUR .3mg/hr, .8mg/hr	2
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	1
NITROGLYCERIN LINGUAL	1
<i>nitroglycerin td patch</i>	1
PULMONARY ARTERIAL HYPERTENSION	
ADCIRCA	3 NDS NM PA
ADEMPAS	3 NDS NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN)	3 NDS B/D NM LA
FLOLAN	3 NDS B/D NM LA
LETAIRIS	3 NDS NM LA PA
OPSUMIT	3 NDS NM LA PA
ORENITRAM TAB 0.25MG	3 NDS NM LA PA
ORENITRAM TAB 0.125MG	2 NM LA PA
ORENITRAM TAB 1MG	3 NDS NM LA PA
ORENITRAM TAB 2.5MG	3 NDS NM LA PA
REMODULIN	3 NDS NM LA PA
REVATIO SUSR	3 NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN	3 NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS	1 NM PA
TRACLEER	3 NDS NM LA PA
TYVASO	3 NDS NM PA
UPTRAVI	3 NDS NM LA PA

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Drug Name	Drug Requirements/ Tier Limits
VELETRI	3 NDS B/D NM LA
VENTAVIS	3 NDS NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY	
<i>alprazolam</i> CONC QL (300 mL / 30 days)	3 QL
<i>alprazolam</i> (generic of XANAX) TABS 1mg QL (120 tabs / 30 days)	1 QL
<i>alprazolam</i> (generic of XANAX) TABS 2mg QL (150 tabs / 30 days)	1 QL
<i>alprazolam</i> (generic of XANAX) TABS .5mg QL (240 tabs / 30 days)	1 QL
<i>alprazolam</i> (generic of XANAX) TABS .25mg QL (480 tabs / 30 days)	1 QL
<i>buspirone hcl</i> TABS	1
<i>fluvoxamine maleate</i> 25mg, 50mg QL (45 tabs / 30 days)	1 QL
<i>fluvoxamine maleate</i> 100mg	1
<i>fluvoxamine maleate er</i> 100mg QL (90 caps / 30 days)	1 QL
<i>fluvoxamine maleate er</i> 150mg QL (60 caps / 30 days)	1 QL
<i>lorazepam</i> CONC QL (150 mL / 30 days)	1 QL
<i>lorazepam</i> (generic of ATIVAN) SOLN	1
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	1 QL
ANTICONVULSANTS	
APTOM	3
BANZEL SUS 40MG/ML	3 NDS PA
BANZEL TAB 200MG	3 NDS PA
BANZEL TAB 400MG	3 NDS PA
BRIVIACT SOLN 10mg/ml	3 NDS PA
BRIVIACT SOLN 50mg/5ml	3 PA
BRIVIACT TABS	3 NDS PA
<i>carbamazepine</i> CHEW	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>carbamazepine</i> (generic of CARBATROL) CP12	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	1	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	1	
<i>carbamazepine</i> TB12 100mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 200mg, 400mg	1	
CELONTIN	3	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (120 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (240 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> 3.75mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>clorazepate dipotassium</i> 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> CONC QL (240 mL / 30 days) PA if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam</i> SOLN 1mg/ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> SOLN 5mg/ml	1	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
DIAZEPAM GEL (ANTICONVULSANT)	1	
<i>dilantin</i>	3	
DILANTIN-125	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	1	
<i>epitol</i> (generic of TEGRETOL)	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	1	
<i>felbamate</i> (generic of FELBATOL) SUSP	3	NDS
<i>felbamate</i> (generic of FELBATOL) TABS	1	
FYCOMPA	2	PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL 12mg, 16mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL STARTER	3	
LAMICTAL XR KIT	2	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
<i>lamotrigine</i> KIT	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	1	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	1	
LEVETIRACETAM IV	3	
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	2	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	2	QL
LYRICA SOLN QL (946 mL / 30 days)	2	QL
ONFI SUSP	3	NDS PA
ONFI TABS 10mg	3	PA
ONFI TABS 20mg	3	NDS PA
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
OXTELLAR XR	2	
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS PA if 65 years and older	3	PA
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 65 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 65 years and older	3	PA
<i>phenytek</i>	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	1	
POTIGA 50mg	3	
POTIGA 200mg QL (180 tabs / 30 days)	3	QL
POTIGA 300mg, 400mg QL (90 tabs / 30 days)	3	QL
<i>primidone</i> (generic of MYSOLINE) TABS	1	
<i>roweepra</i> (generic of KEPPRA)	1	
SABRIL PACK QL (180 packets / 30 days)	3	NDS QL NM LA PA
SABRIL TABS QL (180 tabs / 30 days)	3	NDS QL NM LA PA
SPRITAM	3	
TEGRETOL	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i> (generic of GABITRIL)	1	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	1	
TOPIRAMATE CS24	1	
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TROKENDI XR 25mg, 50mg, 100mg	2	
TROKENDI XR 200mg	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>valproate sodium</i> (generic of DEPAKENE) SOLN 250mg/5ml	1	
<i>valproate sodium</i> (generic of DEPAKONE) SOLN 500mg/5ml	1	
<i>valproic acid</i> (generic of DEPAKENE)	1	
VIMPAT	2	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ANTIDEMENTIA		
<i>donepezil odt 5mg</i>	1	
<i>donepezil odt 10mg</i>	1	
<i>donepezil tab hcl 23mg</i> (generic of ARICEPT)	1	
<i>donepezil tabs 5mg</i> (generic of ARICEPT)	1	
<i>donepezil tabs 10mg</i> (generic of ARICEPT)	1	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS	1	
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER)	1	
<i>memantine hcl</i> (generic of NAMENDA) SOLN PA if < 30 yrs	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg PA if < 30 yrs	1	PA
MEMANTINE HCL TABS 10mg PA if < 30 yrs	1	PA
NAMENDA XR PA if < 30 yrs	2	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	2	PA
NAMZARIC	3	
<i>rivastigmine tartrate</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> (generic of EXELON)	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> (generic of EXELON)	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> (generic of EXELON)	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 50mg, 75mg, 100mg, 150mg PA if 65 years and older	3	PA
<i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg PA if 65 years and older	3	PA
<i>amoxapine</i>	1	
APLENZIN	3	NDS
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	1	
<i>citalopram hydrobromide</i> SOLN	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ)	1	
<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older	3	PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	1	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	1	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	1	QL
EMSAM	3	NDS PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>escitalopram oxalate</i> SOLN	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	1	
FETZIMA	3	
FETZIMA TITRATION PACK	3	
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	1	
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	1	
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	1	
<i>fluoxetine hcl</i> CPDR	1	
<i>fluoxetine hcl</i> SOLN	1	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1	
FLUOXETINE HCL TABS 60mg	2	
FORFIVO XL QL (30 tabs / 30 days)	3	QL
<i>imipramine hcl</i> (generic of TOFRANIL) TABS PA if 65 years and older	3	PA
<i>imipramine pamoate</i> PA if 65 years and older	3	PA
<i>maprotiline hcl</i>	1	
MARPLAN	3	
<i>mirtazapine</i> TABS 7.5mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	1	
<i>nortriptyline hcl</i> SOLN	1	
<i>paroxetine er tab</i> (generic of PAXIL CR)	1	
<i>paroxetine hcl tabs</i> (generic of PAXIL)	1	
PAXIL SUSP	3	
PEXEVA	3	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	1	
PRISTIQ	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC; TABS	1	
<i>tranlycypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i> TABS	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg PA if 65 years and older	3	PA
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg PA if 65 years and older	3	PA
TRINTELLIX	2	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	1	
<i>venlafaxine hcl</i> TABS	1	
<i>venlafaxine hcl</i> (generic of VENLAFAXINE HCL ER) TB24 37.5mg, 75mg, 150mg	1	
VENLAFAXINE HCL TB24 225mg	1	
<i>venlafaxine tab</i>	1	
VIIBRYD STARTER PACK	2	
VIIBRYD TAB	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SYRP; TABS	1	
APOKYN	3	NDS NM LA PA
BENZTROPINE MESYLATE SOLN	1	
<i>benztropine mesylate</i> TABS PA if 65 years and older	3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	1	
<i>carbidopa</i> (generic of LODOSYN) TABS	3	NDS
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	1	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	1	
<i>carbidopa-levodopa</i> TBDP	1	

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

Drug Name	Drug Requirements/ Tier	Limits
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
DUOPA	3	B/D NM
ENTACAPONE	1	
MIRAPEX ER 3.75mg	2	
NEUPRO	2	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER)	1	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.75 er</i> (generic of MIRAPEX ER)	1	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.375mg</i> (generic of MIRAPEX ER)	1	
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 1.5mg er</i> (generic of MIRAPEX ER)	1	
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 2.25mg</i> (generic of MIRAPEX ER)	1	
<i>pramipexole tab 3mg</i> (generic of MIRAPEX ER)	1	
<i>pramipexole tab 4.5mg</i> (generic of MIRAPEX ER)	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	1	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 1mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 2mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 2mg er</i> (generic of REQUIP XL)	1	
<i>ropinirole tab 3mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 4mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 4mg er</i> (generic of REQUIP XL)	1	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 6mg er</i> (generic of REQUIP XL)	1	
<i>ropinirole tab 8mg er</i> (generic of REQUIP XL)	1	
<i>ropinirole tab 12mg er</i> (generic of REQUIP XL)	1	
RYTARY	3	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	1	
<i>selegiline hcl</i> TABS	1	
ZELAPAR	3	NDS
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	3	NDS QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	3	NDS QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	3	NDS QL
<i>aripiprazole tabs</i> (generic of ABILIFY) 2mg, 5mg, 10mg, 15mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole tabs</i> (generic of ABILIFY) 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL
ARISTADA QL (1 syringe / 28 days)	3	NDS QL
<i>chlorpromazine hcl</i> TABS	1	
<i>chlorpromazine inj</i>	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
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Drug Name	Drug Requirements/ Tier	Limits
CLOZAPINE ODT 12.5mg	1	PA
CLOZAPINE ODT 25mg	1	PA
CLOZAPINE ODT 100mg QL (270 tabs / 30 days)	1	QL PA
CLOZAPINE ODT 150mg QL (180 tabs / 30 days)	1	QL PA
CLOZAPINE ODT 200mg QL (135 tabs / 30 days)	3	NDS QL PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	1	
<i>clozapine tab 50mg</i>	1	
<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	1	QL
<i>clozapine tab 200mg</i> QL (135 tabs / 30 days)	1	QL
FANAPT QL (60 tabs / 30 days)	3	QL
FANAPT TITRATION PACK	3	
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON INJ QL (6 mL / 3 days)	3	QL
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i> (generic of HALDOL)	1	
INVEGA SUST INJ 39 MG/0.25 ML QL (1 injection / 28 days)	3	QL
INVEGA SUST INJ 78 MG/0.5 ML QL (1 injection / 28 days)	3	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
INVEGA SUST INJ 117 MG/0.75 ML QL (1 injection / 28 days)	3	NDS QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	3	NDS QL
INVEGA SUST INJ 234 MG/1.5 ML QL (1 injection / 28 days)	3	NDS QL
INVEGA TRINZA QL (1 syringe / 90 days)	3	NDS QL
LATUDA 20mg QL (240 tabs / 30 days)	2	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	2	QL
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	2	QL
<i>loxapine succinate</i>	1	
<i>molindone hcl</i>	1	
NUPLAZID QL (60 tabs / 30 days)	3	NDS QL NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 5mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	3	NDS QL
<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	3	NDS QL
<i>perphenazine</i> TABS	1	
<i>pimozide</i> (generic of ORAP)	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg QL (120 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 300mg, 400mg QL (60 tabs / 30 days)	1	QL
REXULTI 1mg QL (90 tabs / 30 days)	3	QL
REXULTI 2mg QL (60 tabs / 30 days)	3	QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	3	QL
REXULTI .5mg QL (180 tabs / 30 days)	3	QL
REXULTI .25mg QL (360 tabs / 30 days)	3	QL
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)	3	NDS QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	3	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone odt</i> .25mg QL (90 tabs / 30 days)	1	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	3	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	3	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	3	QL
<i>thioridazine hcl</i> TABS PA if 65 years and older	3	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VERSACLOZ QL (600 mL / 30 days)	3	NDS QL PA
VRAYLAR 1.5mg QL (120 caps / 30 days)	3	NDS QL
VRAYLAR 3mg QL (60 caps / 30 days)	3	NDS QL
VRAYLAR 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL
VRAYLAR THERAPY PACK	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ziprasidone hcl</i> (generic of GEODON) 20mg, 40mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone hcl</i> (generic of GEODON) 60mg, 80mg QL (90 caps / 30 days)	1	QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	3	NDS QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	3	NDS QL PA
ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	3	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine cap 10mg er</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
<i>amphetamine cap 15mg er</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine cap 20mg er</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine cap 25mg er</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine cap 30mg er</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL
APTENSIO XR 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL
APTENSIO XR 40mg, 50mg, 60mg QL (30 caps / 30 days)	2	QL
DAYTRANA QL (30 patches / 30 days)	3	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 65 years and older	3	PA
<i>metadate er tab 20mg</i> QL (90 tabs / 30 days)	1	QL
<i>methylphenidate hcl CHEW</i> QL (180 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 20mg QL (60 caps / 30 days)	1	QL
METHYLPHENIDATE HCL CP24 30mg QL (60 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg QL (60 caps / 30 days)	1	QL
METHYLPHENIDATE HCL CPCR 30mg QL (60 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> TB24 QL (60 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL
METHYLPHENIDATE HCL TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL
METHYLPHENIDATE HCL TBCR 54mg QL (30 tabs / 30 days)	1	QL
<i>methylphenidate hcl er</i> 27mg, 36mg QL (60 tabs / 30 days)	1	QL
<i>methylphenidate hcl er</i> 54mg QL (30 tabs / 30 days)	1	QL
QUILLICHEW ER 20mg QL (90 tabs / 30 days)	3	QL
QUILLICHEW ER 30mg QL (60 tabs / 30 days)	3	QL
QUILLICHEW ER 40mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
QUILLIVANT XR QL (360 mL / 30 days)	2	QL
RITALIN LA 10mg QL (180 tabs / 30 days)	3	QL
RITALIN LA 60mg QL (30 caps / 30 days)	3	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	2	QL
STRATTERA 40mg QL (60 caps / 30 days)	2	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	2	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)	3	QL
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL
HYPNOTICS		
HETLIOZ	3	NDS NM LA PA
ROZEREM QL (30 tabs / 30 days)	3	QL
SILENOR 3mg QL (60 tabs / 30 days)	2	QL
SILENOR 6mg QL (30 tabs / 30 days)	2	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
MIGRAINE		
<i>almotriptan malate</i> (generic of AXERT) QL (12 tabs / 30 days)	1	QL
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	1	
DIHYDROERGOTAMINE MESYLATE 4mg/ml QL (8 mL / 30 days)	3	NDS QL
<i>ergomar</i>	3	
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	1	
<i>frovatriptan succinate</i> (generic of FROVA) QL (18 tabs / 30 days)	1	QL
<i>migergot</i>	3	NDS
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	1	QL
ONZETRA XSAIL QL (8 boxes / 30 days)	3	QL
RELPAK QL (12 tabs / 30 days)	2	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP QL (18 tabs / 30 days)	1	QL
SUMATRIPTAN INJ 4MG/0.5ML QL (18 injections / 30 days)	1	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	1	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	1	QL
<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	1	QL
SUMATRIPTAN SUCCINATE SOLN 5mg/act QL (24 inhalers / 30 days)	1	QL
SUMATRIPTAN SUCCINATE SOLN 20mg/act QL (12 inhalers / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	1	QL
SUMAVEL DOSEPRO 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL
SUMAVEL DOSEPRO 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL
TREXIMET TAB 10-60MG QL (9 tabs / 30 days)	2	QL
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	3	NDS QL
ZEMBRACE SYMTOUCH QL (24 pens / 30 days)	3	QL
<i>zolmitriptan</i> (generic of ZOMIG) TABS QL (12 tabs / 30 days)	1	QL
<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs / 30 days)	1	QL
ZOMIG SOLN QL (12 inhalers / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
ZOMIG NASAL SPRAY QL (12 inhalers / 30 days)	2	QL
MISCELLANEOUS		
BRISDELLE	2	
EQUETRO	3	
GRALISE 300mg QL (180 tabs / 30 days)	2	QL
GRALISE 600mg QL (90 tabs / 30 days)	2	QL
GRALISE STARTER	2	
HORIZANT	3	
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
<i>lithium carbonate</i> TBCR 450mg	1	
LITHIUM SOLN 8MEQ/5ML	3	
MESTINON SYRUP	3	NDS
NUDEXTA	3	PA
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR	1	
<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	1	
<i>riluzole</i> (generic of RILUTEK)	1	
SAVELLA 12.5mg QL (480 tabs / 30 days)	2	QL
SAVELLA 25mg QL (240 tabs / 30 days)	2	QL
SAVELLA 50mg QL (120 tabs / 30 days)	2	QL
SAVELLA 100mg QL (60 tabs / 30 days)	2	QL
SAVELLA TITRATION PACK	2	
TETRABENAZINE 12.5mg QL (240 tabs / 30 days)	3	NDS QL NM PA
TETRABENAZINE 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	3	NDS NM LA PA
AUBAGIO QL (30 tabs / 30 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
AVONEX QL (4 injections / 28 days)	3	NDS QL NM PA
AVONEX PEN QL (4 injections / 28 days)	3	NDS QL NM PA
BETASERON QL (14 syringes / 28 days)	3	NDS QL NM PA
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	3	NDS QL NM PA
COPAXONE KIT 20MG/ML QL (30 syringes / 30 days)	3	NDS QL NM PA
EXTAVIA QL (15 boxes / 30 days)	3	NDS QL NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	3	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) QL (30 syringes / 30 days)	3	NDS QL NM PA
LEMTRADA	3	NDS NM LA PA
PLEGRIDY SOPN QL (2 pens / 28 days)	3	NDS QL NM PA
PLEGRIDY SOSY QL (2 syringes / 28 days)	3	NDS QL NM PA
PLEGRIDY STARTER PACK QL (1 box / 28 days)	3	NDS QL NM PA
REBIF QL (6 mL / 28 days)	3	NDS QL NM PA
REBIF REBIDOSE QL (6 mL / 28 days)	3	NDS QL NM PA
REBIF REBIDOSE TITRATION QL (6 mL / 28 days)	3	NDS QL NM PA
REBIF TITRATION PACK QL (6 mL / 30 days)	3	NDS QL NM PA
TECFIDERA 120mg QL (14 caps / 7 days)	3	NDS QL NM LA PA
TECFIDERA 240mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
TECFIDERA STARTER PACK	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
TYSABRI	3	NDS NM LA PA
ZINBRYTA	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	1	
BOTOX INJ 100UNIT	3	NDS NM PA
BOTOX INJ 200UNIT	3	NDS NM PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA
PA if 65 years and older		
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	1	
<i>dantrolene sodium</i> CAPS 100mg	1	
DYSPOORT	3	NM PA
MYOBLOC	3	NM PA
<i>tizanidine</i> (generic of ZANAFLEX) CAPS	1	
<i>tizanidine</i> TABS 2mg	1	
<i>tizanidine</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN 50unit	3	NM PA
XEOMIN 100unit, 200unit	3	NDS NM PA
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) 50mg	1	QL PA
QL (150 tabs / 30 days)		
<i>armodafinil</i> (generic of NUVIGIL) 150mg	1	QL PA
QL (60 tabs / 30 days)		
ARMODAFINIL 200mg	1	QL PA
QL (30 tabs / 30 days)		
<i>armodafinil</i> (generic of NUVIGIL) 250mg	1	QL PA
QL (30 tabs / 30 days)		
<i>modafinil</i> (generic of PROVIGIL) 100mg	1	QL PA
QL (30 tabs / 30 days)		
<i>modafinil</i> (generic of PROVIGIL) 200mg	1	QL PA
QL (60 tabs / 30 days)		
XYREM	3	NDS QL LA PA
QL (540 mL / 30 days)		
PSYCHOTHERAPEUTIC-MISC		

Drug Name	Drug Requirements/ Tier	Limits
<i>acamprosate calcium</i>	1	
BUNAVAIL MIS 2.1-0.3MG	3	QL PA
QL (120 buccal films / 30 days)		
BUNAVAIL MIS 4.2-0.7MG	3	QL PA
QL (120 buccal films / 30 days)		
BUNAVAIL MIS 6.3-1MG	3	QL PA
QL (60 buccal films / 30 days)		
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	1	QL PA
QL (120 tabs / 30 days)		
<i>buproban tab 150mg</i> (generic of ZYBAN)	1	
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	1	
CHANTIX	2	PA
CHANTIX CONTINUING MONTH	2	PA
CHANTIX STARTER PACK	2	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	1	
<i>fluoxetine hcl</i> (pmd) (generic of SARAFEM)	1	
(generic of SARAFEM)		
<i>naloxone inj 0.4mg/ml</i>	1	
<i>naloxone inj 1mg/ml</i>	1	
<i>naltrexone hcl</i> TABS	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
SARAFEM	3	
SUBOXONE MIS 2-0.5MG	2	QL PA
QL (120 SL films / 30 days)		
SUBOXONE MIS 4-1MG	2	QL PA
QL (120 SL films / 30 days)		
SUBOXONE MIS 8-2MG	2	QL PA
QL (120 SL films / 30 days)		
SUBOXONE MIS 12-3MG	2	QL PA
QL (60 SL films / 30 days)		
VIVITROL	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
ZUBSOLV SUB 1.4-0.36MG QL (120 tabs / 30 days)	3	QL PA
ZUBSOLV SUB 2.9-0.71MG QL (120 tabs / 30 days)	3	QL PA
ZUBSOLV SUB 5.7-1.4MG QL (120 tabs / 30 days)	3	QL PA
ZUBSOLV SUB 8.6-2.1MG QL (60 tabs / 30 days)	3	QL PA
ZUBSOLV SUB 11.4-2.9MG QL (60 tabs / 30 days)	3	QL PA
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	3	NDS PA
ANDRODERM QL (30 patches / 30 days)	2	QL PA
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 grams / 30 days)	3	QL PA
ANDROGEL 1% QL (300 grams / 30 days)	3	QL PA
ANDROGEL 1.62% QL (150 grams / 30 days)	3	QL PA
AVEED	3	NM LA PA
AXIRON QL (440 mL / 30 days)	2	QL PA
depo-testosterone 100mg/ml	3	PA
oxandrolone (generic of OXANDRIN) TABS	1	PA
STRIANT QL (60 buccal systems / 30 days)	3	QL PA
testosterone GEL 1% QL (300 grams / 30 days)	1	QL PA
TESTOSTERONE GEL 1% QL (300 grams / 30 days)	1	QL PA
testosterone (generic of FORTESTA) GEL 10mg/act QL (120 grams / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
TESTOSTERONE GEL 25mg/2.5gm QL (300 grams / 30 days)	1	QL PA
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN	1	PA
testosterone enanthate SOLN	1	PA
ANTIDIABETICS, INJECTABLE		
ADLYXIN QL (2 pens / 28 days)	3	QL
ADLYXIN STARTER PACK QL (2 pens / 28 days)	3	QL
ALCOHOL SWABS	2	
APIDRA	3	
APIDRA SOLOSTAR	3	
BYDUREON INJ QL (4 vials / 28 days)	3	QL
BYDUREON PEN QL (4 pens / 28 days)	3	QL
BYETTA QL (1 pen / 30 days)	3	QL
GAUZE PADS 2X2	2	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATE)	3	NDS B/D
HUMULIN R U-500 KWIKPEN	3	NDS
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LANTUS	2	

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Drug Name	Drug Requirements/ Tier	Limits
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXTouch	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	2	
NOVOLIN N RELION	3	
NOVOLIN R	2	
NOVOLIN R RELION	3	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	
SOLIQUA 100/33	3	QL
QL (10 pens / 30 days)		
SYMLINPEN 60	3	NDS PA
SYMLINPEN 120	3	NDS PA
TANZEUM	3	QL
QL (4 pens / 28 days)		
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTouch	2	
TRULICITY	2	QL
QL (4 pens / 28 days)		
VICTOZA	2	QL
QL (3 pens / 30 days)		
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE)	1	
ACTOPLUS MET XR 15-1000MG	3	QL
QL (60 tabs / 30 days)		
ACTOPLUS MET XR 30-1000MG	3	QL
QL (30 tabs / 30 days)		
FARXIGA 5mg	2	QL
QL (60 tabs / 30 days)		
FARXIGA 10mg	2	QL
QL (30 tabs / 30 days)		
glimepiride (generic of AMARYL) 1mg	1	QL
QL (240 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
glimepiride (generic of AMARYL) 2mg	1	QL
QL (120 tabs / 30 days)		
glimepiride (generic of AMARYL) 4mg	1	QL
QL (60 tabs / 30 days)		
glipizide (generic of GLUCOTROL) TABS 5mg	1	QL
QL (240 tabs / 30 days)		
glipizide (generic of GLUCOTROL) TABS 10mg	1	QL
QL (120 tabs / 30 days)		
glipizide er (generic of GLUCOTROL XL) 2.5mg	1	QL
QL (240 tabs / 30 days)		
glipizide er (generic of GLUCOTROL XL) 5mg	1	QL
QL (120 tabs / 30 days)		
glipizide er (generic of GLUCOTROL XL) 10mg	1	QL
QL (60 tabs / 30 days)		
GLIPIZIDE XL TB24 2.5MG	1	QL
QL (240 tabs / 30 days)		
GLIPIZIDE XL TB24 5MG	1	QL
QL (120 tabs / 30 days)		
glipizide-metformin 2.5-250 mg	1	QL
QL (240 tabs / 30 days)		
glipizide-metformin 2.5-500 mg	1	QL
QL (120 tabs / 30 days)		
glipizide-metformin 5-500mg	1	QL
QL (120 tabs / 30 days)		
GLYXAMBI	3	QL
QL (30 tabs / 30 days)		
INVOKAMET TAB 50-500MG	3	QL
QL (120 tabs / 30 days)		
INVOKAMET TAB 50-1000MG	3	QL
QL (60 tabs / 30 days)		
INVOKAMET TAB 150-500MG	3	QL
QL (60 tabs / 30 days)		
INVOKAMET TAB 150-1000MG	3	QL
QL (60 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET XR TAB 50-1000MG QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150-500MG QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150-1000MG QL (60 tabs / 30 days)	3	QL
INVOKANA TAB 100MG QL (90 tabs / 30 days)	3	QL
INVOKANA TAB 300MG QL (30 tabs / 30 days)	3	QL
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
KAZANO QL (60 tabs / 30 days)	3	QL
KOMBIGLYZE XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
KOMBIGLYZE XR 5-500MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
KOMBIGLYZE XR 5-1000MG QL (30 tabs / 30 days)	3	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of FORTAMET) TB24 500mg QL (150 tabs / 30 days) (generic of FORTAMET)	1	QL
<i>metformin hcl</i> (generic of FORTAMET) TB24 1000mg QL (75 tabs / 30 days) (generic of FORTAMET)	1	QL
<i>miglitol</i> (generic of GLYSET)	1	
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	1	QL
NESINA 6.25mg QL (120 tabs / 30 days)	3	QL
NESINA 12.5mg QL (60 tabs / 30 days)	3	QL
NESINA 25mg QL (30 tabs / 30 days)	3	QL
ONGLYZA QL (30 tabs / 30 days)	3	QL
OSENI TAB 12.5-15MG QL (60 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
OSENI TAB 12.5-30MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 12.5-45MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 25-15MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 25-30MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 25-45MG QL (30 tabs / 30 days)	3	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	1	QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	1	QL
<i>repaglinide-metformin hcl</i> QL (150 tabs / 30 days)	1	QL
RIOMET QL (946 mL / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000 QL (60 tabs / 30 days)	3	QL
TRADJENTA QL (30 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

Drug Name	Drug Requirements/ Tier	Limits
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	2	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> SOLN	1	
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
BINOSTO	3	
FOSAMAX PLUS D	3	
<i>ibandronate sodium</i> (generic of BONIVA) QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate tab 150mg</i> (generic of BONIVA)	1	B/D
<i>pamidronate disodium</i> SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
<i>pamidronate disodium</i> SOLR	1	B/D
<i>risedronate sodium</i> (generic of ACTONEL) TABS	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC	1	
<i>zoledronic acid</i> SOLR	3	B/D NM
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	1	B/D NM
<i>zoledronic inj 5/100ml</i> (generic of RECLAST)	1	B/D NM
ZOMETA SOLN	3	NDS B/D NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	2	NM
SENSIPAR 60mg, 90mg	2	NDS NM
CHELATING AGENTS		
CHEMET	3	
<i>deferoxamine mesylate</i> 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) 500mg	1	NM PA
DEPEN TITRATABS	3	NDS
EXJADE	3	NDS NM LA PA
FERRIPROX	3	NDS NM LA PA
JADENU	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>kionex</i> (generic of KAYEXALATE)	1	
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE) POWD	1	
<i>sodium polystyrene sulfonate</i> SUSP	1	
<i>sps susp 15gm/60ml</i>	1	
SYPRINE	3	NDS
VELTASSA	2	LA
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<i>alyacen 1/35</i> (generic of NORINYL 1+35)	1	
<i>amethia 91 day</i> (generic of SEASONIQUE)	1	
AMETHIA LO	1	
<i>apri 28 day</i> (generic of DESOGEN)	1	
<i>aranelle 28</i> (generic of TRI-NORINYL 28)	1	
<i>ashlyna 91 day</i> (generic of SEASONIQUE)	1	
<i>aubra 28 day</i>	1	
<i>aviane 28</i>	1	
<i>balziva 28 day</i> (generic of OVCON-35)	1	
<i>bekyree 28 day</i> (generic of MIRCETTE)	1	
BEYAZ	2	
<i>blisovi 21 fe 1.5/30 28 day pack</i> (generic of LOESTRIN FE 1.5/30)	1	
<i>blisovi 21 fe 1/20 28 day pack</i> (generic of LOESTRIN FE 1/20)	1	
<i>blisovi 24 fe 1/20 28 day</i>	1	
<i>briellyn 28 day</i> (generic of OVCON-35)	1	
<i>camila 28 day</i>	1	
CAMRESE LO TAB	1	
<i>caziant pak</i> (generic of CYCLESSA)	1	
<i>cryselle 28</i>	1	
<i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	1	
<i>cyred tab</i> (generic of DESOGEN)	1	
<i>deblitane 28 day</i>	1	
<i>delyla 28 day</i>	1	
DEPO-SUBQ PROVERA 104	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	1	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	1	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	1	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLAT E CALCIUM	1	
ELLA	3	
<i>emoquette</i> (generic of DESOGEN)	1	
<i>enpresse 28 day</i>	1	
<i>errin 28 day</i> (generic of ORTHO MICRONOR)	1	
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	1	
<i>ethynodiol tab 1-50</i>	1	
<i>falmina 28 day</i>	1	
<i>fayosim tab</i> (generic of QUARTETTE)	1	
<i>femynor 28 day</i> (generic of ORTHO-CYCLEN)	1	
GIANVI TAB 3-0.02MG	1	
<i>gildagia</i> (generic of OVCON-35)	1	
<i>gildess 24 tab fe 1/20</i>	1	
<i>gildess tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1	
<i>heather</i>	1	
<i>introvale 91 day</i>	1	
JOLESSA TAB 0.15-0.03 MG	1	
JOLIVETTE	1	
<i>juleber 28 day</i> (generic of DESOGEN)	1	
<i>june1 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>junel 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	1
<i>junel fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	1
<i>junel fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	1
<i>junel fe 24 1/20 28 day</i>	1
<i>kaitlib fe 28 day</i> (generic of GENERESS FE)	1
<i>kariva 28 day</i> (generic of MIRCETTE)	1
<i>kelnor 1/35 28 day</i>	1
<i>kimidess 28 day</i> (generic of MIRCETTE)	1
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
<i>larissia tab</i>	1
<i>layolis fe chw</i> (generic of GENERESS FE)	1
LEENA TAB	1
<i>lessina 28 day</i>	1
<i>levonest 28 day</i>	1
<i>levonor/ethi tab</i>	1
<i>levonorgestrel & eth estradiol</i>	1
<i>levonorgestrel</i> (emergency oc) (generic of PLAN B ONE-STEP)	1
<i>levonorgestrel-ethinyl estradiol</i> (91-day)	1
<i>levonorgestrel-ethinyl estradiol</i> (91-day) (generic of SEASONIQUE)	1
<i>levonorgestrel-ethinyl estradiol</i> (continuous)	1
<i>levora 0.15/30 28 day</i>	1
LO LOESTRIN FE	2
<i>lomedial 24 fe</i>	1
<i>loryna 28 day</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>luter 28 day</i>	1
<i>lyza</i> (generic of ORTHO MICRONOR)	1
<i>marlissa 28 day</i>	1
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP	1
MEDROXYPROGESTERON E ACETATE (CONTRACEPTIVE) SUSY	1
<i>mibelas 24 chw fe</i>	1
MICROGESTIN 1.5/30	1
MICROGESTIN 1/20	1
MICROGESTIN FE 1.5/30	1
MICROGESTIN FE 1/20	1
MINASTRIN 24 FE	2
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	1
MONONESSA	1
<i>myzilra</i>	1
NATAZIA	2
<i>necon 0.5/35 28 day</i> (generic of BREVICON-28)	1
NECON 7/7/7	1
<i>necon 10/11 28 day</i>	3
<i>necon tab 1/35</i> (generic of NORINYL 1+35)	1
NECON TAB 1/50-28	1
<i>nikki 28 day</i> (generic of YAZ)	1
NORA-BE TAB	1
<i>norethin acet & estrad-fe</i>	1
<i>norethindrone & ethinyl estradiol-fe</i> (generic of FEMCON FE)	1
<i>norethindrone & ethinyl estradiol-fe</i> (generic of GENERESS FE)	1
<i>norethindrone</i> (contraceptive)	1
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	1
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	1

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

Drug Name	Drug Requirements/ Tier Limits
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN)	1
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>norlyroc 28 day</i>	1
<i>nortrel 0.5/35 28 day</i> (generic of BREVICON-28)	1
<i>nortrel 1/35 21 day</i> (generic of NORINYL 1+35)	1
<i>nortrel 1/35 28 day</i> (generic of NORINYL 1+35)	1
<i>nortrel 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	1
NUVARING	2
OCELLA TAB 3-0.03MG	1
<i>ogestrel 28 day</i>	1
<i>orsythia 28 day</i>	1
<i>philith</i> (generic of OVCON-35)	1
<i>pimtreea pack</i> (generic of MIRCETTE)	1
<i>pirmella 1/35 28 day</i> (generic of NORINYL 1+35)	1
<i>portia 28 day</i>	1
<i>previfem 28 day</i> (generic of ORTHO-CYCLEN)	1
QUARTETTE	3
<i>quasense 91 day</i>	1
<i>reclipsen 28 day</i> (generic of DESOGEN)	1
RIVELSA TAB	1
SAFYRAL	2
<i>setlakin tab</i>	1
<i>sharobel 28 day</i> (generic of ORTHO MICRONOR)	1
<i>sprintec 28 day</i> (generic of ORTHO-CYCLEN)	1
<i>sronyx 28 day</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	1
TAYTULLA	3
TILIA FE	1

Drug Name	Drug Requirements/ Tier Limits
<i>tri-legest 28 day</i> (generic of ESTROSTEP FE)	1
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-previfem 28 day</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN)	1
TRINESSA	1
TRINESSA LO TAB	1
<i>trivora 28 day</i>	1
<i>velivet 28 day</i> (generic of CYCLESSA)	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva 28 day</i>	1
<i>viorele</i> (generic of MIRCETTE)	1
<i>vyfemla 28 day</i> (generic of OVCON-35)	1
<i>wymzya fe</i> (generic of FEMCON FE)	1
<i>xulane dis 150-35</i>	1
<i>zarah</i> (generic of YASMIN 28)	1
<i>zenchent fe 28 day</i> (generic of FEMCON FE)	1
<i>zenchent tab</i> (generic of OVCON-35)	1
<i>zovia 1/35e 28 day</i>	1
<i>zovia 1/50e 28 day</i>	1
ENDOMETRIOSIS	
<i>danazol CAPS</i>	1
LUPANETA PACK	3 NDS NM PA
SYNAREL	3 NDS
ENZYME REPLACEMENTS	
ADAGEN	3 NDS NM LA PA
ALDURAZYME	3 NDS NM LA PA
BUPHENYL TABS	3 NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
CARBAGLU	3	NDS NM LA PA
CERDELGA	3	NDS NM PA
CEREZYME	3	NDS NM LA PA
CYSTADANE	3	NDS NM LA
CYSTAGON	3	NM LA PA
ELAPRASE	3	NDS NM LA PA
ELELYSO	3	NDS NM PA
FABRAZYME	3	NDS NM LA PA
KANUMA	3	NDS NM LA PA
KUVAN	3	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml	1	B/D
<i>levocarnitine (metabolic modifiers)</i> SOLN 200mg/ml	1	B/D
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS	1	B/D
LUMIZYME	3	NDS NM LA PA
NAGLAZYME	3	NDS NM LA PA
ORFADIN	3	NDS NM LA PA
PROCYSBI	3	NDS NM LA PA
RAVICTI	3	NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	3	NDS NM PA
STRENSIQ	3	NDS NM LA PA
VIMIZIM	3	NDS NM PA
VPRIV	3	NDS NM PA
ZAVESCA	3	NDS NM LA PA
ESTROGENS		
ALORA	3	PA
PA if 65 years and older		
DELESTROGEN 10mg/ml	3	
<i>depo-estradiol</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>estrace</i> CREA	2	
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW	3	PA
PA if 65 years and older		
<i>estradiol</i> (generic of CLIMARA) PTWK	3	PA
PA if 65 years and older		
<i>estradiol</i> (generic of ESTRACE) TABS	3	PA
PA if 65 years and older		
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL	1	
ESTRING	3	
FEMRING	3	
<i>fyavolv tab 1-5mg</i>	3	PA
PA if 65 years and older		
<i>jinteli</i>	3	PA
PA if 65 years and older		
MENOSTAR	3	PA
PA if 65 years and older		
MINIVELLE	3	PA
PA if 65 years and older		
<i>norethindrone acetate-ethinyl estradiol</i>	3	PA
PA if 65 years and older		
PREMARIN CREAM	2	
PREMARIN INJ	3	
<i>yuvafem vaginal tablet 10 mcg</i> (generic of VAGIFEM)	1	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	1	
DEPO-MEDROL INJ 20MG/ML	3	B/D
<i>dexamethasone</i> CONC	3	
<i>dexamethasone</i> ELIX; SOLN; TABS	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexpak 6 day</i>	3	
<i>dexpak 10 day</i>	3	
<i>dexpak taperpak 13 day</i>	3	
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	1	
MEDROL TAB 2MG	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	1	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	1	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpr ss inj 125 mg</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	1	
<i>methylpred tab 4mg</i> (generic of MEDROL)	1	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	1	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	1	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	1	B/D
<i>millipred</i>	3	B/D
<i>millipred dp</i>	3	
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	1	B/D
<i>prednisolone sodium phosphate</i> (generic of ORAPRED ODT)	1	B/D
<i>prednisolone sol 10mg/5ml</i> (generic of MILLIPRED)	1	B/D
<i>prednisolone sol 15mg/5ml</i>	1	B/D
<i>prednisolone sol 20mg/5ml</i> (generic of VERIPRED 20)	1	B/D
<i>prednisolone sol 25mg/5ml</i>	1	B/D
<i>prednisolone syrup 15 mg/5ml</i>	1	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	1	
<i>prednisone pak 10mg</i>	1	
<i>prednisone sol 5mg/5ml</i>	1	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
RAYOS TAB 1MG	3	NDS B/D
RAYOS TAB 2MG	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
RAYOS TAB 5MG	3	NDS B/D
SOLU-CORTEF 100MG	3	
SOLU-CORTEF 250MG	3	
SOLU-CORTEF 500MG	3	
SOLU-CORTEF 1000MG	3	
SOLU-MEDROL INJ 2GM	3	B/D
<i>veripred</i>	3	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
GENOTROPIN	3	NDS NM PA
GENOTROPIN MINISQUICK .2mg	3	NM PA
GENOTROPIN MINISQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE	3	NDS NM PA
HUMATROPE COMBO PACK	3	NDS NM PA
NORDITROPIN FLEXPRO	3	NDS NM PA
NUTROPIN AQ NUSPIN 5	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 10	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 20	3	NDS NM LA PA
OMNITROPE 5.8MG	3	NDS NM LA PA
OMNITROPE 5MG	3	NDS NM LA PA
OMNITROPE 10MG	3	NDS NM LA PA
SAIZEN	3	NDS NM LA PA
SAIZEN CLICK.EASY	3	NDS NM LA PA
SEROSTIM	3	NDS NM LA PA
ZOMACTON 5mg	3	NM PA
ZOMACTON 10mg	3	NDS NM PA
ZORBTIVE	3	NDS NM PA
MISCELLANEOUS		
AFREZZA	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal spray</i> (generic of MIACALCIN)	1	B/D
CHORIONIC GONADOTROPIN SOLR	1	NM PA
EGRIFTA 1mg	3	NDS NM LA PA
FORTICAL	3	B/D
H.P. ACTHAR QL (1.5 ml / 1 day)	3	NDS QL NM LA PA
INCRELEX	3	NDS NM LA PA
KORLYM	3	NDS NM LA PA
LUPRON DEP-PED INJ 7.5MG	3	NDS NM PA
LUPRON DEP-PED INJ 11.25MG	3	NDS NM PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	3	NDS NM PA
LUPRON DEP-PED INJ 15MG	3	NDS NM PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	3	NDS NM PA
<i>methergine 0.2 mg tab</i>	1	
<i>methylergonovine maleate</i> (generic of METHERGINE) TABS	1	
MIACALCIN INJ 200U/ML	3	NDS B/D
MYALEPT	3	NDS NM LA PA
NOVAREL INJ 10000UNT	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	3	NDS NM PA
PREGNYL W/DILUENT BENZYL	1	NM PA
PROLIA QL (1 syringe / 180 days)	3	QL NM
<i>raloxifene hcl</i> (generic of EVISTA)	1	
SAMSCA	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
SANDOSTATIN LAR DEPOT	3	NDS NM PA
SIGNIFOR	3	NDS NM LA PA
SIGNIFOR LAR	3	NDS NM LA PA
SOMATULINE DEPOT	3	NDS NM PA
SOMAVERT	3	NDS NM LA PA
XGEVA	3	NDS NM PA
PARATHYROID HORMONES		
FORTEO	3	NDS NM PA
NATPARA	3	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA	3	NDS
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	1	
<i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS	1	
FOSRENOL	3	NDS
PHOSLYRA	2	
RENAGEL 400mg	3	
RENAGEL 800mg	3	NDS
REVELA PAK	2	
REVELA TAB 800MG	2	
VELPHORO	3	NDS
PROGESTINS		
CRINONE	2	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	1	
<i>progesterone micronized</i> (generic of PROMETRIUM) CAPS	1	
THYROID AGENTS		
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	1	

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Drug Name	Drug Requirements/ Tier	Limits
LEVOXYL	1	
<i>lithyronine sodium</i> (generic of TRIOSTAT) SOLN	1	
<i>lithyronine sodium</i> (generic of CYTOMEL) TABS	1	
<i>methimazole</i> (generic of TAPAZOLE) TABS	1	
<i>propylthiouracil</i> TABS	1	
SYNTHROID	2	
TIROSINT	3	
UNITHROID	1	
VASOPRESSINS		
DESMOPRESSIN ACETATE SOLN	1	
<i>desmopressin acetate</i> (generic of DDAVP) TABS	1	
<i>desmopressin acetate inj</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray refrigerated</i>	1	
STIMATE	3	NM
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO	3	B/D
ALOXI	3	NDS
<i>aprepitant</i>	1	B/D
<i>aprepitant</i> (generic of EMEND) 40mg, 80mg, 125mg	1	B/D
CESAMET QL (60 caps / 30 days)	3	NDS B/D QL
<i>compro supp</i>	1	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	1	B/D QL
EMEND SOLR	3	
EMEND SUSR	3	B/D
EMEND CAP 40MG	3	B/D
EMEND CAP 80MG	3	B/D
EMEND CAP 125MG	3	B/D
EMEND PAK 80 & 125	3	B/D
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>meclizine hcl</i> TABS	1	
<i>metoclopramide hcl</i> SOLN; TBDP	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	1	
<i>metoclopramide hcl inj</i> 5 mg/ml	1	
<i>metoclopramide odt</i>	3	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> TABS 24mg	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	1	B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	1	B/D
<i>phenadoz</i> PA if 65 years and older	3	PA
<i>phenergan</i> SUPP PA if 65 years and older	3	PA
<i>prochlorperazine inj</i> 5 mg/ml	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 65 years and older	3	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS PA if 65 years and older	3	PA
<i>promethegan</i> PA if 65 years and older	3	PA
SANCUSO QL (4 patches / 30 days)	3	NDS QL
SUSTOL	3	
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older	3	QL PA
VARUBI	2	B/D
ZUPLENZ	3	B/D
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, .5mg/5ml, 1mg/10ml	1	
BENTYL SOLN	3	

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Drug Name	Drug Requirements/ Tier	Limits
CUVPOSA	3	
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS	1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	1	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	1	
<i>dicyclomine hcl</i> (generic of BENTYL) TABS	1	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE) TABS 2.5mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE FORTE) TABS 5mg	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS	1	
<i>cimetidine sol</i> 300/5ml	1	
<i>famotidine</i> SOLN	1	
<i>famotidine</i> (generic of PEPCID) SUSR	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine inj</i>	1	
<i>nizatidine</i>	1	
<i>ranitidine hcl</i> CAPS	1	
<i>ranitidine hcl</i> SYRP	1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
<i>balsalazide disodium</i>	1	
<i>budesonide</i> (generic of ENTOCORT EC) CPEP	3	NDS
CANASA	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>colocort</i> (generic of CORTENEMA)	1	
DELZICOL	3	
DIPENTUM	3	NDS
ENTYVIO	3	NDS NM PA
GIAZO	3	NDS
HYDROCORTISONE (ENEMA)	1	
LIALDA	2	
MESALAMINE TBEC	1	
<i>mesalamine enema</i> ENEM	1	
<i>mesalamine enema</i> (generic of ROWASA) KIT	1	
PENTASA	2	
SF-ROWASA	3	NDS
<i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS)	1	
<i>sulfasalazine ir</i> (generic of AZULFIDINE)	1	
UCERIS FOAM	3	
UCERIS TAB	3	NDS
LAXATIVES		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>generlac</i>	1	
GOLYTELY	3	
<i>kristalose</i>	3	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	2	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	1	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
PREPOPIK	3	
SUPREP BOWEL PREP KIT	2	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	3	NDS PA
AMITIZA	2	
<i>amoxicillin-clarithromycin w/ lansoprazole</i> (generic of PREVPAC)	1	
CARAFATE SUSP	2	
CHOLBAM	3	NDS NM LA PA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	3	NDS
<i>diphenoxylate w/ atropine</i> LIQD	1	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	1	
GATTEX	3	NDS NM LA PA
LINZESS	2	
<i>loperamide hcl</i> CAPS	1	
<i>misoprostol</i> (generic of CYTOTEC) TABS	1	
MOVANTIK	2	
OICALIVA	3	NDS NM LA PA
PYLERA	3	NDS
RELISTOR	3	NDS PA
SUCRAID	3	NDS LA
<i>sucralfate</i> (generic of CARAFATE) TABS	1	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI	3	NDS PA
XIFAXAN TAB 550MG	3	NDS PA
PANCREATIC ENZYMES		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
VIOKACE 10	2	
VIOKACE 20	3	NDS
ZENPEP	2	
PROTON PUMP INHIBITORS		
ACIPHEX SPR CAP 5MG	3	
ACIPHEX SPR CAP 10MG QL (60 caps / 30 days)	3	QL
DEXILANT QL (30 caps / 30 days)	2	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	1	QL
<i>esomeprazole sodium inj</i> 20mg	1	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	1	QL
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
<i>omeprazole cap 10mg</i> QL (30 caps / 30 days)	1	QL
<i>omeprazole cap 20mg</i> (generic of PRILOSEC) QL (60 caps / 30 days)	1	QL
<i>omeprazole cap 40mg</i> QL (30 caps / 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 Non-Extended Days Supply **LA** - Limited Access **NDS** -

Drug Name	Drug Requirements/ Tier	Limits
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 tabs / 30 days)	1	QL
PREVACID SOLUTAB QL (30 tabs / 30 days)	3	QL
PRIOSEC	3	
PROTONIX PACK QL (30 packets / 30 days)	3	QL
<i>rabeprazole sodium</i> (generic of ACIPHEX) QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	1	
CARDURA XL	2	
<i>dutasteride</i> (generic of AVODART)	1	
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
RAPAFLO	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	1	
ELMIRON	3	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) 15meq	1	
POTASSIUM CITRATE (ALKALINIZER) 540mg	1	
POTASSIUM CITRATE (ALKALINIZER) 1080mg	1	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> (generic of ENABLEX)	1	
GELNIQUE	3	
MYRBETRIQ	2	
<i>oxybutynin chloride</i> SYRP; TABS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	1	
OXYTROL	3	
<i>tolterodine tartrate er</i> (generic of DETROL LA)	1	
<i>tolterodine tartrate tab 1 mg</i> (generic of DETROL)	1	
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	1	
TOVIAZ	2	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
VESICARE	2	
VAGINAL ANTI-INFECTIVES		
AVC	3	
CLEOCIN VAG SUPP 100MG	3	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
CLINDESSE	3	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>miconazole 3 sup 200mg</i>	1	
NUVESSA	3	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	1	
<i>terconazole vaginal</i> CREA .8%	1	
<i>terconazole vaginal</i> SUPP	1	
VANDAZOLE	1	
ZAZOLE CREAM 0.8%	1	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
ENOXAPARIN SODIUM 300mg/3ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	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	3	NDS
HEP SOD/NACL INJ 25000	1	
<i>heparin (porcine) in sodium chloride</i> 100u/ml	1	
<i>heparin sod inj</i> 1000u/ml	1	B/D
<i>heparin sod inj</i> 5000u/0.5ml	1	B/D
<i>heparin sod inj</i> 5000u/ml	1	B/D
<i>heparin sod inj</i> 10000u/ml	1	B/D
<i>heparin sod inj</i> 20000u/ml	1	B/D
HEPARIN SODIUM/D5W	1	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i> (generic of COUMADIN)	1	
PRADAXA	3	
SAVAYSA	3	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	2	
XARELTO STARTER PACK	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml, 300mcg/ml	2	NDS NM PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml	2	NM PA
ARANESP ALBUMIN FREE SOSY 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	2	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
EPOGEN 20000unit/ml	3	NDS NM PA
GRANIX	3	NDS NM PA
LEUKINE	3	NDS NM PA
MIRCERA 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 200mcg/0.3ml	3	NM PA
MOZOBIL	3	NDS NM PA
NEULASTA	3	NDS NM PA
NEULASTA ONPRO KIT	3	NDS NM PA
NEUPOGEN	3	NDS NM PA
NPLATE	3	NDS NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	2	NDS NM PA
ZARXIO	3	NDS NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	1	
BERINERT	3	NDS NM LA PA
<i>cilostazol</i>	1	
CINRYZE	3	NDS NM LA PA
FIRAZYR	3	NDS NM PA
KALBITOR	3	NDS NM LA PA
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg QL (360 tabs / 30 days)	3	NDS QL NM LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
RUCONEST	3	NDS NM PA
SOLIRIS	3	NDS NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	1
PLATELET AGGREGATION INHIBITORS	
ASPIRIN-DIPYRIDAMOLE	1
BRILINTA	2
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS	1
DURLAZA	3
EFFIENT	2
YOSPRALA	3
ZONTIVITY	3
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
ACTEMRA	3 NDS NM PA
CIMZIA 200mg QL (6 vials / 28 days)	3 NDS QL NM PA
CIMZIA 200mg/ml QL (6 syringes / 28 days)	3 NDS QL NM PA
CIMZIA STARTER KIT	3 NDS NM PA
COSENTYX	3 NDS NM LA PA
COSENTYX SENSOREADY PEN	3 NDS NM LA PA
ENBREL	3 NDS NM PA
ENBREL SURECLICK	3 NDS NM PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	3 NDS QL NM PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	3 NDS QL NM PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	3 NDS QL NM PA
HUMIRA PEDIATRIC CROHNS DISEASE	3 NDS NM PA
HUMIRA PEN QL (6 pens / 28 days)	3 NDS QL NM PA
HUMIRA PEN-CROHNS STARTER KIT	3 NDS NM PA
HUMIRA PEN-PSORIASIS STARTER KIT	3 NDS NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1

Drug Name	Drug Requirements/ Tier Limits
INFLECTRA	3 NDS NM PA
KINERET	3 NDS NM PA
<i>leflunomide</i> (generic of ARAVA) TABS	1
<i>methotrexate sodium tabs</i>	1
ORENCIA SOLR	3 NDS NM PA
ORENCIA SOSY 125mg/ml	3 NDS NM PA
ORENCIA CLICKJECT	3 NDS NM PA
OTEZLA	3 NDS NM PA
OTREXUP	3 NM PA
RASUVO	2 NM PA
REMICADE	3 NDS NM PA
RHEUMATREX	2
SIMPONI	3 NDS NM PA
SIMPONI ARIA	3 NDS NM PA
STELARA SOLN 130mg/26ml	3 NDS NM PA
STELARA SOSY	3 NDS NM PA
<i>trexall</i>	2 B/D
XELJANZ QL (60 tabs / 30 days)	3 NDS QL NM PA
XELJANZ XR QL (30 tabs / 30 days)	3 NDS QL NM PA
IMMUNOGLOBULINS	
BIVIGAM	3 NDS NM PA
CARIMUNE NANOFILTERED	3 NDS NM PA
CUVITRU	3 NDS NM LA PA
CYTOGAM	3 NDS NM
FLEBOGAMMA DIF	3 NDS NM PA
GAMASTAN S/D	2 B/D NM
GAMMAGARD LIQUID	3 NDS NM PA
GAMMAGARD S/D	3 NDS NM PA
GAMMAKED	3 NDS NM PA
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	3 NDS NM PA
GAMMAPLEX 10GM/100ML	3 NDS NM PA
GAMUNEX-C	3 NDS NM PA
HIZENTRA	3 NDS NM LA PA
HYQVIA	3 NDS NM PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	3 NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
PRIVIGEN	3	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE	3	NDS NM LA PA
ARCALYST	3	NDS NM PA
GRASSTK	2	PA
ILARIS	3	NDS NM LA PA
INTRON-A INJ 10MU	3	NDS B/D NM
INTRON-A INJ 18MU	3	NDS B/D NM
INTRON-A INJ 25MU	3	NDS B/D NM
INTRON-A INJ 50MU	3	NDS B/D NM
ORALAIR	2	NM PA
POMALYST	3	NDS NM LA PA
RAGWITEK	2	PA
REVLIMID	3	NDS NM LA PA
THALOMID	3	NDS NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL 5mg	3	NDS B/D
ASTAGRAF XL .5mg, 1mg	3	B/D
ATGAM	3	NDS B/D
azasan	2	B/D
azathioprine SOLR	3	B/D
azathioprine (generic of IMURAN) TABS	1	B/D
BENLYSTA	3	NDS NM PA
CELLCEPT INTRAVENOUS	3	B/D
cyclosporine (generic of SANDIMMUNE) CAPS; SOLN	1	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	1	B/D
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	1	B/D
ENVARUSUS XR	3	B/D
gengraf (generic of NEORAL) CAPS 25mg, 100mg	1	B/D
gengraf CAPS 50mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
gengraf (generic of NEORAL) SOLN	1	B/D
mycophenolate inj 500mg (generic of CELLCEPT INTRAVENOUS)	1	B/D
mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS	1	B/D
mycophenolate mofetil (generic of CELLCEPT) SUSR	3	NDS B/D
mycophenolate sodium (generic of MYFORTIC)	1	B/D
NEORAL	2	B/D
NULOJIX	3	NDS B/D
PROGRAF CAPS 5mg	3	NDS B/D
PROGRAF CAPS .5mg, 1mg	2	B/D
PROGRAF SOLN	3	B/D
RAPAMUNE SOLN	3	NDS B/D
SANDIMMUNE SOLN	2	B/D
SIMULECT 10mg	3	B/D
SIMULECT 20mg	3	NDS B/D
sirolimus (generic of RAPAMUNE) TABS 2mg	3	NDS B/D
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D
tacrolimus (generic of PROGRAF) CAPS	1	B/D
THYMOGLOBULIN	3	NDS B/D
ZORTRESS TAB 0.5MG	3	NDS B/D
ZORTRESS TAB 0.25MG	2	B/D
ZORTRESS TAB 0.75MG	3	NDS B/D
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	3	
GARDASIL 9	3	

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Drug Name	Drug Requirements/ Tier	Limits
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	2	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	2	
ROTATEQ	3	
SYNAGIS	3	NDS NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON 8	1	
KLOR-CON 10	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	1	
<i>klor-con pow 20 meq</i>	1	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	1	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 50%	1	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in d5w</i> (generic of MAGNESIUM SULFATE IN D5W)	1	
MAGNESIUM SULFATE INJ 50%	1	
POTASSIUM CHLORIDE SOLN 10%, 20%	1	
<i>potassium chloride</i> TBCR	1	
<i>potassium chloride caps er</i> (generic of MICRO-K)	1	
<i>potassium chloride</i> <i>microencapsulated crystals cr</i>	1	
SODIUM CHLORIDE SOLN 2.5meq/ml	1	
<i>sodium fluoride chew; tab; 1.1</i> <i>(0.5 f) mg/ml soln</i>	1	
TPN ELECTROLYTES	1	B/D
IV NUTRITION		
AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN II	3	B/D
AMINOSYN II 8.5%/ELECTROL	1	B/D
AMINOSYN INJ 8.5/LYTE	1	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/D10	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
<i>clinisol 15</i>	1	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
HEPATAMINE	1	B/D
INTRALIPID INJ 20%	1	B/D
INTRALIPID INJ 30%	3	B/D
NEPHRAMINE	3	B/D
<i>nutrilipid inj 20%</i>	1	B/D
<i>plenamine</i>	1	B/D
<i>premasol 6%</i>	1	B/D
<i>premasol 10%</i>	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE INJ 10%	3	B/D
IV REPLACEMENT SOLUTIONS		
DEXTROSE SOLN	1	

Drug Name	Drug Requirements/ Tier	Limits
DEXTROSE 2.5%/NACL 0.45%	1	
DEXTROSE 5%	1	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	1	
DEXTROSE 5%/NACL 0.2%	1	
DEXTROSE 5%/NACL 0.3%	3	
DEXTROSE 5%/NACL 0.9%	1	
DEXTROSE 5%/NACL 0.33%	1	
DEXTROSE 5%/NACL 0.45%	1	
DEXTROSE 5%/NACL 0.225%	1	
DEXTROSE 5%/POTASSIUM CHL	1	
DEXTROSE 10% FLEX CONTAIN	1	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/NACL 0.45%	1	
ELECTROLYTE-R IN DEXTROSE	3	
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE P	3	
ISOLYTE S	3	
KCL 0.15%/D5W/NACL 0.2%	1	
KCL 0.15%/D5W/NACL 0.225 %	3	
KCL 0.3%/D5W/LR	3	
KCL 0.3%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	1	
KCL 0.15%/D5W/LR	3	
KCL 0.15%/D5W/NACL 0.9%	1	
KCL 0.075%/D5W/NACL 0.45%	1	
KCL IN NACL INJ .15-0.45	1	
KCL/D5W/NACL INJ 0.22%/0.45%	1	
KCL/D5W/NACL INJ .15/.33%	1	
KCL/D5W/NACL INJ .15/.45%	1	
KCL/NACL INJ 0.15%-0.9%	1	

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Drug Name	Drug Requirements/ Tier	Limits
LACTATED RINGERS VIAFLEX	1	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>pot chloride inj 2meq/ml</i>	1	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	1	
POTASSIUM CHLORIDE 0.3%/D	1	
<i>potassium chloride in nacl</i>	1	
POTASSIUM CHLORIDE IN NACL	1	
RINGER'S	1	
SODIUM CHLORIDE SOLN .9%, 3%, 5%	1	
SODIUM CHLORIDE 0.45% VIA	1	
VITAMINS		
<i>calcitriol</i> (generic of ROCALTRON) CAPS	1	B/D
<i>calcitriol</i> SOLN 1mcg/ml	1	B/D
<i>calcitriol</i> (generic of ROCALTRON) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> (generic of HECTOROL) CAPS 1mcg, 2.5mcg	3	NDS B/D
<i>doxercalciferol</i> (generic of HECTOROL) CAPS .5mcg	1	B/D
<i>doxercalciferol</i> (generic of HECTOROL) SOLN	1	B/D
HECTOROL SOLN 2mcg/ml	3	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
PARICALCITOL SOLN	1	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	1	
RAYALDEE	3	
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		

Drug Name	Drug Requirements/ Tier	Limits
<i>bacitracin-poly-neomycin-hc</i>	1	
<i>blephamide</i> OINT	3	
BLEPHAMIDE SUSP	3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc</i> (<i>ophth</i>)	1	
PRED-G	3	
PRED-G S.O.P.	3	
<i>sulfacetamide</i> <i>sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	1	
ZYLET	2	
ANTI-INFECTIVES		
AZASITE	3	
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	1	
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
<i>levofloxacin (ophth)</i>	1	
MOXEZA	2	
NATACYN	3	
<i>neomycin-bacitracin</i> <i>zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	1	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1	
<i>sulfacet sod oin 10% op</i>	1	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10)	1	
<i>tobramycin (ophth)</i> (generic of TOBREX)	1	

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Drug Name	Drug Requirements/ Tier Limits
TOBREX OINT 0.3%	3
trifluridine (generic of VIOPTIC) SOLN	1
VIGAMOX	2
ZIRGAN	3
ANTI-INFLAMMATORIES	
ACUVAIL	3
ALREX	2
bromfenac sodium (ophth)	1
BROMSITE	3
dexamethasone sodium phosphate (ophth)	1
diclofenac sodium (ophth)	1
DUREZOL	2
FLAREX	3
FLUOROMETHOLONE (OPHTH)	1
flurbiprofen sodium (generic of OCUFEN)	1
FML	3
FML FORTE	3
ILEVRO	3
ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%	1
ketorolac tromethamine (ophth) (generic of ACULAR) .5%	1
LOTEMAX	2
MAXIDEX	3
PRED MILD	3
PREDNISOLONE ACETATE (OPHTH)	1
prednisolone sodium phosphate (ophth)	3
VEXOL	3
ANTIALLERGICS	
ALOCRIL	3
ALOMIDE	3
azelastine drop 0.05%	1
BEPREVE	3
cromolyn sodium (ophth)	1
EMADINE	3

Drug Name	Drug Requirements/ Tier Limits
epinastine hcl (ophth) (generic of ELESTAT)	1
LASTACAFT	3
olopatadine hcl (generic of PATANOL)	1
PATADAY	2
PAZEO	2
ANTIGLAUCOMA	
ALPHAGAN P 0.1%	2
AZOPT	2
betaxolol hcl (ophth)	1
BETIMOL	2
BETOPTIC-S	2
brimonidine sol 0.2%	1
BRIMONIDINE SOL 0.15%	1
carteolol hcl (ophth)	1
COMBIGAN	2
COSOPT PF	2
dorzolamide hcl (generic of TRUSOPT)	1
dorzolamide hcl-timolol maleate (generic of COSOPT)	1
ISTALOL	3
latanoprost (generic of XALATAN) SOLN	1
levobunolol hcl (generic of BETAGAN)	1
LUMIGAN	3
metipranolol	1
PHOSPHOLINE IODIDE	3
PILOCARPINE HCL SOLN	1
SIMBRINZA SUS 1-0.2%	2
timolol maleate (ophth) soln (generic of TIMOPTIC)	1
TIMOLOL MALEATE GEL	1
TIMOPTIC OCUDOSE	3
TRAVATAN Z	2
ZIOPTAN	2
MISCELLANEOUS	
CYSTARAN	3 NDS NM LA PA
EYLEA	3 NDS NM LA PA
LACRISERT	3

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Drug Name	Drug Requirements/ Tier Limits
LUCENTIS SOLN	3 NDS NM LA PA
<i>naphazoline hcl</i> SOLN	1
PROLENSA	2
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	1
RESTASIS	2
XIIDRA	2

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPT AER 62.5-25 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
<i>ipratropium-albuterol</i>	1	B/D
STIOLTO RESPIMAT QL (1 inhaler / 30 days)	3	QL

ANTICHOLINERGICS

ATROVENT HFA QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA QL (1 inhaler / 30 days)	3	QL
<i>ipratropium bromide (nasal)</i>	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2	QL
SPIRIVA RESPIMAT QL (1 inhaler / 30 days)	2	QL
TUDORZA PRESSAIR QL (1 inhaler / 30 days)	3	QL
TUDORZA PRESSAIR (INSTITUTIONAL PACK) QL (2 inhalers / 30 days)	3	QL

ANTI-HISTAMINE COMBINATIONS

CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	2	QL
SEMPREX-D	3	

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	1	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	1	

Drug Name	Drug Requirements/ Tier Limits	
<i>cetirizine syrup</i>	1	
CLARINEX SYRP	3	
<i>cycloheptadine hcl</i> SYRP; TABS PA if 65 years and older	3	PA
<i>desloratadine</i> (generic of CLARINEX) TABS	1	
<i>desloratadine</i> TBDP	1	
<i>diphenhydram inj 50mg/ml</i>	1	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS PA if 65 years and older	3	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 65 years and older	3	PA
<i>hydroxyzine pamoate</i> CAPS 100mg PA if 65 years and older	3	PA
<i>levocetirizine soln 2.5mg/5ml</i> (generic of XYZAL)	1	
<i>levocetirizine tab 5 mg</i> (generic of XYZAL)	1	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE)	1	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	1	B/D
<i>albuterol sulfate</i> SYRP; TABS	1	
<i>albuterol sulfate er</i> (generic of VOSPIRE ER)	1	
ARCAPTA NEOHALER QL (30 caps / 30 days)	2	QL
BROVANA	3	B/D
<i>levalbuterol conc</i> 1.25mg/0.5ml (generic of XOPENEX)	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml	1	B/D
LEVALBUTEROL TARTRATE HFA QL (2 inhalers / 30 days)	1	QL
PERFOROMIST	2	B/D

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Drug Name	Drug Requirements/ Tier	Limits
PROAIR HFA QL (2 inhalers / 30 days)	2	QL
PROAIR RESPICLICK QL (2 inhalers / 30 days)	2	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	3	NDS
terbutaline sulfate TABS	1	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW; PACK; TABS	1	
zafirlukast (generic of ACCOLATE)	1	
zileuton (generic of ZYFLO CR)	3	NDS
ZYFLO CR	3	NDS
MAST CELL STABILIZERS		
cromolyn sodium NEBU	1	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP	3	NDS NM LA PA
CINQAIR	3	NDS NM LA PA
DALIRESP	2	
EPINEPHRINE SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of ADRENACLICK)	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
ESBRIET CAPS	3	NDS NM PA
GLASSIA	3	NDS NM LA PA
KALYDECO	3	NDS NM PA
NUCALA	3	NDS NM LA PA
OFEV	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ORKAMBI	3	NDS NM PA
PROLASTIN-C	3	NDS NM LA PA
PULMOZYME	3	NDS NM PA
XOLAIR	3	NDS NM LA PA
ZEMAIRA	3	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ QL (2 inhalers / 30 days)	3	QL
budesonide (nasal) (generic of RHINOCORT AQUA) QL (2 bottles / 30 days)	1	QL
flunisolide (nasal) QL (2 bottles / 30 days)	1	QL
fluticasone propionate (nasal) (generic of FLONASE) QL (1 bottle / 30 days)	1	QL
mometasone furoate (nasal) (generic of NASONEX) QL (2 bottles / 30 days)	1	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
VERAMYST QL (1 bottle / 30 days)	3	QL
ZETONNA QL (1 inhaler / 30 days)	3	QL
STERIOD INHALANTS		
AEROSPAN QL (2 inhalers / 30 days)	3	QL
ALVESCO QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	3	QL
ASMANEX QL (2 inhalers / 30 days)	2	QL
ASMANEX HFA 100mcg/act QL (2 inhalers / 30 days)	2	QL
ASMANEX HFA 200mcg/act QL (1 inhaler / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide (inhalation)</i> (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 FLEXHALER QL (2 inhalers / 30 days)	2	QL
QVAR 40mcg/act QL (1 inhaler / 30 days)	2	QL
QVAR 80mcg/act 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
DULERA QL (1 inhaler / 30 days)	2	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
XANTHINES		
<i>aminophylline inj</i>	1	
<i>elixophyllin</i>	3	
<i>theo-24</i>	3	
<i>theophylline</i>	1	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA	3	NDS PA
ACANYA	2	
ACZONE	3	
<i>adapalene</i> (generic of DIFFERIN) CREA; GEL	1	
ATRALIN	2	PA
AVITA CREA	1	PA

Drug Name	Drug Requirements/ Tier	Limits
AVITA GEL	1	PA
AZELEX	3	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	1	
<i>claravis</i>	1	PA
<i>clindacin-p pad 1%</i> (generic of CLEOCIN-T)	1	
CLINDAGEL	3	NDS
<i>clindamax</i> (generic of CLEOCIN-T)	1	
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	1	
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZACLIN)	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> (generic of DUAC)	1	
<i>clindamycin phosphate-tretinoin</i> (generic of ZIANA)	1	PA
DIFFERIN LOTN	2	
EPIDUO	2	
EPIDUO FORTE	2	
<i>ery pad 2%</i>	1	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	1	
<i>erythromycin (acne aid)</i> SOLN	1	
FABIOR	3	
<i>myorisan</i>	1	PA
<i>neuac gel 1.2-5%</i> (generic of DUAC)	1	
ONEXTON	3	
RETIN-A MICRO PUMP .08%	2	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	1	
<i>tretin-x cre 0.075%</i>	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>tretinoin</i> (generic of RETIN-A) CREA	1	PA
TRETINOIN GEL .01%	1	PA
TRETINOIN GEL .05%	1	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .025%	1	PA
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO) .1%	1	PA
TRETINOIN MICROSPHERE .04%	1	PA
<i>zenatane</i>	1	PA
ZIANA	3	PA
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL	3	
CENTANY	3	
CORTISPORIN	3	
<i>gentamicin sulfate</i> (topical)	1	
<i>mupirocin</i> (generic of BACTROBAN) OINT	1	
<i>mupirocin calcium</i> (topical) (generic of BACTROBAN)	1	
SILVER SULFADIAZINE CREA	1	
SSD	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	3	NDS
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL	1	
<i>ciclopirox cre</i> 0.77% (generic of LOPROX)	1	
<i>ciclopirox shampoo</i> 1% (generic of LOPROX SHAMPOO)	1	
<i>ciclopirox sus</i> 0.77% (generic of LOPROX)	1	
<i>clotrimazole</i> (topical)	1	
<i>econazole nitrate</i> CREA	1	
ERTACZO	3	NDS
EXELDERM	3	
<i>ketconazole</i> (topical) CREA	1	
<i>ketconazole</i> (topical) (generic of EXTINA) FOAM	1	
<i>ketodan aer</i> 2% (generic of EXTINA)	1	
LUZU	2	

Drug Name	Drug Requirements/ Tier	Limits
MENTAX	3	
NAFTIFINE HCL 1%	1	
NAFTIFINE HCL 2%	1	
NAFTIN GEL	2	
<i>nyamyc</i>	1	
<i>nyata</i>	1	
<i>nystatin</i> (topical)	1	
<i>nystatin pow</i> 100000	1	
<i>nystop</i>	1	
OXICONAZOLE NITRATE	1	
OXISTAT LOTN	3	
DERMATOLOGY, ANTIPRURITIC		
CORTIFOAM	2	
DOXEPIN HCL (ANTIPRURITIC)	1	
<i>procto-med</i> (generic of ANUSOL-HC)	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i> 2.5 % (generic of ANUSOL-HC)	1	
<i>proctozone hc</i> (generic of ANUSOL-HC)	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE)	3	NDS PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	1	
<i>calcipotriene</i> OINT; SOLN	1	
CALCITRIOL OINT	1	
<i>methoxsalen rapid</i> (generic of OXSORALEN ULTRA)	3	NDS
8-MOP	3	
SORILUX	3	
TALTZ	3	NDS NM LA PA
<i>tazarotene</i> (generic of TAZORAC) CREA	1	PA
TAZORAC	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole shampoo</i> (generic of NIZORAL)	1	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>alclometasone dipropionate</i>	1
<i>amcinonide</i> CREA; LOTN	1
<i>amcinonide</i> OINT	3
<i>apexicon</i>	3
<i>betamethasone dipropionate (topical)</i>	1
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	1
<i>betamethasone dipropionate augmented</i> GEL	1
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN	1
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	1
<i>betamethasone valerate</i> CREA; LOTN; OINT	1
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM	1
<i>calcipotriene/betamethasone</i> (generic of TACLONEX)	1
CAPEX	2
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA; GEL; OINT; SOLN	1
<i>clobetasol propionate</i> (generic of OLUX) FOAM	1
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD; LOTN; SHAM	1
<i>clobetasol propionate emollient base</i>	1
<i>clobetasol propionate emulsion</i> (generic of OLUX-E)	1
CLOCORTOLONE PIVALATE	1
<i>clodan</i> (generic of CLOBEX)	1
CORDRAN TAPE	3
<i>cormax</i> (generic of TEMOVATE)	1
DESONATE	3
DESONIDE CREA	1
<i>desonide</i> (generic of DESOWEN) LOTN	1
<i>desonide</i> OINT	1

Drug Name	Drug Requirements/ Tier Limits
<i>desoximetasone</i> (generic of TOPICORT) CREA	1
<i>desoximetasone</i> (generic of TOPICORT) GEL	1
DESOXIMETASONE OINT .05%	1
<i>desoximetasone</i> (generic of TOPICORT) OINT .25%	1
<i>diflorasone diacetate</i>	1
ENSTILAR	3 NDS
<i>fluocinolone acetonide</i> CREA .01%	1
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	1
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%	1
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%	1
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	1
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	1
<i>fluocinonide</i> (generic of VANOS) CREA .1%	1
<i>fluocinonide</i> CREA .05%	1
<i>fluocinonide</i> GEL	1
<i>fluocinonide</i> OINT	1
<i>fluocinonide</i> SOLN	1
<i>fluocinonide emulsified base</i>	1
<i>flurandrenolide</i> (generic of CORDRAN) CREA; OINT	1
FLURANDRENOLIDE LOTN	1
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	1
<i>fluticasone propionate</i> (generic of CUTIVATE) LOTN	1
<i>fluticasone propionate</i> OINT	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1	
HALOG	3	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	1	
<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i> (generic of LOCOID LIPOCREAM)	1	
<i>hydrocortisone valerate</i> CREA	1	
<i>hydrocortisone valerate</i> (generic of WESTCORT) OINT	1	
LOCOID LOTN	2	
<i>lokara</i> (generic of DESOWEN)	1	
<i>micort-hc</i>	3	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	1	
PANDEL	3	
PREDNICARBATE CREA	1	
<i>prednicarbate</i> (generic of DERMATOP) OINT	1	
<i>psorcon</i>	3	
SERNIVO	3	NDS
TACLONEX SUSP	3	NDS
<i>texacort</i>	2	
TOPICORT SPRAY 0.25%	3	
<i>triamcinolone acetonide</i> (<i>topical</i>) (generic of KENALOG) AERS	1	
<i>triamcinolone acetonide</i> (<i>topical</i>) CREA; LOTN; OINT	1	
<i>trianex</i>	3	
<i>triderm</i>	1	
ULTRAVATE LOTN	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> OINT	1	PA
<i>lidocaine</i> (generic of LIDODERM) PTCH	1	PA
<i>lidocaine hcl</i> GEL	1	PA
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	1	PA
<i>lidocaine-prilocaine</i>	1	PA

Drug Name	Drug Requirements/ Tier	Limits
SYNERA	3	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX)	1	
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	1	
CONDYLOX GEL	2	
DENAVIR	3	NDS
<i>diclofenac sodium (actinic keratoses)</i> (generic of SOLARAZE)	3	NDS PA
<i>diclofenac sodium (topical)</i> 1% gel (generic of VOLTAREN)	1	PA
<i>diclofenac sodium (topical)</i> 1.5% soln	1	
DOXYCYCLINE (ROSACEA)	1	
ELIDEL	2	PA
EUCRISA	3	PA
FINACEA AER 15%	2	
FINACEA GEL 15%	2	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	1	
FLUOROURACIL (TOPICAL) CREA .5%	3	NDS
<i>fluorouracil (topical)</i> SOLN	1	
<i>imiquimod</i> (generic of ALDARA) CREA	1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	1	
<i>metronidazole (topical)</i> (generic of METROGEL) GEL 1%	1	
<i>metronidazole (topical)</i> GEL .75%	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	1	
NORITATE	3	NDS
PANRETIN	3	NDS
PENNSAID	3	NDS
PICATO	3	NDS
<i>podofilox</i> (generic of CONDYLOX) SOLN	1	

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Drug Name	Drug Requirements/ Tier	Limits
RECTIV	3	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	1	
SOOLANTRA	2	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	1	
TARGRETIN GEL	3	NDS NM PA
TOLAK	3	
VALCHLOR	3	NDS NM LA PA
XERESE	3	NDS
ZOVIRAX CREA	3	NDS
ZYCLARA	3	NDS
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	
<i>permethrin</i> (generic of ELIMITE)	1	
SKLICE	3	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID .25%	1	
<i>neomycin/polymyxin b gu</i> (generic of NEOSPORIN GU IRRIGANT)	1	
REGRANEX	3	NDS PA
SANTYL	3	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	1	
<i>clotrimazole</i> TROC	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	NDS
<i>paroex sol 0.12%</i> (generic of PERIDEX)	1	
<i>periogard soln 0.12%</i> (generic of PERIDEX)	1	

Drug Name	Drug Requirements/ Tier	Limits
PILOCARPINE HCL (ORAL) 5mg	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetazol hc</i>	1	
ACETIC ACID (OTIC)	1	
<i>acetic acid sol/hc</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	1	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	1	
<i>neomycin-polymyxin-hc (otic)</i> SUSP	1	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	1	
OTOVEL	3	

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

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P.O. Box 52424, Phoenix, AZ 85072-2424



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