GlobalHealth

# GlobalHealth 2018 Formulary

## (List of Covered Drugs)

## For Generations Classic (HMO)

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

This formulary was updated on 01/01/2018. For more recent information or other questions, please contact GlobalHealth Customer Care at 1-866-494-3927 or, for TTY users, 711
24 hours a day, seven days a week
www.GlobalHealth.com/medicare

HPMS Formulary File Submission ID: 00018202
Version 2

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

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The formulary may change at any time, you will receive notice when necessary.

H3706_COMPFORMULARY_CLASSIC_2018 ACCEPTED

**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 GlobalHealth, Inc. When it refers to "plan" or "our plan," it means Generations Classic (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2018. 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 Generations Classic (HMO) Formulary?

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

## Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 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 01/01/2018. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

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

**Medical Condition**

The formulary begins on page 7. 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 Agents. If you know what your drug is used for, look for the category name in the list that begins 7. Then look under the category name for your drug.

**Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GlobalHealth before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides a cap of 20 mg per prescription for Nexium. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 Generations Classic (HMO) formulary?" on page 4 for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered. For more information, 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 learn that our plan does not cover your drug, you have two options:

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

## How do I request an exception to the Generations Classic (HMO) Formulary?

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

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions

would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary 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 91-day transition supply, consistent with 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 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

## For more information

For more detailed information about your Generations Classic (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

## Generations Classic (HMO) Formulary

The formulary that begins on 7 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

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

- LA – Limited Access drugs are designated with the abbreviation LA. This prescription may be available only at certain pharmacies. For more information consult your Provider & Pharmacy Directory or call Customer Care, at 1-866-494-3927 (toll-free) 24 hours a day, seven days a week. TTY users should call 711.
- PA - Prior Authorization drugs are designated with the abbreviation PA;
- QL - Quantity Limit drugs are designated with the abbreviation QL and the limit is designated for each drug;
- ST - Step Therapy drugs are designated with the abbreviation ST;
- NM – Drugs that are not available by mail-order are designated with the abbreviation NM;
- B/D – Drugs that require coverage determination for Medicare Part B or Part D are designated with the abbreviation B/D;
- 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 Tier | Requirements/Limits |
|---|---|---|
| **ANALGESICS** | | |
| ***GOUT*** | | |
| *allopurinol tab* | 2 | |
| *colchicine w/ probenecid* | 3 | |
| COLCRYS | 3 | QL (120 tabs / 30 days) |
| MITIGARE | 3 | QL (60 caps / 30 days) |
| *probenecid* | 3 | |
| ULORIC | 3 | ST |
| ***NSAIDS*** | | |
| *celecoxib* CAPS 50mg | 4 | QL (240 caps / 30 days) |
| *celecoxib* CAPS 100mg | 4 | QL (120 caps / 30 days) |
| *celecoxib* CAPS 200mg | 4 | QL (60 caps / 30 days) |
| *celecoxib* CAPS 400mg | 4 | QL (30 caps / 30 days) |
| *diclofenac potassium* | 3 | QL (120 tabs / 30 days) |
| *diclofenac sodium* TB24; TBEC | 2 | |
| *diflunisal* | 3 | |
| *etodolac* CAPS; TABS | 3 | |
| *etodolac* TB24 | 4 | |
| *flurbiprofen* TABS | 3 | |
| *ibuprofen* SUSP | 3 | |
| *ibuprofen* TABS 400mg, 600mg, 800mg | 1 | GC |
| *ketoprofen cap 50mg* | 3 | |
| *ketoprofen cap 75mg* | 3 | |
| *meloxicam* TABS | 1 | GC |
| *nabumetone* TABS | 2 | |
| *naproxen* SUSP | 4 | |
| *naproxen* TABS | 1 | GC |
| *naproxen dr* | 2 | |
| *naproxen sodium* TABS 275mg, 550mg | 4 | |
| *piroxicam* CAPS | 3 | |
| *sulindac* TABS | 2 | |
| ***OPIOID ANALGESICS*** | | |
| *acetaminophen w/ codeine* SOLN | 2 | QL (5000 mL / 30 days) |
| *acetaminophen w/ codeine* TABS | 2 | QL (400 tabs / 30 days) |
| *butorphanol tartrate* SOLN 1mg/ml, 2mg/ml | 4 | |
| *nalbuphine hcl* SOLN | 4 | |
| *tramadol hcl* TABS | 2 | QL (240 tabs / 30 days) |
| *tramadol-acetaminophen* | 3 | QL (240 tabs / 30 days) |
| ***OPIOID ANALGESICS, CII*** | | |
| *endocet* | 3 | QL (360 tabs / 30 days) |
| *fentanyl citrate* LPOP | 5 | QL (120 lozenges / 30 days), 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 GC - We provide 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 Tier | Requirements/Limits |
|---|---|---|
| *fentanyl patch 12 mcg/hr* | 4 | QL (10 patches / 30 days) |
| *fentanyl patch 25 mcg/hr* | 4 | QL (10 patches / 30 days) |
| *fentanyl patch 50 mcg/hr* | 4 | QL (10 patches / 30 days), PA |
| *fentanyl patch 75 mcg/hr* | 4 | QL (10 patches / 30 days), PA |
| *fentanyl patch 100 mcg/hr* | 4 | QL (10 patches / 30 days), PA |
| FENTORA | 5 | QL (120 tabs / 30 days), PA |
| *hydroco/apap tab 5-325mg* | 2 | QL (360 tabs / 30 days) |
| *hydroco/apap tab 7.5-325* | 2 | QL (360 tabs / 30 days) |
| *hydroco/apap tab 10-325mg* | 2 | QL (360 tabs / 30 days) |
| *hydrocodone-acetaminophen 7.5-325 mg/15ml* | 4 | QL (5400 mL / 30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 3 | QL (150 tabs / 30 days) |
| *hydromorphone hcl* LIQD | 4 | |
| *hydromorphone hcl* SOLN 10mg/ml, 50mg/5ml, 500mg/50ml | 4 | B/D |
| *hydromorphone hcl* TABS | 3 | QL (270 tabs / 30 days) |
| HYSINGLA ER 20mg, 30mg, 40mg, 60mg | 3 | QL (60 tabs / 30 days) |
| HYSINGLA ER 80mg, 100mg, 120mg | 3 | QL (30 tabs / 30 days) |
| *lorcet hd tab 10-325mg* | 2 | QL (360 tabs / 30 days) |
| *lorcet plus tab 7.5-325* | 2 | QL (360 tabs / 30 days) |
| *lortab tab 5-325mg* | 2 | QL (360 tabs / 30 days) |
| *lortab tab 7.5-325* | 2 | QL (360 tabs / 30 days) |
| *lortab tab 10-325mg* | 2 | QL (360 tabs / 30 days) |
| *methadone hcl* SOLN 5mg/5ml, 10mg/5ml | 3 | QL (450 mL / 30 days) |
| *methadone hcl 5mg* | 3 | QL (180 tabs / 30 days) |
| *methadone hcl 10mg* | 3 | QL (180 tabs / 30 days) |
| *methadone hcl intensol* | 3 | QL (120 mL / 30 days) |
| *morphine ext-rel tab* 15mg, 30mg, 60mg, 100mg | 3 | QL (90 tabs / 30 days) |
| *morphine ext-rel tab* 200mg | 3 | QL (60 tabs / 30 days) |
| *morphine sul inj 1mg/ml* | 4 | B/D |
| MORPHINE SUL INJ 4MG/ML | 4 | B/D |
| *morphine sul inj 10mg/ml* | 4 | B/D |
| *morphine sul inj 15mg/ml* | 4 | B/D |
| MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml | 4 | B/D |
| *morphine sulfate* SOLN 4mg/ml, 8mg/ml | 4 | B/D |
| *morphine sulfate* TABS | 3 | QL (180 tabs / 30 days) |
| *morphine sulfate oral sol* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUCYNTA ER 50mg, 100mg | 3 | QL (120 tabs / 30 days) |
| NUCYNTA ER 150mg, 200mg, 250mg | 3 | QL (60 tabs / 30 days) |
| *oxycodone hcl* CAPS | 4 | QL (180 caps / 30 days) |
| *oxycodone hcl* CONC; SOLN | 4 | |
| *oxycodone hcl* TABS | 3 | QL (180 tabs / 30 days) |
| *oxycodone w/ acetaminophen 2.5-325mg* | 3 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen 5-325mg* | 3 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen 7.5-325mg* | 3 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen 10-325mg* | 3 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen soln* | 3 | QL (1800 mL / 30 days) |
| **ANESTHETICS** | | |
| ***LOCAL ANESTHETICS*** | | |
| *lidocaine inj 0.5%* | 2 | B/D |
| *lidocaine inj 0.5% preservative free (pf)* | 2 | B/D |
| *lidocaine inj 1%* | 2 | B/D |
| *lidocaine inj 1% preservative free (pf)* | 2 | B/D |
| *lidocaine inj 1.5% preservative free (pf)* | 2 | B/D |
| *lidocaine inj 2%* | 2 | B/D |
| **ANTI-INFECTIVES** | | |
| ***ANTI-BACTERIALS - MISCELLANEOUS*** | | |
| *amikacin sulfate* SOLN | 3 | |
| *gentamicin in saline* | 2 | |
| *gentamicin sulfate* SOLN | 2 | |
| *neomycin sulfate* TABS | 3 | |
| *paromomycin sulfate* CAPS | 4 | |
| *streptomycin sulfate* SOLR | 4 | |
| SULFADIAZINE TABS | 4 | |
| *tobramycin* NEBU | 5 | NM, PA |
| *tobramycin inj 1.2 gm/30ml* | 3 | |
| *tobramycin inj 1.2gm* | 5 | |
| *tobramycin inj 10mg/ml* | 3 | |
| *tobramycin inj 40mg/ml* | 3 | |
| *tobramycin inj 80mg/2ml* | 3 | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | | |
| ALBENZA | 5 | |
| ALINIA | 5 | |
| *atovaquone* SUSP | 5 | |
| AZACTAM/DEX INJ | 4 | |
| *aztreonam* | 4 | |
| BILTRICIDE | 3 | |
| CAYSTON | 5 | NM, LA, PA |
| *clindamycin cap 75mg* | 1 | GC |
| *clindamycin cap 300 mg* | 1 | GC |
| *clindamycin hcl cap 150 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin phosphate in d5w* | 4 | |
| CLINDAMYCIN PHOSPHATE IN NACL | 4 | |
| *clindamycin phosphate inj* | 3 | |
| *clindamycin soln 75mg/5ml* | 4 | |
| *colistimethate sodium* SOLR | 4 | |
| *dapsone* TABS | 3 | |
| *daptomycin* | 5 | |
| EMVERM | 5 | |
| *imipenem-cilastatin* | 3 | |
| INVANZ | 4 | |
| *ivermectin* TABS | 3 | |
| *linezolid* | 5 | |
| *linezolid in sodium chloride* | 5 | |
| *meropenem* | 4 | |
| *methenamine hippurate* | 3 | |
| *metronidazole* TABS | 2 | |
| *metronidazole in nacl* | 2 | |
| NEBUPENT | 4 | B/D |
| *nitrofurantoin macrocrystal* 50mg, 100mg | 4 | PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *nitrofurantoin monohyd macro* | 4 | PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| PENTAM 300 | 4 | |
| SIVEXTRO | 5 | |
| *sulfamethoxazole-trimethop ds* | 1 | GC |
| *sulfamethoxazole-trimethoprim* SUSP | 4 | |
| *sulfamethoxazole-trimethoprim* TABS | 1 | GC |
| *sulfamethoxazole-trimethoprim inj* | 4 | |
| SYNERCID | 5 | |
| TIGECYCLINE | 5 | |
| *trimethoprim* TABS | 2 | |
| *vancomycin hcl* CAPS | 5 | |
| *vancomycin hcl* SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg | 4 | |
| VANCOMYCIN IN NACL | 4 | |
| ***ANTIFUNGALS*** | | |
| ABELCET | 5 | B/D |
| AMBISOME | 5 | B/D |
| *amphotericin b* SOLR | 4 | B/D |
| CANCIDAS | 5 | |
| CASPOFUNGIN ACETATE | 5 | |

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 GC - We provide 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 Tier | Requirements/Limits |
|---|---|---|
| *fluconazole* SUSR | 3 | |
| *fluconazole* TABS | 2 | |
| *fluconazole in dextrose* | 4 | |
| FLUCONAZOLE INJ NACL 100 | 3 | |
| *fluconazole inj nacl 200* | 3 | |
| *fluconazole inj nacl 400* | 3 | |
| *flucytosine* CAPS | 5 | |
| *griseofulvin microsize* SUSP | 3 | |
| *griseofulvin microsize* TABS | 4 | |
| *griseofulvin ultramicrosize* | 4 | |
| *itraconazole* CAPS | 4 | PA |
| *ketoconazole* TABS | 3 | PA |
| MYCAMINE | 5 | |
| NOXAFIL SUSP | 5 | QL (630 mL / 30 days) |
| NOXAFIL TBEC | 5 | QL (93 tabs / 30 days) |
| *nystatin* TABS | 3 | |
| *terbinafine hcl* TABS | 2 | QL (90 tabs / 365 days) |
| *voriconazole* SOLR | 4 | |
| *voriconazole* SUSR; TABS | 5 | |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl* | 4 | |
| *chloroquine phosphate* TABS | 3 | |
| COARTEM | 4 | |
| *mefloquine hcl* | 3 | |
| PRIMAQUINE PHOSPHATE | 3 | |
| *quinine sulfate* CAPS | 4 | PA |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate* | 3 | |
| APTIVUS | 5 | |
| CRIXIVAN | 4 | |
| *didanosine* | 4 | |
| EDURANT | 5 | |
| EMTRIVA | 3 | |
| *fosamprenavir tab 700 mg* | 5 | |
| FUZEON | 5 | NM |
| INTELENCE 25mg | 4 | |
| INTELENCE 100mg, 200mg | 5 | |
| INVIRASE | 5 | |
| ISENTRESS CHEW 25mg | 3 | |
| ISENTRESS CHEW 100mg | 5 | |
| ISENTRESS PACK | 5 | |
| ISENTRESS TABS | 5 | |
| ISENTRESS HD | 5 | |
| *lamivudine* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LEXIVA SUSP | 4 | |
| LEXIVA TABS | 5 | |
| *nevirapine susp 50 mg/5ml* | 4 | |
| *nevirapine tab 200mg* | 3 | |
| *nevirapine tb24* | 4 | |
| NORVIR | 3 | |
| PREZISTA SUSP | 5 | QL (400 mL / 30 days) |
| PREZISTA TABS 75mg | 3 | QL (480 tabs / 30 days) |
| PREZISTA TABS 150mg | 5 | QL (240 tabs / 30 days) |
| PREZISTA TABS 600mg | 5 | QL (60 tabs / 30 days) |
| PREZISTA TABS 800mg | 5 | QL (30 tabs / 30 days) |
| RESCRIPTOR | 4 | |
| RETROVIR IV INFUSION | 4 | |
| REYATAZ | 5 | |
| SELZENTRY SOLN | 5 | |
| SELZENTRY TABS 25mg | 4 | |
| SELZENTRY TABS 75mg, 150mg, 300mg | 5 | |
| *stavudine* | 3 | |
| SUSTIVA CAPS 50mg | 4 | |
| SUSTIVA CAPS 200mg | 5 | |
| SUSTIVA TABS | 5 | |
| TIVICAY 10mg | 3 | |
| TIVICAY 25mg, 50mg | 5 | |
| TYBOST | 3 | |
| VIDEX PEDIATRIC | 4 | |
| VIRACEPT | 5 | |
| VIRAMUNE SUSP | 4 | |
| VIREAD | 5 | |
| ZERIT SOLR | 5 | |
| ZIAGEN SOLN | 3 | |
| *zidovudine cap 100mg* | 4 | |
| *zidovudine syp 50mg/5ml* | 4 | |
| *zidovudine tab 300mg* | 3 | |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine* | 5 | |
| *abacavir sulfate-lamivudine-zidovudine* | 5 | |
| ATRIPLA | 5 | |
| COMPLERA | 5 | |
| DESCOVY | 5 | |
| EVOTAZ | 5 | |
| GENVOYA | 5 | |
| KALETRA TAB 100-25MG | 4 | |
| KALETRA TAB 200-50MG | 5 | |
| *lamivudine-zidovudine* | 4 | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lopinavir-ritonavir* | 5 | |
| ODEFSEY | 5 | |
| PREZCOBIX | 5 | |
| STRIBILD | 5 | |
| TRIUMEQ | 5 | |
| TRUVADA TAB 100-150 | 5 | QL (60 tabs / 30 days) |
| TRUVADA TAB 133-200 | 5 | QL (30 tabs / 30 days) |
| TRUVADA TAB 167-250 | 5 | QL (30 tabs / 30 days) |
| TRUVADA TAB 200-300 | 5 | QL (30 tabs / 30 days) |
| ***ANTITUBERCULAR AGENTS*** | | |
| CAPASTAT SULFATE | 4 | |
| *cycloserine* CAPS | 5 | |
| *ethambutol hcl* TABS | 3 | |
| *isoniazid* TABS | 1 | GC |
| *isoniazid inj 100 mg/ml* | 3 | |
| *isoniazid syp 50mg/5ml* | 4 | |
| PASER D/R | 4 | |
| PRIFTIN | 4 | |
| *pyrazinamide* TABS | 4 | |
| *rifabutin* | 4 | |
| *rifampin* CAPS | 3 | |
| *rifampin* SOLR | 4 | |
| RIFATER | 4 | |
| SIRTURO | 5 | LA, PA |
| TRECATOR | 4 | |
| ***ANTIVIRALS*** | | |
| *acyclovir* CAPS; TABS | 2 | |
| *acyclovir* SUSP | 4 | |
| *acyclovir sodium* | 4 | B/D |
| *adefovir dipivoxil* | 5 | |
| BARACLUDE SOLN | 5 | |
| DAKLINZA | 5 | NM, PA |
| *entecavir* | 5 | |
| EPCLUSA | 5 | NM, PA |
| EPIVIR HBV SOLN | 4 | |
| *famciclovir* TABS | 3 | |
| *ganciclovir inj 500mg* | 3 | B/D |
| HARVONI | 5 | NM, PA |
| *lamivudine (hbv)* | 4 | |
| MAVYRET | 5 | NM, PA |
| *moderiba tab 200mg* | 4 | NM |
| *oseltamivir phosphate* CAPS 30mg | 3 | QL (168 caps / year) |
| *oseltamivir phosphate* CAPS 45mg, 75mg | 3 | QL (84 caps / year) |
| PEGASYS | 5 | NM, PA |

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|---|---|---|
| PEGASYS PROCLICK | 5 | NM, PA |
| REBETOL SOLN | 5 | NM |
| RELENZA DISKHALER | 3 | QL (6 inhalers / year) |
| *ribasphere* CAPS | 3 | NM |
| *ribasphere* TABS 200mg | 4 | NM |
| *ribasphere* TABS 400mg, 600mg | 5 | NM |
| *ribavirin cap 200mg* | 3 | NM |
| *ribavirin tab 200mg* | 4 | NM |
| *rimantadine hydrochloride* | 3 | |
| SOVALDI | 5 | NM, PA |
| TAMIFLU SUSR | 3 | QL (1080 mL / year) |
| *valacyclovir hcl* TABS | 3 | |
| *valganciclovir hcl* | 5 | |
| VEMLIDY | 5 | |
| VOSEVI | 5 | NM, PA |
| ZEPATIER | 5 | NM, PA |
| ***CEPHALOSPORINS*** | | |
| *cefaclor* CAPS | 3 | |
| *cefaclor* SUSR | 4 | |
| CEFACLOR ER TAB 500MG | 4 | |
| *cefadroxil* CAPS | 2 | |
| *cefadroxil* SUSR; TABS | 3 | |
| CEFAZOLIN IN DEXTROSE 2GM/100ML-4% | 3 | |
| *cefazolin inj* | 3 | |
| *cefazolin sodium* SOLR 1gm, 20gm | 3 | |
| CEFAZOLIN SODIUM 1 GM/50ML | 3 | |
| *cefdinir* CAPS | 3 | |
| *cefdinir* SUSR | 4 | |
| *cefepime for inj* | 4 | |
| *cefixime* | 4 | |
| *cefotaxime sodium* 1gm, 2gm, 500mg | 4 | |
| *cefoxitin for inj* | 4 | |
| *cefpodoxime proxetil* | 4 | |
| *cefprozil* | 3 | |
| *ceftazidime* SOLR | 4 | |
| CEFTAZIDIME/DEXTROSE | 4 | |
| *ceftriaxone sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 3 | |
| *cefuroxime axetil* | 3 | |
| *cefuroxime sodium* | 4 | |
| *cephalexin* CAPS 250mg, 500mg | 1 | GC |
| *cephalexin* SUSR | 3 | |
| SUPRAX CAPS | 3 | |
| SUPRAX CHEW | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUPRAX SUSR 500mg/5ml | 3 | |
| *tazicef* SOLR | 4 | |
| TEFLARO | 5 | |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin* PACK; SOLR; SUSR | 3 | |
| *azithromycin* TABS | 1 | GC |
| *clarithromycin* TABS | 3 | |
| *clarithromycin er* | 3 | |
| *clarithromycin for susp* | 4 | |
| DIFICID | 5 | |
| *e.e.s. 400* | 4 | |
| *ery-tab* | 4 | |
| ERYTHROCIN LACTOBIONATE | 4 | |
| *erythrocin stearate* | 4 | |
| *erythromycin base* | 4 | |
| *erythromycin cap 250mg ec* | 4 | |
| *erythromycin ethylsuccinate* TABS | 4 | |
| ***FLUOROQUINOLONES*** | | |
| *ciprofloxacin* SUSR | 4 | |
| *ciprofloxacin hcl tab* 100mg | 4 | |
| *ciprofloxacin hcl tab* 250mg, 500mg, 750mg | 1 | GC |
| *ciprofloxacin in d5w* | 3 | |
| *ciprofloxacin inj* | 3 | |
| *levofloxacin* TABS | 1 | GC |
| *levofloxacin in d5w* | 3 | |
| *levofloxacin inj 25mg/ml* | 4 | |
| *levofloxacin oral soln 25 mg/ml* | 4 | |
| ***PENICILLINS*** | | |
| *amoxicillin* CAPS; SUSR; TABS | 1 | GC |
| *amoxicillin* CHEW | 2 | |
| *amoxicillin & pot clavulanate* CHEW; TB12 | 4 | |
| *amoxicillin & pot clavulanate* SUSR | 3 | |
| *amoxicillin & pot clavulanate* TABS | 2 | |
| *ampicillin & sulbactam sodium* | 4 | |
| *ampicillin cap* | 1 | GC |
| *ampicillin inj* | 4 | |
| *ampicillin sodium* | 4 | |
| *ampicillin sus* | 3 | |
| BICILLIN L-A | 4 | |
| *dicloxacillin sodium* | 3 | |
| *nafcillin sodium for inj* 1gm, 2gm | 4 | |
| *nafcillin sodium for inj* 10gm | 5 | |
| *oxacillin sodium* 1gm, 2gm | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxacillin sodium* 10gm | 5 | |
| PENICILLIN G POT IN DEXTROSE 2MU | 4 | |
| PENICILLIN G POT IN DEXTROSE 3MU | 4 | |
| PENICILLIN G PROCAINE | 4 | |
| *penicillin g sodium* | 4 | |
| *penicillin v potassium* SOLR | 2 | |
| *penicillin v potassium* TABS | 1 | GC |
| *penicilln gk inj 5mu* | 4 | |
| *penicilln gk inj 20mu* | 4 | |
| *pfizerpen-g inj 5mu* | 4 | |
| *pfizerpen-g inj 20mu* | 4 | |
| *piper/tazoba inj 2-0.25gm* | 4 | |
| *piper/tazoba inj 3-0.375gm* | 4 | |
| *piper/tazoba inj 4-0.5gm* | 4 | |
| PIPER/TAZOBA INJ 12-1.5GM | 4 | |
| *piper/tazoba inj 36-4.5gm* | 4 | |
| ***TETRACYCLINES*** | | |
| *doxy 100* | 4 | |
| *doxycycline (monohydrate)* CAPS 50mg, 100mg | 2 | |
| *doxycycline (monohydrate)* TABS | 3 | |
| *doxycycline hyclate* CAPS | 3 | |
| *doxycycline hyclate* SOLR | 4 | |
| *doxycycline hyclate 20 mg* | 3 | |
| *doxycycline hyclate 100 mg* | 3 | |
| *minocycline hcl* CAPS | 3 | |
| *morgidox cap 1x50mg* | 3 | |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| BENDEKA | 5 | B/D, NM |
| *busulfan* | 5 | B/D |
| CYCLOPHOSPHAMIDE CAPS | 4 | B/D |
| *cyclophosphamide* SOLR | 5 | B/D |
| *dacarbazine* | 3 | B/D |
| EMCYT | 4 | |
| GLEOSTINE | 4 | |
| HEXALEN | 5 | |
| IFEX INJ 3GM | 4 | B/D |
| *ifosfamide inj 1gm* | 4 | B/D |
| *ifosfamide inj 1gm/20ml* | 3 | B/D |
| IFOSFAMIDE INJ 3GM | 4 | B/D |
| *ifosfamide inj 3gm/60ml* | 3 | B/D |
| LEUKERAN | 4 | |
| *melphalan hcl* | 5 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MUSTARGEN | 5 | B/D |
| ***ANTHRACYCLINES*** | | |
| *adriamycin* | 4 | B/D |
| *doxorubicin hcl* | 4 | B/D |
| *doxorubicin hcl liposomal inj 2mg/ml* | 5 | B/D |
| *doxorubicin hcl soln 2mg/ml* | 4 | B/D |
| *epirubicin hcl* | 4 | B/D |
| ***ANTIBIOTICS*** | | |
| *bleomycin sulfate* | 3 | B/D |
| *mitomycin* SOLR | 5 | B/D |
| ***ANTIMETABOLITES*** | | |
| *adrucil* | 3 | B/D |
| *adrucil inj* | 3 | B/D |
| ALIMTA | 5 | B/D |
| *azacitidine* | 5 | B/D, NM |
| *cladribine* | 5 | B/D |
| *cytarabine* 20mg/ml | 3 | B/D |
| *fludarabine phosphate* | 4 | B/D |
| *fluorouracil* SOLN | 3 | B/D |
| *gemcitabine inj soln* | 4 | B/D |
| *gemcitabine inj solr* | 5 | B/D |
| *mercaptopurine* TABS | 4 | |
| *methotrexate sodium inj* | 2 | B/D |
| NIPENT | 5 | B/D |
| PURIXAN | 5 | NM |
| TABLOID | 4 | |
| ***ANTIMITOTIC, TAXOIDS*** | | |
| ABRAXANE | 5 | B/D |
| DOCEFREZ | 5 | B/D |
| *docetaxel* CONC 20mg/ml, 80mg/4ml | 5 | B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml | 5 | B/D |
| DOCETAXEL SOLN | 5 | B/D |
| *paclitaxel* | 4 | B/D |
| TAXOTERE 80mg/4ml | 5 | B/D |
| ***ANTIMITOTIC, VINCA ALKALOIDS*** | | |
| *vinblastine sulfate* | 2 | B/D |
| *vincasar pfs* | 2 | B/D |
| *vincristine sulfate* | 2 | B/D |
| *vinorelbine tartrate* | 3 | B/D |
| ***BIOLOGIC RESPONSE MODIFIERS*** | | |
| AVASTIN | 5 | NM, LA, PA |
| BELEODAQ | 5 | NM, PA |

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|---|---|---|
| ERIVEDGE | 5 | NM, LA, PA |
| FARYDAK | 5 | NM, LA, PA |
| HERCEPTIN | 5 | NM, PA |
| IBRANCE | 5 | NM, LA, PA |
| IDHIFA | 5 | NM, LA, PA |
| KADCYLA | 5 | B/D, NM |
| KEYTRUDA | 5 | NM, PA |
| KISQALI | 5 | NM, PA |
| KISQALI FEMARA 200 DOSE | 5 | NM, PA |
| KISQALI FEMARA 400 DOSE | 5 | NM, PA |
| KISQALI FEMARA 600 DOSE | 5 | NM, PA |
| LYNPARZA | 5 | NM, LA, PA |
| NINLARO | 5 | NM, PA |
| ODOMZO | 5 | NM, LA, PA |
| RITUXAN | 5 | NM, LA, PA |
| RITUXAN HYCELA | 5 | NM, LA, PA |
| RUBRACA | 5 | NM, LA, PA |
| TECENTRIQ | 5 | NM, LA, PA |
| VELCADE | 5 | NM, PA |
| VENCLEXTA 10mg, 50mg | 4 | NM, LA, PA |
| VENCLEXTA 100mg | 5 | NM, LA, PA |
| VENCLEXTA STARTING PACK | 5 | NM, LA, PA |
| VERZENIO | 5 | NM, LA, PA |
| YERVOY | 5 | NM, PA |
| ZEJULA | 5 | NM, LA, PA |
| ZOLINZA | 5 | NM, PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *anastrozole* TABS | 2 | |
| *bicalutamide* | 3 | |
| DEPO-PROVERA INJ 400/ML | 4 | B/D |
| *exemestane* | 4 | |
| FARESTON | 5 | |
| FASLODEX | 5 | B/D |
| *flutamide* | 4 | |
| *hydroxyprogesterone caproate (antineoplastic)* | 5 | B/D |
| *letrozole* TABS | 2 | |
| *leuprolide inj 1mg/0.2* | 3 | NM, PA |
| LUPRON DEPOT (1-MONTH) 3.75mg | 5 | NM, PA |
| LUPRON DEPOT INJ 11.25MG (3-MONTH) | 5 | NM, PA |
| LYSODREN | 3 | |
| *megestrol ac sus 40mg/ml* | 4 | PA; PA if 65 years and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *megestrol ac tab 20mg* | 4 | PA; PA if 65 years and older |
| *megestrol ac tab 40mg* | 4 | PA; PA if 65 years and older |
| *megestrol sus 625mg/5ml* | 4 | PA |
| *nilutamide* | 5 | |
| SOLTAMOX | 4 | |
| *tamoxifen citrate* TABS | 1 | GC |
| TRELSTAR DEP INJ 3.75MG | 5 | NM, PA |
| TRELSTAR LA INJ 11.25MG | 5 | NM, PA |
| XTANDI | 5 | NM, LA, PA |
| ZYTIGA | 5 | NM, LA, PA |
| ***IMMUNOMODULATORS*** | | |
| POMALYST | 5 | NM, LA, PA |
| REVLIMID | 5 | QL (28 caps / 28 days), NM, LA, PA |
| THALOMID 50mg, 100mg | 5 | QL (30 caps / 30 days), NM, PA |
| THALOMID 150mg, 200mg | 5 | QL (60 caps / 30 days), NM, PA |
| ***KINASE INHIBITORS*** | | |
| AFINITOR | 5 | QL (30 tabs / 30 days), NM, PA |
| AFINITOR DISPERZ 2mg | 5 | QL (150 tabs / 30 days), NM, PA |
| AFINITOR DISPERZ 3mg | 5 | QL (90 tabs / 30 days), NM, PA |
| AFINITOR DISPERZ 5mg | 5 | QL (60 tabs / 30 days), NM, PA |
| ALECENSA | 5 | NM, LA, PA |
| ALUNBRIG | 5 | NM, LA, PA |
| BOSULIF | 5 | NM, PA |
| CABOMETYX | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| CAPRELSA | 5 | NM, LA, PA |
| COMETRIQ | 5 | NM, LA, PA |
| COTELLIC | 5 | NM, LA, PA |
| GILOTRIF TAB 20MG | 5 | NM, LA, PA |
| GILOTRIF TAB 30MG | 5 | NM, LA, PA |
| GILOTRIF TAB 40MG | 5 | NM, LA, PA |
| ICLUSIG | 5 | NM, LA, PA |
| *imatinib mesylate* 100mg | 5 | QL (90 tabs / 30 days), NM, PA |
| *imatinib mesylate* 400mg | 5 | QL (60 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMBRUVICA CAP 140MG | 5 | NM, LA, PA |
| INLYTA 1mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| INLYTA 5mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| IRESSA | 5 | NM, LA, PA |
| JAKAFI | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| LENVIMA 8 MG DAILY DOSE | 5 | NM, LA, PA |
| LENVIMA 10 MG DAILY DOSE | 5 | NM, LA, PA |
| LENVIMA 14 MG DAILY DOSE | 5 | NM, LA, PA |
| LENVIMA 18 MG DAILY DOSE | 5 | NM, LA, PA |
| LENVIMA 20 MG DAILY DOSE | 5 | NM, LA, PA |
| LENVIMA 24 MG DAILY DOSE | 5 | NM, LA, PA |
| MEKINIST | 5 | NM, LA, PA |
| NERLYNX | 5 | NM, LA, PA |
| NEXAVAR | 5 | NM, LA, PA |
| RYDAPT | 5 | NM, PA |
| SPRYCEL | 5 | NM, PA |
| STIVARGA | 5 | NM, LA, PA |
| SUTENT | 5 | NM, PA |
| TAFINLAR | 5 | NM, LA, PA |
| TAGRISSO | 5 | NM, LA, PA |
| TARCEVA 25mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| TARCEVA 100mg, 150mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| TASIGNA | 5 | NM, PA |
| TYKERB | 5 | NM, LA, PA |
| VOTRIENT | 5 | NM, LA, PA |
| XALKORI | 5 | NM, LA, PA |
| ZELBORAF | 5 | NM, LA, PA |
| ZYDELIG | 5 | NM, LA, PA |
| ZYKADIA | 5 | NM, LA, PA |
| ***MISCELLANEOUS*** | | |
| *bexarotene* | 5 | NM, PA |
| DROXIA | 3 | |
| *hydroxyurea* CAPS | 3 | |
| LONSURF | 5 | NM, PA |
| MATULANE | 5 | LA |
| *mitoxantrone hcl* | 3 | B/D, NM |
| SYLATRON KIT 200MCG | 5 | NM, PA |
| SYLATRON KIT 300MCG | 5 | NM, PA |
| SYLATRON KIT 600MCG | 5 | NM, PA |
| SYNRIBO | 5 | NM, PA |

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|---|---|---|
| *tretinoin (chemotherapy)* | 5 | |
| TRISENOX | 5 | B/D |
| ***PLATINUM-BASED AGENTS*** | | |
| *carboplatin* | 3 | B/D |
| *cisplatin* | 3 | B/D |
| *oxaliplatin inj 50mg* | 5 | B/D |
| *oxaliplatin inj 50mg/10ml* | 4 | B/D |
| *oxaliplatin inj 100mg* | 5 | B/D |
| *oxaliplatin inj 100mg/20ml* | 4 | B/D |
| ***PROTECTIVE AGENTS*** | | |
| *dexrazoxane* | 5 | B/D |
| ELITEK | 5 | B/D |
| *leucovorin calcium* SOLR | 4 | B/D |
| *leucovorin calcium* TABS | 3 | |
| *levoleucovorin calcium* 175mg/17.5ml | 5 | B/D, NM |
| LEVOLEUCOVORIN CALCIUM 250mg/25ml | 5 | B/D, NM |
| *levoleucovorin calcium 50mg* | 5 | B/D, NM |
| LEVOLEUCOVORIN CALCIUM 175MG | 5 | B/D, NM |
| *mesna* | 4 | B/D |
| MESNEX TABS | 5 | |
| ***TOPOISOMERASE INHIBITORS*** | | |
| *etoposide* SOLN | 3 | B/D |
| *irinotecan hcl* | 4 | B/D |
| *toposar* | 3 | B/D |
| *topotecan inj 4mg* | 5 | B/D |
| TOPOTECAN INJ 4MG/4ML | 5 | B/D |
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | 1 | GC |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | 1 | GC |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | GC |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | GC |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | GC |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | GC |
| *benazepril & hydrochlorothiazide* | 1 | GC |
| *captopril & hydrochlorothiazide* | 1 | GC |
| *enalapril maleate & hydrochlorothiazide* | 1 | GC |
| *fosinopril sodium & hydrochlorothiazide* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lisinopril & hydrochlorothiazide* | 1 | GC |
| *moexipril-hydrochlorothiazide* | 1 | GC |
| *quinapril-hydrochlorothiazide* | 1 | GC |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl* TABS | 1 | GC |
| *captopril* TABS | 1 | GC |
| *enalapril maleate* TABS | 1 | GC |
| *fosinopril sodium* | 1 | GC |
| *lisinopril* TABS | 1 | GC |
| *moexipril hcl* | 1 | GC |
| *perindopril erbumine* | 1 | GC |
| *quinapril hcl* | 1 | GC |
| *ramipril* | 1 | GC |
| *trandolapril* | 1 | GC |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| *eplerenone* | 4 | |
| *spironolactone* TABS | 1 | GC |
| ***ALPHA BLOCKERS*** | | |
| *doxazosin mesylate* 1mg, 2mg, 4mg | 3 | QL (30 tabs / 30 days) |
| *doxazosin mesylate* 8mg | 3 | |
| *prazosin hcl* | 3 | |
| *terazosin hcl* | 1 | GC |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-olmesartan medoxomil* | 1 | GC |
| *amlodipine besylate-valsartan tab* | 1 | GC |
| *amlodipine-valsartan-hydrochlorothiazide tab* | 1 | GC |
| ENTRESTO | 3 | |
| *irbesartan-hydrochlorothiazide* | 1 | GC |
| *losartan-hydrochlorothiazide* | 1 | GC |
| *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | 1 | GC |
| *olmesartan medoxomil-hydrochlorothiazide* | 1 | GC |
| *valsartan-hydrochlorothiazide* | 1 | GC |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| *irbesartan* | 1 | GC |
| *losartan potassium* | 1 | GC |
| *olmesartan medoxomil* TABS | 1 | GC |
| *valsartan* | 1 | GC |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl* SOLN | 2 | |
| *amiodarone hcl* TABS 100mg, 400mg | 4 | |
| *amiodarone hcl* TABS 200mg | 1 | GC |

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|---|---|---|
| *disopyramide phosphate* | 4 | PA; PA if 65 years and older |
| *dofetilide* | 4 | NM |
| *flecainide acetate* | 3 | |
| *mexiletine hcl* | 4 | |
| MULTAQ | 4 | |
| NORPACE CR | 4 | PA; PA if 65 years and older |
| *pacerone* 100mg, 400mg | 4 | |
| *pacerone* 200mg | 1 | GC |
| *propafenone hcl* | 3 | |
| *propafenone hcl 12hr* | 4 | |
| *quinidine gluconate* TBCR | 4 | |
| *quinidine sulfate* TABS | 2 | |
| *sorine* | 2 | |
| *sotalol hcl* | 2 | |
| *sotalol hcl (afib/afl)* | 3 | |
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium* TABS | 1 | GC |
| *lovastatin* | 1 | GC |
| *pravastatin sodium* | 1 | GC |
| *rosuvastatin calcium* | 1 | GC, QL (30 tabs / 30 days) |
| *simvastatin* TABS 5mg, 10mg, 20mg, 40mg | 1 | GC |
| *simvastatin* TABS 80mg | 1 | GC, QL (30 tabs / 30 days) |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *cholestyramine* | 4 | |
| *cholestyramine light* | 4 | |
| *colestipol hcl 1gm tab* | 3 | |
| *colestipol hcl gran* | 4 | |
| *colestipol hcl pack* | 4 | |
| *ezetimibe* | 4 | |
| *fenofibrate* TABS 48mg, 54mg, 145mg, 160mg | 3 | |
| *fenofibrate micronized* 67mg, 134mg, 200mg | 3 | |
| *gemfibrozil* TABS | 2 | |
| JUXTAPID | 5 | NM, LA, PA |
| KYNAMRO | 5 | NM, PA |
| *niacin er (antihyperlipidemic)* 500mg | 4 | QL (90 tabs / 30 days) |
| *niacin er (antihyperlipidemic)* 750mg, 1000mg | 4 | |
| *niacor* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *omega-3-acid ethyl esters* | 4 | |
| PRALUENT | 5 | NM, PA |
| *prevalite* | 4 | |
| *triklo* | 4 | |
| VASCEPA | 4 | |
| WELCHOL | 3 | |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone* | 3 | |
| *bisoprolol & hydrochlorothiazide* | 1 | GC |
| *metoprolol & hydrochlorothiazide* | 3 | |
| *propranolol & hydrochlorothiazide* | 3 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl* CAPS | 2 | |
| *atenolol* TABS | 1 | GC |
| *bisoprolol fumarate* | 2 | |
| BYSTOLIC 2.5mg, 5mg, 10mg | 4 | QL (30 tabs / 30 days) |
| BYSTOLIC 20mg | 4 | QL (60 tabs / 30 days) |
| *carvedilol* | 1 | GC |
| *labetalol hcl* TABS | 3 | |
| *metoprolol succinate* | 3 | |
| *metoprolol tartrate* SOCT | 3 | |
| *metoprolol tartrate* SOLN | 3 | |
| *metoprolol tartrate* TABS 25mg, 50mg, 100mg | 1 | GC |
| *nadolol* TABS | 4 | |
| *pindolol* | 3 | |
| *propranolol cap er* | 3 | |
| *propranolol hcl* SOLN; TABS | 3 | |
| *propranolol oral sol* | 3 | |
| *timolol maleate* TABS | 3 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *afeditab cr* | 3 | |
| *amlodipine besylate* TABS | 1 | GC |
| *cartia xt* | 3 | |
| *dilt-xr cap* | 3 | |
| *diltiazem cap 120mg cd* | 3 | |
| *diltiazem cap 180mg cd* | 3 | |
| *diltiazem cap 240mg cd* | 3 | |
| *diltiazem cap 300mg cd* | 3 | |
| *diltiazem cap 360mg cd* | 3 | |
| *diltiazem cap er/12hr* | 4 | |
| *diltiazem hcl* TABS | 2 | |
| *diltiazem hcl cap sr 24hr* | 3 | |
| *diltiazem hcl coated beads cap sr 24hr* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diltiazem hcl extended release beads cap sr* | 3 | |
| *diltiazem inj* | 2 | |
| *felodipine* | 3 | |
| *isradipine* | 4 | |
| *nicardipine hcl* CAPS | 4 | |
| *nifedical xl* | 3 | |
| *nifedipine* TB24 | 3 | |
| *nifedipine er* | 3 | |
| *nimodipine* CAPS | 5 | |
| NYMALIZE | 5 | |
| *taztia xt* | 3 | |
| *verapamil cap er* | 4 | |
| *verapamil hcl* SOLN | 4 | |
| *verapamil hcl* TABS | 1 | GC |
| *verapamil hcl* TBCR | 2 | |
| *verapamil tab er* | 2 | |
| ***DIGITALIS GLYCOSIDES*** | | |
| *digitek* .25mg | 3 | PA; PA if 65 years and older |
| *digitek* .125mg | 3 | QL (30 tabs / 30 days) |
| *digox* 125mcg | 3 | QL (30 tabs / 30 days) |
| *digox* 250mcg | 3 | PA; PA if 65 years and older |
| *digoxin* TABS 125mcg | 3 | QL (30 tabs / 30 days) |
| *digoxin* TABS 250mcg | 3 | PA; PA if 65 years and older |
| *digoxin inj* | 3 | |
| *digoxin sol 50mcg/ml* | 3 | PA; PA if 65 years and older |
| ***DIRECT RENIN INHIBITORS/COMBINATIONS*** | | |
| TEKTURNA | 4 | |
| TEKTURNA HCT | 4 | |
| ***DIURETICS*** | | |
| *acetazolamide* CP12 | 4 | |
| *acetazolamide* TABS | 3 | |
| *amiloride & hydrochlorothiazide* | 2 | |
| *amiloride hcl* TABS | 3 | |
| *bumetanide inj 0.25/ml* | 3 | |
| *bumetanide tab* | 3 | |
| *chlorothiazide tabs* | 3 | |
| *chlorthalidone* | 3 | |
| *furosemide* SOLN | 2 | |
| *furosemide* TABS | 1 | GC |
| *furosemide inj* | 2 | |

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 GC - We provide 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 Tier | Requirements/Limits |
|---|---|---|
| *hydrochlorothiazide* CAPS; TABS | 1 | GC |
| *indapamide* | 2 | |
| *methazolamide* TABS | 4 | |
| *methyclothiazide* | 3 | |
| *metolazone* | 3 | |
| *spironolactone & hydrochlorothiazide* | 3 | |
| *torsemide tabs* | 2 | |
| *triamterene & hydrochlorothiazide* TABS | 1 | GC |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | GC |
| ***MISCELLANEOUS*** | | |
| *clonidine hcl* PTWK | 4 | |
| *clonidine hcl* TABS | 1 | GC |
| CORLANOR | 4 | |
| DEMSER | 5 | |
| *hydralazine hcl* SOLN | 4 | |
| *hydralazine hcl* TABS | 2 | |
| *midodrine hcl* | 3 | |
| *minoxidil* TABS | 2 | |
| NORTHERA | 5 | NM, LA, PA |
| RANEXA | 3 | |
| ***NITRATES*** | | |
| *isosorb mononitrate tab* | 2 | |
| *isosorbide dinitrate* | 3 | |
| *isosorbide dinitrate er* | 4 | |
| *isosorbide mononitrate er* | 2 | |
| *minitran* | 3 | |
| NITRO-BID | 3 | |
| NITRO-DUR DIS 0.3MG/HR | 4 | |
| NITRO-DUR DIS 0.8MG/HR | 4 | |
| *nitroglycerin* SUBL | 3 | |
| *nitroglycerin td patch* | 3 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADCIRCA | 5 | QL (60 tabs / 30 days), NM, PA |
| ADEMPAS | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| LETAIRIS | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| OPSUMIT | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| REMODULIN | 5 | NM, LA, PA |
| *sildenafil citrate (pulmonary hypertension)* TABS | 3 | QL (90 tabs / 30 days), NM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRACLEER TABS 62.5mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| TRACLEER TABS 125mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| VENTAVIS | 5 | NM, PA |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ANTIANXIETY*** | | |
| *alprazolam tab 0.5mg* | 1 | GC, QL (240 tabs / 30 days) |
| *alprazolam tab 0.25mg* | 1 | GC, QL (480 tabs / 30 days) |
| *alprazolam tab 1mg* | 1 | GC, QL (120 tabs / 30 days) |
| *alprazolam tab 2 mg* | 1 | GC, QL (150 tabs / 30 days) |
| *buspirone hcl* TABS 5mg, 7.5mg, 10mg, 15mg | 2 | |
| *buspirone hcl* TABS 30mg | 4 | |
| *fluvoxamine maleate* TABS 25mg, 50mg | 2 | QL (45 tabs / 30 days) |
| *fluvoxamine maleate* TABS 100mg | 2 | |
| *lorazepam* SOLN | 2 | |
| *lorazepam* TABS | 1 | GC, QL (150 tabs / 30 days) |
| *lorazepam intensol* | 3 | QL (150 mL / 30 days) |
| ***ANTICONVULSANTS*** | | |
| APTIOM 200mg | 5 | QL (180 tabs / 30 days) |
| APTIOM 400mg | 5 | QL (90 tabs / 30 days) |
| APTIOM 600mg, 800mg | 5 | QL (60 tabs / 30 days) |
| BANZEL SUS 40MG/ML | 5 | PA |
| BANZEL TAB 200MG | 5 | PA |
| BANZEL TAB 400MG | 5 | PA |
| BRIVIACT SOLN 10mg/ml | 5 | PA |
| BRIVIACT SOLN 50mg/5ml | 4 | PA |
| BRIVIACT TABS | 5 | PA |
| *carbamazepine* CHEW; TABS | 3 | |
| *carbamazepine* CP12; SUSP; TB12 | 4 | |
| CELONTIN | 4 | |
| *clonazepam* TABS 1mg | 1 | GC, QL (120 tabs / 30 days) |
| *clonazepam* TABS 2mg | 1 | GC, QL (300 tabs / 30 days) |
| *clonazepam* TABS .5mg | 1 | GC, QL (240 tabs / 30 days) |
| *clonazepam* TBDP 1mg | 3 | QL (120 tabs / 30 days) |
| *clonazepam* TBDP 2mg | 3 | QL (300 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clonazepam* TBDP .5mg | 3 | QL (240 tabs / 30 days) |
| *clonazepam* TBDP .25mg | 3 | QL (480 tabs / 30 days) |
| *clonazepam* TBDP .125mg | 3 | QL (960 tabs / 30 days) |
| *clorazepate dipotassium* 3.75mg, 7.5mg | 3 | QL (120 tabs / 30 days), PA; PA if 65 years and older |
| *clorazepate dipotassium* 15mg | 3 | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| DIASTAT ACUDIAL | 4 | |
| DIASTAT PEDIATRIC | 4 | |
| *diazepam* SOLN 1mg/ml | 3 | QL (1200 mL / 30 days), PA; PA if 65 years and older |
| *diazepam* SOLN 5mg/ml | 3 | |
| *diazepam* TABS | 1 | GC, QL (120 tabs / 30 days), PA; PA if 65 years and older |
| *diazepam intensol* | 3 | QL (240 mL / 30 days), PA; PA if 65 years and older |
| DILANTIN | 3 | |
| DILANTIN-125 SUS 125/5ML | 4 | |
| *divalproex sodium* CSDR; TB24 | 4 | |
| *divalproex sodium* TBEC | 3 | |
| *epitol* | 3 | |
| *ethosuximide* CAPS; SOLN | 4 | |
| *felbamate* SUSP | 5 | |
| *felbamate* TABS | 4 | |
| FYCOMPA SUSP | 5 | QL (720 mL / 30 days), PA |
| FYCOMPA TABS 2mg | 4 | QL (180 tabs / 30 days), PA |
| FYCOMPA TABS 4mg | 5 | QL (90 tabs / 30 days), PA |
| FYCOMPA TABS 6mg | 5 | QL (60 tabs / 30 days), PA |
| FYCOMPA TABS 8mg, 10mg, 12mg | 5 | QL (30 tabs / 30 days), PA |
| *gabapentin* CAPS 100mg | 2 | QL (1080 caps / 30 days) |
| *gabapentin* CAPS 300mg | 2 | QL (360 caps / 30 days) |
| *gabapentin* CAPS 400mg | 2 | QL (270 caps / 30 days) |
| *gabapentin* SOLN | 3 | QL (2160 mL / 30 days) |
| *gabapentin* TABS 600mg | 3 | QL (180 tabs / 30 days) |
| *gabapentin* TABS 800mg | 3 | QL (120 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GABITRIL 12mg, 16mg | 4 | |
| *lamotrigine* CHEW | 3 | |
| *lamotrigine* TABS | 2 | |
| *lamotrigine* TB24 | 4 | |
| *levetiracetam* TABS; TB24 | 3 | |
| *levetiracetam in sodium chloride* | 4 | |
| *levetiracetam inj* | 4 | |
| *levetiracetam oral soln 100 mg/ml* | 3 | |
| LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg | 3 | QL (120 caps / 30 days) |
| LYRICA CAPS 200mg | 3 | QL (90 caps / 30 days) |
| LYRICA CAPS 225mg, 300mg | 3 | QL (60 caps / 30 days) |
| LYRICA SOLN | 3 | QL (946 mL / 30 days) |
| ONFI | 5 | PA |
| *oxcarbazepine* SUSP | 4 | |
| *oxcarbazepine* TABS | 3 | |
| PEGANONE | 4 | |
| *phenobarbital* ELIX; TABS | 4 | PA; PA if 65 years and older |
| PHENOBARBITAL SODIUM SOLN 65mg/ml | 4 | PA; PA if 65 years and older |
| *phenobarbital sodium* SOLN 130mg/ml | 4 | PA; PA if 65 years and older |
| PHENYTEK | 3 | |
| *phenytoin* CHEW; SUSP | 3 | |
| *phenytoin sodium* SOLN | 3 | |
| *phenytoin sodium extended* | 3 | |
| *primidone* TABS | 2 | |
| *roweepra* | 3 | |
| SABRIL PACK | 5 | QL (180 packets / 30 days), NM, LA, PA |
| SABRIL TABS | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| SPRITAM | 4 | |
| TEGRETOL | 4 | |
| TEGRETOL-XR | 4 | |
| *tiagabine hcl* | 4 | |
| *topiramate* CPSP | 4 | |
| *topiramate* TABS | 2 | |
| *valproate sodium oral soln* | 3 | |
| *valproate sodium soln 100mg/ml* | 4 | |
| *valproic acid* | 3 | |
| *vigabatrin powd pack 500mg* | 5 | QL (180 packets / 30 days), NM, LA, PA |
| VIMPAT SOLN 10mg/ml | 5 | QL (1200 mL / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VIMPAT SOLN 200mg/20ml | 5 | |
| VIMPAT TABS 50mg | 4 | QL (180 tabs / 30 days) |
| VIMPAT TABS 100mg, 150mg, 200mg | 5 | QL (60 tabs / 30 days) |
| *zonisamide* CAPS | 3 | |
| ***ANTIDEMENTIA*** | | |
| *donepezil hydrochloride* TABS 5mg | 2 | QL (60 tabs / 30 days) |
| *donepezil hydrochloride* TABS 10mg | 2 | |
| *donepezil hydrochloride* TABS 23mg | 4 | |
| *donepezil hydrochloride* TBDP 5mg | 2 | QL (60 tabs / 30 days) |
| *donepezil hydrochloride* TBDP 10mg | 2 | |
| *galantamine hydrobromide* SOLN | 4 | |
| *galantamine hydrobromide* TABS 4mg | 4 | QL (180 tabs / 30 days) |
| *galantamine hydrobromide* TABS 8mg | 4 | QL (90 tabs / 30 days) |
| *galantamine hydrobromide* TABS 12mg | 4 | |
| *galantamine hydrobromide er* 8mg, 16mg | 4 | QL (30 caps / 30 days) |
| *galantamine hydrobromide er* 24mg | 4 | |
| *memantine hcl* SOLN | 4 | PA; PA if < 30 yrs |
| *memantine hcl* TABS | 3 | PA; PA if < 30 yrs |
| NAMENDA XR | 4 | PA; PA if < 30 yrs |
| NAMENDA XR TITRATION PACK | 4 | PA; PA if < 30 yrs |
| NAMZARIC | 4 | |
| *rivastigmine tartrate* | 4 | |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | 4 | QL (30 patches / 30 days) |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | 4 | QL (30 patches / 30 days) |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | 4 | QL (30 patches / 30 days) |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl* TABS | 4 | PA; PA if 65 years and older |
| *amoxapine* | 3 | |
| *bupropion hcl* TABS | 3 | |
| *bupropion hcl* TB12 | 2 | |
| *bupropion hcl* TB24 150mg | 3 | QL (90 tabs / 30 days) |
| *bupropion hcl* TB24 300mg | 3 | QL (30 tabs / 30 days) |
| *citalopram hydrobromide* SOLN | 3 | |
| *citalopram hydrobromide* TABS 10mg, 20mg | 1 | GC, QL (45 tabs / 30 days) |
| *citalopram hydrobromide* TABS 40mg | 1 | GC, QL (30 tabs / 30 days) |
| *clomipramine hcl* CAPS | 4 | PA; PA if 65 years and older |
| *desipramine hcl* TABS | 4 | |
| *desvenlafaxine succinate* | 4 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxepin hcl* CAPS; CONC | 4 | PA; PA if 65 years and older |
| *duloxetine hcl* CPEP 20mg | 3 | QL (180 caps / 30 days) |
| *duloxetine hcl* CPEP 30mg | 3 | QL (120 caps / 30 days) |
| *duloxetine hcl* CPEP 60mg | 3 | QL (60 caps / 30 days) |
| EMSAM | 5 | QL (30 patches / 30 days), PA |
| *escitalopram oxalate* SOLN | 4 | QL (600 mL / 30 days) |
| *escitalopram oxalate* TABS 5mg, 10mg | 2 | QL (45 tabs / 30 days) |
| *escitalopram oxalate* TABS 20mg | 2 | QL (60 tabs / 30 days) |
| FETZIMA 20mg | 4 | QL (180 caps / 30 days) |
| FETZIMA 40mg | 4 | QL (90 caps / 30 days) |
| FETZIMA 80mg, 120mg | 4 | QL (30 caps / 30 days) |
| FETZIMA TITRATION PACK | 4 | |
| *fluoxetine cap 10mg* | 1 | GC, QL (30 caps / 30 days) |
| *fluoxetine cap 20mg* | 1 | GC, QL (120 caps / 30 days) |
| *fluoxetine cap 40mg* | 1 | GC |
| *fluoxetine hcl* SOLN | 2 | |
| *imipramine hcl* TABS | 4 | PA; PA if 65 years and older |
| *maprotiline hcl* | 4 | |
| MARPLAN TAB 10MG | 4 | QL (180 tabs / 30 days) |
| *mirtazapine* TABS 7.5mg, 15mg | 2 | QL (45 tabs / 30 days) |
| *mirtazapine* TABS 30mg, 45mg | 2 | |
| *mirtazapine* TBDP 15mg | 3 | QL (30 tabs / 30 days) |
| *mirtazapine* TBDP 30mg, 45mg | 3 | |
| *nefazodone hcl* | 4 | |
| *nortriptyline hcl* CAPS | 1 | GC |
| *nortriptyline hcl* SOLN | 4 | |
| *paroxetine hcl tabs* 10mg, 20mg, 40mg | 1 | GC, QL (45 tabs / 30 days) |
| *paroxetine hcl tabs* 30mg | 1 | GC, QL (60 tabs / 30 days) |
| PAXIL SUSP | 4 | QL (900 mL / 30 days) |
| *phenelzine sulfate* TABS | 3 | |
| *protriptyline hcl* | 4 | |
| *sertraline hcl* CONC | 3 | |
| *sertraline hcl* TABS 25mg, 50mg | 1 | GC, QL (45 tabs / 30 days) |
| *sertraline hcl* TABS 100mg | 1 | GC |
| *tranylcypromine sulfate* | 4 | |
| *trazodone hcl* TABS 50mg, 100mg, 150mg | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trimipramine maleate* CAPS 25mg | 4 | QL (240 caps / 30 days), PA; PA if 65 years and older |
| *trimipramine maleate* CAPS 50mg | 4 | QL (120 caps / 30 days), PA; PA if 65 years and older |
| *trimipramine maleate* CAPS 100mg | 4 | QL (60 caps / 30 days), PA; PA if 65 years and older |
| TRINTELLIX 5mg | 4 | QL (120 tabs / 30 days) |
| TRINTELLIX 10mg | 4 | QL (60 tabs / 30 days) |
| TRINTELLIX 20mg | 4 | QL (30 tabs / 30 days) |
| *venlafaxine hcl* CP24 37.5mg, 75mg | 2 | QL (30 caps / 30 days) |
| *venlafaxine hcl* CP24 150mg | 2 | QL (60 caps / 30 days) |
| *venlafaxine hcl* TABS | 3 | |
| VIIBRYD STARTER PACK | 4 | |
| VIIBRYD TAB | 4 | QL (30 tabs / 30 days) |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl* CAPS | 3 | QL (120 caps / 30 days) |
| *amantadine hcl* SYRP | 2 | |
| *amantadine hcl* TABS | 4 | |
| APOKYN | 5 | NM, LA, PA |
| *benztropine mesylate* SOLN | 3 | |
| *benztropine mesylate* TABS | 4 | PA; PA if 65 years and older |
| *bromocriptine mesylate* CAPS; TABS | 4 | |
| *carbidopa-levodopa* TABS | 2 | |
| *carbidopa-levodopa* TBCR | 3 | |
| *carbidopa-levodopa* TBDP | 4 | |
| *carbidopa/levodopa/entacapone* | 4 | |
| *entacapone* | 4 | |
| NEUPRO | 4 | |
| *pramipexole tab 0.5mg* | 2 | |
| *pramipexole tab 0.25mg* | 2 | |
| *pramipexole tab 0.75mg* | 2 | |
| *pramipexole tab 0.125mg* | 2 | |
| *pramipexole tab 1.5mg* | 2 | |
| *pramipexole tab 1mg* | 2 | |
| *rasagiline mesylate* TABS | 4 | |
| *ropinirole tab 0.5mg* | 2 | |
| *ropinirole tab 0.25mg* | 2 | |
| *ropinirole tab 1mg* | 2 | |
| *ropinirole tab 2mg* | 2 | |
| *ropinirole tab 3mg* | 2 | |
| *ropinirole tab 4mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ropinirole tab 5mg* | 2 | |
| *selegiline hcl* CAPS | 4 | |
| *selegiline hcl* TABS | 3 | |
| *trihexyphenidyl hcl* | 3 | PA; PA if 65 years and older |
| ***ANTIPSYCHOTICS*** | | |
| ABILIFY MAINTENA | 5 | QL (1 injection / 28 days) |
| *aripiprazole odt* | 5 | QL (60 tabs / 30 days) |
| *aripiprazole oral solution 1 mg/ml* | 5 | QL (900 mL / 30 days) |
| *aripiprazole tab* 2mg, 5mg, 10mg, 15mg | 4 | QL (30 tabs / 30 days) |
| *aripiprazole tab* 20mg, 30mg | 5 | QL (30 tabs / 30 days) |
| ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml | 5 | QL (1 injection / 28 days) |
| ARISTADA 1064mg/3.9ml | 5 | QL (1 injection / 56 days) |
| *chlorpromazine hcl* TABS | 4 | |
| CHLORPROMAZINE INJ | 4 | |
| *clozapine odt* 12.5mg, 25mg | 4 | PA |
| *clozapine odt* 100mg | 4 | QL (270 tabs / 30 days), PA |
| *clozapine odt* 150mg | 4 | QL (180 tabs / 30 days), PA |
| *clozapine odt* 200mg | 5 | QL (135 tabs / 30 days), PA |
| *clozapine tab 25mg* | 3 | |
| *clozapine tab 50mg* | 3 | |
| *clozapine tab 100mg* | 4 | QL (270 tabs / 30 days) |
| *clozapine tab 200mg* | 4 | QL (135 tabs / 30 days) |
| FANAPT | 4 | QL (60 tabs / 30 days) |
| FANAPT TITRATION PACK | 4 | |
| *fluphenazine decanoate* SOLN | 4 | |
| *fluphenazine hcl* | 4 | |
| GEODON SOLR | 4 | QL (6 mL / 3 days) |
| *haloperidol* TABS | 3 | |
| *haloperidol con lactate* | 2 | |
| *haloperidol decanoate* SOLN | 4 | |
| *haloperidol lactate inj 5 mg/ml* | 3 | |
| INVEGA SUST INJ 39 MG/0.25 ML | 4 | QL (1 injection / 28 days) |
| INVEGA SUST INJ 78 MG/0.5 ML | 5 | QL (1 injection / 28 days) |
| INVEGA SUST INJ 117 MG/0.75 ML | 5 | QL (1 injection / 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INVEGA SUST INJ 156MG/ML | 5 | QL (1 injection / 28 days) |
| INVEGA SUST INJ 234 MG/1.5 ML | 5 | QL (1 injection / 28 days) |
| INVEGA TRINZA | 5 | QL (1 injection / 90 days) |
| LATUDA 20mg | 4 | QL (240 tabs / 30 days) |
| LATUDA 40mg, 120mg | 4 | QL (30 tabs / 30 days) |
| LATUDA 60mg, 80mg | 4 | QL (60 tabs / 30 days) |
| *loxapine succinate* | 3 | |
| NUPLAZID | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| *olanzapine* SOLR | 4 | QL (3 vials / 1 day) |
| *olanzapine* TABS 2.5mg | 3 | QL (240 tabs / 30 days) |
| *olanzapine* TABS 5mg | 3 | QL (120 tabs / 30 days) |
| *olanzapine* TABS 7.5mg | 3 | QL (30 tabs / 30 days) |
| *olanzapine* TABS 10mg, 15mg, 20mg | 3 | QL (60 tabs / 30 days) |
| *olanzapine* TBDP 5mg | 4 | QL (30 tabs / 30 days) |
| *olanzapine* TBDP 10mg, 15mg, 20mg | 4 | QL (60 tabs / 30 days) |
| *paliperidone* 1.5mg, 3mg, 9mg | 5 | QL (30 tabs / 30 days) |
| *paliperidone* 6mg | 5 | QL (60 tabs / 30 days) |
| *perphenazine* TABS | 4 | |
| *pimozide* | 4 | |
| *quetiapine fumarate* TABS | 2 | QL (90 tabs / 30 days) |
| *quetiapine fumarate* TB24 50mg | 4 | QL (120 tabs / 30 days) |
| *quetiapine fumarate* TB24 150mg, 200mg | 4 | QL (30 tabs / 30 days) |
| *quetiapine fumarate* TB24 300mg, 400mg | 4 | QL (60 tabs / 30 days) |
| REXULTI 1mg | 5 | QL (90 tabs / 30 days) |
| REXULTI 2mg | 5 | QL (60 tabs / 30 days) |
| REXULTI 3mg, 4mg | 5 | QL (30 tabs / 30 days) |
| REXULTI .5mg | 5 | QL (180 tabs / 30 days) |
| REXULTI .25mg | 5 | QL (360 tabs / 30 days) |
| RISPERDAL INJ 12.5MG | 4 | QL (2 injections / 28 days) |
| RISPERDAL INJ 25MG | 4 | QL (2 injections / 28 days) |
| RISPERDAL INJ 37.5MG | 5 | QL (2 injections / 28 days) |
| RISPERDAL INJ 50MG | 5 | QL (2 injections / 28 days) |
| *risperidone* SOLN | 3 | QL (240 mL / 30 days) |
| *risperidone* TABS 1mg, 2mg, 3mg | 2 | QL (60 tabs / 30 days) |
| *risperidone* TABS 4mg | 2 | QL (120 tabs / 30 days) |
| *risperidone* TABS .25mg, .5mg | 2 | QL (90 tabs / 30 days) |
| *risperidone* TBDP 1mg, 2mg, 3mg | 4 | QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *risperidone* TBDP 4mg | 4 | QL (120 tabs / 30 days) |
| *risperidone* TBDP .25mg, .5mg | 4 | QL (90 tabs / 30 days) |
| SAPHRIS 2.5mg | 4 | QL (240 tabs / 30 days) |
| SAPHRIS 5mg | 4 | QL (120 tabs / 30 days) |
| SAPHRIS 10mg | 4 | QL (60 tabs / 30 days) |
| *thioridazine hcl* TABS | 4 | PA; PA if 65 years and older |
| *thiothixene* | 4 | |
| *trifluoperazine hcl* | 3 | |
| VERSACLOZ | 5 | QL (600 mL / 30 days), PA |
| VRAYLAR 1.5mg | 5 | QL (120 caps / 30 days), PA |
| VRAYLAR 3mg | 5 | QL (60 caps / 30 days), PA |
| VRAYLAR 4.5mg, 6mg | 5 | QL (30 caps / 30 days), PA |
| VRAYLAR THERAPY PACK | 4 | PA |
| *ziprasidone hcl* | 4 | QL (60 caps / 30 days) |
| ZYPREXA RELPREVV 300mg | 5 | QL (2 vials / 28 days), PA |
| ZYPREXA RELPREVV 405mg | 5 | QL (1 vial / 28 days), PA |
| ZYPREXA RELPREVV INJ 210MG | 4 | QL (2 vials / 28 days), PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| *amphetamine-dextroamphetamine cap sr 24hr 5 mg* | 4 | QL (90 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 10 mg* | 4 | QL (90 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 15 mg* | 4 | QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 20 mg* | 4 | QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 25 mg* | 4 | QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 30 mg* | 4 | QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine tab 5 mg* | 3 | QL (360 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 7.5 mg* | 3 | QL (240 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 10 mg* | 3 | QL (180 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | 3 | QL (144 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amphetamine-dextroamphetamine tab 15 mg* | 3 | QL (120 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 20 mg* | 3 | QL (90 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 30 mg* | 3 | QL (60 tabs / 30 days) |
| *atomoxetine hcl* 10mg, 18mg, 25mg | 4 | QL (120 caps / 30 days) |
| *atomoxetine hcl* 40mg | 4 | QL (60 caps / 30 days) |
| *atomoxetine hcl* 60mg, 80mg, 100mg | 4 | QL (30 caps / 30 days) |
| *guanfacine er (adhd)* | 4 | PA; PA if 65 years and older |
| *metadate er tab 20mg* | 4 | QL (90 tabs / 30 days) |
| *methylphenidate hcl* TABS 5mg, 10mg | 3 | QL (180 tabs / 30 days) |
| *methylphenidate hcl* TABS 20mg | 3 | QL (90 tabs / 30 days) |
| *methylphenidate hcl oral soln* 5mg/5ml | 4 | QL (1800 mL / 30 days) |
| *methylphenidate hcl oral soln* 10mg/5ml | 4 | QL (900 mL / 30 days) |
| *methylphenidate tab 10mg er* | 4 | QL (90 tabs / 30 days) |
| *methylphenidate tab 20mg er* | 4 | QL (90 tabs / 30 days) |
| ***HYPNOTICS*** | | |
| HETLIOZ | 5 | NM, LA, PA |
| SILENOR 3mg | 3 | QL (60 tabs / 30 days) |
| SILENOR 6mg | 3 | QL (30 tabs / 30 days) |
| *temazepam* 7.5mg | 2 | QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *temazepam* 15mg | 2 | QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *zolpidem tartrate* TABS | 4 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| ***MIGRAINE*** | | |
| *dihydroergotamine mesylate 1mg/ml* | 5 | |
| *dihydroergotamine mesylate nasal* | 5 | QL (8 mL / 30 days) |
| *eletriptan hydrobromide* | 4 | QL (12 tabs / 30 days) |
| *ergotamine w/ caffeine* | 4 | |
| *migergot* | 5 | |
| *naratriptan hcl* | 3 | QL (12 tabs / 30 days) |
| RELPAX | 4 | QL (12 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *rizatriptan benzoate* | 3 | QL (18 tabs / 30 days) |
| *rizatriptan benzoate odt* | 3 | QL (18 tabs / 30 days) |
| *sumatriptan* SOLN 5mg/act | 4 | QL (24 inhalers / 30 days) |
| *sumatriptan* SOLN 20mg/act | 4 | QL (12 inhalers / 30 days) |
| *sumatriptan inj 4mg/0.5ml* | 4 | QL (18 injections / 30 days) |
| *sumatriptan inj 6mg/0.5ml* | 4 | QL (12 injections / 30 days) |
| *sumatriptan succinate* TABS | 2 | QL (12 tabs / 30 days) |
| *zolmitriptan* TABS | 4 | QL (12 tabs / 30 days) |
| *zolmitriptan odt* | 4 | QL (12 tabs / 30 days) |
| ***MISCELLANEOUS*** | | |
| AUSTEDO 6mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| AUSTEDO 9mg, 12mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| *lithium carbonate* CAPS | 1 | GC |
| *lithium carbonate* TABS | 2 | |
| *lithium carbonate er* | 2 | |
| LITHIUM SOLN 8MEQ/5ML | 3 | |
| NUEDEXTA | 4 | PA |
| *pyridostigmine tab 60mg* | 3 | |
| *riluzole* | 3 | |
| *tetrabenazine* 12.5mg | 5 | QL (240 tabs / 30 days), NM, PA |
| *tetrabenazine* 25mg | 5 | QL (120 tabs / 30 days), NM, PA |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| AMPYRA | 5 | NM, LA, PA |
| BETASERON | 5 | QL (14 syringes / 28 days), NM, PA |
| COPAXONE INJ 40MG/ML | 5 | QL (12 syringes / 28 days), NM, PA |
| GILENYA | 5 | QL (28 caps / 28 days), NM, PA |
| *glatiramer acetate 40mg/ml* | 5 | QL (12 syringes / 28 days), NM, PA |
| *glatopa* | 5 | QL (30 syringes / 30 days), NM, PA |
| TYSABRI | 5 | NM, LA, PA |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen* TABS | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyclobenzaprine hcl* TABS 5mg, 10mg | 4 | PA; PA if 65 years and older |
| *dantrolene sodium* CAPS | 4 | |
| *tizanidine hcl* TABS | 2 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil* 50mg | 4 | QL (150 tabs / 30 days), PA |
| *armodafinil* 150mg | 4 | QL (60 tabs / 30 days), PA |
| *armodafinil* 200mg, 250mg | 4 | QL (30 tabs / 30 days), PA |
| XYREM | 5 | QL (540 mL / 30 days), NM, LA, PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium* | 4 | |
| *buprenorphine hcl* SUBL | 3 | PA |
| *buprenorphine hcl-naloxone hcl sl* | 3 | QL (120 tabs / 30 days), PA |
| *bupropion hcl (smoking deterrent)* | 3 | |
| CHANTIX | 4 | PA |
| CHANTIX CONTINUING MONTH | 4 | PA |
| CHANTIX STARTER PACK | 4 | PA |
| *disulfiram* TABS | 3 | |
| *naloxone inj 0.4mg/ml* | 3 | |
| *naloxone inj 1mg/ml* | 3 | |
| *naltrexone hcl* TABS | 3 | |
| NICOTROL INHALER | 4 | |
| NICOTROL NS | 4 | |
| SUBOXONE MIS 2-0.5MG | 4 | QL (120 SL films / 30 days), PA |
| SUBOXONE MIS 4-1MG | 4 | QL (120 SL films / 30 days), PA |
| SUBOXONE MIS 8-2MG | 4 | QL (120 SL films / 30 days), PA |
| SUBOXONE MIS 12-3MG | 4 | QL (60 SL films / 30 days), PA |
| **ENDOCRINE AND METABOLIC** | | |
| ***ANDROGENS*** | | |
| ANADROL-50 | 5 | PA |
| ANDRODERM | 4 | QL (30 patches / 30 days), PA |
| *oxandrolone tab 2.5mg* | 3 | PA |
| *oxandrolone tab 10mg* | 4 | PA |
| *testosterone* GEL 1%, 25mg/2.5gm, 50mg/5gm | 4 | QL (300 gm / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *testosterone cypionate* SOLN | 3 | PA |
| *testosterone enanthate* SOLN | 3 | PA |
| ***ANTIDIABETICS, INJECTABLE*** | | |
| ALCOHOL SWABS | 3 | |
| BASAGLAR KWIKPEN | 3 | |
| BYDUREON INJ | 3 | QL (4 vials / 28 days) |
| BYDUREON PEN | 3 | QL (4 pens / 28 days) |
| BYETTA | 4 | QL (1 pen / 30 days) |
| GAUZE PADS 2" X 2" | 3 | |
| HUMULIN R INJ U-500 | 5 | B/D |
| HUMULIN R U-500 KWIKPEN | 5 | |
| INSULIN PEN NEEDLE | 3 | |
| INSULIN SAFETY NEEDLES | 3 | |
| INSULIN SYRINGE | 3 | |
| LEVEMIR | 3 | |
| LEVEMIR FLEXTOUCH | 3 | |
| NOVOLIN 70/30 | 3 | (brand RELION not covered) |
| NOVOLIN N | 3 | (brand RELION not covered) |
| NOVOLIN R | 3 | (brand RELION not covered) |
| NOVOLOG | 3 | |
| NOVOLOG 70/30 FLEXPEN | 3 | |
| NOVOLOG FLEXPEN | 3 | |
| NOVOLOG MIX 70/30 | 3 | |
| NOVOLOG PENFILL | 3 | |
| TRESIBA FLEXTOUCH | 3 | |
| TRULICITY | 3 | QL (4 pens / 28 days) |
| VICTOZA | 3 | QL (3 pens / 30 days) |
| XULTOPHY 100/3.6 | 3 | QL (5 pens / 30 days) |
| ***ANTIDIABETICS, ORAL*** | | |
| *acarbose* | 3 | |
| FARXIGA 5mg | 3 | QL (60 tabs / 30 days) |
| FARXIGA 10mg | 3 | QL (30 tabs / 30 days) |
| *glimepiride* 1mg | 1 | GC, QL (240 tabs / 30 days) |
| *glimepiride* 2mg | 1 | GC, QL (120 tabs / 30 days) |
| *glimepiride* 4mg | 1 | GC, QL (60 tabs / 30 days) |
| *glip/metform tab 2.5-250mg* | 1 | GC, QL (240 tabs / 30 days) |
| *glip/metform tab 2.5-500mg* | 1 | GC, QL (120 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *glip/metform tab 5-500mg* | 1 | GC, QL (120 tabs / 30 days) |
| *glipizide* TABS 5mg | 1 | GC, QL (240 tabs / 30 days) |
| *glipizide* TABS 10mg | 1 | GC, QL (120 tabs / 30 days) |
| *glipizide* TB24 2.5mg | 1 | GC, QL (240 tabs / 30 days) |
| *glipizide* TB24 5mg | 1 | GC, QL (120 tabs / 30 days) |
| *glipizide* TB24 10mg | 1 | GC, QL (60 tabs / 30 days) |
| *glipizide xl* 2.5mg | 1 | GC, QL (240 tabs / 30 days) |
| *glipizide xl* 5mg | 1 | GC, QL (120 tabs / 30 days) |
| INVOKAMET TAB 50-500MG | 3 | QL (120 tabs / 30 days) |
| INVOKAMET TAB 50-1000MG | 3 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-500MG | 3 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-1000MG | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 50-500MG | 3 | QL (120 tabs / 30 days) |
| INVOKAMET XR TAB 50-1000MG | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-500MG | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-1000MG | 3 | QL (60 tabs / 30 days) |
| INVOKANA 100mg | 3 | QL (90 tabs / 30 days) |
| INVOKANA 300mg | 3 | QL (30 tabs / 30 days) |
| JANUMET | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days) |
| JANUVIA | 3 | QL (30 tabs / 30 days) |
| JENTADUETO | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000 MG | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000 MG | 3 | QL (30 tabs / 30 days) |
| *metformin er* 500mg | 1 | GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *metformin er* 750mg | 1 | GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *metformin hcl* TABS 500mg | 1 | GC, QL (150 tabs / 30 days) |
| *metformin hcl* TABS 850mg | 1 | GC, QL (90 tabs / 30 days) |
| *metformin hcl* TABS 1000mg | 1 | GC, QL (75 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nateglinide* | 1 | GC, QL (90 tabs / 30 days) |
| *pioglitazone hcl* | 1 | GC, QL (30 tabs / 30 days) |
| *repaglinide* 2mg | 1 | GC, QL (240 tabs / 30 days) |
| *repaglinide* .5mg, 1mg | 1 | GC, QL (120 tabs / 30 days) |
| TRADJENTA | 3 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | 3 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000MG | 3 | QL (30 tabs / 30 days) |
| ***BISPHOSPHONATES*** | | |
| *alendronate sodium* TABS 5mg, 10mg, 40mg | 1 | GC |
| *alendronate sodium* TABS 35mg, 70mg | 1 | GC, QL (4 tabs / 28 days) |
| PAMIDRONATE DISODIUM 6mg/ml | 3 | B/D |
| *pamidronate disodium* 30mg/10ml, 90mg/10ml | 3 | B/D |
| *pamidronate inj 30mg* | 3 | B/D |
| *pamidronate inj 90mg* | 3 | B/D |
| *zoledronic acid* 5mg/100ml | 4 | B/D, NM |
| ZOLEDRONIC INJ 4MG | 4 | B/D, NM |
| *zoledronic inj 4mg/5ml* | 4 | B/D, NM |
| ***CALCIUM RECEPTOR AGONISTS*** | | |
| SENSIPAR 30mg, 90mg | 5 | B/D, QL (120 tabs / 30 days), NM |
| SENSIPAR 60mg | 5 | B/D, QL (60 tabs / 30 days), NM |
| ***CHELATING AGENTS*** | | |
| CHEMET | 4 | |
| DEPEN TITRATABS | 5 | |
| JADENU | 5 | NM, LA, PA |
| JADENU SPRINKLE | 5 | NM, LA, PA |
| *kionex powder* | 4 | |
| *kionex sus 15gm/60ml* | 3 | |
| *sodium polystyrene sulfonate oral susp* | 3 | |
| *sodium polystyrene sulfonate powd* | 4 | |
| *sps susp 15gm/60ml* | 3 | |
| SYPRINE | 5 | |
| ***CONTRACEPTIVES*** | | |
| *altavera tab* | 2 | |
| *alyacen 1/35* | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *apri* | 2 | |
| *aranelle* | 3 | |
| *aubra* | 2 | |
| *aviane* | 2 | |
| *balziva* | 3 | |
| *bekyree* | 3 | |
| *blisovi fe 1.5/30* | 2 | |
| *blisovi fe 1/20* | 2 | |
| *briellyn* | 3 | |
| *camila* | 2 | |
| *caziant pak* | 3 | |
| *cryselle-28* | 2 | |
| *cyclafem 1/35* | 2 | |
| *cyclafem 7/7/7* | 2 | |
| *cyred tab* | 2 | |
| *deblitane* | 2 | |
| *delyla* | 2 | |
| *desogestrel-ethinyl estradiol (biphasic)* | 3 | |
| *drospirenone-ethinyl estradiol* | 3 | |
| ELLA | 4 | |
| *emoquette* | 2 | |
| *enpresse-28* | 2 | |
| *errin* | 2 | |
| *estarylla tab 0.25-35* | 2 | |
| *ethynodiol tab 1-50* | 3 | |
| *falmina* | 2 | |
| *femynor* | 2 | |
| *gianvi tab 3-0.02mg* | 3 | |
| *gildagia* | 3 | |
| *heather* | 2 | |
| *introvale* | 3 | |
| *jolessa tab 0.15-0.03 mg* | 3 | |
| *jolivette* | 2 | |
| *juleber* | 2 | |
| *junel 1.5/30* | 2 | |
| *junel 1/20* | 2 | |
| *junel fe 1.5/30* | 2 | |
| *junel fe 1/20* | 2 | |
| *kariva* | 3 | |
| *kelnor 1/35* | 3 | |
| *kimidess* | 3 | |
| *larin 1.5/30* | 2 | |
| *larin 1/20* | 2 | |
| *larin fe 1.5/30* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *larin fe 1/20* | 2 | |
| *larissia tab* | 2 | |
| *leena tab* | 3 | |
| *lessina* | 2 | |
| *levonest* | 2 | |
| *levonor/ethi tab* | 2 | |
| *levonorgestrel & eth estradiol* | 2 | |
| *levonorgestrel-ethinyl estradiol (91-day)* | 3 | |
| *levora 0.15/30-28* | 2 | |
| *loryna* | 3 | |
| *low-ogestrel* | 2 | |
| *lutera* | 2 | |
| *lyza* | 2 | |
| *marlissa* | 2 | |
| *medroxyprogesterone acetate (contraceptive)* | 2 | |
| *microgestin 1.5/30* | 2 | |
| *microgestin 1/20* | 2 | |
| *microgestin fe 1.5/30* | 2 | |
| *microgestin fe 1/20* | 2 | |
| *mono-linyah tab 0.25-35* | 2 | |
| *mononessa* | 2 | |
| *myzilra* | 2 | |
| *necon 0.5/35-28* | 3 | |
| *necon 1/50-28* | 3 | |
| *necon 7/7/7* | 2 | |
| NECON 10/11 28 DAY | 3 | |
| *nikki* | 3 | |
| *nora-be tab 0.35mg* | 2 | |
| *norethindrone (contraceptive)* | 2 | |
| *norethindrone acet & eth estra* | 2 | |
| *norgest/ethi tab 0.25/35* | 2 | |
| *norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg* | 3 | |
| *norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg* | 2 | |
| *norlyroc* | 2 | |
| *nortrel 0.5/35 (28)* | 3 | |
| *nortrel 1/35* | 2 | |
| *nortrel 7/7/7* | 2 | |
| NUVARING | 4 | |
| *ocella tab 3-0.03mg* | 3 | |
| *orsythia* | 2 | |
| *philith* | 3 | |
| *pimtrea* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pirmella 1/35* | 2 | |
| *portia-28* | 2 | |
| *previfem* | 2 | |
| *quasense* | 3 | |
| *reclipsen* | 2 | |
| *setlakin tab* | 3 | |
| *sharobel* | 2 | |
| *sprintec 28* | 2 | |
| *sronyx* | 2 | |
| *syeda* | 3 | |
| *tarina fe 1/20* | 2 | |
| *tilia fe* | 3 | |
| *tri-legest fe* | 3 | |
| *tri-linyah* | 2 | |
| *tri-lo marzia* | 3 | |
| *tri-lo-estarylla* | 3 | |
| *tri-lo-sprintec* | 3 | |
| *tri-previfem* | 2 | |
| *tri-sprintec* | 2 | |
| *trinessa* | 2 | |
| *trinessa lo* | 3 | |
| *trivora-28* | 2 | |
| *velivet* | 3 | |
| *vestura* | 3 | |
| *vienva* | 2 | |
| *viorele* | 3 | |
| *vyfemla* | 3 | |
| *xulane dis 150-35* | 4 | |
| *zarah* | 3 | |
| *zenchent* | 3 | |
| *zovia 1/35e* | 3 | |
| *zovia 1/50e* | 3 | |
| ***ENDOMETRIOSIS*** | | |
| *danazol* CAPS | 4 | |
| SYNAREL | 5 | |
| ***ENZYME REPLACEMENTS*** | | |
| ADAGEN | 5 | NM, LA, PA |
| ALDURAZYME | 5 | NM, LA, PA |
| BUPHENYL TABS | 5 | NM, LA, PA |
| CARBAGLU | 5 | NM, LA, PA |
| CERDELGA | 5 | NM, PA |
| CEREZYME | 5 | NM, LA, PA |
| CYSTADANE | 5 | NM, LA |
| CYSTAGON | 4 | NM, LA, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FABRAZYME | 5 | NM, LA, PA |
| KUVAN | 5 | NM, LA, PA |
| *levocarnitine (metabolic modifiers)* | 4 | B/D |
| LUMIZYME | 5 | NM, LA, PA |
| NAGLAZYME | 5 | NM, LA, PA |
| ORFADIN | 5 | NM, LA, PA |
| *sodium phenylbutyrate* | 5 | NM, PA |
| ZAVESCA | 5 | NM, LA, PA |
| ***ESTROGENS*** | | |
| DELESTROGEN 10mg/ml | 4 | |
| ESTRACE CREA | 4 | |
| *estradiol* PTWK; TABS | 4 | PA; PA if 65 years and older |
| *estradiol valerate inj* | 3 | |
| *fyavolv tab 1-5mg* | 4 | PA; PA if 65 years and older |
| *jinteli* | 4 | PA; PA if 65 years and older |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | 4 | PA; PA if 65 years and older |
| *yuvafem vaginal tablet 10 mcg* | 3 | |
| ***GLUCOCORTICOIDS*** | | |
| *cortisone acetate* TABS | 4 | |
| DEXAMETHASONE CONC | 4 | |
| *dexamethasone* ELIX; SOLN | 3 | |
| *dexamethasone* TABS | 2 | |
| *dexamethasone sodium phosphate* | 2 | |
| *fludrocortisone acetate* TABS | 2 | |
| *hydrocortisone* TABS | 3 | |
| *methylpr ace inj 40mg/ml* | 2 | B/D |
| *methylpr ace inj 80mg/ml* | 2 | B/D |
| *methylpr ss inj 1gm* | 3 | B/D |
| *methylpr ss inj 40mg* | 3 | B/D |
| *methylpr ss inj 125mg* | 3 | B/D |
| *methylpred pak 4mg* | 2 | |
| *methylpred tab 4mg* | 3 | B/D |
| *methylpred tab 8mg* | 3 | B/D |
| *methylpred tab 16mg* | 3 | B/D |
| *methylpred tab 32mg* | 3 | B/D |
| *pred sod pho sol 5mg/5ml* | 3 | B/D |
| *prednisolone sol 15mg/5ml* | 2 | B/D |
| *prednisolone sol 25mg/5ml* | 3 | B/D |
| *prednisolone syp 15mg/5ml* | 2 | B/D |
| PREDNISONE CON 5MG/ML | 4 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *prednisone pak 5mg* | 2 | |
| *prednisone pak 10mg* | 2 | |
| *prednisone sol 5mg/5ml* | 3 | B/D |
| *prednisone tab 1mg* | 1 | GC, B/D |
| *prednisone tab 2.5mg* | 1 | GC, B/D |
| *prednisone tab 5mg* | 1 | GC, B/D |
| *prednisone tab 10mg* | 1 | GC, B/D |
| *prednisone tab 20mg* | 1 | GC, B/D |
| *prednisone tab 50mg* | 1 | GC, B/D |
| SOLU-CORTEF 250mg | 4 | |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| GLUCAGEN HYPOKIT | 3 | |
| GLUCAGON EMERGENCY KIT | 3 | |
| PROGLYCEM SUS 50MG/ML | 4 | |
| ***HUMAN GROWTH HORMONES*** | | |
| NORDITROPIN FLEXPRO | 5 | NM, PA |
| ***MISCELLANEOUS*** | | |
| *cabergoline* | 4 | |
| *calcitonin (salmon)* | 3 | B/D |
| FORTEO | 5 | NM, PA |
| INCRELEX | 5 | NM, LA, PA |
| KORLYM | 5 | NM, LA, PA |
| LUPRON DEP-PED INJ 7.5MG | 5 | NM, PA |
| LUPRON DEP-PED INJ 11.25MG | 5 | NM, PA |
| LUPRON DEP-PED INJ 11.25MG (3-MONTH) | 5 | NM, PA |
| LUPRON DEP-PED INJ 15MG | 5 | NM, PA |
| LUPRON DEP-PED INJ 30MG (3-MONTH) | 5 | NM, PA |
| MIACALCIN | 5 | B/D |
| NATPARA | 5 | NM, PA |
| *octreotide acetate* 50mcg/ml, 100mcg/ml, 200mcg/ml | 4 | NM, PA |
| *octreotide acetate* 500mcg/ml, 1000mcg/ml | 5 | NM, PA |
| PROLIA | 4 | QL (1 injection / 180 days), NM |
| *raloxifene tab 60mg* | 3 | |
| SANDOSTATIN LAR DEPOT | 5 | NM, PA |
| SIGNIFOR | 5 | NM, LA, PA |
| SOMATULINE DEPOT | 5 | NM, PA |
| SOMAVERT | 5 | NM, LA, PA |
| XGEVA | 5 | NM, PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| AURYXIA | 5 | QL (360 tabs / 30 days) |
| *calcium acetate (phosphate binder)* CAPS | 3 | QL (360 caps / 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *calcium acetate (phosphate binder)* TABS | 3 | QL (360 tabs / 30 days) |
| RENVELA PAK 2.4gm | 3 | QL (180 paks / 30 days) |
| RENVELA PAK .8gm | 3 | QL (540 paks / 30 days) |
| RENVELA TAB 800MG | 3 | QL (540 tabs / 30 days) |
| ***PROGESTINS*** | | |
| *medroxyprogesterone acetate tab* | 1 | GC |
| *norethindrone acetate* TABS | 3 | |
| ***THYROID AGENTS*** | | |
| *levothyroxine sodium* TABS | 2 | |
| *levoxyl* | 2 | |
| *liothyronine sodium* TABS | 3 | |
| *methimazole* TABS | 2 | |
| *propylthiouracil* TABS | 3 | |
| SYNTHROID | 4 | |
| *unithroid* | 2 | |
| ***VASOPRESSINS*** | | |
| *desmopressin acetate spray* | 4 | |
| *desmopressin acetate spray refrigerated* | 4 | |
| *desmopressin acetate tabs* | 3 | |
| *desmopressin inj 4mcg/ml* | 4 | |
| *desmopressin sol 0.01%* | 4 | |
| STIMATE | 5 | NM |
| **GASTROINTESTINAL** | | |
| ***ANTIEMETICS*** | | |
| *aprepitant* | 4 | B/D |
| *aprepitant pak 80mg & 125mg* | 4 | B/D |
| *compro supp* | 4 | |
| *dronabinol* | 4 | B/D, QL (60 caps / 30 days) |
| EMEND SUSR | 4 | B/D |
| *granisetron hcl* SOLN | 3 | |
| *granisetron hcl* TABS | 4 | B/D |
| *meclizine hcl* TABS | 2 | |
| *metoclopramide hcl* SOLN | 2 | |
| *metoclopramide hcl* TABS | 1 | GC |
| *metoclopramide inj* | 2 | |
| *ondansetron hcl* TABS | 3 | B/D |
| *ondansetron hcl inj* | 2 | |
| *ondansetron hcl oral soln* | 4 | B/D |
| *ondansetron odt* | 2 | B/D |
| *prochlorperazine inj* | 4 | |
| *prochlorperazine maleate* TABS | 2 | |
| *prochlorperazine supp* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *promethazine hcl* SOLN; SYRP; TABS | 4 | PA; PA if 65 years and older |
| *scopolamine patch* | 4 | QL (10 patches / 30 days), PA; PA if 65 years and older |
| TRANSDERM-SCOP | 4 | QL (10 patches / 30 days), PA; PA if 65 years and older |
| ***ANTISPASMODICS*** | | |
| *dicyclomine hcl* CAPS | 1 | GC |
| *dicyclomine hcl* SOLN 10mg/5ml | 4 | |
| *dicyclomine hcl* TABS | 1 | GC |
| *glycopyrrolate* TABS | 3 | |
| *glycopyrrolate inj* | 4 | |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *famotidine* SUSR | 4 | |
| *famotidine* TABS 20mg, 40mg | 1 | GC |
| *famotidine inj* | 2 | |
| *ranitidine hcl* TABS 150mg, 300mg | 1 | GC |
| *ranitidine hcl inj* | 3 | |
| *ranitidine syrup* | 3 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| APRISO | 3 | |
| *balsalazide disodium* | 4 | |
| *budesonide ec* | 5 | |
| CANASA | 4 | |
| *colocort* | 4 | |
| DELZICOL | 4 | |
| *hydrocortisone (enema)* | 4 | |
| *mesalamine* ENEM; TBEC | 4 | |
| *mesalamine w/ cleanser* | 4 | |
| *sulfasalazine* TABS | 3 | |
| *sulfasalazine ec* | 3 | |
| ***LAXATIVES*** | | |
| *constulose* | 2 | |
| *enulose* | 2 | |
| *gavilyte-c* | 2 | |
| *gavilyte-g* | 2 | |
| *gavilyte-h* | 3 | |
| *gavilyte-n/flavor pack* | 2 | |
| *generlac* | 2 | |
| GOLYTELY | 3 | |
| *lactulose* | 2 | |
| *lactulose (encephalopathy)* | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MOVIPREP | 4 | |
| NULYTELY/FLAVOR PACKS | 3 | |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | 2 | |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | 2 | |
| *peg 3350/electrolytes* | 2 | |
| *polyethylene glycol 3350* PACK | 3 | |
| *polyethylene glycol 3350* POWD | 2 | |
| SUPREP BOWEL PREP KIT | 4 | |
| *trilyte* | 2 | |
| ***MISCELLANEOUS*** | | |
| *alosetron hcl* | 5 | PA |
| AMITIZA CAP 8MCG | 3 | QL (60 caps / 30 days) |
| AMITIZA CAP 24MCG | 3 | QL (60 caps / 30 days) |
| *cromolyn sodium (mastocytosis)* | 5 | |
| *diphenoxylate w/ atropine* | 3 | |
| GATTEX | 5 | NM, LA, PA |
| LINZESS 72mcg, 290mcg | 3 | QL (30 caps / 30 days) |
| LINZESS 145mcg | 3 | QL (60 caps / 30 days) |
| *loperamide hcl* CAPS | 2 | |
| *misoprostol* TABS | 3 | |
| MOVANTIK 12.5mg | 3 | QL (60 tabs / 30 days) |
| MOVANTIK 25mg | 3 | QL (30 tabs / 30 days) |
| RELISTOR SOLN | 5 | PA |
| *sucralfate* TABS | 3 | |
| *ursodiol* CAPS | 3 | |
| *ursodiol* TABS | 4 | |
| XIFAXAN 550mg | 5 | PA |
| ***PANCREATIC ENZYMES*** | | |
| CREON | 3 | |
| ZENPEP | 4 | |
| ***PROTON PUMP INHIBITORS*** | | |
| DEXILANT | 4 | QL (30 caps / 30 days) |
| *esomeprazole magnesium* | 4 | QL (30 caps / 30 days) |
| *esomeprazole sodium inj* | 4 | |
| *omeprazole cap 10mg* | 1 | GC, QL (30 caps / 30 days) |
| *omeprazole cap 20mg* | 1 | GC, QL (60 caps / 30 days) |
| *omeprazole cap 40mg* | 1 | GC, QL (30 caps / 30 days) |
| *pantoprazole sodium tbec* | 2 | QL (30 tabs / 30 days) |

**GENITOURINARY**

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl* | 2 | QL (30 tabs / 30 days) |
| *dutasteride* | 3 | QL (30 caps / 30 days) |
| *dutasteride-tamsulosin hcl* | 4 | QL (30 caps / 30 days) |
| *finasteride* TABS 5mg | 2 | |
| *tamsulosin hcl* | 3 | |
| ***MISCELLANEOUS*** | | |
| *bethanechol chloride* TABS | 3 | |
| *potassium citrate (alkalinizer) er tabs* | 4 | |
| ***URINARY ANTISPASMODICS*** | | |
| MYRBETRIQ 25mg | 4 | QL (60 tabs / 30 days) |
| MYRBETRIQ 50mg | 4 | QL (30 tabs / 30 days) |
| *oxybutynin chloride* SYRP | 1 | GC |
| *oxybutynin chloride* TABS | 3 | |
| *oxybutynin chloride* TB24 5mg | 3 | QL (30 tabs / 30 days) |
| *oxybutynin chloride* TB24 10mg, 15mg | 3 | QL (60 tabs / 30 days) |
| *tolterodine tartrate* CP24 | 4 | QL (30 caps / 30 days) |
| *tolterodine tartrate* TABS | 4 | |
| TOVIAZ | 3 | QL (30 tabs / 30 days) |
| *trospium chloride* TABS | 4 | QL (60 tabs / 30 days) |
| VESICARE | 4 | QL (30 tabs / 30 days) |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| *clindamycin phosphate vaginal* | 3 | |
| *metronidazole vaginal* | 4 | |
| *terconazole vaginal* | 3 | |
| *vandazole* | 4 | |
| *zazole cream 0.8%* | 3 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| COUMADIN | 4 | |
| ELIQUIS | 3 | |
| *enoxaparin sodium* | 4 | |
| *fondaparinux sodium* 2.5mg/0.5ml | 4 | |
| *fondaparinux sodium* 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 5 | |
| *heparin sod (porcine) in d5w* | 3 | |
| *heparin sod inj 1000/ml* | 3 | B/D |
| *heparin sod inj 5000/ml* | 3 | B/D |
| *heparin sod inj 10000/ml* | 3 | B/D |
| *heparin sod inj 20000/ml* | 3 | B/D |
| *heparin sodium/d5w* | 3 | |
| HEPARIN SODIUM/NACL 0.45% | 3 | |
| *jantoven* | 1 | GC |
| PRADAXA | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *warfarin sodium* | 1 | GC |
| XARELTO | 3 | |
| XARELTO STARTER PACK | 3 | |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| GRANIX | 5 | NM, PA |
| MOZOBIL | 5 | NM, PA |
| NEUPOGEN | 5 | NM, PA |
| PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | NM, PA |
| PROCRIT 20000unit/ml, 40000unit/ml | 5 | NM, PA |
| ***MISCELLANEOUS*** | | |
| *anagrelide hcl* | 4 | |
| *cilostazol* | 2 | |
| CINRYZE | 5 | QL (20 vials / 30 days), NM, LA, PA |
| FIRAZYR | 5 | QL (9 syringes / 30 days), NM, PA |
| HAEGARDA 2000unit | 5 | QL (30 vials / 30 days), NM, LA, PA |
| HAEGARDA 3000unit | 5 | QL (20 vials / 30 days), NM, LA, PA |
| *pentoxifylline* TBCR | 2 | |
| PROMACTA 12.5mg | 5 | QL (360 tabs / 30 days), NM, LA, PA |
| PROMACTA 25mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| PROMACTA 50mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| PROMACTA 75mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| *tranexamic acid* SOLN | 3 | |
| *tranexamic acid* TABS | 4 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole* | 4 | |
| BRILINTA | 3 | |
| *clopidogrel tab 75mg* | 1 | GC |
| *prasugrel hcl* | 4 | |
| ZONTIVITY | 4 | |
| **IMMUNOLOGIC AGENTS** | | |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| HUMIRA INJ 10MG/0.2ML | 5 | QL (2 syringes / 28 days), NM, PA |
| HUMIRA KIT 20MG/0.4ML | 5 | QL (2 syringes / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA KIT 40MG/0.8ML | 5 | QL (6 syringes / 28 days), NM, PA |
| HUMIRA PEDIATRIC CROHNS DISEASE | 5 | NM, PA |
| HUMIRA PEN | 5 | QL (6 pens / 28 days), NM, PA |
| HUMIRA PEN-CROHNS DISEASE | 5 | NM, PA |
| HUMIRA PEN-PSORIASIS | 5 | NM, PA |
| *hydroxychloroquine sulfate* | 3 | |
| *leflunomide* TABS | 3 | |
| *methotrexate sodium tabs* | 3 | |
| REMICADE | 5 | NM, PA |
| XATMEP | 4 | B/D |
| XELJANZ | 5 | QL (60 tabs / 30 days), NM, PA |
| XELJANZ XR | 5 | QL (30 tabs / 30 days), NM, PA |
| ***IMMUNOGLOBULINS*** | | |
| BIVIGAM | 5 | NM, PA |
| CARIMUNE NANOFILTERED | 5 | NM, PA |
| FLEBOGAMMA DIF | 5 | NM, PA |
| GAMASTAN S/D | 3 | B/D, NM |
| GAMMAGARD LIQUID | 5 | NM, PA |
| GAMMAGARD S/D | 5 | NM, PA |
| GAMMAKED | 5 | NM, PA |
| GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml | 5 | NM, PA |
| GAMMAPLEX 10GM/100ML | 5 | NM, PA |
| GAMUNEX-C | 5 | NM, PA |
| OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml | 5 | NM, PA |
| PRIVIGEN | 5 | NM, PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE | 5 | NM, LA, PA |
| ARCALYST | 5 | NM, PA |
| INTRON-A INJ 10MU | 5 | B/D, NM |
| INTRON-A INJ 18MU | 5 | B/D, NM |
| INTRON-A INJ 25MU | 5 | B/D, NM |
| INTRON-A INJ 50MU | 5 | B/D, NM |
| ***IMMUNOSUPPRESSANTS*** | | |
| AZATHIOPRINE SOLR | 4 | B/D |
| *azathioprine* TABS | 3 | B/D |
| BENLYSTA SOLR | 5 | NM, PA |
| *cyclosporine* CAPS; SOLN | 4 | B/D |
| *cyclosporine modified (for microemulsion)* | 4 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gengraf* | 4 | B/D |
| *mycophenolate mofetil* CAPS; TABS | 4 | B/D |
| *mycophenolate mofetil* SUSR | 5 | B/D |
| *mycophenolate sodium* | 4 | B/D |
| NULOJIX | 5 | B/D |
| RAPAMUNE SOLN | 5 | B/D |
| SANDIMMUNE SOLN 100mg/ml | 3 | B/D |
| *sirolimus* TABS 2mg | 5 | B/D |
| *sirolimus* TABS .5mg, 1mg | 4 | B/D |
| *tacrolimus* CAPS | 4 | B/D |
| ZORTRESS TAB 0.5MG | 5 | B/D |
| ZORTRESS TAB 0.25MG | 5 | B/D |
| ZORTRESS TAB 0.75MG | 5 | 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 9 | 3 | |
| HAVRIX | 3 | |
| HIBERIX | 3 | |
| IMOVAX RABIES (H.D.C.V.) | 3 | |
| INFANRIX | 3 | |
| IPOL INACTIVATED IPV | 3 | |
| IXIARO | 3 | |
| KINRIX | 3 | |
| M-M-R II | 3 | |
| MENACTRA | 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 | 3 | |
| ROTATEQ | 3 | |
| SYNAGIS | 5 | NM |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | QL (1 vial per lifetime) |
| **NUTRITIONAL/SUPPLEMENTS** | | |
| ***ELECTROLYTES*** | | |
| *klor-con 8* | 2 | |
| *klor-con 10* | 2 | |
| *klor-con m10* | 2 | |
| KLOR-CON M15 | 3 | |
| *klor-con m20* | 2 | |
| *klor-con spr cap 8meq* | 3 | |
| *klor-con spr cap 10meq* | 3 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 3 | |
| *magnesium sulfate* SOLN 2gm/50ml, 50% | 3 | |
| MAGNESIUM SULFATE IN D5W | 3 | |
| *magnesium sulfate in dextrose* | 3 | |
| *potassium chloride* CPCR | 3 | |
| *potassium chloride* PACK | 4 | |
| *potassium chloride* SOLN 10%, 20% | 4 | |
| *potassium chloride* TBCR | 2 | |
| *potassium chloride microencapsulated crystals er* | 2 | |
| *potassium chloride tab cr 10 meq* | 2 | |
| *sodium chloride* SOLN 2.5meq/ml | 2 | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | 2 | |
| *tpn electrolytes* | 4 | B/D |
| ***IV NUTRITION*** | | |
| AMINOSYN | 4 | B/D |
| AMINOSYN 7%/ELECTROLYTES | 4 | B/D |
| *aminosyn 8.5%/electrolyte* | 4 | B/D |
| *aminosyn ii 8.5%/electrol* | 4 | B/D |
| AMINOSYN II INJ 7% | 4 | B/D |
| AMINOSYN II INJ 8.5% | 4 | B/D |
| AMINOSYN II INJ 10% | 4 | B/D |
| AMINOSYN M | 4 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AMINOSYN-HBC | 4 | B/D |
| AMINOSYN-PF 7% | 4 | B/D |
| AMINOSYN-PF INJ 10% | 4 | B/D |
| AMINOSYN-RF | 4 | B/D |
| CLINIMIX 2.75%/DEXTROSE 5% | 4 | B/D |
| CLINIMIX 4.25%/DEXTROSE 5% | 4 | B/D |
| CLINIMIX 4.25%/DEXTROSE 25% | 4 | B/D |
| CLINIMIX 5%/DEXTROSE 15% | 4 | B/D |
| CLINIMIX 5%/DEXTROSE 20% | 4 | B/D |
| CLINIMIX 5%/DEXTROSE 25% | 4 | B/D |
| CLINIMIX INJ 4.25/D10 | 4 | B/D |
| CLINIMIX INJ 4.25/D20 | 4 | B/D |
| FREAMINE HBC 6.9% | 4 | B/D |
| FREAMINE III | 4 | B/D |
| *hepatamine* | 4 | B/D |
| INTRALIPID 30% | 4 | B/D |
| *intralipid inj 20%* | 4 | B/D |
| NEPHRAMINE | 4 | B/D |
| *nutrilipid inj 20%* | 4 | B/D |
| *premasol 6%* | 2 | B/D |
| PREMASOL 10% | 4 | B/D |
| PROCALAMINE | 4 | B/D |
| PROSOL | 4 | B/D |
| TRAVASOL | 4 | B/D |
| TROPHAMINE INJ 10% | 4 | B/D |
| ***IV REPLACEMENT SOLUTIONS*** | | |
| *dextrose 2.5%/nacl 0.45%* | 2 | |
| *dextrose 5%* | 2 | |
| DEXTROSE 5% /ELECTROLYTE | 3 | |
| *dextrose 5%/lactated ring* | 2 | |
| *dextrose 5%/nacl 0.2%* | 2 | |
| DEXTROSE 5%/NACL 0.3% | 4 | |
| *dextrose 5%/nacl 0.9%* | 2 | |
| *dextrose 5%/nacl 0.33%* | 2 | |
| *dextrose 5%/nacl 0.45%* | 2 | |
| *dextrose 5%/nacl 0.225%* | 2 | |
| *dextrose 5%/potassium chl* | 2 | |
| *dextrose 10% flex contain* | 2 | |
| DEXTROSE 10%/NACL 0.2% | 3 | |
| *dextrose 10%/nacl 0.45%* | 2 | |
| *dextrose 50%* | 2 | |
| *dextrose inj 70%* | 2 | |
| IONOSOL-MB/DEXTROSE 5% | 4 | |
| ISOLYTE P | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ISOLYTE S | 4 | |
| *kcl0.15%/d5w/nacl0.2%* | 2 | |
| KCL 0.3%/D5W/NACL 0.9% | 4 | |
| *kcl 0.3%/d5w/nacl 0.45%* | 2 | |
| *kcl 0.15%/d5w/nacl 0.9%* | 2 | |
| KCL 0.15%/D5W/NACL 0.225% | 3 | |
| *kcl 0.075%/d5w/nacl 0.45%* | 2 | |
| *kcl/d5w inj 0.3%* | 2 | |
| *kcl/d5w/nacl inj 0.22%/0.45%* | 2 | |
| *kcl/d5w/nacl inj .15/.33%* | 2 | |
| *kcl/d5w/nacl inj .15/.45%* | 2 | |
| *kcl/nacl inj 0.3-0.9* | 2 | |
| *kcl/nacl inj 0.15%-0.9%* | 2 | |
| *lactated ringer's inj* | 2 | |
| NORMOSOL-M IN D5W | 4 | |
| NORMOSOL-R | 4 | |
| NORMOSOL-R IN D5W | 4 | |
| PLASMA-LYTE A | 4 | |
| PLASMA-LYTE-148 | 4 | |
| *pot chloride inj 2meq/ml* | 2 | |
| *potassium chloride* SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml | 2 | |
| *potassium chloride in nacl* | 2 | |
| *ringer's* | 2 | |
| *sodium chloride* SOLN 3%, 5% | 2 | |
| *sodium chloride 0.45%* | 2 | |
| *sodium chloride inj 0.9%* | 2 | |
| ***VITAMINS*** | | |
| *calcitriol* CAPS | 3 | B/D |
| *calcitriol inj* | 4 | B/D |
| *calcitriol oral soln 1 mcg/ml* | 4 | B/D |
| *paricalcitol* CAPS | 4 | B/D |
| *prenatal vitamin/folic acid > 0.8 mg (generic)* | 2 | |
| RAYALDEE | 5 | |
| **OPHTHALMIC** | | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | | |
| *bacitracin-poly-neomycin-hc* | 3 | |
| BLEPHAMIDE OINT | 4 | |
| *neomycin-polymy-dexameth* | 2 | |
| *neomycin-polymyxin-hc (ophth)* | 4 | |
| *sulfacetamide sod-prednisolone* | 2 | |
| TOBRADEX OINT | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TOBRADEX ST | 3 | |
| *tobramycin-dexamethasone* | 4 | |
| ZYLET | 3 | |
| ***ANTI-INFECTIVES*** | | |
| *bacitracin (ophthalmic)* | 3 | |
| *bacitracin-polymyxin b (ophth)* | 2 | |
| BESIVANCE | 3 | |
| CILOXAN OINT | 3 | |
| *ciprofloxacin hcl (ophth)* | 2 | |
| *erythromycin (ophth)* | 2 | |
| *gatifloxacin (ophth)* | 4 | |
| *gentak* | 2 | |
| *gentamicin sulfate soln (ophth)* | 2 | |
| MOXEZA | 3 | |
| *moxifloxacin hcl (ophth)* | 3 | |
| NATACYN | 4 | |
| *neomycin-bacitracin zn-polymyxin* | 3 | |
| *neomycin-polymyxin-gramicidin* | 3 | |
| *ofloxacin (ophth)* | 2 | |
| *polymyxin b-trimethoprim* | 2 | |
| *sulfacet sod oin 10% op* | 3 | |
| *sulfacetamide sodium (ophth)* | 3 | |
| *tobramycin (ophth)* | 2 | |
| *trifluridine* SOLN | 3 | |
| VIGAMOX | 3 | |
| ZIRGAN | 4 | |
| ***ANTI-INFLAMMATORIES*** | | |
| ALREX | 3 | |
| *bromfenac sodium (ophth)* | 4 | |
| BROMSITE | 4 | |
| *dexamethasone sodium phosphate (ophth)* | 3 | |
| *diclofenac sodium (ophth)* | 2 | |
| DUREZOL | 3 | |
| *fluorometholone* | 3 | |
| *flurbiprofen sodium* | 2 | |
| ILEVRO | 3 | |
| *ketorolac tromethamine (ophth)* | 3 | |
| LOTEMAX | 3 | |
| *prednisolone acetate (ophth)* | 3 | |
| PREDNISOLONE SODIUM PHOSPHATE (OPHTH) | 3 | |
| PROLENSA | 3 | |
| ***ANTIALLERGICS*** | | |
| *azelastine drop 0.05%* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BEPREVE | 3 | |
| *cromolyn sodium (ophth)* | 1 | GC |
| LASTACAFT | 4 | |
| *olopatadine hcl 0.2%* | 3 | |
| PAZEO | 3 | |
| ***ANTIGLAUCOMA*** | | |
| ALPHAGAN P SOL 0.1% | 3 | |
| AZOPT | 3 | |
| *betaxolol hcl (ophth)* | 3 | |
| BETOPTIC-S | 3 | |
| *brimonidine sol 0.2%* | 2 | |
| *brimonidine sol 0.15%* | 4 | |
| *carteolol hcl (ophth)* | 2 | |
| COMBIGAN | 3 | |
| *dorzolamide hcl* | 3 | |
| *dorzolamide hcl-timolol maleate* | 3 | |
| ISTALOL | 3 | |
| *latanoprost* SOLN | 2 | |
| *levobunolol hcl* | 2 | |
| LUMIGAN | 3 | |
| *metipranolol* | 3 | |
| PHOSPHOLINE IODIDE | 4 | |
| *pilocarpine hcl* SOLN | 3 | |
| SIMBRINZA | 3 | |
| *timolol maleate (ophth) soln* | 1 | GC |
| *timolol maleate gel* | 4 | |
| TRAVATAN Z | 3 | |
| ***MISCELLANEOUS*** | | |
| CYSTARAN | 5 | NM, LA, PA |
| *proparacaine hcl* SOLN | 3 | |
| RESTASIS | 3 | QL (64 single use vials / 30 days) |
| RESTASIS MULTIDOSE | 3 | QL (1 bottle / 30 days) |
| **RESPIRATORY** | | |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | | |
| ANORO ELLIPTA | 3 | QL (60 blisters / 30 days) |
| BEVESPI AEROSPHERE | 3 | QL (1 inhaler / 30 days) |
| COMBIVENT RESPIMAT | 4 | QL (2 inhalers / 30 days) |
| *ipratropium-albuterol nebu* | 3 | B/D |
| TRELEGY ELLIPTA | 3 | QL (60 blisters / 30 days) |
| ***ANTICHOLINERGICS*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ATROVENT HFA | 4 | QL (2 inhalers / 30 days) |
| INCRUSE ELLIPTA | 3 | QL (30 blisters / 30 days) |
| *ipratropium bromide* SOLN | 2 | B/D |
| *ipratropium bromide (nasal)* | 3 | |
| ***ANTIHISTAMINES*** | | |
| *azelastine spr 0.1%* | 3 | |
| *azelastine spr 0.15%* | 4 | |
| *cetirizine syrup* | 2 | |
| *cyproheptadine hcl* SYRP; TABS | 4 | PA; PA if 65 years and older |
| *diphenhydramine hcl inj* | 2 | |
| *hydroxyzine hcl* SOLN; SYRP; TABS | 4 | PA; PA if 65 years and older |
| *hydroxyzine pamoate* CAPS 25mg, 50mg | 4 | PA; PA if 65 years and older |
| *levocetirizine dihydrochloride* SOLN | 4 | |
| *levocetirizine dihydrochloride* TABS | 2 | |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate* NEBU | 2 | B/D |
| *albuterol sulfate* SYRP | 1 | GC |
| *albuterol sulfate* TABS; TB12 | 4 | |
| *levalbuterol hcl* NEBU 1.25mg/3ml | 4 | B/D |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml* | 4 | B/D |
| *levalbuterol tartrate hfa* | 3 | QL (2 inhalers / 30 days) |
| SEREVENT DISKUS | 3 | QL (60 inhalations / 30 days) |
| *terbutaline sulfate* TABS | 4 | |
| VENTOLIN HFA | 3 | QL (2 inhalers / 30 days) |
| ***LEUKOTRIENE MODULATORS*** | | |
| *montelukast sodium* CHEW | 3 | |
| *montelukast sodium* PACK | 4 | |
| *montelukast sodium* TABS | 2 | |
| *zafirlukast* | 4 | |
| ***MAST CELL STABILIZERS*** | | |
| *cromolyn sod neb 20mg/2ml* | 3 | B/D |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine* SOLN 10%, 20% | 3 | B/D |
| ARALAST NP | 5 | NM, LA, PA |
| DALIRESP | 4 | |

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|---|---|---|
| *epinephrine (anaphylaxis)* .15mg/0.15ml, .3mg/0.3ml | 3 | (generic of Adrenaclick) |
| ESBRIET | 5 | NM, PA |
| KALYDECO | 5 | NM, PA |
| OFEV | 5 | NM, PA |
| ORKAMBI | 5 | NM, PA |
| PROLASTIN-C | 5 | NM, LA, PA |
| PULMOZYME | 5 | NM, PA |
| XOLAIR | 5 | NM, LA, PA |
| ZEMAIRA | 5 | NM, LA, PA |
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal)* | 3 | QL (2 bottles / 30 days) |
| *fluticasone propionate (nasal)* | 2 | QL (1 bottle / 30 days) |
| ***STEROID INHALANTS*** | | |
| ARNUITY ELLIPTA | 3 | QL (30 inhalations / 30 days) |
| *budesonide (inhalation)* .25mg/2ml, .5mg/2ml | 4 | B/D |
| FLOVENT DISKUS 50mcg/blist, 100mcg/blist | 3 | QL (120 inhalations / 30 days) |
| FLOVENT DISKUS 250mcg/blist | 3 | QL (240 inhalations / 30 days) |
| FLOVENT HFA | 3 | QL (2 inhalers / 30 days) |
| PULMICORT FLEXHALER | 3 | QL (2 inhalers / 30 days) |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| ADVAIR DISKUS | 3 | QL (60 inhalations / 30 days) |
| ADVAIR HFA | 3 | QL (1 inhaler / 30 days) |
| BREO ELLIPTA | 3 | QL (60 blisters / 30 days) |
| SYMBICORT | 3 | QL (1 inhaler / 30 days) |
| ***XANTHINES*** | | |
| *aminophylline inj* | 3 | |
| THEO-24 | 4 | |
| *theophylline* SOLN | 4 | |
| *theophylline* TB12; TB24 | 3 | |
| **TOPICAL** | | |
| ***DERMATOLOGY, ACNE*** | | |
| *avita* | 4 | PA |
| *benzoyl peroxide-erythromycin* | 4 | |
| *claravis* | 4 | PA |
| *clindacin-p* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamax* | 3 | |
| *clindamycin phosphate (topical)* GEL; SOLN; SWAB | 3 | |
| *clindamycin phosphate (topical)* LOTN | 4 | |
| *ery pad 2%* | 3 | |
| *erythromycin (acne aid)* GEL | 4 | |
| *erythromycin (acne aid)* SOLN | 3 | |
| *myorisan* | 4 | PA |
| *sulfacetamide sodium (acne)* | 4 | |
| *tretinoin* CREA | 4 | PA |
| *tretinoin* GEL .01%, .025% | 4 | PA |
| *zenatane* | 4 | PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical)* | 3 | |
| *mupirocin* OINT | 2 | |
| *silver sulfadiazine* CREA | 2 | |
| *ssd* | 2 | |
| SULFAMYLON CREA | 4 | |
| SULFAMYLON PACK | 5 | |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox* CREA; SUSP | 3 | |
| *ciclopirox* GEL | 4 | |
| *ciclopirox shampoo 1%* | 4 | |
| *clotrimazole (topical)* | 3 | |
| *ketoconazole cream* | 3 | |
| *nyamyc* | 3 | |
| *nyata* | 3 | |
| *nystatin (topical)* | 3 | |
| *nystop* | 3 | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* | 5 | PA |
| *calcipotriene* CREA; SOLN | 4 | |
| *tazarotene* CREA | 4 | PA |
| TAZORAC CREA .05% | 4 | PA |
| ***DERMATOLOGY, ANTISEBORRHEICS*** | | |
| *ketoconazole shampoo* | 2 | |
| *selenium sulfide* LOTN | 2 | |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* | 1 | GC |
| *alclometasone dipropionate* | 3 | |
| *betamethasone dipropionate (topical)* | 3 | |
| *betamethasone dipropionate augmented* CREA | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *betamethasone dipropionate augmented* GEL; LOTN; OINT | 4 | |
| *betamethasone valerate* CREA; LOTN; OINT | 3 | |
| *desoximetasone* CREA; GEL; OINT | 4 | |
| *fluocinolone acetonide* CREA; OINT; SOLN | 4 | |
| *fluocinolone acetonide oil body* | 4 | |
| *fluocinolone acetonide oil scalp* | 4 | |
| *fluocinonide* CREA .05% | 4 | |
| *fluocinonide* GEL | 4 | |
| *fluocinonide* SOLN | 3 | |
| *fluocinonide emulsified base* | 4 | |
| *fluticasone propionate* CREA; OINT | 3 | |
| *halobetasol propionate* | 4 | |
| *hydrocortisone (topical)* CREA | 1 | GC |
| *hydrocortisone (topical)* LOTN | 3 | |
| *hydrocortisone (topical)* OINT | 2 | |
| *hydrocortisone butyrate cream 0.1%* | 4 | |
| *hydrocortisone butyrate oint 0.1%* | 4 | |
| *hydrocortisone butyrate soln 0.1%* | 4 | |
| *hydrocortisone valerate* | 4 | |
| *mometasone furoate* CREA | 2 | |
| *mometasone furoate* OINT; SOLN | 3 | |
| TEXACORT SOLN 2.5% | 4 | |
| *triamcinolone acetonide (topical)* CREA; OINT | 2 | |
| *triamcinolone acetonide (topical)* LOTN | 3 | |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *lidocaine* PTCH | 4 | QL (3 patches / 1 day), PA |
| *lidocaine hcl* GEL | 3 | QL (30 mL / 30 days), PA |
| *lidocaine hcl* SOLN 4% | 2 | QL (50 mL / 30 days), PA |
| *lidocaine oint 5%* | 4 | QL (50 gm / 30 days), PA |
| *lidocaine-prilocaine* | 4 | QL (30 gm / 30 days), PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *ammonium lactate* CREA; LOTN | 3 | |
| *diclofenac sodium (topical) 1% gel* | 3 | PA |
| *doxepin hcl (antipruritic)* | 4 | |
| *fluorouracil (topical)* CREA 5% | 4 | |
| *fluorouracil (topical)* SOLN | 4 | |
| *imiquimod* CREA | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metronidazole (topical)* CREA; LOTN | 4 | |
| *metronidazole gel 0.75%* | 4 | |
| PANRETIN | 5 | |
| PICATO | 3 | |
| *podofilox* SOLN | 3 | |
| *procto-med hc* | 3 | |
| *procto-pak* | 3 | |
| *proctosol hc cre 2.5%* | 3 | |
| *proctozone-hc* | 3 | |
| *rosadan cre 0.75%* | 4 | |
| *tacrolimus (topical)* | 4 | |
| TARGRETIN GEL | 5 | NM, PA |
| VALCHLOR | 5 | NM, LA, PA |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | | |
| *malathion* | 4 | |
| *permethrin cre 5%* | 3 | |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| *acetic acid .25%* | 2 | |
| REGRANEX | 5 | PA |
| SANTYL | 4 | |
| *sodium chlor sol 0.9% irr* | 2 | |
| *sterile water irrigation* | 2 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl* | 4 | |
| *chlorhexidine gluconate (mouth-throat)* | 1 | GC |
| *clotrimazole* LOZG | 4 | |
| *lidocaine hcl (mouth-throat)* | 2 | |
| *nystatin (mouth-throat)* | 3 | |
| *paroex sol 0.12%* | 1 | GC |
| *periogard* | 1 | GC |
| *pilocarpine hcl (oral)* | 4 | |
| *triamcinolone acetonide (mouth)* | 3 | |
| ***OTIC*** | | |
| *acetic acid (otic)* | 3 | |
| *acetic acid-aluminum acetate* | 3 | |
| CIPRODEX | 3 | |
| *fluocinolone acetonide (otic)* | 4 | |
| *neomycin-polymyxin-hc (otic)* | 3 | |
| *ofloxacin (otic)* | 4 | |

## Index of Drugs

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ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-844-280-5555 (TTY: 711).

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خبردار: اگر آپ اردو بولتے ہیں، زبان کی مدد خدمات میں مفت دستیاب ہیں ۔ کال کریں 1-844-280-5555 (TTY: 711).

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-844-280-5555 (TTY: 711).

**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید 1-844-280-5555 (TTY: 711).


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