



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 03/01/2019. 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 9

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**

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

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

H3706_COMPFORMULARY_OSR_2019_C

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 03/01/2019. 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 03/01/2019. 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 71. 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 71.

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

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

- LA – Limited Access drugs are designated with the abbreviation LA. This prescription may be available only at certain pharmacies. For more information consult your Provider & Pharmacy Directory or call Customer Care, at 1-866-494-3927 (toll-free) 24 hours a day, seven days a week. TTY users should call 711.
- PA - Prior Authorization drugs are designated with the abbreviation PA;
- QL - Quantity Limit drugs are designated with the abbreviation QL and the limit is designated for each drug;
- ST - Step Therapy drugs are designated with the abbreviation ST;
- NM – Drugs that are not available by mail-order are designated with the abbreviation NM;
- B/D – Drugs that require coverage determination for Medicare Part B or Part D are designated with the abbreviation B/D;
- GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage

| Drug Name | Drug Tier | Requirements/Limits |
|------------------|------------------|----------------------------|
|------------------|------------------|----------------------------|

ANALGESICS

GOUT

| | | |
|---------------------------------|---|-------------------------|
| <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>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) |
| <i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i> | 4 | |

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>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 |
| <i>methadone hcl 5mg</i> | 2 | QL (90 tabs / 30 days), PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

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

| | | |
|-------------------------------------|---|------------|
| <i>albendazole TABS</i> | 5 | |
| 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 NACL | 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 | |
| DAPTOMYCIN 350mg | 5 | |
| <i>daptomycin 500mg</i> | 5 | |
| EMVERM | 5 | |
| <i>ertapenem sodium</i> | 2 | |
| <i>imipenem-cilastatin</i> | 2 | |
| INVANZ | 4 | |

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>ivermectin</i> TABS | 2 | |
| <i>linezolid in sodium chloride</i> | 4 | |
| <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</i> TABS | 1 | GC |
| <i>metronidazole in nacl</i> | 2 | |
| NEBUPENT | 4 | B/D |
| <i>nitrofurantoin macrocrystal</i> 50mg, 100mg | 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</i> TABS | 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</i> TABS | 1 | GC |
| <i>vancomycin hcl</i> CAPS 125mg | 2 | |
| <i>vancomycin hcl</i> CAPS 250mg | 5 | |
| <i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg | 2 | |
| VANCOMYCIN IN NAACL | 4 | |
| ANTIFUNGALS | | |
| ABELCET | 5 | B/D |
| AMBISOME | 5 | B/D |
| <i>amphotericin b</i> SOLR | 2 | B/D |
| <i>caspofungin acetate</i> | 5 | |
| <i>fluconazole</i> SUSR | 2 | |
| <i>fluconazole</i> TABS 50mg, 100mg, 200mg | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|----------------------------|
| <i>fluconazole</i> TABS 150mg | 1 | GC |
| <i>fluconazole in dextrose</i> | 2 | |
| <i>fluconazole inj nacl 200</i> | 2 | |
| <i>fluconazole inj nacl 400</i> | 2 | |
| <i>flucytosine</i> CAPS | 5 | |
| <i>griseofulvin microsize</i> | 2 | |
| <i>griseofulvin ultramicrosize</i> | 2 | |
| <i>itraconazole</i> CAPS | 2 | PA |
| <i>ketoconazole</i> TABS | 2 | PA |
| MYCAMINE | 5 | |
| NOXAFIL SUSP | 5 | QL (630 mL / 30 days) |
| NOXAFIL TBEC | 5 | QL (93 tabs / 30 days) |
| <i>nystatin</i> TABS | 2 | |
| <i>terbinafine hcl</i> TABS | 1 | GC, QL (90 tabs / year) |
| <i>voriconazole</i> SOLR | 2 | |
| <i>voriconazole</i> SUSR; TABS | 5 | |

ANTIMALARIALS

| | | |
|-----------------------------------|---|----|
| <i>atovaquone-proguanil hcl</i> | 2 | |
| <i>chloroquine phosphate</i> TABS | 2 | |
| COARTEM | 4 | |
| <i>mefloquine hcl</i> | 2 | |
| PRIMAQUINE PHOSPHATE | 3 | |
| <i>quinine sulfate</i> CAPS | 2 | PA |

ANTI-RETROVIRAL AGENTS

| | | |
|---------------------------------|---|----|
| <i>abacavir sulfate</i> | 2 | |
| APTIVUS | 5 | |
| <i>atazanavir sulfate</i> | 5 | |
| CRIXIVAN | 4 | |
| <i>didanosine</i> | 2 | |
| EDURANT | 5 | |
| <i>efavirenz</i> CAPS 50mg | 2 | |
| <i>efavirenz</i> CAPS 200mg | 5 | |
| <i>efavirenz</i> TABS | 5 | |
| EMTRIVA | 3 | |
| <i>fosamprenavir tab 700 mg</i> | 5 | |
| FUZEON | 5 | NM |
| INTELENCE 25mg | 4 | |
| INTELENCE 100mg, 200mg | 5 | |
| INVIRASE | 5 | |
| ISENTRESS CHEW 25mg | 3 | |

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|--------------------------------------|------------------|----------------------------|
| ISENTRESS CHEW 100mg | 5 | |
| ISENTRESS PACK | 3 | |
| ISENTRESS TABS | 5 | |
| ISENTRESS HD | 5 | |
| <i>lamivudine</i> | 2 | |
| LEXIVA SUSP | 4 | |
| <i>nevirapine susp 50 mg/5ml</i> | 2 | |
| <i>nevirapine tab 100mg er</i> | 2 | |
| <i>nevirapine tab 200mg</i> | 2 | |
| <i>nevirapine tab 400mg er</i> | 2 | |
| NORVIR PACK | 4 | |
| NORVIR SOLN | 4 | |
| PIFELTRO | 5 | |
| 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 | |
| <i>zidovudine cap 100mg</i> | 2 | |
| <i>zidovudine syp 50mg/5ml</i> | 2 | |
| <i>zidovudine tab 300mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine</i> | 2 | |
| <i>abacavir sulfate-lamivudine-zidovudine</i> | 5 | |
| ATRIPLA | 5 | |
| BIKTARVY | 5 | |
| CIMDUO | 5 | |
| COMPLERA | 5 | |
| DELSTRIGO | 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 | |
| SYMTUZA | 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 | |

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|--|------------------|----------------------------|
| 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 |
| EPIVIR HBV SOLN | 4 | |
| <i>famciclovir</i> | 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 | 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 |
| RIBASPHERE TABS 400mg | 5 | NM |
| <i>ribasphere</i> TABS 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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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> | 2 | |
| <i>cefoxitin sodium</i> | 2 | |
| <i>cefpodoxime proxetil</i> | 2 | |
| <i>cefprozil</i> | 2 | |
| <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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ciprofloxacin hcl tab 250mg, 500mg, 750mg</i> | 1 | GC |
| <i>ciprofloxacin in d5w</i> | 2 | |
| <i>levofloxacin TABS</i> | 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 CAPS; SUSR; TABS</i> | 1 | GC |
| <i>amoxicillin CHEW</i> | 2 | |
| <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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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>mondoxyne nl cap 100mg</i> | 2 | |
| <i>morgidox cap 1x50mg</i> | 2 | |
| <i>tetracycline hcl CAPS</i> | 2 | |

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

| | | |
|--------------------------------|---|---------|
| BENDEKA | 5 | B/D, NM |
| <i>cyclophosphamide CAPS</i> | 2 | B/D |
| <i>cyclophosphamide SOLR</i> | 5 | B/D |
| <i>dacarbazine 100mg</i> | 2 | B/D |
| EMCYT | 4 | |
| GLEOSTINE | 4 | |
| IFEX INJ 3GM | 4 | B/D |
| <i>ifosfamide inj 1gm/20ml</i> | 2 | B/D |
| IFOSFAMIDE INJ 3GM | 4 | B/D |
| <i>ifosfamide inj 3gm/60ml</i> | 2 | B/D |
| LEUKERAN | 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 SOLR</i> | 5 | B/D |

ANTIMETABOLITES

| | | |
|--------------------------------|---|---------|
| <i>adrucil</i> | 2 | B/D |
| ALIMTA | 5 | B/D |
| <i>azacitidine</i> | 5 | B/D, NM |
| <i>cytarabine 20mg/ml</i> | 2 | B/D |
| <i>fluorouracil SOLN</i> | 2 | B/D |
| <i>gemcitabine inj soln</i> | 2 | B/D |
| <i>gemcitabine inj solr</i> | 2 | B/D |
| <i>mercaptopurine TABS</i> | 2 | |
| <i>methotrexate sodium inj</i> | 2 | B/D |

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|---|------------------|----------------------------|
| 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 |
| <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 |
| TALZENNA | 5 | NM, LA, PA |

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|-------------------------|------------------|----------------------------|
| TECENTRIQ | 5 | NM, LA, PA |
| TIBSOVO | 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>abiraterone acetate</i> | 5 | NM, PA |
| <i>anastrozole</i> TABS | 2 | |
| <i>bicalutamide</i> | 2 | |
| DEPO-PROVERA INJ 400/ML | 4 | B/D |
| 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|---------------------------------------|
| REVLIMID | 5 | QL (28 caps / 28 days), NM, LA, PA |
| THALOMID 50mg, 100mg | 5 | QL (30 caps / 30 days), NM, PA |
| THALOMID 150mg, 200mg | 5 | QL (60 caps / 30 days), NM, PA |

KINASE INHIBITORS

| | | |
|--------------------------------|---|--|
| AFINITOR | 5 | QL (30 tabs / 30 days), NM, PA |
| AFINITOR DISPERZ 2mg | 5 | QL (150 tabs / 30 days), NM, PA |
| AFINITOR DISPERZ 3mg | 5 | QL (90 tabs / 30 days), NM, PA |
| AFINITOR DISPERZ 5mg | 5 | QL (60 tabs / 30 days), NM, PA |
| ALECENSA | 5 | NM, LA, PA |
| ALUNBRIG | 5 | NM, LA, PA |
| BOSULIF | 5 | NM, PA |
| BRAFTOVI | 5 | NM, LA, 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 |
| COPIKTRA | 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|---------------------------------------|
| JAKAFI | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| LENVIMA 4 MG DAILY DOSE | 5 | NM, LA, PA |
| LENVIMA 8 MG DAILY DOSE | 5 | NM, LA, PA |
| LENVIMA 10 MG DAILY DOSE | 5 | NM, LA, PA |
| LENVIMA 12MG 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 |
| LORBRENA | 5 | NM, LA, PA |
| MEKINIST | 5 | NM, LA, PA |
| MEKTOVI | 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 |
| TAGRISO | 5 | NM, LA, PA |
| TARCEVA 25mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| TARCEVA 100mg, 150mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| TASIGNA | 5 | NM, PA |
| TYKERB | 5 | NM, LA, PA |
| VITRAKVI | 5 | NM, LA, PA |
| VIZIMPRO | 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 |

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|--|------------------|----------------------------|
| 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 500mg</i> | 5 | B/D |
| <i>leucovorin calcium SOLR</i> | 2 | B/D |
| <i>leucovorin calcium TABS</i> | 2 | |
| MESNEX TABS | 5 | |
| TOPOISOMERASE INHIBITORS | | |
| <i>etoposide SOLN</i> | 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 | | |
| 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>captopril</i> TABS | 1 | GC |
| <i>enalapril maleate</i> TABS | 1 | GC |
| <i>fosinopril sodium</i> | 6 | GC |
| <i>lisinopril</i> TABS | 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</i> TABS | 1 | GC |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate</i> TABS | 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 |
| <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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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</i> TABS | 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</i> | 2 | |
| <i>quinidine sulfate</i> | 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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | 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 | 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 |
| <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</i> CAPS | 2 | |
| <i>atenolol</i> TABS | 1 | GC |
| <i>bisoprolol fumarate</i> | 2 | |
| BYSTOLIC 2.5mg, 5mg, 10mg | 4 | QL (30 tabs / 30 days) |
| BYSTOLIC 20mg | 4 | QL (60 tabs / 30 days) |
| <i>carvedilol</i> | 1 | GC |
| <i>labetalol hcl</i> TABS | 2 | |
| <i>metoprolol succinate</i> | 2 | |
| <i>metoprolol tartrate</i> SOCT | 2 | |
| <i>metoprolol tartrate</i> SOLN | 2 | |

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|--|------------------|----------------------------|
| <i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg | 1 | GC |
| <i>nadolol</i> TABS | 2 | |
| <i>pindolol</i> | 2 | |
| <i>propranolol cap er</i> | 2 | |
| <i>propranolol hcl</i> TABS | 2 | |
| <i>propranolol oral sol</i> | 2 | |
| <i>timolol maleate</i> TABS | 2 | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate</i> TABS | 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 360mg cd</i> | 2 | |
| <i>diltiazem cap er/12hr</i> | 2 | |
| <i>diltiazem hcl</i> TABS | 2 | |
| <i>diltiazem hcl cap sr 24hr</i> | 2 | |
| <i>diltiazem hcl coated beads cap sr 24hr</i> | 2 | |
| <i>diltiazem hcl extended release beads cap sr</i> | 2 | |
| <i>diltiazem inj</i> | 2 | |
| <i>felodipine</i> | 2 | |
| <i>isradipine</i> | 2 | |
| <i>nicardipine hcl</i> CAPS | 2 | |
| <i>nifedipine</i> TB24 | 2 | |
| <i>nifedipine er</i> | 2 | |
| <i>nimodipine</i> CAPS | 5 | |
| NYMALIZE | 5 | |
| <i>taztia xt</i> | 2 | |
| <i>verapamil cap er</i> | 2 | |
| <i>verapamil hcl</i> SOLN | 2 | |
| <i>verapamil hcl</i> TABS | 1 | GC |
| <i>verapamil hcl tab er</i> | 1 | GC |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| DIGITALIS GLYCOSIDES | | |
| <i>digitek</i> .25mg | 2 | PA; PA if 70 years and older |
| <i>digitek</i> .125mg | 2 | QL (30 tabs / 30 days) |
| <i>digox</i> 125mcg | 2 | QL (30 tabs / 30 days) |
| <i>digox</i> 250mcg | 2 | PA; PA if 70 years and older |
| <i>digoxin</i> TABS 125mcg | 2 | QL (30 tabs / 30 days) |
| <i>digoxin</i> TABS 250mcg | 2 | PA; PA if 70 years and older |
| <i>digoxin inj</i> | 2 | |
| <i>digoxin sol</i> 50mcg/ml | 2 | PA; PA if 70 years and older |
| DIRECT RENIN INHIBITORS/COMBINATIONS | | |
| TEKTURNA | 4 | |
| TEKTURNA HCT | 4 | |
| DIURETICS | | |
| <i>acetazolamide</i> CP12; TABS | 2 | |
| <i>amiloride & hydrochlorothiazide</i> | 2 | |
| <i>amiloride hcl</i> TABS | 2 | |
| <i>bumetanide</i> | 2 | |
| <i>chlorothiazide tabs</i> | 2 | |
| <i>chlorthalidone</i> | 2 | |
| <i>furosemide</i> SOLN; TABS | 1 | GC |
| <i>furosemide inj</i> | 2 | |
| <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> TABS | 1 | GC |
| <i>clonidine hcl ptwk</i> | 2 | |
| CORLANOR | 4 | |
| DEMSER | 5 | PA |

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|-----------------------------------|------------------|----------------------------|
| <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 |
| <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 | |

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|---------------------------|------------------|----------------------------|
| <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>clobazam</i> | 2 | PA |
| <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) |
| <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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| 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 | |
| EPIDIOLEX | 5 | QL (600 mL / 30 days), NM, LA, PA |
| <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) |
| <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 | |

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

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|--|------------------|----------------------------|
| <i>memantine tabs</i> | 2 | PA; PA if < 30 yrs |
| NAMZARIC | 4 | |
| <i>rivastigmine tartrate 1.5mg, 3mg</i> | 2 | QL (90 caps / 30 days) |
| <i>rivastigmine tartrate 4.5mg, 6mg</i> | 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 TABS</i> | 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 TABS</i> | 2 | |
| <i>bupropion hcl TB12</i> | 2 | |
| <i>bupropion hcl TB24 150mg, 300mg</i> | 2 | |
| <i>citalopram hydrobromide SOLN</i> | 2 | |
| <i>citalopram hydrobromide TABS</i> | 1 | GC |
| <i>clomipramine hcl CAPS</i> | 4 | PA |
| <i>desipramine hcl TABS</i> | 4 | |
| <i>desvenlafaxine succinate</i> | 2 | QL (30 tabs / 30 days), PA |
| <i>doxepin hcl CAPS; CONC</i> | 3 | |
| <i>duloxetine hcl CPEP 20mg</i> | 2 | QL (180 caps / 30 days) |
| <i>duloxetine hcl CPEP 30mg</i> | 2 | QL (120 caps / 30 days) |
| <i>duloxetine hcl CPEP 60mg</i> | 2 | QL (60 caps / 30 days) |
| EMSAM | 5 | QL (30 patches / 30 days), PA |
| <i>escitalopram oxalate SOLN</i> | 2 | |
| <i>escitalopram oxalate TABS</i> | 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>fluoxetine cap 20mg</i> | 1 | GC |
| <i>fluoxetine cap 40mg</i> | 1 | GC |
| <i>fluoxetine hcl SOLN</i> | 2 | |
| <i>imipramine hcl TABS</i> | 3 | |
| <i>maprotiline hcl</i> | 2 | |
| MARPLAN TAB 10MG | 4 | QL (180 tabs / 30 days) |
| <i>mirtazapine TABS</i> | 1 | GC |
| <i>mirtazapine TBDP</i> | 2 | |
| <i>nefazodone hcl</i> | 2 | |
| <i>nortriptyline hcl CAPS</i> | 2 | |
| <i>nortriptyline hcl SOLN</i> | 4 | |
| <i>paroxetine hcl tabs</i> | 2 | |
| PAXIL SUSP | 4 | QL (900 mL / 30 days) |
| <i>phenelzine sulfate TABS</i> | 2 | |
| <i>protriptyline hcl</i> | 4 | |
| <i>sertraline hcl CONC</i> | 2 | |
| <i>sertraline hcl TABS</i> | 1 | GC |
| <i>tranylcypromine sulfate</i> | 2 | |
| <i>trazodone hcl TABS 50mg, 100mg, 150mg</i> | 1 | GC |
| <i>trimipramine maleate CAPS 25mg</i> | 4 | QL (240 caps / 30 days) |
| <i>trimipramine maleate CAPS 50mg</i> | 4 | QL (120 caps / 30 days) |
| <i>trimipramine maleate CAPS 100mg</i> | 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 CP24</i> | 1 | GC |
| <i>venlafaxine hcl TABS</i> | 2 | |
| VIIBRYD STARTER PACK | 4 | |
| VIIBRYD TAB | 4 | QL (30 tabs / 30 days) |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl CAPS</i> | 2 | QL (120 caps / 30 days) |
| <i>amantadine hcl SYRP; TABS</i> | 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>benztropine mesylate tab 2mg</i> | 3 | PA; PA if 70 years and older |
| <i>bromocriptine mesylate CAPS; TABS</i> | 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 TABS</i> | 2 | |
| <i>ropinirole tab 0.5mg</i> | 2 | |
| <i>ropinirole tab 0.25mg</i> | 2 | |
| <i>ropinirole tab 1mg</i> | 2 | |
| <i>ropinirole tab 2mg</i> | 2 | |
| <i>ropinirole tab 3mg</i> | 2 | |
| <i>ropinirole tab 4mg</i> | 2 | |
| <i>ropinirole tab 5mg</i> | 2 | |
| <i>selegiline hcl CAPS; TABS</i> | 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) |
| 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) |
| ARISTADA INITIO | 5 | |
| <i>chlorpromazine hcl TABS</i> | 2 | |
| CHLORPROMAZINE INJ | 4 | |
| <i>clozapine odt 12.5mg, 25mg</i> | 2 | PA |
| <i>clozapine odt 100mg</i> | 2 | QL (270 tabs / 30 days), PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|------------------------------------|
| <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 | |
| <i>molindone hcl</i> | 2 | |
| NUPLAZID CAPS | 5 | QL (30 caps / 30 days), NM, LA, PA |
| NUPLAZID TABS 10MG | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| 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) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <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 | |
| VRAYLAR 1.5mg | 5 | QL (60 caps / 30 days), PA |
| VRAYLAR 3mg, 4.5mg, 6mg | 5 | QL (30 caps / 30 days), PA |

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|----------------------------|------------------|-------------------------------|
| 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) |
| <i>atomoxetine hcl 60mg, 80mg, 100mg</i> | 2 | QL (30 caps / 30 days) |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i> | 2 | QL (120 tabs / 30 days) |
| <i>dexmethylphenidate hcl TABS 10mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>guanfacine er (adhd)</i> | 3 | PA; PA if 70 years and older |
| <i>metadate er tab 20mg</i> | 2 | QL (90 tabs / 30 days) |

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|---|------------------|----------------------------|
| <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 10mg er</i> | 2 | QL (90 tabs / 30 days) |
| <i>methylphenidate tab 20mg er</i> | 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 1 mg/ml</i> | 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) |
| <i>sumatriptan</i> SOLN 20mg/act | 2 | QL (12 inhalers / 30 days) |
| <i>sumatriptan inj 4mg/0.5ml</i> | 2 | QL (18 injections / 30 days) |
| <i>sumatriptan inj 6mg/0.5ml</i> | 2 | QL (12 injections / 30 days) |

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|---------------------------------------|------------------|--|
| <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 | |
| LYRICA CR 82.5mg, 165mg | 3 | QL (90 tabs / 30 days), PA |
| LYRICA CR 330mg | 3 | QL (60 tabs / 30 days), PA |
| NUEDEXTA | 4 | QL (60 caps / 30 days), PA |
| <i>pyridostigmine tab 60mg</i> | 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 |
| <i>dalfampridine</i> | 5 | NM, PA |
| GILENYA CAP 0.5MG | 5 | QL (28 caps / 28 days), NM, PA |
| <i>glatiramer acetate 20mg/ml</i> | 5 | QL (30 syringes / 30 days), NM, PA |
| <i>glatiramer acetate 40mg/ml</i> | 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 | |

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 70/30 FLEXPEN | 3 | (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) |

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| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|------------------|-----------------------------|
| XULTOPHY 100/3.6 | 3 | QL (5 pens / 30 days) |
| ANTIDIABETICS, ORAL | | |
| <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 tab 2.5-250mg</i> | 1 | GC, QL (240 tabs / 30 days) |
| <i>glip/metform tab 2.5-500mg</i> | 1 | GC, QL (120 tabs / 30 days) |
| <i>glip/metform tab 5-500mg</i> | 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) |

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| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|------------------|---|
| 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) |
| <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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>pamidronate disodium 30mg/10ml, 90mg/10ml</i> | 2 | B/D |
| <i>pamidronate inj 30mg</i> | 2 | B/D |
| <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 | | |
| <i>cinacalcet hcl 30mg, 90mg</i> | 5 | B/D, QL (120 tabs / 30 days), NM |
| <i>cinacalcet hcl 60mg</i> | 5 | B/D, QL (60 tabs / 30 days), NM |
| 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>bekyree</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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | |
| <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>incassia</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>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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | |
| <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-linyah 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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------|------------------|----------------------------|
| <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 | |
| <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-estarylla</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>vienva</i> | 2 | |
| <i>viorele</i> | 2 | |
| <i>vyfemla</i> | 2 | |
| <i>vylibra</i> | 2 | |
| <i>xulane</i> | 2 | |
| <i>zarah</i> | 2 | |
| <i>zovia 1/35e</i> | 2 | |
| <i>zovia 1/50e</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ENDOMETRIOSIS | | |
| <i>danazol</i> CAPS | 2 | |
| SYNAREL | 5 | |
| ENZYME REPLACEMENTS | | |
| ADAGEN | 5 | NM, LA, PA |
| ALDURAZYME | 5 | NM, LA, PA |
| CARBAGLU | 5 | NM, LA, PA |
| CERDELGA | 5 | NM, PA |
| CEREZYME | 5 | NM, LA, PA |
| CYSTADANE | 5 | NM, LA |
| CYSTAGON | 4 | NM, LA, PA |
| 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</i> PTWK | 3 | |
| <i>estradiol</i> TABS | 2 | |
| <i>estradiol vaginal cream</i> | 2 | |
| <i>estradiol vaginal tab</i> | 2 | |
| <i>estradiol valerate</i> OIL | 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</i> TABS | 2 | |
| DEXAMETHASONE CONC | 4 | |
| <i>dexamethasone</i> ELIX; SOLN | 2 | |
| <i>dexamethasone</i> TABS | 1 | GC |
| <i>dexamethasone sodium phosphate</i> | 2 | |
| <i>fludrocortisone acetate</i> TABS | 2 | |
| <i>hydrocortisone</i> TABS | 2 | |
| <i>methylpr ss inj</i> | 2 | B/D |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 15mg/5ml</i> | 2 | B/D |
| <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 | 3 | 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 |

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|--|------------------|---------------------------------|
| 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 | |
| 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), PA |
| <i>calcium acetate (phosphate binder)</i> CAPS | 2 | QL (360 caps / 30 days) |
| <i>calcium acetate (phosphate binder)</i> TABS | 2 | QL (360 tabs / 30 days) |
| <i>sevelamer carbonate</i> PACK 2.4gm | 5 | QL (180 packets / 30 days) |
| <i>sevelamer carbonate</i> PACK .8gm | 5 | QL (540 packets / 30 days) |
| <i>sevelamer carbonate</i> TABS | 2 | QL (540 tabs / 30 days) |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate tab</i> | 1 | GC |
| <i>norethindrone acetate</i> TABS | 2 | |
| THYROID AGENTS | | |
| <i>levo-t</i> | 2 | |
| <i>levothyroxine sodium</i> TABS | 2 | |
| <i>levoxyl</i> | 2 | |
| <i>liothyronine sodium</i> TABS | 2 | |
| <i>methimazole</i> TABS | 1 | GC |
| <i>propylthiouracil</i> TABS | 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 | |

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|---------------------------------|------------------|----------------------------|
| <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 |
| <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 |
| TRANSDERM-SCOP | 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 tab 1mg</i> | 2 | |
| <i>glycopyrrolate tab 2mg</i> | 2 | |

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|---|------------------|----------------------------|
| H2-RECEPTOR ANTAGONISTS | | |
| <i>famotidine</i> SUSR | 2 | |
| <i>famotidine</i> TABS 20mg, 40mg | 1 | GC |
| <i>famotidine in nacl</i> | 2 | |
| <i>famotidine inj</i> | 2 | |
| <i>ranitidine hcl</i> TABS 150mg, 300mg | 1 | GC |
| <i>ranitidine hcl inj</i> | 2 | |
| <i>ranitidine inj</i> | 2 | |
| <i>ranitidine syrup</i> | 2 | |
| INFLAMMATORY BOWEL DISEASE | | |
| APRISO | 3 | QL (120 caps / 30 days) |
| <i>balsalazide disodium</i> | 2 | |
| <i>budesonide ec</i> | 5 | |
| CANASA | 4 | |
| <i>colocort enema 100mg</i> | 2 | |
| DELZICOL | 4 | |
| <i>hydrocortisone (enema)</i> | 2 | |
| <i>mesalamine</i> ENEM | 2 | |
| <i>mesalamine</i> SUPP | 2 | |
| <i>mesalamine</i> TBEC 800mg | 2 | |
| <i>mesalamine w/ cleanser</i> | 2 | |
| <i>sulfasalazine</i> TABS | 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> SOLN | 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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|----------------------------|
| 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) |
| RELISTOR SOLN | 5 | PA |
| <i>sucralfate TABS</i> | 2 | |
| SYMPROIC | 3 | |
| <i>ursodiol CAPS; TABS</i> | 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 CPDR</i> | 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 SOLR</i> | 2 | |
| <i>pantoprazole sodium tbec</i> | 1 | GC |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> | 2 | QL (30 tabs / 30 days) |
| <i>dutasteride CAPS</i> | 2 | QL (30 caps / 30 days) |
| <i>dutasteride-tamsulosin hcl</i> | 2 | QL (30 caps / 30 days) |
| <i>finasteride TABS 5mg</i> | 1 | GC |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>tamsulosin hcl</i> | 2 | |
| MISCELLANEOUS | | |
| <i>bethanechol chloride TABS</i> | 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 SYRP</i> | 2 | |
| <i>oxybutynin chloride TABS</i> | 2 | |
| <i>oxybutynin chloride TB24 5mg</i> | 2 | QL (30 tabs / 30 days) |
| <i>oxybutynin chloride TB24 10mg, 15mg</i> | 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) |
| <i>tropium chloride TABS</i> | 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 2.5mg/0.5ml</i> | 2 | |
| <i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i> | 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 |

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|--|------------------|-------------------------------------|
| 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 |
| 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 TABS 12.5mg | 5 | QL (360 tabs / 30 days), NM, LA, PA |
| PROMACTA TABS 25mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| PROMACTA TABS 50mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| PROMACTA TABS 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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|------------------|------------------|----------------------------|
|------------------|------------------|----------------------------|

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 CD/UC/HS STARTER | 5 | NM, PA |
| HUMIRA PEN INJ CD/UC/HS STARTER | 5 | NM, PA |
| HUMIRA PEN INJ PS/UV STARTER | 5 | NM, PA |
| HUMIRA PEN-PS/UV STARTER | 5 | NM, PA |
| <i>hydroxychloroquine sulfate</i> | 2 | |
| <i>leflunomide TABS</i> | 2 | |
| <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 |
| PANZYGA | 5 | NM, PA |

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|--|------------------|----------------------------|
| 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</i> TABS | 2 | B/D |
| BENLYSTA | 5 | NM, PA |
| <i>cyclosporine</i> CAPS; SOLN | 2 | B/D |
| <i>cyclosporine modified (for microemulsion)</i> | 2 | B/D |
| <i>gengraf</i> | 2 | B/D |
| <i>mycophenolate mofetil</i> CAPS; TABS | 2 | B/D |
| <i>mycophenolate mofetil</i> SUSR | 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</i> TABS 2mg | 5 | B/D |
| <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 |
| ZORTRESS TAB 1MG | 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 |

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|----------------------|------------------|----------------------------|
| 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) |
| TDVAX | 3 | B/D |
| TENIVAC | 3 | B/D |
| TRUMENBA | 3 | |
| TWINRIX INJ | 3 | |
| TYPHIM VI | 3 | |
| VAQTA | 3 | |
| VARIVAX | 3 | |
| YF-VAX | 3 | |
| ZOSTAVAX | 3 | QL (1 vial per lifetime) |

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

| | | |
|---|---|--|
| <i>klor-con 8</i> | 2 | |
| <i>klor-con 10</i> | 2 | |
| <i>klor-con m10</i> | 2 | |
| <i>klor-con m15</i> | 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 | |

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|---|------------------|----------------------------|
| <i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | 3 | |
| MAGNESIUM SULFATE IN D5W | 3 | |
| <i>magnesium sulfate in dextrose</i> | 3 | |
| <i>magnesium sulfate inj 50%</i> | 3 | |
| <i>potassium chloride</i> CPCR | 2 | |
| <i>potassium chloride</i> PACK | 2 | |
| <i>potassium chloride</i> SOLN 10%, 20% | 2 | |
| <i>potassium chloride</i> TBCR | 2 | |
| <i>potassium chloride microencapsulated crystals er</i> | 2 | |
| <i>potassium chloride tab cr 10 meq</i> | 2 | |
| <i>sodium chloride</i> SOLN 2.5meq/ml | 2 | |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | 2 | |
| <i>tpn electrolytes</i> | 4 | B/D |
| IV NUTRITION | | |
| AMINOSYN | 4 | B/D |
| AMINOSYN 7%/ELECTROLYTES | 4 | B/D |
| <i>aminosyn 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 |
| 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 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 |
| 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 |

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|---------------------------|------------------|----------------------------|
| 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 | |
| <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 | |

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|---|------------------|----------------------------|
| <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 |
| M-NATAL PLUS | 3 | |
| NIVA-PLUS | 3 | |
| O-CAL FA | 3 | |
| <i>paricalcitol CAPS</i> | 2 | B/D |
| PNV FOLIC ACID + IRON MUL | 3 | |
| PNV PRENATAL PLUS | 3 | |
| PNV PRENATAL TAB PLUS | 3 | |
| PRENATAL | 3 | |
| PRENATAL PLUS | 3 | |
| PRENATAL PLUS LOW IRON | 3 | |
| PREPLUS | 3 | |
| RAYALDEE | 5 | |
| TRICARE | 3 | |
| VOL-PLUS | 3 | |

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 | |

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|---|------------------|----------------------------|
| 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</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 | |
| <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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|
| PROLENSA | 3 | |
| ANTIALLERGICS | | |
| <i>azelastine drop 0.05%</i> | 2 | |
| BEPREVE | 3 | |
| <i>cromolyn sodium (ophth)</i> | 1 | GC |
| LASTACAFT | 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 | |
| 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 | | |
| CYSTARAN | 5 | NM, LA, PA |
| <i>proparacaine hcl SOLN</i> | 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) |

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|-----------------------------------|------------------|----------------------------|
| 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 SOLN</i> | 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 SYRP; TABS</i> | 3 | PA; PA if 70 years and older |
| <i>diphenhydramine hcl inj 50mg/ml</i> | 2 | |
| <i>hydroxyzine hcl SYRP</i> | 3 | PA; PA if 70 years and older |
| <i>hydroxyzine hcl TABS</i> | 2 | PA; PA if 70 years and older |
| <i>hydroxyzine hcl inj</i> | 4 | PA; PA if 70 years and older |
| <i>hydroxyzine pamoate CAPS 25mg, 50mg</i> | 2 | PA; PA if 70 years and older |
| <i>levocetirizine dihydrochloride</i> | 2 | |

BETA AGONISTS

| | | |
|--|---|--|
| <i>albuterol sulfate AERS</i> | 2 | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| <i>albuterol sulfate NEBU</i> | 2 | B/D |
| <i>albuterol sulfate SYRP; TABS; TB12</i> | 2 | |
| <i>levalbuterol hcl NEBU 1.25mg/3ml</i> | 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) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| 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 |
| 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 | 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 | | |
| ARNUIITY ELLIPTA | 3 | QL (30 inhalations / 30 days) |
| <i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml | 2 | B/D |
| FLOVENT DISKUS 50mcg/blist, 100mcg/blist | 3 | QL (120 inhalations / 30 days) |
| FLOVENT DISKUS 250mcg/blist | 3 | QL (240 inhalations / 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|------------------|----------------------------|
| 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>amnesteem</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) GEL; LOTN; SOLN; SWAB</i> | 2 | |
| <i>ery pad 2%</i> | 2 | |
| <i>erythromycin (acne aid)</i> | 2 | |
| <i>isotretinoin CAPS</i> | 2 | PA |
| <i>myorisan</i> | 2 | PA |
| <i>sulfacetamide sodium (acne)</i> | 2 | |
| <i>tretinoin CREA</i> | 2 | PA |
| <i>tretinoin GEL .01%, .025%</i> | 2 | PA |
| <i>zenatane</i> | 2 | PA |

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

| | | |
|---|---|--|
| <i>ciclopirox CREA; GEL; SUSP</i> | 2 | |
| <i>ciclopirox shampoo 1%</i> | 2 | |
| <i>clotrimazole (topical)</i> | 2 | |
| <i>clotrimazole w/ betamethasone CREA</i> | 2 | |
| <i>ketoconazole cream</i> | 2 | |

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|--|------------------|------------------------------|
| <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</i> CREA; OINT | 2 | QL (120 gm / 30 days), PA |
| <i>calcipotriene</i> SOLN | 2 | QL (120 mL / 30 days), PA |
| <i>calcitrene</i> | 2 | QL (120 gm / 30 days), PA |
| <i>tazarotene</i> CREA | 2 | PA |
| TAZORAC CREA .05% | 4 | PA |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole shampoo</i> | 1 | GC |
| <i>selenium sulfide</i> LOTN | 1 | GC |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> | 1 | GC |
| <i>alclometasone dipropionate</i> | 2 | |
| <i>betamethasone dipropionate (topical)</i> | 2 | |
| <i>betamethasone dipropionate augmented</i> | 2 | |
| <i>betamethasone valerate</i> CREA; LOTN; OINT | 2 | |
| ENSTILAR | 4 | PA |
| <i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN | 2 | |
| <i>fluocinolone acetonide oil body</i> | 2 | |
| <i>fluocinonide</i> CREA .05% | 2 | |
| <i>fluocinonide</i> GEL | 2 | |
| <i>fluocinonide</i> SOLN | 2 | |
| <i>fluocinonide emulsified base</i> | 2 | |
| <i>fluticasone propionate</i> CREA; OINT | 2 | |
| <i>halobetasol propionate</i> CREA; OINT | 2 | |
| <i>hydrocortisone (topical)</i> CREA | 1 | GC |
| <i>hydrocortisone (topical)</i> LOTN | 2 | |
| <i>hydrocortisone (topical)</i> OINT 2.5% | 1 | GC |
| <i>hydrocortisone butyrate cream 0.1%</i> | 2 | |
| <i>hydrocortisone butyrate oint 0.1%</i> | 2 | |
| <i>hydrocortisone valerate</i> | 2 | |

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|--|------------------|-----------------------------|
| <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</i> 5% | 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)</i> CREA 5% | 2 | |
| <i>fluorouracil (topical)</i> SOLN | 2 | |
| <i>imiquimod</i> CREA 5% | 2 | |
| <i>metronidazole (topical)</i> CREA; LOTN | 2 | |
| <i>metronidazole gel</i> 0.75% | 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</i> 2.5% | 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 |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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>periogard</i> | 1 | GC |
| <i>pilocarpine hcl (oral)</i> | 2 | |
| <i>triamcinolone acetonide (mouth)</i> | 2 | |
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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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| LYSODREN | 20 | <i>methazolamide</i> | 28 |
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| <i>meclizine hcl</i> | 52 | <i>methylpred tab 32mg</i> | 50 |
| <i>medroxyprogesterone acetate (contraceptive)</i> | 47 | <i>methylpred tab 4mg</i> | 50 |
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