



GlobalHealth

GlobalHealth 2019 Formulary

(List of
Covered Drugs)

For State of
Oklahoma Group
Retirees (HMO)



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

This formulary was updated
on 10/01/2018. For more
recent information or other
questions, please contact
GlobalHealth Customer Care at
1-866-494-3927 or,
for TTY users, 711
24 hours a day, seven days a week
www.GlobalHealth.com/medicare

HPMS Formulary File Submission ID: 00019290
Version 6

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

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ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00019290, Version Number 6.

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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.

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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 State of Oklahoma Group Retirees (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2018. 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, 2019, and from time to time during the year.

What is the State of Oklahoma Group Retirees (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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the State of Oklahoma Group Retirees (HMO) Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add 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 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 10/01/2018. 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 on page 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 69. 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 30 tablets per prescription for Januvia. 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 65. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our 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 State of Oklahoma Group Retirees (HMO) formulary?" on page 5 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 State of Oklahoma Group Retirees (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 31-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 State of Oklahoma Group Retirees (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>.

State of Oklahoma Group Retirees (HMO) Formulary

The formulary that begins on the next page 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 69.

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

NSAIDS

<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibu tab 600mg</i>	1	GC
<i>ibu tab 800mg</i>	1	GC
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	GC
<i>ketoprofen CAPS 75mg</i>	2	
<i>meloxicam TABS</i>	1	GC
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	GC
<i>naproxen dr</i>	1	GC
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	1	GC

OPIOID ANALGESICS

<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **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>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>nalbuphine hcl</i> SOLN	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

<i>endocet 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	2	QL (180 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), PA
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<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>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	2	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl 5mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	2	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab 200mg</i>	2	QL (60 tabs / 30 days), PA
<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
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 TABS 15mg</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate TABS 30mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	2	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	2	QL (900 mL / 30 days)
<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 (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (180 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D

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
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ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	2	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>neomycin sulfate TABS</i>	2	
<i>paromomycin sulfate CAPS</i>	2	
<i>streptomycin sulfate SOLR</i>	5	
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	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	
ALINIA	5	
<i>atovaquone SUSP</i>	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	2	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	2	
<i>clindamycin cap 300mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin soln 75mg/5ml</i>	2	
<i>colistimethate sodium SOLR</i>	2	
<i>dapsone TABS</i>	2	
<i>daptomycin 500mg</i>	5	
EMVERM	5	
<i>ertapenem sodium</i>	2	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin TABS</i>	2	
<i>linezolid in sodium chloride</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid inj</i>	2	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole TABS</i>	1	GC
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
<i>praziquantel TABS</i>	2	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	2	
<i>sulfamethoxazole-trimethoprim susp</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	GC
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	1	GC
<i>vancomycin hcl CAPS 125mg</i>	2	
<i>vancomycin hcl CAPS 250mg</i>	5	
<i>vancomycin hcl SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg</i>	2	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b SOLR</i>	2	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole SUSR</i>	2	
<i>fluconazole TABS 50mg, 100mg, 200mg</i>	2	
<i>fluconazole TABS 150mg</i>	1	GC
<i>fluconazole in dextrose</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole CAPS</i>	2	PA
<i>ketoconazole TABS</i>	2	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	2	
<i>terbinafine hcl TABS</i>	1	GC, QL (90 tabs / year)
<i>voriconazole SOLR</i>	2	
<i>voriconazole SUSR; TABS</i>	5	

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate TABS</i>	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate CAPS</i>	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 CAPS 50mg</i>	2	
<i>efavirenz CAPS 200mg</i>	5	
<i>efavirenz TABS</i>	5	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	2	
LEXIVA SUSP	4	
<i>nevirapine</i> TABS; TB24	2	
NORVIR CAPS	3	
NORVIR PACK; SOLN	4	
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	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	2	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	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>	2	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	

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Drug Name	Drug Tier	Requirements/Limits
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>	2	
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		
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> TABS	1	GC
<i>isoniazid syp 50mg/5ml</i>	2	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	2	
<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>entecavir</i>	5	
EPCLUSA	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	2	
<i>ganciclovir sodium</i>	2	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	
MAVYRET	5	NM, PA
<i>moderiba tab 200mg</i>	2	NM
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	2	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK 180mcg/0.5ml	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	2	NM
<i>ribasphere</i> TABS 200mg	2	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
<i>valacyclovir hcl</i> TABS	2	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i>	2	
CEFACLOR MONOHYDRATE ER	4	
<i>cefadroxil</i> CAPS	1	GC
<i>cefadroxil</i> SUSR; TABS	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	2	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime</i> SOLR	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR	2	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	2	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR	2	
<i>azithromycin</i> TABS	1	GC
<i>clarithromycin</i> TABS	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin for susp</i>	2	
DIFICID	5	
<i>e.e.s 400</i>	2	
<i>ery-tab</i>	2	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate</i> TABS	2	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	2	
<i>ciprofloxacin hcl tab</i> 100mg	2	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	GC
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin</i> TABS	1	GC
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
PENICILLINS		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	GC
<i>amoxicillin</i> CHEW	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 1gm, 2gm</i>	2	
<i>nafcillin sodium 10gm</i>	5	
<i>oxacillin sodium 1gm, 2gm</i>	2	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium SOLR</i>	2	
<i>penicillin v potassium TABS</i>	1	GC
<i>penicillin gk inj 5mu</i>	2	
<i>penicillin gk inj 20mu</i>	2	
<i>pfizerpen-g inj 5mu</i>	2	
<i>pfizerpen-g inj 20mu</i>	2	
<i>piper/tazoba inj 2-0.25gm</i>	2	
<i>piper/tazoba inj 3-0.375gm</i>	2	
<i>piper/tazoba inj 4-0.5gm</i>	2	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	2	
TETRACYCLINES		
<i>doxy 100</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	2	
<i>doxycycline hyclate CAPS</i>	2	
<i>doxycycline hyclate SOLR</i>	2	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS</i>	2	
<i>morgidox cap 1x50mg</i>	2	
<i>tetracycline hcl CAPS</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide</i> CAPS	2	B/D
<i>cyclophosphamide</i> SOLR	5	B/D
<i>dacarbazine</i> 100mg	2	B/D
EMCYT	4	
GLEOSTINE 10mg, 40mg, 100mg	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj</i> 1gm/20ml	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj</i> 3gm/60ml	2	B/D
LEUKERAN	5	
ANTHRACYCLINES		
<i>adriamycin</i>	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	2	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
<i>mitomycin</i> SOLR	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cytarabine</i> 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN	2	B/D
<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	2	B/D
<i>mercaptopurine</i> TABS	2	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NM
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

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Drug Name	Drug Tier	Requirements/Limits
<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		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
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
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
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

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Drug Name	Drug Tier	Requirements/Limits
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	2	
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA

IMMUNOMODULATORS

POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA

KINASE INHIBITORS

AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA

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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	

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> 500mg	5	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
MESNEX TABS	5	

TOPOISOMERASE INHIBITORS

<i>etoposide</i> SOLN	2	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i>	2	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

CARDIOVASCULAR

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Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 10-40mg</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>	6	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	6	GC
<i>captopril TABS</i>	1	GC
<i>enalapril maleate TABS</i>	1	GC
<i>fosinopril sodium</i>	6	GC
<i>lisinopril TABS</i>	6	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	6	GC
<i>ramipril</i>	6	GC
<i>trandolapril</i>	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	2	
<i>spironolactone TABS</i>	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	2	
<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

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>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
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	6	GC
<i>losartan-hydrochlorothiazide</i>	6	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	6	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	6	GC
<i>losartan potassium</i>	6	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 tab 100mg</i>	2	
<i>amiodarone tab 200mg</i>	1	GC
<i>amiodarone tab 400mg</i>	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE CR	4	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS	6	GC
<i>lovastatin</i>	6	GC
<i>pravastatin sodium</i>	6	GC
<i>rosuvastatin calcium</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	6	GC
<i>simvastatin</i> TABS 80mg	6	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	
<i>cholestyramine light</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>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS	1	GC
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	2	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	2	
<i>niacor</i>	2	
PRALUENT	5	NM, PA
<i>prevalite</i>	2	
VASCEPA	4	
WELCHOL PAK	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<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>propranolol & hydrochlorothiazide</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	GC
<i>bisoprolol fumarate</i>	2	
<i>BYSTOLIC 2.5mg, 5mg, 10mg</i>	4	QL (30 tabs / 30 days)
<i>BYSTOLIC 20mg</i>	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	GC
<i>labetalol hcl TABS</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	2	
<i>metoprolol tartrate SOLN</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	GC
<i>nadolol TABS</i>	2	
<i>pindolol</i>	2	
<i>propranolol cap er</i>	2	
<i>propranolol hcl TABS</i>	2	
<i>propranolol oral sol</i>	2	
<i>timolol maleate TABS</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	
<i>amlodipine besylate TABS</i>	1	GC
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</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 hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl CAPS</i>	2	
<i>nifedipine TB24</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine CAPS</i>	5	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil cap er</i>	2	
<i>verapamil hcl SOLN</i>	2	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl tab er</i>	1	GC
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	2	PA; PA if 70 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol 50mcg/ml</i>	2	PA; PA if 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	4	
TEKTURNA HCT	4	
DIURETICS		
<i>acetazolamide CP12; TABS</i>	2	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	2	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i>	2	
<i>furosemide SOLN; TABS</i>	1	GC
<i>furosemide inj</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tabs</i>	1	GC
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK	2	
<i>clonidine hcl</i> TABS	1	GC
CORLANOR	4	
DEMSER	5	PA
<i>hydralazine hcl</i> SOLN; TABS	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
NITRATES		
<i>isosorb mononitrate tab</i>	1	GC
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	2	
<i>nitroglycerin td patch</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> TABS	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	4	
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	2	
<i>diazepam inj</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	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	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> CHEW; TB24	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	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj 50mg/ml</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 tab</i>	1	GC
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP	2	
<i>topiramate</i> TABS	1	GC
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i>	2	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
zonisamide CAPS	2	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	2	
<i>galantamine hydrobromide</i> TABS	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	2	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	2	PA; PA if < 30 yrs
<i>memantine soln</i>	2	PA; PA if < 30 yrs
<i>memantine tabs</i>	2	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	2	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	QL (30 patches / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine tab 25mg</i>	3	
<i>amoxapine tab 50mg</i>	3	
<i>amoxapine tab 100mg</i>	3	
<i>amoxapine tab 150mg</i>	3	
<i>bupropion hcl</i> TABS; TB12; TB24	2	
<i>citalopram hydrobromide</i> SOLN	2	
<i>citalopram hydrobromide</i> TABS	1	GC
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
<i>duloxetine hcl</i> CPEP 20mg	2	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	2	
<i>escitalopram oxalate</i> TABS	1	GC
FETZIMA 20mg	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	GC
<i>fluoxetine cap 20mg</i>	1	GC
<i>fluoxetine cap 40mg</i>	1	GC
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	3	
<i>maprotiline hcl</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS	1	GC
<i>mirtazapine</i> TBDP	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	2	
<i>protriptyline hcl</i>	4	
<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>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24	1	GC
<i>venlafaxine hcl</i> TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	2	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate</i> TABS	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 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl</i> CAPS; TABS	2	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older
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</i>	2	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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</i> TABS	2	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	2	PA
<i>clozapine odt</i> 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	2	
<i>clozapine tab</i> 50mg	2	
<i>clozapine tab</i> 100mg	2	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	
<i>haloperidol conc</i> 2mg/ml	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate inj</i> 5mg/ml	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, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxapine succinate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	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	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP .5mg	2	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	2	QL (60 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	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 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-dextroamphetamine cap sr 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	2	QL (30 caps / 30 days)
<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 (90 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)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	2	QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab</i> 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	2	QL (900 mL / 30 days)
<i>methylphenidate tab</i> 10mg er	2	QL (90 tabs / 30 days)
<i>methylphenidate tab</i> 20mg er	2	QL (90 tabs / 30 days)

HYPNOTICS

HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<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	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate inj</i> 1 mg/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> TABS	2	
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 inhalers / 30 days)
<i>sumatriptan inj</i> 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan inj</i> 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS; TABS	1	GC
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
NUDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab</i> 60mg	2	
<i>riluzole</i>	2	
<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
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine hcl</i> TABS	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> 50mg	2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	2	
<i>buprenorphine hcl</i> SUBL	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<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>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 (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS	2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 grams / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> SOLN	2	PA
<i>testosterone enanthate</i> SOLN	2	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	GC
BD ULTRAFINE INSULIN SYRINGE	3	GC
BD ULTRAFINE/NANO PEN NEEDLES	3	GC
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	GC
FIASP FLEXTOUCH	3	GC
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	GC
INSULIN SAFETY NEEDLES	3	GC
INSULIN SYRINGE	3	GC
LEVEMIR	3	GC
LEVEMIR FLEXTOUCH	3	GC
NOVOLIN 70/30	3	GC; (brand RELION not covered)
NOVOLIN N	3	GC; (brand RELION not covered)
NOVOLIN R	3	GC; (brand RELION not covered)
NOVOLOG	3	GC
NOVOLOG 70/30 FLEXPEN	3	GC
NOVOLOG FLEXPEN	3	GC
NOVOLOG MIX 70/30	3	GC
NOVOLOG PENFILL	3	GC
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)
TRESIBA FLEXTOUCH	3	GC
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

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Drug Name	Drug Tier	Requirements/Limits
<i>acarbose</i>	2	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	6	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	6	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	6	GC, QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250mg	1	GC, QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500mg	1	GC, QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	6	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	6	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	6	GC, QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	6	GC, QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	6	GC, QL (60 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	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin er</i> 500mg	6	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	6	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	6	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	GC, QL (75 tabs / 30 days)
<i>nateglinide</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	6	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	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> TABS	1	GC
<i>ibandronate sodium</i> TABS	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	2	B/D
<i>pamidronate inj</i> 30mg	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate inj 90mg</i>	2	B/D
<i>zoledronic acid inj 5mg/100ml</i>	2	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate susp</i>	2	
<i>sps susp 15gm/60ml</i>	2	
<i>trientine hcl</i>	5	PA
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</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>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	
<i>desogestrel & ethinyl estradiol</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<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>femynor</i>	2	
<i>gianvi</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>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>leena</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>levora 0.15/30-28</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</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	
<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>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>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	

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Drug Name	Drug Tier	Requirements/Limits
<i>reclipsen</i>	2	
<i>setlakin tab</i>	2	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo 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>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>zarah</i>	2	
<i>zenchent</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	2	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, 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
<i>sodium phenylbutyrate</i>	5	NM, PA

ESTROGENS

DELESTROGEN 10mg/ml	4	
<i>estradiol PTWK</i>	3	
<i>estradiol TABS</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tab</i>	2	
<i>estradiol valerate OIL</i>	2	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvaferm vaginal tablet 10 mcg</i>	2	

GLUCOCORTICOIDS

<i>cortisone acetate TABS</i>	2	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	1	GC
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
<i>methylpr ss inj</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
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN</i> 15mg/5ml	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
PREDNISONE 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
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	B/D
FORTEO	5	NM, PA
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
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 (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR	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	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder) CAPS</i>	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) TABS</i>	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate PACK 2.4gm</i>	5	QL (180 packets / 30 days)
<i>sevelamer carbonate PACK .8gm</i>	5	QL (540 packets / 30 days)
<i>sevelamer carbonate TABS</i>	2	QL (540 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate tab</i>	1	GC
<i>norethindrone acetate TABS</i>	2	

THYROID AGENTS

<i>levo-t</i>	2	
<i>levothyroxine sodium TABS</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium TABS</i>	2	
<i>methimazole TABS</i>	1	GC
<i>propylthiouracil TABS</i>	2	
SYNTHROID	4	
<i>unithroid</i>	2	

VASOPRESSINS

<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin inj 4mcg/ml</i>	2	
STIMATE	5	NM

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	2	B/D
<i>aprepitant pak 80mg & 125mg</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl SOLN</i>	2	
<i>granisetron hcl TABS</i>	2	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	GC
<i>metoclopramide hcl inj</i>	2	
<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
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate TABS</i>	1	GC
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate TABS</i>	2	

H2-RECEPTOR ANTAGONISTS

<i>famotidine SUSR</i>	2	
<i>famotidine TABS 20mg, 40mg</i>	1	GC
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>ranitidine hcl TABS</i>	1	GC
<i>ranitidine hcl inj</i>	2	
<i>ranitidine inj</i>	2	
<i>ranitidine syrup</i>	2	

INFLAMMATORY BOWEL DISEASE

<i>APRISO</i>	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	5	
<i>CANASA</i>	4	
<i>colocort enema 100mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
DELZICOL	4	
<i>hydrocortisone (enema)</i>	2	
<i>mesalamine ENEM</i>	2	
<i>mesalamine TBEC 800mg</i>	2	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	2	
LAXATIVES		
<i>constulose</i>	2	
<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	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 PACK; POWD</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN	5	PA
<i>sucalfate</i> TABS	2	
SYMPROIC	3	
<i>ursodiol</i> CAPS; TABS	2	
XIFAXAN 550mg	5	PA

PANCREATIC ENZYMES

CREON	3	
ZENPEP	4	

PROTON PUMP INHIBITORS

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>omeprazole cap 10mg</i>	1	GC
<i>omeprazole cap 20mg</i>	1	GC
<i>omeprazole cap 40mg</i>	1	GC
<i>pantoprazole sodium</i> SOLR	2	
<i>pantoprazole sodium tbec</i>	1	GC

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	GC
<i>tamsulosin hcl</i>	2	

MISCELLANEOUS

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

URINARY ANTISPASMODICS

MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	2	
<i>oxybutynin chloride</i> TABS	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	2	ST
TOVIAZ	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride</i> TABS	2	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
HEPARIN SODIUM/NAACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	4	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX	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	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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
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
<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>prasugrel hcl</i>	2	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 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 INJ 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	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

IMMUNOSUPPRESSANTS

<i>azathioprine TABS</i>	2	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine CAPS; SOLN</i>	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
<i>gengraf</i>	2	B/D
<i>mycophenolate mofetil CAPS; TABS</i>	2	B/D
<i>mycophenolate mofetil SUSR</i>	5	B/D
<i>mycophenolate sodium tbec</i>	2	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus TABS 2mg</i>	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus</i> TABS .5mg, 1mg	2	B/D
<i>tacrolimus</i> CAPS	2	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D

VACCINES

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
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	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

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	
<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 SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride CPCR</i>	2	
<i>potassium chloride PACK</i>	2	
<i>potassium chloride SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	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 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 10%	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 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<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>premasol sol 6%</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<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%/NACL 0.2%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</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 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	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 in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
VITAMINS		
<i>calcitriol CAPS</i>	2	B/D
<i>calcitriol inj</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
<i>paricalcitol CAPS</i>	2	B/D
PNV PRENATAL TAB PLUS	3	
RAYALDEE	5	

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Drug Name	Drug Tier	Requirements/Limits
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OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	1	GC
<i>erythromycin (ophth)</i>	1	GC
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	1	GC
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>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	GC
<i>trifluridine SOLN</i>	2	
ZIRGAN	4	

ANTI-INFLAMMATORIES

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	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	

ANTIALLERGICS

<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
LASTACFT	4	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	

ANTIGLAUCOMA

ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
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	
<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	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	
TRAVATAN Z	3	

MISCELLANEOUS

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Drug Name	Drug Tier	Requirements/Limits
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl</i> SOLN	2	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	2	B/D
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</i> SOLN	2	B/D
<i>ipratropium bromide (nasal)</i>	2	

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	1	GC
<i>cyproheptadine hcl</i> SYRP; TABS	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl</i> SYRP	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i>	2	

BETA AGONISTS

<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl</i> NEBU 1.25mg/3ml	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)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<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	

MAST CELL STABILIZERS

<i>cromolyn sodium nebu</i>	2	B/D
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MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI TABS	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
THEO-24	4	
<i>theophylline</i>	2	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)

STEROID INHALANTS

ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	2	B/D

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

TOPICAL

DERMATOLOGY, ACNE

<i>amnestem</i>	2	PA
<i>avita</i>	2	PA
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
<i>clindacin-p</i>	2	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	2	
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin</i> CAPS	2	PA
<i>myorisan</i>	2	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin</i> CREA	2	PA
<i>tretinoin</i> GEL .01%, .025%	2	PA
<i>zenatane</i>	2	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin</i> OINT	1	GC
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> CREA; GEL; SUSP	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox shampoo 1%</i>	2	
<i>clotrimazole (topical)</i>	2	
<i>clotrimazole w/ betamethasone CREA</i>	2	
<i>ketoconazole cream</i>	2	
<i>nyamyc</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene CREA; OINT</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN</i>	2	QL (120 mL / 30 days), PA
<i>calcitrene</i>	2	QL (120 gm / 30 days), PA
<i>tazarotene CREA</i>	2	PA
<i>TAZORAC CREA .05%</i>	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	GC
<i>selenium sulfide LOTN</i>	1	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate CREA; LOTN; OINT</i>	2	
<i>fluocinolone acetonide CREA; OIL; OINT; SOLN</i>	2	
<i>fluocinolone acetonide oil body</i>	2	
<i>fluocinonide CREA .05%</i>	2	
<i>fluocinonide GEL</i>	2	
<i>fluocinonide SOLN</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate CREA; OINT</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone (topical) CREA</i>	1	GC
<i>hydrocortisone (topical) LOTN</i>	2	
<i>hydrocortisone (topical) OINT 2.5%</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1	GC
<i>triamcinolone acetonide (topical)</i> LOTN	2	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	2	QL (3 patches / 1 day), 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 oint 5%</i>	2	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	2	QL (30 grams / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate</i> CREA; LOTN	2	
<i>diclofenac sodium (topical) 1% gel</i>	2	PA
<i>fluorouracil (topical) 5%</i>	2	
<i>fluorouracil (topical)</i> SOLN	2	
<i>imiquimod</i> CREA	2	
<i>metronidazole (topical)</i> CREA; LOTN	2	
<i>metronidazole gel 0.75%</i>	2	
PANRETIN	5	
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone-hc</i>	2	
<i>rosadan</i>	2	
<i>tacrolimus (topical)</i>	2	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	2	
<i>permethrin cre 5%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</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>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>paroex sol 0.12%</i>	1	GC
<i>perio gard</i>	1	GC
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetic acid (otic)</i>	2	
CIPRODEX	3	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	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.

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<i>dextrose 5%</i>	59	<i>diltiazem cap 120mg cd</i>	26
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<i>dextrose 5%/nacl 0.2%</i>	59	<i>diltiazem cap 240mg cd</i>	26
		<i>diltiazem cap 300mg cd</i>	26
		<i>diltiazem cap 360mg cd</i>	26

<i>diltiazem cap er/12hr</i>	26	<i>emoquette</i>	45
<i>diltiazem hcl</i>	26	EMSAM	33
<i>diltiazem hcl cap sr 24hr</i>	26	EMTRIVA.....	12
<i>diltiazem hcl coated beads cap sr 24hr</i>	26	EMVERM	10
<i>diltiazem hcl extended release beads</i> <i>cap sr</i>	27	<i>enalapril maleate</i>	23
<i>diltiazem inj</i>	27	<i>enalapril maleate & hydrochlorothiazide</i>	23
<i>dilt-xr cap</i>	26	ENDARI.....	54
<i>diphenhydramine hcl inj 50mg/ml</i>	63	<i>endocet 10-325mg</i>	8
<i>diphenoxylate w/ atropine</i>	52	<i>endocet 2.5-325mg</i>	8
DIPHThERIA/TETANUS TOXOID	57	<i>endocet 5-325mg</i>	8
<i>disopyramide phosphate</i>	24	<i>endocet 7.5-325mg</i>	8
<i>disulfiram</i>	40	ENGERIX-B.....	57
<i>divalproex sodium</i>	30	<i>enoxaparin sodium</i>	54
<i>docetaxel</i>	18	<i>enpresse-28</i>	45
DOCETAXEL.....	18	<i>enskyce</i>	45
<i>dofetilide</i>	24	<i>entacapone</i>	34
<i>donepezil hydrochloride</i>	32	<i>entecavir</i>	14
<i>dorzolamide hcl</i>	62	ENTRESTO	24
<i>dorzolamide hcl-timolol maleate</i>	62	<i>enulose</i>	52
<i>doxazosin mesylate</i>	23	EPCLUSA.....	14
<i>doxepin hcl</i>	32	<i>epinephrine (anaphylaxis)</i>	64
<i>doxorubicin hcl</i>	18	<i>epirubicin hcl</i>	18
<i>doxorubicin hcl liposomal</i>	18	<i>epitol</i>	30
<i>doxy 100</i>	17	EPIVIR HBV	15
<i>doxycycline (monohydrate)</i>	17	<i>eplerenone</i>	23
<i>doxycycline hyclate</i>	17	<i>ergotamine w/ caffeine</i>	38
<i>dronabinol</i>	50	ERIVEDGE	19
<i>drospirenone-ethinyl estradiol</i>	45	ERLEADA.....	20
DROXIA	54	<i>errin</i>	45
<i>duloxetine hcl</i>	32	<i>ertapenem sodium</i>	10
DUREZOL	61	<i>ery pad 2%</i>	65
<i>dutasteride</i>	53	<i>ery-tab</i>	16
<i>dutasteride-tamsulosin hcl</i>	53	ERYTHROCIN LACTOBIONATE	16
<i>e.e.s 400</i>	16	<i>erythrocin stearate</i>	16
EDURANT	12	<i>erythromycin (acne aid)</i>	65
<i>efavirenz</i>	12	<i>erythromycin (ophth)</i>	61
<i>eletriptan hydrobromide</i>	38	<i>erythromycin base</i>	16
ELIQUIS.....	54	<i>erythromycin cap 250mg ec</i>	16
ELIQUIS STARTER PACK.....	54	<i>erythromycin ethylsuccinate</i>	16
ELLA.....	45	ESBRIET	64
EMCYT	18	<i>escitalopram oxalate</i>	33
EMEND	50	<i>esomeprazole magnesium</i>	53
		<i>esomeprazole sodium inj</i>	53

<i>estarylla tab 0.25-35</i>	45	FIRAZYR	55
<i>estradiol</i>	48	FLEBOGAMMA DIF	56
<i>estradiol vaginal cream</i>	48	<i>flecainide acetate</i>	24
<i>estradiol vaginal tab</i>	48	FLOVENT DISKUS.....	65
<i>estradiol valerate</i>	48	FLOVENT HFA	65
<i>ethambutol hcl</i>	14	<i>fluconazole</i>	11
<i>ethosuximide</i>	30	<i>fluconazole in dextrose</i>	11
<i>ethynodiol diacet & eth estrad</i>	45	<i>fluconazole inj nacl 200</i>	12
<i>ethynodiol tab 1-50</i>	45	<i>fluconazole inj nacl 400</i>	12
<i>etodolac</i>	7	<i>flucytosine</i>	12
<i>etodolac er</i>	7	<i>fludrocortisone acetate</i>	48
<i>etoposide</i>	22	<i>flunisolide (nasal)</i>	64
EVOTAZ	14	<i>fluocinolone acetonide</i>	66
<i>exemestane</i>	20	<i>fluocinolone acetonide (otic)</i>	68
<i>ezetimibe</i>	25	<i>fluocinolone acetonide oil body</i>	66
FABRAZYME.....	48	<i>fluocinonide</i>	66
<i>falmina</i>	45	<i>fluocinonide emulsified base</i>	66
<i>famciclovir</i>	15	<i>fluorometholone</i>	62
<i>famotidine</i>	51	<i>fluorouracil</i>	18
<i>famotidine in nacl</i>	51	<i>fluorouracil (topical)</i>	67
<i>famotidine inj</i>	51	<i>fluoxetine cap 10mg</i>	33
FANAPT.....	35	<i>fluoxetine cap 20mg</i>	33
FANAPT TITRATION PACK.....	35	<i>fluoxetine cap 40mg</i>	33
FARESTON	20	<i>fluoxetine hcl</i>	33
FARXIGA	42	<i>fluphenazine decanoate</i>	35
FARYDAK	19	<i>fluphenazine hcl</i>	35
FASLODEX.....	20	<i>flurbiprofen</i>	7
<i>felbamate</i>	30	<i>flurbiprofen sodium</i>	62
<i>felodipine</i>	27	<i>flutamide</i>	20
<i>femynor</i>	45	<i>fluticasone propionate</i>	66
<i>fenofibrate</i>	25	<i>fluticasone propionate (nasal)</i>	64
<i>fenofibrate micronized</i>	25	<i>fluvoxamine maleate</i>	29
<i>fentanyl citrate</i>	8	<i>fondaparinux sodium</i>	54
<i>fentanyl patch 100 mcg/hr</i>	8	FORTEO	49
<i>fentanyl patch 12 mcg/hr</i>	8	<i>fosamprenavir tab 700 mg</i>	12
<i>fentanyl patch 25 mcg/hr</i>	8	<i>fosinopril sodium</i>	23
<i>fentanyl patch 50 mcg/hr</i>	8	<i>fosinopril sodium & hydrochlorothiazide</i>	23
<i>fentanyl patch 75 mcg/hr</i>	8	FREAMINE HBC 6.9%.....	59
FENTORA	8	FREAMINE III.....	59
FETZIMA	33	<i>furosemide</i>	27
FETZIMA TITRATION PACK	33	<i>furosemide inj</i>	27
FIASP	41	FUZEON	12
FIASP FLEXTOUCH.....	41	<i>fyavolv</i>	48
<i>finasteride</i>	53		

FYCOMPA	30	<i>glip/metform tab 2.5-500mg</i>	42
<i>gabapentin</i>	30	<i>glip/metform tab 5-500mg</i>	42
<i>galantamine hydrobromide</i>	32	<i>glipizide</i>	42
<i>galantamine hydrobromide er</i>	32	<i>glipizide xl</i>	42
GAMASTAN S/D	56	GLUCAGEN HYPOKIT.....	49
GAMMAGARD LIQUID.....	56	GLUCAGON EMERGENCY KIT	49
GAMMAGARD S/D	56	<i>glycopyrrolate</i>	51
GAMMAKED	56	<i>glydo</i>	67
GAMMAPLEX	56	GOLYTELY	52
GAMMAPLEX 10GM/100ML.....	56	<i>granisetron hcl</i>	51
GAMUNEX-C	56	GRANIX	54
<i>ganciclovir sodium</i>	15	<i>griseofulvin microsize</i>	12
GARDASIL 9	57	<i>griseofulvin ultramicrosize</i>	12
<i>gatifloxacin (ophth)</i>	61	<i>guanfacine er (adhd)</i>	38
GATTEX	52	HAEGARDA.....	55
GAUZE PADS 2	41	<i>halobetasol propionate</i>	66
<i>gavilyte-c</i>	52	<i>haloperidol</i>	35
<i>gavilyte-g</i>	52	<i>haloperidol conc 2mg/ml</i>	35
<i>gavilyte-n/flavor pack</i>	52	<i>haloperidol decanoate</i>	35
<i>gemcitabine inj soln</i>	18	<i>haloperidol lactate inj 5mg/ml</i>	35
<i>gemcitabine inj solr</i>	18	HARVONI	15
<i>gemfibrozil</i>	25	HAVRIX.....	57
<i>generlac</i>	52	<i>heather</i>	45
<i>gengraf</i>	56	<i>heparin sod (porcine) in d5w</i>	54
GENOTROPIN.....	49	<i>heparin sod inj 1000/ml</i>	54
GENOTROPIN MINIQUICK.....	49	<i>heparin sod inj 10000/ml</i>	54
<i>gentak</i>	61	<i>heparin sod inj 20000/ml</i>	54
<i>gentamicin in saline</i>	10	<i>heparin sod inj 5000/ml</i>	54
<i>gentamicin sulfate</i>	10	HEPARIN SODIUM/NACL 0.45%	54
<i>gentamicin sulfate (topical)</i>	65	<i>hepatamine</i>	59
<i>gentamicin sulfate soln (ophth)</i>	61	HERCEPTIN	19
GENVOYA.....	14	HETLIOZ	38
GEODON	35	HEXALEN	18
<i>gianvi</i>	45	HIBERIX.....	57
GILENYA CAP 0.5MG.....	39	HUMIRA	55
GILOTRIF TAB 20MG.....	21	HUMIRA INJ 10MG/0.2ML.....	55
GILOTRIF TAB 30MG.....	21	HUMIRA KIT 20MG/0.4ML.....	55
GILOTRIF TAB 40MG.....	21	HUMIRA KIT 40MG/0.8ML.....	55
<i>glatiramer acetate 20mg/ml</i>	39	HUMIRA PEDIATRIC CROHNS DISEASE	55
<i>glatiramer acetate 40mg/ml</i>	39	HUMIRA PEN.....	55
<i>glatopa</i>	39	HUMIRA PEN INJ CD/UC/HS STARTER.....	55
GLEOSTINE	18	HUMIRA PEN INJ PS/UV STARTER.....	55
<i>glimepiride</i>	42	HUMULIN R INJ U-500	41
<i>glip/metform tab 2.5-250mg</i>	42		

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<i>hydralazine hcl</i>	28	INLYTA	21
<i>hydrochlorothiazide</i>	28	INSULIN PEN NEEDLE	41
<i>hydroco/apap tab 10-325mg</i>	8	INSULIN SAFETY NEEDLES	41
<i>hydroco/apap tab 5-325mg</i>	8	INSULIN SYRINGE	41
<i>hydroco/apap tab 7.5-325</i>	8	INTELENCE.....	12
<i>hydrocodone-acetaminophen 7.5-325</i>		INTRALIPID 30%.....	59
<i>mg/15ml</i>	8	<i>intralipid inj 20%</i>	59
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INTRON-A INJ 10MU	56
.....	8	INTRON-A INJ 18MU	56
<i>hydrocortisone</i>	48	INTRON-A INJ 25MU	56
<i>hydrocortisone (enema)</i>	52	INTRON-A INJ 50MU	56
<i>hydrocortisone (topical)</i>	66	<i>introvale</i>	45
<i>hydrocortisone butyrate cream 0.1%</i> .	67	INVANZ	10
<i>hydrocortisone butyrate oint 0.1%</i> ...	67	INVEGA SUST INJ 117 MG/0.75 ML ...	35
<i>hydrocortisone valerate</i>	67	INVEGA SUST INJ 156MG/ML.....	35
<i>hydromorphone hcl</i>	8	INVEGA SUST INJ 234 MG/1.5 ML	35
<i>hydroxychloroquine sulfate</i>	55	INVEGA SUST INJ 39 MG/0.25 ML	35
<i>hydroxyurea</i>	22	INVEGA SUST INJ 78 MG/0.5 ML.....	35
<i>hydroxyzine hcl</i>	63	INVEGA TRINZA	35
<i>hydroxyzine hcl inj</i>	63	INVIRASE.....	12
<i>hydroxyzine pamoate</i>	63	IONOSOL-MB/DEXTROSE 5%	60
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<i>ibandronate sodium</i>	43	<i>ipratropium bromide</i>	63
IBRANCE.....	19	<i>ipratropium bromide (nasal)</i>	63
<i>ibu tab 600mg</i>	7	<i>ipratropium-albuterol nebu</i>	63
<i>ibu tab 800mg</i>	7	<i>irbesartan</i>	24
<i>ibuprofen</i>	7	<i>irbesartan-hydrochlorothiazide</i>	24
ICLUSIG.....	21	IRESSA	21
IDHIFA	19	<i>irinotecan hcl</i>	22
IFEX INJ 3GM	18	ISENTRESS	12, 13
<i>ifosfamide inj 1gm/20ml</i>	18	ISENTRESS HD	13
IFOSFAMIDE INJ 3GM	18	<i>isibloom</i>	45
<i>ifosfamide inj 3gm/60ml</i>	18	ISOLYTE P	60
ILEVRO	62	ISOLYTE S.....	60
<i>imatinib mesylate</i>	21	<i>isoniazid</i>	14
IMBRUVICA	21	<i>isoniazid syp 50mg/5ml</i>	14
<i>imipenem-cilastatin</i>	10	<i>isosorb mononitrate tab</i>	28
<i>imipramine hcl</i>	33	<i>isosorbide dinitrate</i>	28
<i>imiquimod</i>	67	<i>isosorbide dinitrate er</i>	28
IMOVAX RABIES (H.D.C.V.)	57	<i>isosorbide mononitrate er</i>	28
INCRELEX	49	<i>isotretinoin</i>	65
INCRUSE ELLIPTA	63	<i>isradipine</i>	27
<i>indapamide</i>	28	<i>itraconazole</i>	12

<i>ivermectin</i>	10	<i>ketoconazole</i>	12
IXIARO	57	<i>ketoconazole cream</i>	66
JADENU	44	<i>ketoconazole shampoo</i>	66
JADENU SPRINKLE	44	<i>ketoprofen</i>	7
JAKAFI.....	21	<i>ketorolac tromethamine (ophth)</i>	62
<i>jantoven</i>	54	KEYTRUDA	19
JANUMET	42	<i>kimidess</i>	45
JANUMET XR TAB 100-1000.....	42	KINRIX	57
JANUMET XR TAB 50-1000	42	<i>kionex sus 15gm/60ml</i>	44
JANUMET XR TAB 50-500MG.....	42	KISQALI.....	19
JANUVIA	42	KISQALI FEMARA 200 DOSE	19
JARDIANCE	42	KISQALI FEMARA 400 DOSE	19
JENTADUETO	42	KISQALI FEMARA 600 DOSE	19
JENTADUETO TAB XR 2.5-1000 MG ...	42	<i>klor-con 10</i>	58
JENTADUETO TAB XR 5-1000 MG	42	<i>klor-con 8</i>	58
<i>jinteli</i>	48	<i>klor-con m10</i>	58
<i>jolessa tab 0.15-0.03 mg</i>	45	KLOR-CON M15.....	58
<i>jolivette</i>	45	<i>klor-con m20</i>	58
<i>juleber</i>	45	<i>klor-con pak 20meq</i>	58
JULUCA.....	14	<i>klor-con spr cap 10meq</i>	58
<i>junel 1.5/30</i>	45	<i>klor-con spr cap 8meq</i>	58
<i>junel 1/20</i>	45	KORLYM.....	49
<i>junel fe 1.5/30</i>	45	<i>kurvelo</i>	45
<i>junel fe 1/20</i>	45	KUVAN.....	48
JUXTAPID.....	25	KYNAMRO	25
KADCYLA	19	<i>labetalol hcl</i>	26
KALETRA TAB 100-25MG.....	14	<i>lactated ringer's</i>	60
KALETRA TAB 200-50MG.....	14	<i>lactulose</i>	52
KALYDECO	64	<i>lactulose (encephalopathy)</i>	52
<i>kariva</i>	45	<i>lamivudine</i>	13
<i>kcl 0.075%/d5w/nacl 0.45%</i>	60	<i>lamivudine (hbv)</i>	15
KCL 0.15%/D5W/NACL 0.225%	60	<i>lamivudine-zidovudine</i>	14
<i>kcl 0.15%/d5w/nacl 0.9%</i>	60	<i>lamotrigine</i>	31
<i>kcl 0.3%/d5w/nacl 0.45%</i>	60	<i>lansoprazole</i>	53
KCL 0.3%/D5W/NACL 0.9%	60	<i>larin 1.5/30</i>	45
<i>kcl/d5w inj 0.3%</i>	60	<i>larin 1/20</i>	45
<i>kcl/d5w/nacl inj .15/.33%</i>	60	<i>larin fe 1.5/30</i>	45
<i>kcl/d5w/nacl inj .15/.45%</i>	60	<i>larin fe 1/20</i>	45
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	60	<i>larissia tab</i>	45
<i>kcl/nacl inj 0.15%-0.9%</i>	60	LASTACRAFT	62
<i>kcl/nacl inj 0.3-0.9</i>	60	<i>latanoprost</i>	62
<i>kcl0.15%/d5w/nacl0.2%</i>	60	LATUDA	35
<i>kelnor 1/35</i>	45	<i>leena</i>	45
<i>kelnor 1/50</i>	45	<i>leflunomide</i>	55

LENVIMA 10 MG DAILY DOSE	21	<i>lidocaine inj 1.5% preservative free (pf)</i>	9
LENVIMA 14 MG DAILY DOSE	21	9
LENVIMA 18 MG DAILY DOSE	21	<i>lidocaine oint 5%</i>	67
LENVIMA 20 MG DAILY DOSE	21	<i>lidocaine-prilocaine</i>	67
LENVIMA 24 MG DAILY DOSE	21	<i>linezolid in sodium chloride</i>	10
LENVIMA 8 MG DAILY DOSE	21	<i>linezolid inj</i>	11
<i>lessina</i>	45	<i>linezolid susp</i>	11
LETAIRIS	28	<i>linezolid tab 600mg</i>	11
<i>letrozole</i>	20	LINZESS	52
<i>leucovorin calcium</i>	22	<i>liothyronine sodium</i>	50
LEUKERAN.....	18	<i>lisinopril</i>	23
<i>leuprolide inj 1mg/0.2</i>	20	<i>lisinopril & hydrochlorothiazide</i>	23
<i>levabuterol hcl</i>	64	<i>lithium carbonate</i>	39
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>lithium carbonate er</i>	39
<i>mg/0.5ml</i>	64	LITHIUM SOLN 8MEQ/5ML.....	39
<i>levabuterol tartrate hfa</i>	64	LONSURF	22
LEVEMIR	41	<i>loperamide hcl</i>	52
LEVEMIR FLEXTOUCH	41	<i>lopinavir-ritonavir</i>	14
<i>levetiracetam</i>	31	<i>lorazepam</i>	29
<i>levetiracetam in sodium chloride</i>	31	<i>lorazepam intensol</i>	29
<i>levetiracetam oral soln 100 mg/ml</i>	31	<i>lorcet hd tab 10-325mg</i>	8
<i>levobunolol hcl</i>	62	<i>lorcet plus tab 7.5-325</i>	8
<i>levocarnitine (metabolic modifiers)</i>	48	<i>lorcet tab 5-325mg</i>	8
<i>levocetirizine dihydrochloride</i>	63	<i>loryna</i>	46
<i>levofloxacin</i>	16	<i>losartan potassium</i>	24
<i>levofloxacin in d5w</i>	16	<i>losartan-hydrochlorothiazide</i>	24
<i>levofloxacin inj 25mg/ml</i>	16	LOTEMAX	62
<i>levofloxacin oral soln 25 mg/ml</i>	16	<i>lovastatin</i>	25
<i>levonest</i>	45	<i>low-ogestrel</i>	46
<i>levonor/ethi tab</i>	45	<i>loxapine succinate</i>	35
<i>levonorgestrel & eth estradiol</i>	45	LUMIGAN	62
<i>levonorgestrel-ethinyl estradiol (91-</i>		LUMIZYME.....	48
<i>day)</i>	45	LUPRON DEPOT (1-MONTH).....	20
<i>levora 0.15/30-28</i>	45	LUPRON DEPOT INJ 11.25MG (3-	
<i>levo-t</i>	50	MONTH)	20
<i>levothyroxine sodium</i>	50	LUPRON DEPOT-PED (1-MONTH	49
<i>levoxyl</i>	50	LUPRON DEPOT-PED (3-MONTH	49
LEXIVA	13	LUPRON DEP-PED INJ 11.25MG (3-	
<i>lidocaine</i>	67	MONTH)	49
<i>lidocaine hcl</i>	67	LUPRON DEP-PED INJ 7.5MG	49
<i>lidocaine hcl (local anesth.)</i>	9	<i>lutura</i>	46
<i>lidocaine hcl (mouth-throat)</i>	68	LYNPARZA.....	19
<i>lidocaine inj 0.5%</i>	9	LYRICA	31
<i>lidocaine inj 1%</i>	9	LYSODREN	20

<i>lyza</i>	46	<i>methotrexate sodium tabs</i>	56
<i>magnesium sulfate</i>	58	<i>methyclothiazide</i>	28
MAGNESIUM SULFATE	58	<i>methylphenidate hcl</i>	38
MAGNESIUM SULFATE IN D5W	58	<i>methylphenidate hcl oral soln</i>	38
<i>magnesium sulfate in dextrose</i>	58	<i>methylphenidate tab 10mg er</i>	38
<i>magnesium sulfate inj 50%</i>	58	<i>methylphenidate tab 20mg er</i>	38
<i>malathion</i>	68	<i>methylpr ss inj</i>	48
<i>maprotiline hcl</i>	33	<i>methylpred pak 4mg</i>	48
<i>marlissa</i>	46	<i>methylpred tab 16mg</i>	48
MARPLAN TAB 10MG	33	<i>methylpred tab 32mg</i>	48
MATULANE	22	<i>methylpred tab 4mg</i>	48
MAVYRET	15	<i>methylpred tab 8mg</i>	48
<i>meclizine hcl</i>	51	<i>methylprednisolone acetate</i>	48
<i>medroxyprogesterone acetate</i> (contraceptive)	46	<i>metipranolol</i>	62
<i>medroxyprogesterone acetate tab</i>	50	<i>metoclopramide hcl</i>	51
<i>mefloquine hcl</i>	12	<i>metoclopramide hcl inj</i>	51
<i>megestrol ac sus 40mg/ml</i>	20	<i>metolazone</i>	28
<i>megestrol ac tab 20mg</i>	20	<i>metoprolol & hctz tab 100-25mg</i>	26
<i>megestrol ac tab 40mg</i>	20	<i>metoprolol & hctz tab 100-50mg</i>	26
<i>megestrol sus 625mg/5ml</i>	20	<i>metoprolol & hctz tab 50-25mg</i>	26
MEKINIST	21	<i>metoprolol succinate</i>	26
<i>meloxicam</i>	7	<i>metoprolol tartrate</i>	26
<i>memantine hcl cp24</i>	32	<i>metronidazole</i>	11
<i>memantine soln</i>	32	<i>metronidazole (topical)</i>	67
<i>memantine tabs</i>	32	<i>metronidazole gel 0.75%</i>	67
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MENVEO	57	<i>metronidazole vaginal</i>	54
<i>mercaptapurine</i>	18	<i>mexiletine hcl</i>	24
<i>meropenem</i>	11	<i>microgestin 1.5/30</i>	46
<i>mesalamine</i>	52	<i>microgestin 1/20</i>	46
<i>mesalamine w/ cleanser</i>	52	<i>microgestin fe 1.5/30</i>	46
MESNEX	22	<i>microgestin fe 1/20</i>	46
<i>metadate er tab 20mg</i>	38	<i>midodrine hcl</i>	28
<i>metformin er</i>	43	<i>miglustat</i>	48
<i>metformin hcl</i>	43	<i>mili</i>	46
<i>methadone hcl</i>	8	<i>minitran</i>	28
<i>methadone hcl 10mg</i>	9	<i>minocycline hcl</i>	17
<i>methadone hcl 5mg</i>	9	<i>minoxidil</i>	28
<i>methadone hcl intensol</i>	9	<i>mirtazapine</i>	33
<i>methazolamide</i>	28	<i>misoprostol</i>	52
<i>methenamine hippurate</i>	11	MITIGARE	7
<i>methimazole</i>	50	<i>mitomycin</i>	18
<i>methotrexate sodium inj</i>	18	M-M-R II	57
		<i>moderiba tab 200mg</i>	15

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<i>moexipril-hydrochlorothiazide</i>	23	NATPARA	49
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<i>mononessa</i>	46	<i>necon 1/50-28</i>	46
<i>montelukast sodium</i>	64	<i>necon 7/7/7</i>	46
<i>morgidox cap 1x50mg</i>	17	<i>nefazodone hcl</i>	33
<i>morphine ext-rel tab</i>	9	<i>neomycin sulfate</i>	10
<i>morphine sul inj 10mg/ml</i>	9	<i>neomycin-bacitracin zn-polymyxin</i>	61
<i>morphine sul inj 1mg/ml</i>	9	<i>neomycin-polymy-dexameth</i>	61
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<i>morphine sulfate</i>	9	<i>neomycin-polymyxin-hc (ophth)</i>	61
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<i>nadolol</i>	26	NITRO-BID	28
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<i>naloxone inj 0.4mg/ml</i>	40	<i>nitrofurantoin monohyd macro</i>	11
<i>naloxone inj 1mg/ml</i>	40	<i>nitroglycerin</i>	28
<i>naltrexone hcl</i>	40	<i>nitroglycerin td patch</i>	28
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<i>naproxen sodium</i>	7	<i>norethindrone acetate</i>	50
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<i>nortrel 1/35</i>	46	<i>omeprazole cap 10mg</i>	53
<i>nortrel 7/7/7</i>	46	<i>omeprazole cap 20mg</i>	53
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<i>nutrilipid inj 20%</i>	59	<i>oxandrolone</i>	40
NUVARING	46	<i>oxcarbazepine</i>	31
<i>nyamyc</i>	66	<i>oxybutynin chloride</i>	53
NYMALIZE	27	<i>oxycodone hcl</i>	9
<i>nystatin</i>	12	<i>oxycodone w/ acetaminophen 10-</i> <i>325mg</i>	9
<i>nystatin (mouth-throat)</i>	68	<i>oxycodone w/ acetaminophen 2.5-</i> <i>325mg</i>	9
<i>nystatin (topical)</i>	66	<i>oxycodone w/ acetaminophen 5-325mg</i>	9
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<i>pantoprazole sodium</i>	53	<i>phenytoin sodium inj 50mg/ml</i>	31
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<i>peg 3350-potassium chloride-sod</i> <i>bicarbonate-sod chloride</i>	52	<i>piper/tazoba inj 36-4.5gm</i>	17
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<i>pramipexole tab 0.25mg</i>	34	<i>proctosol hc cre 2.5%</i>	67
<i>pramipexole tab 0.5mg</i>	34	<i>proctozone-hc</i>	67
<i>pramipexole tab 0.75mg</i>	34	PROGLYCEM SUS 50MG/ML	49
<i>pramipexole tab 1.5mg</i>	34	PROLASTIN-C	64
<i>pramipexole tab 1mg</i>	34	PROLENSA	62
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<i>pred sod pho sol 5mg/5ml</i>	48	<i>propafenone hcl</i>	24
<i>prednisolone acetate (ophth)</i>	62	<i>propafenone hcl 12hr</i>	24
<i>prednisolone sodium phosphate</i>	48	<i>proparacaine hcl</i>	63
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<i>prednisolone sol 25mg/5ml</i>	49	<i>propranolol hcl</i>	26
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<i>prednisone pak 10mg</i>	49	<i>propylthiouracil</i>	50
<i>prednisone pak 5mg</i>	49	PROQUAD	57
<i>prednisone sol 5mg/5ml</i>	49	PROSOL	59
<i>prednisone tab 10mg</i>	49	<i>protriptyline hcl</i>	33
<i>prednisone tab 1mg</i>	49	PULMICORT FLEXHALER	65
<i>prednisone tab 2.5mg</i>	49	PULMOZYME	64
<i>prednisone tab 20mg</i>	49	PURIXAN	18
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<i>prednisone tab 5mg</i>	49	<i>pyridostigmine tab 60mg</i>	39
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PRIMAQUINE PHOSPHATE	12	<i>quinine sulfate</i>	12
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<i>probenecid</i>	7	<i>ramipril</i>	23
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		<i>rasagiline mesylate</i>	34

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<i>rizatriptan benzoate odt</i>	38	<i>sodium chloride</i>	58, 60
<i>ropinirole tab 0.25mg</i>	34	<i>sodium chloride 0.45%</i>	60
<i>ropinirole tab 0.5mg</i>	34	<i>sodium chloride inj 0.9%</i>	60
<i>ropinirole tab 1mg</i>	34	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	58
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<i>timolol maleate</i>	26	<i>triamcinolone acetonide (topical)</i>	67
<i>timolol maleate (ophth) soln</i>	62	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	28
<i>timolol maleate gel</i>	62	<i>triamterene & hydrochlorothiazide tabs</i>	28
<i>timolol maleate ophth soln 0.5% (once-</i> <i>daily)</i>	62	<i>trientine hcl</i>	44
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<i>tizanidine hcl</i>	40	<i>trifluridine</i>	61
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<i>tobramycin</i>	10	<i>tri-linyah</i>	47
<i>tobramycin (ophth)</i>	61	<i>tri-lo marzia</i>	47
<i>tobramycin inj 1.2 gm/30ml</i>	10	<i>tri-lo-estarylla</i>	47
<i>tobramycin inj 1.2gm</i>	10	<i>tri-lo-sprintec</i>	47
<i>tobramycin inj 10mg/ml</i>	10	<i>trilyte</i>	52
<i>tobramycin inj 40mg/ml</i>	10	<i>trimethoprim</i>	11
<i>tobramycin inj 80mg/2ml</i>	10	<i>tri-mili</i>	47
<i>tobramycin-dexamethasone</i>	61	<i>trimipramine maleate</i>	33
<i>tolterodine tartrate cap er</i>	53	<i>trinessa</i>	47
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