



GlobalHealth

GlobalHealth 2018 Formulary

(List of
Covered Drugs)

For Generations
Generations
Select (HMO)



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

This formulary was updated
on 09/01/2018. 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 Approved Formulary File
Submission ID: 00018203
Version 11

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

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

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

H3706_COMPFORMULARY_SELECT_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 Select (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2018. 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 Select (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 09/01/2018. 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 80. 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 Select (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 Select (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 Select (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 Select (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 80.

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
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ANALGESICS

GOUT

<i>allopurinol sodium</i>	2	
<i>allopurinol tab</i>	1	GC
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
DUZALLO	4	ST
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST
ZURAMPIC	4	PA

NSAIDS

<i>celecoxib</i> CAPS 50mg	2	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24; TBEC	2	
<i>diclofenac w/ misoprostol</i>	2	
<i>diflunisal</i>	2	
DUEXIS	5	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium</i> CAPS 400mg	2	
<i>fenoprofen calcium</i> TABS	2	
<i>flurbiprofen</i> TABS	2	
<i>ibu tabs 600mg</i>	1	GC
<i>ibu tabs 800mg</i>	1	GC
<i>ibuprofen</i> SUSP	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ketoprofen</i> CAPS 50mg, 75mg	2	
<i>ketoprofen</i> CP24	2	
<i>mefenamic acid</i> CAPS	2	
<i>meloxicam tabs</i>	1	GC
<i>nabumetone</i> TABS	2	
NAPRELAN 750mg	4	
<i>naproxen</i> SUSP	2	
<i>naproxen</i> TABS	1	GC
<i>naproxen dr</i>	1	GC
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>naproxen sodium</i> TB24	5	
<i>oxaprozin</i>	2	
<i>piroxicam</i> CAPS	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
<i>profeno</i>	2	
<i>sulindac</i> TABS	1	GC
<i>tolmetin sodium</i>	2	
VIMOVO	5	
VIVLODEX	4	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine</i> SOLN	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	2	QL (400 tabs / 30 days)
<i>acetaminophen-caff-dihydrocod</i> CAPS	2	QL (360 caps / 30 days)
<i>acetaminophen-caff-dihydrocod</i> TABS	2	QL (300 tabs / 30 days)
<i>aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg</i>	2	QL (330 caps / 30 days)
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg	4	QL (120 buccal films / 30 days), PA
BELBUCA 600mcg, 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
<i>butorphanol nasal spray</i>	2	QL (10 mL / 30 days)
<i>butorphanol tartrate</i> SOLN	4	
BUTRANS 5mcg/hr	3	QL (16 patches / 28 days)
BUTRANS 7.5mcg/hr, 10mcg/hr	3	QL (8 patches / 28 days)
BUTRANS 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days)
<i>nalbuphine hcl</i> SOLN	4	
<i>panlor</i>	2	QL (300 tabs / 30 days)
<i>tramadol hcl</i> CP24 100mg	2	QL (90 caps / 30 days)
<i>tramadol hcl</i> CP24 200mg, 300mg	2	QL (30 caps / 30 days)
<i>tramadol hcl er</i> TB24 100mg	2	QL (90 tabs / 30 days)
<i>tramadol hcl er</i> TB24 200mg, 300mg	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 100mg</i>	2	QL (90 tabs / 30 days)
<i>tramadol hcl er (biphasic) 200mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 300mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
<i>trezix</i>	2	QL (360 caps / 30 days)

OPIOID ANALGESICS, CII

ABSTRAL	5	QL (120 tabs / 30 days), PA
ARYMO ER 15mg, 30mg	4	QL (180 tabs / 30 days)
ARYMO ER 60mg	5	QL (180 tabs / 30 days)
<i>codeine sulfate</i> 15mg	2	QL (720 tabs / 30 days)
<i>codeine sulfate</i> 30mg	2	QL (360 tabs / 30 days)
<i>codeine sulfate</i> 60mg	2	QL (180 tabs / 30 days)
EMBEDA CAP 20-0.8MG	4	QL (60 caps / 30 days)
EMBEDA CAP 30-1.2MG	4	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 50-2MG	4	QL (60 caps / 30 days)
EMBEDA CAP 60-2.4MG	4	QL (60 caps / 30 days)
EMBEDA CAP 80-3.2MG	4	QL (60 caps / 30 days)
EMBEDA CAP 100-4MG	5	QL (60 caps / 30 days)
<i>endocet</i>	2	QL (360 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 10-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	2	
<i>hydromorphone hcl</i> SOLN	4	B/D
<i>hydromorphone hcl</i> TABS	2	QL (270 tabs / 30 days)
<i>hydromorphone tab 8mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 12mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 16mg er</i>	5	QL (60 tabs / 30 days)
<i>hydromorphone tabs 32mg</i>	5	QL (60 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)
<i>ibudone tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>ibudone tab 10-200mg</i>	2	QL (150 tabs / 30 days)
KADIAN 40mg, 200mg	5	QL (60 caps / 30 days)
LAZANDA	5	QL (30 bottles / 30 days), PA
<i>levorphanol tartrate</i> TABS	5	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	2	QL (450 mL / 30 days)
METHADONE HCL SOLN 10mg/ml	4	
<i>methadone hcl 5mg</i>	2	QL (180 tabs / 30 days)
<i>methadone hcl 10mg</i>	2	QL (180 tabs / 30 days)
<i>methadone hcl intensol</i>	2	QL (120 mL / 30 days)
<i>methadone inj 10mg/ml</i>	2	
MORPHABOND ER 15mg, 30mg	4	QL (60 tabs / 30 days)
MORPHABOND ER 60mg, 100mg	5	QL (60 tabs / 30 days)
<i>morphine sul 20mg/ml oral sol</i>	2	
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
<i>morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL (60 caps / 30 days)
<i>morphine sulfate CP24 100mg</i>	5	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	2	
<i>morphine sulfate TABS</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate beads</i>	2	QL (30 caps / 30 days)
<i>morphine sulfate ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate ext-rel tab 200mg</i>	2	QL (60 tabs / 30 days)
NUCYNTA 50mg	4	QL (360 tabs / 30 days)
NUCYNTA 75mg	4	QL (240 tabs / 30 days)
NUCYNTA 100mg	5	QL (180 tabs / 30 days)
NUCYNTA ER 50mg, 100mg	3	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	3	QL (60 tabs / 30 days)
OPANA ER (CRUSH RESISTANT) 5mg, 7.5mg, 10mg, 15mg, 20mg	4	QL (120 tabs / 30 days)
OPANA ER (CRUSH RESISTANT) 30mg, 40mg	5	QL (120 tabs / 30 days)
OXAYDO 5mg	4	QL (540 tabs / 30 days)
OXAYDO 7.5mg	4	QL (360 tabs / 30 days)
<i>oxycodone hcl CAPS</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl CONC; SOLN</i>	2	
<i>oxycodone hcl TABS</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin</i>	2	QL (360 tabs / 30 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 30 days)
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg	4	QL (120 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (120 tabs / 30 days)
<i>oxymorphone hcl</i> TABS	2	QL (180 tabs / 30 days)
SUBSYS	5	QL (120 sprays / 30 days), PA
<i>vicodin</i>	2	QL (400 tabs / 30 days)
<i>vicodin es</i>	2	QL (400 tabs / 30 days)
<i>vicodin hp</i>	2	QL (400 tabs / 30 days)
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg	4	QL (120 caps / 30 days)
XTAMPZA ER 36mg	4	QL (240 caps / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg	4	QL (120 caps / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg	4	QL (60 caps / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 0.5% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 2%</i>	2	B/D
<i>lidocaine inj 2% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 4% preservative free (pf)</i>	2	

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	2	
BETHKIS	5	NM, PA
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	2	
SULFADIAZINE TABS	4	
TOBI PODHALER	5	NM, LA, PA
<i>tobramycin</i> NEBU	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	2	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	2	
<i>tobramycin inj 40mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
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Drug Name	Drug Tier	Requirements/Limits
ALINIA	5	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	2	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS	1	GC
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin soln 75mg/5ml</i>	2	
<i>colistimethate sodium</i> SOLR	2	
DALVANCE	5	
<i>dapsone</i> TABS	2	
<i>daptomycin</i> 500mg	5	
<i>doripenem</i>	4	
EMVERM	5	
<i>ertapenem sodium</i>	2	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin</i> TABS	2	
<i>linezolid</i>	5	
<i>linezolid in sodium chloride</i>	5	
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole</i> CAPS	2	
METRONIDAZOLE SOLN	3	
<i>metronidazole</i> TABS	1	GC
<i>metronidazole inj</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin</i> SUSP	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystal</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ORBACTIV	5	
PENTAM 300	4	
<i>polymyxin b sulfate</i> SOLR	2	

Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel</i> TABS	2	
SIVEXTRO	5	
SOLOSEC	4	
<i>sulfamethoxazole-trimethop</i> SUSP	2	
<i>sulfamethoxazole-trimethop</i> TABS	1	GC
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	2	
SYNERCID	5	
<i>tigecycline</i> 50mg	5	
TIGECYCLINE 50mg	5	
<i>trimethoprim</i> TABS	1	GC
VABOMERE	5	
<i>vancomycin hcl</i> CAPS	5	
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	2	
VANCOMYCIN IN NAACL	4	
VIBATIV	5	
XIFAXAN TAB 200MG	5	QL (9 tabs / 30 days)

ANTIFUNGALS

ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	2	B/D
CANCIDAS	5	
<i>caspofungin acetate</i> 50mg, 70mg	5	
CASPOFUNGIN ACETATE 50mg, 70mg	5	
CRESEMBA	5	
ERAXIS	5	
<i>fluconazole</i> SUSR	2	
<i>fluconazole</i> TABS 50mg, 100mg, 200mg	2	
<i>fluconazole</i> TABS 150mg	1	GC
<i>fluconazole in dextrose</i>	2	
FLUCONAZOLE INJ NAACL 100	3	
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i> CAPS	2	PA
<i>ketoconazole</i> TABS	2	PA
MYCAMINE	5	
NOXAFIL SOLN	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	2	
SPORANOX SOL 10MG/ML	5	

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl</i> TABS	1	GC, QL (90 tabs / 365 days)
<i>voriconazole</i> SUSR; TABS	5	
<i>voriconazole inj</i> 200mg	2	

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	2	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN	4	
<i>didanosine</i>	2	
EDURANT	5	
<i>efavirenz</i> CAPS 50mg	2	
<i>efavirenz</i> CAPS 200mg	5	
<i>efavirenz</i> TABS	5	
EMTRIVA	3	
<i>fosamprenavir tab</i> 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	
<i>lamivudine</i>	2	
LEXIVA SUSP	4	
LEXIVA TABS	5	
<i>nevirapine</i>	2	
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 PACK	5	

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir</i>	2	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	2	
SUSTIVA TABS	5	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	3	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD	5	
ZERIT SOLR	5	
<i>zidovudine cap 100mg</i>	2	
<i>zidovudine syp 50mg/5ml</i>	2	
<i>zidovudine tab 300mg</i>	2	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	2	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	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

Drug Name	Drug Tier	Requirements/Limits
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> SOLN; SYRP	2	
<i>isoniazid tabs</i>	1	GC
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	2	
RIFAMATE	4	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	

ANTIVIRALS

<i>acyclovir</i> CAPS; TABS	1	GC
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>cidofovir</i>	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	2	
<i>ganciclovir inj 500mg</i>	2	B/D
GANCICLOVIR INJ 500MG/10ML	2	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	
MAVYRET	5	NM, PA
MODERIBA PAK	5	NM
<i>moderiba tab 200mg</i>	2	NM
<i>oseltamivir phosphate</i>	2	
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
PREVYMIS	5	
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
RIBAPAK MIS 600/DAY	5	NM
<i>ribasphere</i> CAPS	2	NM
<i>ribasphere</i> TABS 200mg	2	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
RIBASPHERE RIBAPAK 800	5	NM
RIBASPHERE RIBAPAK 1000	5	NM
RIBASPHERE RIBAPAK 1200	5	NM

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA
<i>valacyclovir hcl TABS</i>	2	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

CEPHALOSPORINS

AVYCAZ	5	
<i>cefaclor</i>	2	
CEFACLOR ER TAB 500MG	4	
<i>cefadroxil CAPS</i>	1	GC
<i>cefadroxil SUSR; TABS</i>	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium SOLR 1gm, 20gm</i>	2	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	2	
CEFEPIME 1GM SOLN	4	
CEFEPIME 2GM SOLN	4	
<i>cefepime inj 1gm</i>	2	
<i>cefepime inj 2gm</i>	2	
CEFEPIME/DEXTROSE	4	
<i>cefixime</i>	2	
<i>cefotaxime sodium 1gm, 2gm, 500mg</i>	2	
<i>cefotetan disodium</i>	2	
CEFOXITIN SODIUM	4	
<i>cefoxitin sodium 1gm, 2gm, 10gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime SOLR</i>	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin CAPS 250mg, 500mg</i>	1	GC
<i>cephalexin CAPS 750mg</i>	2	
<i>cephalexin SUSR</i>	2	
<i>cephalexin TABS</i>	2	
MAXIPIME	4	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef SOLR</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TEFLARO	5	
ZERBAXA	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR	2	
<i>azithromycin</i> TABS	1	GC
<i>clarithromycin</i> SUSR; TABS; TB24	2	
DIFICID	5	
<i>e.e.s 400</i>	2	
<i>ery-tab</i>	2	
ERYPED 400	5	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
FLUOROQUINOLONES		
AVELOX SOLN	4	
BAXDELA	5	
<i>ciprofloxacin</i> SUSR	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl</i> TABS 100mg	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin</i> SOLN	2	
<i>levofloxacin</i> TABS	1	GC
<i>levofloxacin in d5w</i>	2	
MOXIFLOXACIN HCL SOLN	4	
<i>moxifloxacin hcl</i> TABS	2	
<i>moxifloxacin hcl in sodium chloride</i>	2	
PENICILLINS		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	GC
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin cap 250mg</i>	1	GC
<i>ampicillin cap 500mg</i>	1	GC
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
<i>ampicillin susp</i>	2	
AUGMENTIN SUS 125/5ML	4	
BACTOCILL INJ DEX 1GM	4	
BACTOCILL INJ DEX 2GM	5	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NAFCILLIN IN DEXTROSE	5	
<i>nafcillin sodium</i> 1gm, 2gm	2	
<i>nafcillin sodium</i> 10gm	5	
<i>oxacillin sodium</i> 1gm, 2gm	2	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G POTASSIUM IN	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	GC
<i>penicillin gk inj</i> 5mu	2	
<i>penicillin gk inj</i> 20mu	2	
<i>pfizerpen-g inj</i> 5mu	2	
<i>pfizerpen-g inj</i> 20mu	2	
<i>piper/tazoba inj</i> 2-0.25gm	2	
<i>piper/tazoba inj</i> 3-0.375gm	2	
<i>piper/tazoba inj</i> 4-0.5gm	2	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj</i> 36-4.5gm	2	
ZOSYN SOLN	4	

TETRACYCLINES

<i>demeclocycline hcl</i>	2	
<i>doxy</i> 100	2	
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i> CAPS	2	
<i>doxycycline hyclate</i> SOLR	2	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	
<i>doxycycline hyclate</i> TBEC 50mg	2	
<i>doxycycline hyclate</i> TBEC 200mg	5	
<i>doxycycline hyclate tab</i> 75 mg dr	2	
<i>doxycycline hyclate tab</i> 100 mg dr	2	
<i>doxycycline hyclate tab</i> 150 mg dr	2	
<i>minocycline hcl</i> CAPS	2	
<i>minocycline hcl</i> TABS	2	
<i>minocycline hcl</i> TB24 45mg, 90mg, 135mg	2	
<i>morgidox cap</i> 1x50mg	2	
<i>tetracycline hcl</i> CAPS	2	
VIBRAMYCIN SYRP	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA	5	B/D, NM
<i>busulfan</i>	5	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide</i> SOLR	5	B/D
<i>dacarbazine</i>	2	B/D
EMCYT	4	
GLEOSTINE 10mg, 40mg, 100mg	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	2	B/D
<i>ifosfamide inj 1gm/20ml</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	2	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
<i>thiotepa</i> SOLR	5	B/D, NM
TREANDA	5	B/D, NM
ZANOSAR	4	B/D

ANTHRACYCLINES

<i>adriamycin</i>	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	2	B/D
<i>epirubicin hcl</i>	2	B/D
<i>epirubicin inj 200mg</i>	2	B/D

ANTIBIOTICS

<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	5	B/D
<i>dactinomycin</i>	5	B/D
<i>mitomycin</i> SOLR	5	B/D

ANTIMETABOLITES

<i>adrucil</i>	2	B/D
ALIMTA	5	B/D
ARRANON	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	B/D
<i>cytarabine inj</i>	2	B/D
<i>decitabine</i>	5	B/D, NM
<i>fludarabine phosphate</i>	2	B/D
<i>fluorouracil</i> SOLN	2	B/D
<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	5	B/D
<i>mercaptopurine</i> TABS	2	
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURIXAN	5	NM

Drug Name	Drug Tier	Requirements/Limits
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	5	B/D, NM
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
BESPONSA	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
ERBITUX	5	B/D, NM
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
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
PERJETA	5	NM, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TORISEL	5	B/D, NM
VECTIBIX	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
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

<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ELIGARD INJ 7.5MG	4	B/D, NM
ELIGARD INJ 22.5MG	4	B/D, NM
ELIGARD INJ 30MG	4	B/D, NM
ELIGARD INJ 45MG	4	B/D, NM
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
FIRMAGON 80mg	4	B/D, NM
FIRMAGON 120mg	5	B/D, NM
<i>flutamide</i>	2	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	5	B/D
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM, PA
LUPRON DEPOT (1-MONTH)	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 30MG (4-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR MIXJECT	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA

IMMUNOMODULATORS

Drug Name	Drug Tier	Requirements/Limits
POMALYST	5	NM, LA, PA
REVLIMID	5	NM, LA, PA
THALOMID	5	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
ALIQOPA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
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
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 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

Drug Name	Drug Tier	Requirements/Limits
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISO	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

<i>bexarotene</i>	5	NM, PA
DROXIA	3	
HALAVEN	5	B/D, NM
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT	5	B/D, NM
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	2	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
<i>tretinoin</i> CAPS	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	2	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	2	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	2	B/D

PROTECTIVE AGENTS

<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
KEPIVANCE	5	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
<i>levoleucovorin calcium</i> 175mg/17.5ml	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
LEVOLEUCOVORIN CALCIUM 250mg/25ml	5	B/D, NM
<i>levoleucovorin calcium 50mg</i>	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 175MG	5	B/D, NM
<i>mesna</i>	2	B/D
MESNEX TABS	5	

TOPOISOMERASE INHIBITORS

CAMPTOSAR 300mg/15ml	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide SOLN</i>	2	B/D
<i>irinotecan hcl</i>	2	B/D
ONIVYDE	5	B/D, NM
<i>toposar</i>	2	B/D
<i>topotecan inj 4mg</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl</i>	1	GC
<i>benazepril & hydrochlorothiazide</i>	1	GC
<i>captopril & hydrochlorothiazide</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	1	GC
<i>lisinopril & hydrochlorothiazide</i>	1	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
<i>trandolapril-verapamil hcl</i>	1	GC

ACE INHIBITORS

<i>benazepril hcl TABS</i>	1	GC
<i>captopril TABS</i>	1	GC
<i>enalapril maleate TABS</i>	1	GC
EPANED	4	
<i>fosinopril sodium</i>	1	GC
<i>lisinopril TABS</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
QBRELIS	5	
<i>quinapril hcl</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC

ALDOSTERONE RECEPTOR ANTAGONISTS

CAROSPIR	4	
<i>eplerenone</i>	2	
<i>spironolactone TABS</i>	1	GC

ALPHA BLOCKERS

<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	GC
BYVALSON	4	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	GC
EDARBYCLOR	4	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>telmisartan-amlodipine</i>	1	GC
<i>telmisartan-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	GC
EDARBI	4	
<i>eprosartan mesylate</i>	1	GC
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil TABS</i>	1	GC
<i>telmisartan</i>	1	GC
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>amiodarone inj 50mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	GC
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine gluconate TBCR</i>	2	
<i>quinidine sulfate TABS</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

ALTOPREV	4	ST
<i>atorvastatin calcium TABS</i>	1	GC
FLOLIPID	4	
<i>fluvastatin sodium cap 20 mg</i>	1	GC
<i>fluvastatin sodium cap 40 mg</i>	1	GC
<i>fluvastatin sodium tab sr 24 hr 80 mg</i>	1	GC
LIVALO	4	ST
<i>lovastatin</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>simvastatin TABS 80mg</i>	1	GC, QL (30 tabs / 30 days)
ZYPITAMAG	4	ST

ANTILIPEMICS, MISCELLANEOUS

ANTARA	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>choline fenofibrate</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	1	GC
<i>fenofibrate CAPS</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate</i> TABS 40mg, 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate</i> TABS 120mg	5	
<i>fenofibrate micronized</i>	2	
<i>fenofibric acid</i>	2	
<i>gemfibrozil</i> TABS	1	GC
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	5	NM, PA
<i>prevalite</i>	2	
TRIGLIDE	4	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	GC
DUTOPROL	4	
<i>metoprolol & hctz tab 50-25mg</i>	2	
<i>metoprolol & hctz tab 100-25mg</i>	2	
<i>metoprolol & hctz tab 100-50mg</i>	2	
<i>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	GC
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	GC
<i>carvedilol er</i>	2	
<i>labetalol hcl</i> SOLN; TABS	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol inj 1mg/ml</i>	2	
<i>propranolol oral sol</i>	2	
<i>propranolol tab</i>	2	
SOTYLIZE	4	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate</i> TABS	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	GC
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i> TABS	1	GC
CARDIZEM LA 120mg	4	
<i>cartia xt</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg cd</i>	2	
<i>diltiazem cap 180mg cd</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 300mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem er tab 180mg</i>	2	
<i>diltiazem er tab 240mg</i>	2	
<i>diltiazem er tab 300mg</i>	2	
<i>diltiazem er tab 360mg</i>	2	
<i>diltiazem er tab 420mg</i>	2	
<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl cap sr 24hr</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
DILTIAZEM INJ 100MG	4	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl</i> CAPS	2	
<i>nifedical xl</i>	2	
<i>nifedipine</i> TB24	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i> CAPS	5	
<i>nisoldipine</i>	2	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil hcl</i> CP24; SOLN	2	
<i>verapamil hcl</i> TABS; TBCR	1	GC
DIGITALIS GLYCOSIDES		
<i>digitek</i> .25mg	2	PA; PA if 65 years and older
<i>digitek</i> .125mg	2	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>digox</i> 250mcg	2	PA; PA if 65 years and older
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	PA; PA if 65 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol</i> 50mcg/ml	2	PA; PA if 65 years and older
LANOXIN TABS 62.5mcg	4	QL (60 tabs / 30 days)
LANOXIN TABS 187.5mcg	4	PA; PA if 65 years and older
LANOXIN PEDIATRIC	4	

DIRECT RENIN INHIBITORS/COMBINATIONS

TEKTURNA	4	
TEKTURNA HCT	4	

DIURETICS

<i>acetazolamide</i> CP12; TABS	2	
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE TAB 50/50	4	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	2	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i>	2	
DIURIL SUS 250/5ML	4	
DYRENIUM	4	
<i>ethacrynic acid</i>	5	
<i>furosemide</i> SOLN; TABS	1	GC
<i>furosemide inj</i>	2	
<i>furosemide oral soln</i> 8 mg/ml	1	GC
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>toremide tabs</i>	2	
<i>triamt/hctz cap</i> 37.5-25	1	GC
<i>triamt/hctz cap</i> 50-25mg	1	GC
<i>triamt/hctz tab</i> 37.5-25	1	GC
<i>triamt/hctz tab</i> 75-50mg	1	GC

MISCELLANEOUS

BIDIL	3	
<i>clonidine hcl</i> PTWK	2	
<i>clonidine hcl</i> TABS	1	GC
CORLANOR	4	

Drug Name	Drug Tier	Requirements/Limits
DEMSER	5	
<i>hydralazine hcl</i> SOLN; TABS	2	
KEVEYIS	5	NM, PA
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
<i>phenoxybenzamine hcl</i> CAPS	5	
RANEXA	3	

NITRATES

DILATRATE SR	4	
GONITRO	4	
ISORDIL TITRADOSE 40mg	5	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR .3mg/hr, .8mg/hr	4	
<i>nitroglycerin</i> SOLN .4mg/spray	2	
<i>nitroglycerin</i> SUBL	2	
<i>nitroglycerin lingual</i>	2	
<i>nitroglycerin td patch</i>	2	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	NM, PA
ADEMPAS	5	NM, LA, PA
LETAIRIS	5	NM, LA, PA
OPSUMIT	5	NM, LA, PA
ORENITRAM TAB 0.25MG	5	NM, LA, PA
ORENITRAM TAB 0.125MG	4	NM, LA, PA
ORENITRAM TAB 1MG	5	NM, LA, PA
ORENITRAM TAB 2.5MG	5	NM, LA, PA
ORENITRAM TAB 5MG	5	NM, LA, PA
REMODULIN	5	NM, LA, PA
REVATIO SUSR	5	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	2	NM, PA
TRACLEER	5	NM, LA, PA
TYVASO	5	NM, PA
UPTRAVI	5	NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

ALPRAZOLAM CONC	4	QL (300 mL / 30 days)
<i>alprazolam</i> TABS 1mg	1	GC, QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam</i> TABS 2mg	1	GC, QL (150 tabs / 30 days)
<i>alprazolam</i> TABS .5mg	1	GC, QL (240 tabs / 30 days)
<i>alprazolam</i> TABS .25mg	1	GC, QL (480 tabs / 30 days)
<i>bupirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> 100mg	2	
<i>fluvoxamine maleate er</i> 100mg	2	QL (90 caps / 30 days)
<i>fluvoxamine maleate er</i> 150mg	2	QL (60 caps / 30 days)
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	GC, QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM	5	
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
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	GC, QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	GC, QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	2	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	2	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	2	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	2	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	2	
<i>diazepam</i> TABS	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	3	
DILANTIN-125	4	
<i>divalproex sodium</i> CSDR; TB24; TBEC	2	
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	
FYCOMPA SUSP	5	PA
FYCOMPA TABS 2mg	4	PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	PA
<i>gabapentin</i> CAPS 100mg	1	GC, QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
LAMICTAL ODT KIT	4	
LAMICTAL STARTER	4	
LAMICTAL XR KIT	4	
<i>lamotrigine</i> CHEW; KIT; TB24; TBDP	2	
<i>lamotrigine</i> TABS	1	GC
<i>levetiracetam</i> SOLN; TABS; TB24	2	
<i>levetiracetam in sodium chloride</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
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
<i>oxcarbazepine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR 150mg, 300mg	4	
OXTELLAR XR 600mg	5	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin inj</i> 50mg/ml	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite starter kit</i>	2	
<i>subvenite tab</i>	1	GC
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP; CS24	2	
<i>topiramate</i> TABS	1	GC
TROKENDI XR 25mg, 50mg, 100mg	4	
TROKENDI XR 200mg	5	
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i>	2	
<i>vigabatrin powd pack</i> 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN	5	
VIMPAT TABS 50mg	4	
VIMPAT TABS 100mg, 150mg, 200mg	5	
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
<i>donepezil odt</i> 5mg	2	
<i>donepezil odt</i> 10mg	2	
<i>donepezil tab hcl</i> 23mg	2	
<i>donepezil tabs</i> 5mg	2	
<i>donepezil tabs</i> 10mg	2	
<i>galantamine hydrobromide</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>memantine hcl</i> cp24	2	PA; PA if < 30 yrs
<i>memantine hcl soln</i>	2	PA; PA if < 30 yrs

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tabs</i>	2	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	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	

ANTIDEPRESSANTS

<i>amitriptyline hcl TABS</i>	4	PA; PA if 65 years and older
<i>amoxapine</i>	2	
APLENZIN	5	
<i>bupropion hcl TABS; TB12; TB24</i>	2	
<i>citalopram hydrobromide SOLN</i>	2	
<i>citalopram hydrobromide TABS</i>	1	GC
<i>clomipramine hcl CAPS</i>	4	PA; PA if 65 years and older
<i>desipramine hcl TABS</i>	2	
<i>desvenlafaxine succinate</i>	2	
<i>doxepin hcl CAPS; CONC</i>	4	PA; PA if 65 years and older
<i>duloxetine hcl CPEP 20mg</i>	2	QL (180 caps / 30 days)
<i>duloxetine hcl CPEP 30mg</i>	2	QL (120 caps / 30 days)
<i>duloxetine hcl CPEP 60mg</i>	2	QL (60 caps / 30 days)
EMSAM	5	PA
<i>escitalopram oxalate SOLN</i>	2	
<i>escitalopram oxalate TABS</i>	1	GC
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i>	1	GC
<i>fluoxetine cap 20mg</i>	1	GC
<i>fluoxetine cap 40mg</i>	1	GC
<i>fluoxetine hcl CPDR; SOLN; TABS</i>	2	
FLUOXETINE HYDROCHLORIDE TAB 60MG	4	
FORFIVO XL	4	QL (30 tabs / 30 days)
<i>imipramine hcl TABS</i>	4	PA; PA if 65 years and older
<i>imipramine pamoate</i>	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine TABS</i>	1	GC
<i>mirtazapine TBDP</i>	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl CAPS</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl</i> SOLN	2	
<i>paroxetine er tab</i>	2	
<i>paroxetine hcl tabs</i>	1	GC
PAXIL SUSP	4	
PEXEVA	4	
<i>phenelzine sulfate</i> TABS	2	
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS	1	GC
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trazodone hcl</i> TABS 300mg	2	
<i>trimipramine maleate</i> CAPS	4	PA; PA if 65 years and older
TRINTELLIX	4	
<i>venlafaxine cap er</i>	1	GC
<i>venlafaxine tab</i>	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	2	
APOKYN	5	NM, LA, PA
<i>benztropine mesylate</i> SOLN	2	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa</i> TABS	5	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
DUOPA	4	B/D, NM
<i>entacapone</i>	2	
GOCOVRI	5	QL (60 caps / 30 days), LA, PA
NEUPRO	4	
OSMOLEX ER	4	QL (30 tabs / 30 days), PA
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75 er</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 0.375mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1.5mg er</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole tab 1mg</i>	2	
<i>pramipexole tab 2.25mg</i>	2	
<i>pramipexole tab 3mg</i>	2	
<i>pramipexole tab 4.5mg</i>	2	
<i>rasagiline mesylate TABS</i>	2	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 2mg er</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 4mg er</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>ropinirole tab 6mg er</i>	2	
<i>ropinirole tab 8mg er</i>	2	
<i>ropinirole tab 12mg er</i>	2	
RYTARY	4	
<i>selegiline hcl CAPS; TABS</i>	2	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 65 years and older
XADAGO	4	
ZELAPAR	5	

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	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)
<i>chlorpromazine hcl TABS</i>	2	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	2	PA
<i>clozapine odt 100mg</i>	2	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	2	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
<i>clozapine tab 100mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	2	QL (135 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON INJ	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol inj 5mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	2	
NUPLAZID TABS 17mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	2	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
<i>olanzapine odt</i> 5mg	2	QL (30 tabs / 30 days)
<i>olanzapine odt</i> 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate</i> TABS	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg	2	QL (120 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	2	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)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>risperidone</i> SOLN	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone odt</i> 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone odt</i> 4mg	2	QL (120 tabs / 30 days)
<i>risperidone odt</i> .25mg, .5mg	2	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)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
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
<i>ziprasidone hcl</i>	2	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine cap 10mg er</i>	2	QL (90 caps / 30 days)
<i>amphetamine cap 15mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 20mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 25mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 30mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	2	QL (90 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
APTENSIO XR 10mg, 15mg, 20mg, 30mg	4	QL (60 caps / 30 days)
APTENSIO XR 40mg, 50mg, 60mg	4	QL (30 caps / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
COTEMPLA XR-ODT	4	QL (60 tabs / 30 days)
DAYTRANA	4	QL (30 patches / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl CHEW</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl CP24 10mg</i>	2	QL (180 caps / 30 days)
<i>methylphenidate hcl CP24 20mg, 30mg</i>	2	QL (60 caps / 30 days)
<i>methylphenidate hcl CP24 40mg, 60mg</i>	2	QL (30 caps / 30 days)
<i>methylphenidate hcl CPR 10mg, 20mg, 30mg</i>	2	QL (60 caps / 30 days)
<i>methylphenidate hcl CPR 40mg, 50mg, 60mg</i>	2	QL (30 caps / 30 days)
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl TB24 18mg, 27mg, 36mg</i>	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl TB24 54mg</i>	2	QL (30 tabs / 30 days)
<i>methylphenidate hcl TBCR 18mg</i>	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl TBCR 72mg</i>	2	QL (30 tabs / 30 days)
<i>methylphenidate hcl er 27mg, 36mg</i>	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl er 54mg</i>	2	QL (30 tabs / 30 days)
<i>methylphenidate tab 10mg er</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	2	QL (90 tabs / 30 days)
MYDAYIS CAP 12.5MG	4	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS CAP 25MG	4	QL (60 caps / 30 days)
MYDAYIS CAP 37.5MG	4	QL (30 caps / 30 days)
MYDAYIS CAP 50MG	4	QL (30 caps / 30 days)
QUILLICHEW ER 20mg	4	QL (90 tabs / 30 days)
QUILLICHEW ER 30mg	4	QL (60 tabs / 30 days)
QUILLICHEW ER 40mg	4	QL (30 tabs / 30 days)
QUILLIVANT XR	4	QL (360 mL / 30 days)
RITALIN LA 10mg	4	QL (180 caps / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 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)
<i>temazepam</i> 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>almotriptan malate</i>	2	QL (12 tabs / 30 days)
<i>dihydroergotamine mesylate</i> 1mg/ml	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	2	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i>	2	
<i>frovatriptan succinate</i>	2	QL (18 tabs / 30 days)
<i>migergot</i>	5	
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
ONZETRA XSAIL	4	QL (16 nosepieces / 30 days), ST
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan inj</i> 4mg/0.5ml	2	QL (18 injections / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan inj 6mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate SOLN 5mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan succinate SOLN 20mg/act</i>	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan-naproxen sodium</i>	5	QL (9 tabs / 30 days)
SUMAVEL DOSEPRO	5	QL (12 injections / 30 days), ST
TREXIMET TAB 10-60MG	4	QL (9 tabs / 30 days), ST
TREXIMET TAB 85-500MG	5	QL (9 tabs / 30 days), ST
ZEMBRACE SYMTOUCH	5	QL (24 pens / 30 days), ST
<i>zolmitriptan TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
ZOMIG NASAL SPRAY	4	QL (12 inhalers / 30 days), ST

MISCELLANEOUS

AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
BRISDELLE	4	
EQUETRO	4	
GRALISE 300mg	4	QL (180 tabs / 30 days)
GRALISE 600mg	4	QL (90 tabs / 30 days)
GRALISE STARTER	4	
HORIZANT	4	
INGREZZA	5	QL (30 caps / 30 days), NM, LA, PA
<i>lithium carbonate CAPS; TABS</i>	1	GC
<i>lithium carbonate TBCR</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
MESTINON SYRUP	5	
NUDEXTA	4	PA
<i>paroxetine mesylate (vasomotor)</i>	2	
<i>pyridostigmine bromide TBCR</i>	2	
<i>pyridostigmine tab 60mg</i>	2	
<i>riluzole</i>	2	
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 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
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
TYSABRI	5	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS	2	
BOTOX INJ 100UNIT	5	PA
BOTOX INJ 200UNIT	5	PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine</i>	2	
XEOMIN INJ 50 UNITS	4	PA
XEOMIN INJ 100 UNITS	5	PA
XEOMIN INJ 200 UNITS	5	PA

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> 50mg	2	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	2	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	2	
BUNAVAIL MIS 2.1-0.3MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 4.2-0.7MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 6.3-1MG	4	QL (60 buccal films / 30 days), PA
<i>buprenorphine hcl</i> SUBL	2	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	
<i>fluoxetine hcl (pmdd)</i>	2	(generic of SARAFEM)
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl</i> TABS	2	
NARCAN	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
VIVITROL	5	NM
ZUBSOLV SUB 0.7-0.18MG	4	QL (90 tabs / 30 days), PA
ZUBSOLV SUB 1.4-0.36MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 2.9-0.71MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 5.7-1.4MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 8.6-2.1MG	4	QL (60 tabs / 30 days), PA
ZUBSOLV SUB 11.4-2.9MG	4	QL (60 tabs / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
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Drug Name	Drug Tier	Requirements/Limits
ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 1.62%	3	QL (150 grams / 30 days), PA
ANDROGEL 50MG/5GM	4	QL (300 grams / 30 days), PA
AXIRON	4	QL (440 mL / 30 days), PA
<i>oxandrolone</i> TABS	2	PA
STRIANT	4	QL (60 buccal systems / 30 days), PA
TESTIM	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 grams / 30 days), PA
<i>testosterone</i> GEL 10mg/act	2	QL (120 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN	2	PA
<i>testosterone enanthate</i> SOLN	2	PA
<i>testosterone td soln 30 mg/act</i>	2	QL (440 mL / 30 days), PA
VOGELXO 50 MG/5GM	4	QL (300 gm / 30 days), PA

ANTIDIABETICS, INJECTABLE

ADLYXIN	4	QL (2 pens / 28 days)
ADLYXIN STARTER PACK	4	QL (2 pens / 28 days)
ADMELOG	4	
ADMELOG SOLOSTAR	4	
ALCOHOL SWABS	3	
APIDRA	4	
APIDRA SOLOSTAR	4	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2X2	3	
HUMALOG	4	
HUMALOG JUNIOR KWIKPEN	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 KWIKPEN	4	
HUMULIN N	4	
HUMULIN N KWIKPEN	4	
HUMULIN R	4	
HUMULIN R U-500 (CONCENTRATE)	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	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	3	
NOVOLIN N RELION	4	
NOVOLIN R	3	
NOVOLIN R RELION	4	
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TANZEUM	4	QL (4 pens / 28 days)
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		
<i>acarbose</i>	2	
ACTOPLUS MET XR 15-1000MG	4	QL (60 tabs / 30 days)
ACTOPLUS MET XR 30-1000MG	4	QL (30 tabs / 30 days)
<i>alogliptin benzoate</i> 6.25mg	1	GC, QL (120 tabs / 30 days)
<i>alogliptin benzoate</i> 12.5mg	1	GC, QL (60 tabs / 30 days)
<i>alogliptin benzoate</i> 25mg	1	GC, QL (30 tabs / 30 days)
<i>alogliptin-metformin hcl</i>	1	GC, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone 12.5-15mg</i>	1	GC, QL (60 tabs / 30 days)
<i>alogliptin-pioglitazone 12.5-30mg</i>	1	GC, QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone 12.5-45mg</i>	1	GC, QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone 25-15mg</i>	1	GC, QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone 25-30mg</i>	1	GC, QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone 25-45mg</i>	1	GC, QL (30 tabs / 30 days)
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride 1mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glimepiride 2mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glimepiride 4mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide er 2.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide er 5mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide er 10mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl 2.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide xl 5mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide xl 10mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin 5-500mg</i>	1	GC, QL (120 tabs / 30 days)
GLYXAMBI	4	QL (30 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)

Drug Name	Drug Tier	Requirements/Limits
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 TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 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)
JARDIANCE 10mg	4	QL (60 tabs / 30 days)
JARDIANCE 25mg	4	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)
KOMBIGLYZE XR 2.5-1000MG	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 5-500MG	4	QL (30 tabs / 30 days)
KOMBIGLYZE XR 5-1000MG	4	QL (30 tabs / 30 days)
<i>metformin er 500mg</i>	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	GC, QL (75 tabs / 30 days)
<i>miglitol</i>	2	
<i>nateglinide</i>	1	GC, QL (90 tabs / 30 days)
ONGLYZA	4	QL (30 tabs / 30 days)
<i>pioglitazone hcl</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	GC, QL (90 tabs / 30 days)
QTERN	4	QL (30 tabs / 30 days)
<i>repaglinide 2mg</i>	1	GC, QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	1	GC, QL (120 tabs / 30 days)
<i>repaglinide-metformin hcl</i>	1	GC, QL (150 tabs / 30 days)
RIOMET	4	QL (946 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET TAB 2.5-500MG	4	QL (120 tabs / 30 days)
SEGLUROMET TAB 2.5-1000MG	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-500MG	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-1000MG	4	QL (60 tabs / 30 days)
STEGLATRO 5mg	4	QL (90 tabs / 30 days)
STEGLATRO 15mg	4	QL (30 tabs / 30 days)
STEGLUJAN	4	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	4	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	4	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000 MG	3	QL (60 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

<i>alendronate sodium</i> SOLN	2	
<i>alendronate sodium</i> TABS	1	GC
BINOSTO	4	ST
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate tab 150mg</i>	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	2	B/D
<i>pamidronate inj 30mg</i>	2	B/D
<i>pamidronate inj 90mg</i>	2	B/D
<i>risedronate sodium</i>	2	
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
ZOLEDRONIC INJ 4MG/100ML	4	B/D, NM
<i>zoledronic inj 5/100ml</i>	2	B/D, NM
ZOMETA SOLN	5	B/D, NM

CALCIUM RECEPTOR AGONISTS

SENSIPAR	5	B/D, NM
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CHELATING AGENTS

CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps susp 15gm/60ml</i>	2	
SYPRINE	5	
<i>trientine hcl</i>	5	
VELTASSA	4	LA

CONTRACEPTIVES

<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>amethia</i>	2	
<i>amethia lo</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>camrese lo tab</i>	2	
<i>caziant pak</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
DEPO-SUBQ PROVERA 104	4	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	2	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet & eth estrad</i>	2	
<i>ethynodiol tab 1-50</i>	2	
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
<i>gianvi tab 3-0.02mg</i>	2	
<i>gildagia</i>	2	
<i>heather</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jolessa tab 0.15-0.03 mg</i>	2	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>layolis fe chw</i>	2	
<i>leena tab</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>lomedica 24 fe</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyza</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
NATAZIA	4	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/50-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	
<i>nora-be tab</i>	2	
<i>norethin acet & estrad-fe</i>	2	
<i>norethindrone & ethinyl estradiol-fe</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
SAFYRAL	4	
<i>setlakin tab</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
TAYTULLA	4	
<i>tilia fe</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo- tab marzia</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wymzya fe</i>	2	
<i>xulane dis 150-35</i>	2	
<i>zarah</i>	2	
<i>zenchent fe</i>	2	
<i>zenchent tab</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	2	
LUPANETA PACK	5	NM, PA
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	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

Drug Name	Drug Tier	Requirements/Limits
ELAPRASE	5	NM, LA, PA
ELELYSO	5	NM, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
PROCYSBI	5	NM, LA, PA
RAVICTI	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
VIMIZIM	5	NM, PA
VPRIV	5	NM, PA
ZAVESCA	5	NM, LA, PA
ESTROGENS		
ALORA	4	PA; PA if 65 years and older
DELESTROGEN 10mg/ml	4	
DEPO-ESTRADIOL	4	
<i>estradiol</i> PTTW; PTWK; TABS	4	PA; PA if 65 years and older
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tab</i>	2	
<i>estradiol valerate</i> OIL	2	
ESTRING	4	
FEMRING	4	
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
MENOSTAR	4	PA; PA if 65 years and older
MINIVELLE	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older
PREMARIN CREAM	4	
PREMARIN INJ	4	
<i>yuvaferm vaginal tablet 10 mcg</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	2	
<i>dexamethasone</i> TABS	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate</i>	2	
DEXPAK 6 DAY	4	
DEXPAK 10 DAY	4	
DEXPAK TAPERPAK 13 DAY	4	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	2	
MEDROL TAB 2MG	4	B/D
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	2	B/D
<i>methylpr ss inj 40mg</i>	2	B/D
<i>methylpr ss inj 125mg</i>	2	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
MILLIPRED TABS	4	B/D
MILLIPRED DP	4	
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	B/D
<i>prednisone tab 1mg</i>	1	GC, B/D
<i>prednisone tab 2.5mg</i>	1	GC, B/D
<i>prednisone tab 5mg</i>	1	GC, B/D
<i>prednisone tab 10mg</i>	1	GC, B/D
<i>prednisone tab 20mg</i>	1	GC, B/D
<i>prednisone tab 50mg</i>	1	GC, B/D
RAYOS TAB 1MG	5	B/D
RAYOS TAB 2MG	5	B/D
RAYOS TAB 5MG	5	B/D
SOLU-CORTEF 100MG	4	
SOLU-CORTEF 250MG	4	
SOLU-CORTEF 500MG	4	
SOLU-CORTEF 1000MG	4	
SOLU-MEDROL INJ 2GM	4	B/D
TAPERDEX 6-DAY	4	
TAPERDEX 12-DAY	4	
ZODEX 6-DAY	4	
ZODEX 12-DAY	4	

GLUCOSE ELEVATING AGENTS

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	

HUMAN GROWTH HORMONES

GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	4	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
HUMATROPE	5	NM, PA
HUMATROPE COMBO PACK	5	NM, PA
NORDITROPIN FLEXP	5	NM, PA
NUTROPIN AQ NUSPIN 5	5	NM, LA, PA
NUTROPIN AQ NUSPIN 10	5	NM, LA, PA
NUTROPIN AQ NUSPIN 20	5	NM, LA, PA
OMNITROPE 5.8MG	5	NM, LA, PA
OMNITROPE 5MG	5	NM, LA, PA
OMNITROPE 10MG	5	NM, LA, PA
SAIZEN	5	NM, LA, PA
SAIZEN CLICK.EASY	5	NM, LA, PA
SAIZEN RECONSTITUTION KIT	5	NM, LA, PA
SEROSTIM	5	NM, LA, PA
ZOMACTON 5mg	4	NM, PA
ZOMACTON 10mg	5	NM, PA
ZORBTIVE	5	NM, PA

MISCELLANEOUS

AFREZZA 4unit, 8unit	4	
AFREZZA 12unit	5	
AFREZZA 4/8/12UNITS	4	
AFREZZA 4/8UNITS	4	
AFREZZA 8/12UNITS	4	
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal spray</i>	2	B/D
<i>chorionic gonadotropin SOLR</i>	4	NM, PA
EGRIFTA 1MG	5	NM, LA, PA
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
METHERGINE	4	
<i>methylergonovine maleate TABS</i>	4	
MIACALCIN INJ 200U/ML	5	B/D

Drug Name	Drug Tier	Requirements/Limits
NATPARA	5	NM, PA
NOVAREL	4	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 200mcg/ml	2	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
<i>octreotide inj 100mcg/ml</i>	2	NM, PA
<i>pregnyl w/diluent benzyl</i>	4	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	2	
SAMSCA	5	NM, PA
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SIGNIFOR LAR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	2	
FOSRENOL	5	
<i>lanthanum chew tab</i>	5	
PHOSLYRA	4	
RENAGEL 400mg	4	
RENAGEL 800mg	5	
<i>sevelamer carbonate</i>	2	
VELPHORO	5	
PROGESTINS		
CRINONE	4	PA
<i>medroxyprogesterone acetate</i>	1	GC
<i>norethindrone acetate</i> TABS	2	
<i>progesterone micronized</i> CAPS	2	
THYROID AGENTS		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	1	GC
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
TIROSINT	4	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate</i> TABS	2	
<i>desmopressin acetate inj</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	5	NM

GASTROINTESTINAL

ANTIEMETICS

AKYNZEO CAPS	4	B/D
AKYNZEO SOLR	4	
ALOXI	5	
<i>aprepitant</i>	2	B/D
<i>aprepitant pak 80mg & 125mg</i>	2	B/D
CESAMET	5	B/D, QL (60 caps / 30 days)
CINVANTI	4	
<i>compro supp</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SOLR	4	
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	2	
<i>granisetron hcl TABS</i>	2	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN; TBDP</i>	2	
<i>metoclopramide hcl TABS</i>	1	GC
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
METOCLOPRAMIDE ODT	4	
<i>ondansetron hcl TABS</i>	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
PALONOSETRON INJ 0.25MG/2ML	4	
<i>palonosetron inj 0.25mg/5ml</i>	2	
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>prochlorperazine inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate TABS</i>	1	GC
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl SOLN; SUPP; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
SANCUSO	5	QL (4 patches / 30 days)
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
SUSTOL	4	
SYNDROS	5	B/D

Drug Name	Drug Tier	Requirements/Limits
VARUBI EMUL	4	
VARUBI TABS	4	B/D
ZUPLENZ	4	B/D
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	2	
CUVPOSA	4	
<i>dicyclomine hcl</i> CAPS; TABS	1	GC
<i>dicyclomine hcl</i> SOLN	2	
<i>glycopyrrolate</i> SOLN; TABS	2	
<i>methscopolamine bromide</i> TABS	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS	2	
<i>cimetidine sol</i> 300/5ml	2	
<i>famotidine</i> SUSR	2	
<i>famotidine</i> TABS 20mg, 40mg	1	GC
<i>famotidine inj</i>	2	
<i>nizatidine</i>	2	
<i>ranitidine hcl</i> CAPS; SYRP	2	
<i>ranitidine hcl</i> TABS	1	GC
<i>ranitidine hcl inj</i>	2	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
<i>balsalazide disodium</i>	2	
<i>budesonide</i> CPEP; TB24	5	
CANASA	4	
<i>colocort</i>	2	
DELZICOL	4	
DIPENTUM	5	
ENTYVIO	5	NM, PA
GIAZO	5	
<i>hydrocortisone (enema)</i>	2	
<i>mesalamine</i> TBEC	2	
<i>mesalamine enema</i>	2	
<i>mesalamine w/ cleanser</i>	2	
PENTASA 250mg	4	
PENTASA 500mg	5	
SF-ROWASA	5	
SFROWASA	5	
<i>sulfasalazine dr</i>	2	
<i>sulfasalazine ir</i>	2	
UCERIS TAB	5	
UCERISFOAM	4	
LAXATIVES		
CLENPIQ	4	
<i>constulose</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	4	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
PREPOPIK	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA	3	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	
CARAFATE SUSP	4	
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	2	
GATTEX	5	NM, LA, PA
LINZESS	3	
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	2	
MOVANTIK	3	
OMECLAMOX-PAK	4	
PYLERA	5	
RELISTOR	5	PA
SUCRAID	5	LA
<i>sucralfate</i> TABS	2	
SYMPROIC	4	PA
TRULANCE	4	
<i>ursodiol</i> CAPS; TABS	2	
VIBERZI	5	PA
XIFAXAN TAB 550MG	5	PA
PANCREATIC ENZYMES		
CREON	3	
PANCREAZE	4	
PERTZYE	4	

Drug Name	Drug Tier	Requirements/Limits
VIOKACE 10	4	
VIOKACE 20	5	
ZENPEP	4	

PROTON PUMP INHIBITORS

ACIPHEX SPR CAP 5MG	4	
ACIPHEX SPR CAP 10MG	4	QL (60 caps / 30 days)
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole</i> CPDR	2	QL (30 caps / 30 days)
<i>lansoprazole</i> TBDP	2	QL (30 tabs / 30 days)
NEXIUM GRA 2.5MG DR	4	
NEXIUM GRA 5MG DR	4	
NEXIUM GRA 10MG DR	4	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	4	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	4	QL (30 packets / 30 days)
<i>omeprazole cap 10mg</i>	1	GC, QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	GC, QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	GC, QL (30 caps / 30 days)
<i>pantoprazole sodium</i> SOLR	2	
<i>pantoprazole sodium</i> TBEC	1	GC, QL (30 tabs / 30 days)
PREVACID SOLUTAB	4	QL (30 tabs / 30 days)
PRILOSEC	3	
PROTONIX PACK	4	QL (30 packets / 30 days)
<i>rabeprazole sodium</i>	2	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	
CARDURA XL	4	ST
<i>dutasteride</i> CAPS	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride</i> TABS 5mg	1	GC
RAPAFLO	4	ST
<i>tamsulosin hcl</i>	2	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	2	
ELMIRON	5	
<i>potassium citrate (alkalinizer) er tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	2	
GELNIQUE	4	ST
MYRBETRIQ	4	
<i>oxybutynin chloride</i> SYRP	1	GC
<i>oxybutynin chloride</i> TABS; TB24	2	
OXYTROL	4	ST
<i>tolterodine tartrate er</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
TOVIAZ	3	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
VESICARE	4	
VAGINAL ANTI-INFECTIVES		
AVC	4	
CLEOCIN VAG SUPP 100MG	4	
<i>clindamycin cre 2% vag</i>	2	
CLINDESSE	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 sup 200mg</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
BEVYXXA	4	
COUMADIN	4	
ELIQUIS STARTER PACK	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
<i>hep sod/nacl inj 25000</i>	3	
<i>heparin (porcine) in sodium chloride 100u/ml</i>	3	
<i>heparin sod inj 1000u/ml</i>	2	B/D
<i>heparin sod inj 5000u/0.5ml</i>	2	B/D
<i>heparin sod inj 5000u/ml</i>	2	B/D
<i>heparin sod inj 10000u/ml</i>	2	B/D
<i>heparin sod inj 20000u/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium/d5w</i>	3	
HEPARIN SODIUM/NAACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	4	
SAVAYSA	4	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 3 40mcg/ml		NM, PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 5 100mcg/ml, 200mcg/ml, 300mcg/ml		NM, PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	3	NM, PA
ARANESP ALBUMIN FREE SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM, PA
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM, PA
EPOGEN 20000unit/ml	5	NM, PA
GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MOZOBIL	5	NM, PA
NEULASTA	5	NM, PA
NEULASTA ONPRO KIT	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

<i>anagrelide hcl</i>	2	
<i>cilostazol</i>	2	
CINRYZE	5	QL (20 vials / 30 days), NM, LA, PA
ENDARI	5	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
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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
RUCONEST	5	NM, PA
<i>tranexamic acid</i> SOLN; TABS	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	GC
<i>clopidogrel tab 300mg</i>	2	
<i>prasugrel hcl</i>	2	
YOSPRALA	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i> TABS	2	
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NM, PA
TREXALL	4	B/D
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

Drug Name	Drug Tier	Requirements/Limits
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
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
ORALAIR	4	PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL 5mg	5	B/D
ASTAGRAF XL .5mg, 1mg	4	B/D
ATGAM	5	B/D
AZASAN	4	B/D
AZATHIOPRINE SOLR	4	B/D
<i>azathioprine</i> TABS	2	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
ENVARUSUS XR	4	B/D
<i>engraf</i>	2	B/D
<i>mycophenolate inj 500mg</i>	2	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	2	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	2	B/D
NULOJIX	5	B/D
PROGRAF SOLN	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	2	B/D
<i>tacrolimus</i> CAPS	2	B/D
THYMOGLOBULIN	5	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	
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Drug Name	Drug Tier	Requirements/Limits
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	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con spr cap 8meq</i>	2	
<i>klor-con spr cap 10meq</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> PACK	2	
<i>potassium chloride</i> SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride caps er</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
<i>aminosyn inj 8.5/lyte</i>	4	B/D
AMINOSYN M	4	B/D
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 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	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 E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/D10	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol sf 15%</i>	2	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>plenamine</i>	2	B/D
<i>premasol 6%</i>	2	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
SMOFLIPID	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose SOLN</i>	2	
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/lactated ring</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
ELECTROLYTE-R IN DEXTROSE	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/LR	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
KCL 0.15%/D5W/LR	4	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NAACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringers viaflex</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride 0.3%/d</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>ringer's</i>	2	
<i>sodium chloride SOLN .9%, 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	

VITAMINS

<i>calcitriol CAPS; SOLN</i>	2	B/D
<i>doxercalciferol CAPS 1mcg, 2.5mcg</i>	5	B/D
<i>doxercalciferol CAPS .5mcg</i>	2	B/D
<i>doxercalciferol SOLN</i>	2	B/D
HECTOROL 2mcg/ml	4	B/D
<i>paricalcitol</i>	2	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
RAYALDEE	4	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	

ANTI-INFECTIVES

AZASITE	4	
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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl (ophth)</i>	1	GC
<i>erythromycin (ophth)</i>	1	GC
<i>gatifloxacin (ophth)</i>	2	
gentak	2	
<i>gentamicin sulfate soln (ophth)</i>	1	GC
<i>levofloxacin (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	GC
<i>sulfacet sod oin 10% op</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	GC
TOBEX OINT 0.3%	4	
<i>trifluridine SOLN</i>	2	
ZIRGAN	4	

ANTI-INFLAMMATORIES

ACUVAIL	4	
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
FLAREX	4	
<i>fluorometholone (ophth)</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	3	
MAXIDEX	4	
PRED MILD	4	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	

ANTIALLERGICS

Drug Name	Drug Tier	Requirements/Limits
ALOCRIIL	4	
ALOMIDE	4	
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
EMADINE	4	
<i>epinastine hcl (ophth)</i>	2	
LASTACAFT	4	
<i>olopatadine hcl 0.1%</i>	2	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	GC
<i>brimonidine sol 0.15%</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>latanoprost SOLN</i>	1	GC
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth) soln</i>	1	GC
<i>timolol maleate gel</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
TIMOPTIC OCUDOSE	4	
TRAVATAN Z	3	
VYZULTA	4	ST
ZIOPTAN	4	ST
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
LACRISERT	4	
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
XIIDRA	4	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol</i>	2	B/D
STIOLTO RESPIMAT	4	QL (1 inhaler / 30 days)
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide (nasal)</i>	2	
<i>ipratropium sol inhal</i>	2	B/D
LONHALA MAGNAIR REFILL KIT	5	
LONHALA MAGNAIR STARTER KIT	5	
SPIRIVA HANDIHALER	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK)	4	QL (2 inhalers / 30 days)
ANTI-HISTAMINE COMBINATIONS		
CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50	4	QL (1 bottle / 30 days)
SEMPREX-D	4	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	1	GC
CLARINEX SYRP	4	
<i>cyproheptadine hcl SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>desloratadine</i>	2	
<i>diphenhydram inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SOLN; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate CAPS</i>	4	PA; PA if 65 years and older
<i>levocetirizine soln 2.5mg/5ml</i>	2	
<i>levocetirizine tab 5 mg</i>	2	
<i>olopatadine hcl (nasal)</i>	2	
BETA AGONISTS		

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	GC
<i>albuterol sulfate</i> TABS	2	
<i>albuterol sulfate er</i>	2	
ARCAPTA NEOHALER	4	QL (30 caps / 30 days)
BROVANA	5	B/D
<i>levalbuterol conc 1.25mg/0.5ml</i>	2	B/D
<i>levalbuterol hcl</i> NEBU	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	2	B/D
<i>levalbuterol tartrate hfa</i>	2	QL (2 inhalers / 30 days)
PERFOROMIST	5	B/D
PROAIR HFA	4	QL (2 inhalers / 30 days)
PROAIR RESPICLICK	4	QL (2 inhalers / 30 days)
PROVENTIL HFA	4	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN	5	
<i>terbutaline sulfate</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; PACK; TABS	2	
<i>zafirlukast</i>	2	
<i>zileuton</i>	5	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> NEBU	2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
CINQAIR	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET	5	NM, PA
FASENRA INJ 30MG/ML	5	NM, LA, PA
GLASSIA	5	NM, LA, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, PA
OFEV	5	NM, PA
ORKAMBI TABS	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
BECONASE AQ	4	QL (2 inhalers / 30 days)
<i>flunisolide (nasal)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	2	QL (2 inhalers / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
QNASL	4	QL (1 inhaler / 30 days)
QNASL CHILDRENS	4	QL (1 inhaler / 30 days)
XHANCE	4	QL (2 bottles / 30 days)
ZETONNA	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
AEROSPAN	4	QL (2 inhalers / 30 days)
ALVESCO	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
ASMANEX	4	QL (2 inhalers / 30 days)
ASMANEX HFA 100mcg/act	4	QL (2 inhalers / 30 days)
ASMANEX HFA 200mcg/act	4	QL (1 inhaler / 30 days)
<i>budesonide (inhalation)</i>	2	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)
QVAR AER 40MCG	4	QL (1 inhaler / 30 days)
QVAR AER 80MCG	4	QL (2 inhalers / 30 days)
QVAR REDHALER	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	3	QL (60 blisters / 30 days)
DULERA	4	QL (1 inhaler / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	2	
ELIXOPHYLLIN	4	
THEO-24	4	
<i>theophylline</i>	2	

TOPICAL

DERMATOLOGY, ACNE

ACANYA	4	
ACZONE	4	
<i>adapalene</i> CREA; GEL	2	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
AKTIPAK	4	
<i>amnesteem</i>	2	PA
<i>avita</i>	2	PA
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
<i>clindacin-p</i>	2	
CLINDAGEL	5	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
<i>clindamycin phosphate-tretinoin</i>	2	
<i>dapsone gel 5%</i>	2	
DIFFERIN LOTN	4	
EPIDUO	4	
EPIDUO FORTE	4	
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin</i> CAPS	2	PA
<i>myorisan</i>	2	PA
<i>neuac gel 1.2-5%</i>	2	
ONEXTON	4	
RETIN-A MICRO .06%	5	PA
RETIN-A MICRO PUMP .08%	5	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin</i> CREA; GEL	2	PA
<i>tretinoin microsphere</i>	2	PA
<i>zenatane</i>	2	PA

DERMATOLOGY, ANTIBIOTICS

BACTROBAN NASAL	4	
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Drug Name	Drug Tier	Requirements/Limits
CENTANY	4	
CORTISPORIN	4	
<i>gentamicin sulfate (topical)</i>	2	
<i>mafenide acetate</i> PACK	2	
<i>mupirocin</i> OINT	1	GC
<i>mupirocin calcium (topical)</i>	2	
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL	2	
<i>ciclopirox cre 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox sus 0.77%</i>	2	
<i>clotrimazole (topical)</i>	2	
ERTACZO	5	
EXELDERM	4	
<i>ketokonazole (topical)</i>	2	
<i>luliconazole</i>	2	
LUZU	4	
MENTAX	4	
<i>naftifine hcl</i>	2	
NAFTIN GEL	4	
<i>nyamyc</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT LOTN	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; SOLN	2	
<i>calcitriol</i> OINT	2	
<i>methoxsalen rapid</i>	5	
<i>tazarotene</i> CREA	2	PA
TAZORAC CREA .05%	4	PA
TAZORAC GEL	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketokonazole shampoo</i>	1	GC
<i>selenium sulfide</i> LOTN	1	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i> CREA; LOTN	2	

Drug Name	Drug Tier	Requirements/Limits
AMCINONIDE OINT	4	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i> CREA; FOAM; LOTN; OINT	2	
<i>calcipotriene/betamethasone</i>	2	
CAPEX	4	
<i>clocortolone pivalate</i>	2	
CORDRAN TAPE	4	
DESONATE	4	
<i>desonide</i> CREA; LOTN; OINT	2	
<i>desoximetasone</i> CREA; GEL; OINT	2	
ENSTILAR	5	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	2	
<i>fluocinolone acetonide oil body</i>	2	
<i>fluocinonide</i> CREA; GEL; OINT; SOLN	2	
<i>fluocinonide emulsified base</i>	2	
<i>flurandrenolide</i>	2	
<i>fluticasone propionate</i> CREA; LOTN; OINT	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i> CREA	1	GC
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	
<i>hydrocortisone (topical)</i> OINT 2.5%	1	GC
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate lotion 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone butyrate soln 0.1%</i>	2	
<i>hydrocortisone valerate</i>	2	
LOCOID LOTN	4	
MICORT-HC	4	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
<i>nolix</i>	2	
PANDEL	5	
<i>prednicarbate</i>	2	
SERNIVO	5	
TACLONEX SUSP	5	
TEXACORT	4	
TOPICORT SPRAY 0.25%	4	
<i>triamcinolone acetonide (topical)</i> AERS; LOTN	2	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1	GC
TRIANEX	4	

Drug Name	Drug Tier	Requirements/Limits
ULTRAVATE LOTN	5	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine</i> OINT	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH	2	PA
<i>lidocaine hcl</i> GEL	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine</i>	2	QL (30 gm / 30 days), PA
SYNERA	5	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i>	2	
<i>ammonium lactate</i> CREA; LOTN	2	
CONDYLOX	4	
CORTIFOAM	4	
DENAVIR	5	
<i>diclofenac sodium (topical) 1% gel</i>	2	PA
<i>diclofenac sodium (topical) 1.5% soln</i>	2	
<i>doxepin hcl (antipruritic)</i>	2	
<i>doxycycline (rosacea)</i>	2	
EUCRISA	4	PA
FINACEA AER 15%	4	
FINACEA GEL 15%	4	
<i>fluorouracil (topical) CREA 5%</i>	2	
<i>fluorouracil (topical) CREA .5%</i>	5	
<i>fluorouracil (topical) SOLN</i>	2	
<i>imiquimod</i> CREA	2	
<i>metronidazole (topical)</i>	2	
NORITATE	5	
PANRETIN	5	
PENNSAID	5	
PICATO	3	
<i>podofilox</i> SOLN	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc 2.5 %</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	4	
<i>rosadan cre 0.75%</i>	2	
SOOLANTRA	4	
<i>tacrolimus (topical)</i>	2	
TARGRETIN GEL	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
TOLAK	4	
VALCHLOR	5	NM, LA, PA
XERESE	5	
ZOVIRAX CREA	5	
ZYCLARA	5	
ZYCLARA PUMP	5	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i>	2	
NATROBA	4	
<i>permethrin cre 5%</i>	2	
SKLICE	4	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
<i>neomycin/polymyxin b gu</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>sterile water irrigation</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC
<i>clotrimazole LOZG</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	1	GC
<i>nystatin (mouth-throat)</i>	2	
ORAVIG	5	
<i>paroex sol 0.12%</i>	1	GC
<i>periogard soln 0.12%</i>	1	GC
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetasol hc</i>	2	
<i>acetic acid (otic)</i>	2	
<i>acetic acid sol/hc</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
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