

SilverScript®

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



SilverScript Employer PDP sponsored by State of Maryland (SilverScript)

2018 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/23/2017. For more recent information or other questions, please contact SilverScript Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the SilverScript Formulary?

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

Please note: State of Maryland provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call SilverScript Customer Care.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary; add quantity limits and prior authorization restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2018. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SilverScript covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA): SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don’t get approval, SilverScript may not cover the drug.

Quantity Limits (QL): For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 30 tablets per prescription for *doxazosin*. This may be in addition to a standard one-month or three-month supply.

There may be additional drugs that are not available at mail and not marked NM, including some Hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SilverScript Formulary?” for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact SilverScript Customer Care and ask if your drug is covered.

If you learn that SilverScript does not cover your drug, you have two options:

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

State of Maryland offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact SilverScript Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript Formulary?

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

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

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 102-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a long-term care to a home setting, and you need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 90 days (or 34 days if you move to a long-term care facility) unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generics

Cost-Sharing Tier 2: Preferred Brands

Cost-Sharing Tier 3: Non-Preferred Brands

To find out which cost-sharing tier your drug is in, look it up in the plan's drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug from:

Before your Maximum Out-of-Pocket is met, your cost-sharing amounts will be:		
	Network Retail Pharmacy (Up to a 45-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 34-day supply)
Generics	\$10.00	\$10.00
Preferred Brands	\$25.00	\$25.00
Non-Preferred Brands	\$40.00	\$40.00

Costs shown in the table above reflect the additional coverage that may be provided by State of Maryland. Drugs that are part of your standard Medicare plan but do not have additional coverage from State of Maryland would be covered under the 2018 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2018-Medicare-Part-D-Outlook.php> for more information about the 2018 Medicare Part D Defined Standard Benefit drug costs.

For more information

For more detailed information about your SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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

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

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call SilverScript Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

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

Drug Name	Drug Requirements/ Tier	Limits
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i>	1	
DUEXIS	3	NDS
EC-NAPROSYN 375mg	3	
<i>etodolac</i> CAPS	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>etodolac</i> TABS 500mg	1	
<i>etodolac</i> TB24	1	
FELDENE	3	
<i>fenoprofen calcium</i> CAPS 400mg	1	
<i>fenoprofen calcium</i> TABS	1	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	
<i>meloxicam</i> (generic of MOBIC) TABS	1	
MOBIC	2	
<i>nabumetone</i> TABS	1	
NALFON	3	
NAPRELAN 375mg, 500mg	3	NDS
NAPRELAN 750mg	3	
<i>naproxen</i> (generic of NAPROSYN) SUSP	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	
<i>naproxen</i> TABS 375mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN)	1	
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>naproxen sodium</i> (generic of NAPRELAN) TB24	3	NDS
<i>oxaprozin</i> (generic of DAYPRO)	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>piroxicam</i> (generic of FELDENE) CAPS	1	
<i>sulindac</i> TABS	1	
<i>tolmetin sodium</i>	1	
VIMOVO	3	NDS
VIVLODEX	3	
ZIPSOR QL (120 caps / 30 days)	3	NDS QL
ZORVOLEX QL (90 caps / 30 days)	3	QL
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen-caff-dihydrocode</i> <i>d</i> QL (360 caps / 30 days)	1	QL
<i>aspirin-caffeine-dihydrocodein</i> <i>e cap 356.4-30-16 mg</i> QL (330 caps / 30 days)	1	QL
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg QL (120 buccal films / 30 days)	2	QL PA
BELBUCA 600mcg, 750mcg, 900mcg QL (60 buccal films / 30 days)	2	QL PA
<i>butorphanol nasal spray</i> QL (10 mL / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN	1	
BUTRANS 5mcg/hr QL (16 patches / 28 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
BUTRANS 7.5mcg/hr, 10mcg/hr QL (8 patches / 28 days)	2	QL
BUTRANS 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	2	QL
CONZIP 100mg QL (90 caps / 30 days)	3	QL
CONZIP 200mg, 300mg QL (30 caps / 30 days)	3	QL
<i>nalbuphine hcl</i> SOLN	1	
SYNALGOS-DC QL (330 caps / 30 days)	3	QL
<i>tramadol hcl</i> CP24 100mg QL (90 caps / 30 days)	1	QL
<i>tramadol hcl</i> CP24 200mg, 300mg QL (30 caps / 30 days)	1	QL
<i>tramadol hcl</i> TB24 100mg QL (90 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TB24 200mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl</i> (generic of ULTRAM ER) TB24 300mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl er (biphasic)</i> 100mg QL (90 tabs / 30 days)	1	QL
<i>tramadol hcl er (biphasic)</i> 200mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (360 caps / 30 days)	1	QL
TYLENOL/CODEINE #3 QL (400 tabs / 30 days)	3	QL
TYLENOL/CODEINE #4 QL (400 tabs / 30 days)	3	QL
ULTRACET QL (240 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits
ULTRAM QL (240 tabs / 30 days)	2	QL
OPIOID ANALGESICS, CII		
ABSTRAL QL (120 tabs / 30 days)	3	NDS QL PA
ACTIQ QL (120 lozenges / 30 days)	3	NDS QL PA
codeine sulfate 15mg QL (720 tabs / 30 days)	1	QL
codeine sulfate 30mg QL (360 tabs / 30 days)	1	QL
codeine sulfate 60mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD	3	
DILAUDID TABS QL (270 tabs / 30 days)	3	QL
DOLOPHINE QL (180 tabs / 30 days)	3	QL
DURAGESIC 12mcg/hr, 25mcg/hr QL (10 patches / 30 days)	3	QL
DURAGESIC 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	3	NDS QL PA
EMBEDA CAP 20-0.8MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 30-1.2MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 50-2MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 60-2.4MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 80-3.2MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 100-4MG QL (60 caps / 30 days)	3	NDS QL
endocet (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
EXALGO 8mg, 12mg QL (60 tabs / 30 days)	3	QL
EXALGO 16mg, 32mg QL (60 tabs / 30 days)	3	NDS QL

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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> 7.5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL	LAZANDA QL (30 bottles / 30 days)	3	NDS QL PA
<i>hydrocodone-acetaminophen</i> 10-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL	<i>levorphanol tartrate</i> TABS QL (120 tabs / 30 days)	3	NDS QL
<i>hydrocodone-acetaminophen</i> 10-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL	<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i> QL (150 tabs / 30 days)	1	QL	<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	1		<i>lortab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml, 4mg/ml	1	B/D	<i>lortab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D	<i>lortab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of EXALGO) T24A 8mg, 12mg QL (60 tabs / 30 days)	1	QL	<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of EXALGO) T24A 16mg, 32mg QL (60 tabs / 30 days)	3	NDS QL	METHADONE HCL SOLN 10mg/ml	3	
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	1	QL	<i>methadone hcl intensol</i> (generic of METHADOSE) QL (120 mL / 30 days)	1	QL
HYSINGLA ER 20mg, 30mg, 40mg, 60mg QL (60 tabs / 30 days)	2	QL	<i>methadone tab 5mg</i> (generic of DOLOPHINE) QL (180 tabs / 30 days)	1	QL
HYSINGLA ER 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	NDS QL	<i>methadone tab 10mg</i> (generic of DOLOPHINE) QL (180 tabs / 30 days)	1	QL
<i>ibudone tab 5-200mg</i> QL (150 tabs / 30 days)	1	QL	MORPHABOND ER 15mg, 30mg QL (60 tabs / 30 days)	3	QL
<i>ibudone tab 10-200mg</i> QL (150 tabs / 30 days)	1	QL	MORPHABOND ER 60mg, 100mg QL (60 tabs / 30 days)	3	NDS QL
KADIAN 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL	<i>morphine sul inj 1mg/ml</i>	1	B/D
KADIAN 40mg, 50mg, 60mg, 80mg, 100mg, 200mg QL (60 caps / 30 days)	3	NDS QL	<i>morphine sulfate</i> (generic of KADIAN) CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> (generic of KADIAN) CP24 100mg QL (60 caps / 30 days)	3	NDS QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 8mg/ml, 150mg/30ml	3	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 15mg/ml	1	B/D
<i>morphine sulfate</i> TABS QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate beads</i> QL (30 caps / 30 days)	1	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	1	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	1	QL
<i>morphine sulfate oral soln</i>	1	
MS CONTIN 15mg, 30mg QL (90 tabs / 30 days)	3	QL
MS CONTIN 60mg, 100mg QL (90 tabs / 30 days)	3	NDS QL
MS CONTIN 200mg QL (60 tabs / 30 days)	3	NDS QL
NORCO QL (360 tabs / 30 days)	3	QL
NUCYNTA 50mg QL (360 tabs / 30 days)	2	QL
NUCYNTA 75mg QL (240 tabs / 30 days)	2	QL
NUCYNTA 100mg QL (180 tabs / 30 days)	3	NDS QL
NUCYNTA ER 50mg, 100mg QL (120 tabs / 30 days)	2	QL
NUCYNTA ER 150mg, 200mg, 250mg QL (60 tabs / 30 days)	2	QL
OPANA TABS QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
OPANA ER (CRUSH RESISTANT 5mg, 7.5mg, 10mg, 15mg, 20mg QL (120 tabs / 30 days)	3	QL
OPANA ER (CRUSH RESISTANT 30mg, 40mg QL (120 tabs / 30 days)	3	NDS QL
<i>oxycodone hcl</i> CAPS QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC	1	
<i>oxycodone hcl</i> SOLN	1	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen soln</i> QL (1800 mL / 30 days)	1	QL
<i>oxycodone-aspirin</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone-ibuprofen</i> QL (28 tabs / 30 days)	1	QL
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg QL (120 tabs / 30 days)	2	QL
OXYCONTIN 60mg, 80mg QL (120 tabs / 30 days)	3	NDS QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>oxymorphone hcl</i> (generic of OPANA) TABS QL (180 tabs / 30 days)	1	QL
PERCOCET 2.5-325MG QL (360 tabs / 30 days)	3	QL
PERCOCET 5-325MG QL (360 tabs / 30 days)	3	NDS QL
PERCOCET 7.5-325MG QL (360 tabs / 30 days)	3	NDS QL
PERCOCET 10-325MG QL (360 tabs / 30 days)	3	NDS QL
ROXICODONE 5mg, 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE 30mg QL (180 tabs / 30 days)	3	NDS QL
SUBSYS QL (120 sprays / 30 days)	3	NDS QL PA
<i>vicodin</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>vicodin es</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>vicodin hp</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
XODOL QL (400 tabs / 30 days)	3	QL
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg QL (120 caps / 30 days)	3	QL
XTAMPZA ER 36mg QL (240 caps / 30 days)	3	QL
<i>xylon tab 10-200mg</i> QL (150 tabs / 30 days)	1	QL
<i>zamicet</i> QL (5400 mL / 30 days)	1	QL
ZOHYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg QL (120 caps / 30 days)	3	QL
ZOHYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg QL (60 caps / 30 days)	3	QL

ANESTHETICS**LOCAL ANESTHETICS**

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE) .5%	1	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF) .5%	1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE) 1%	1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE-MPF) 1%	1	B/D
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE) 2%	1	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE-MPF) 2%	1	B/D
<i>lidocaine inj 4%</i> (generic of XYLOCAINE-MPF)	1	
XYLOCAINE .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF 4%	3	
XYLOCAINE-MPF .5%, 1%, 1.5%, 2%	3	B/D

ANTI-INFECTIVES**ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate</i> SOLN	1	
BETHKIS	3	NDS NM PA
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i> SOLN	1	
KITABIS PAK	3	NDS NM PA
<i>neomycin sulfate</i> TABS	1	
<i>paromomycin sulfate</i> CAPS	1	
<i>streptomycin sulfate</i> SOLR	1	
SULFADIAZINE TABS	3	
TOBI NEB	3	NDS NM PA
TOBI PODHALER	3	NDS NM LA PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	3	NDS NM PA
<i>tobramycin inj 1.2 gm/30ml</i>	1	
<i>tobramycin inj 1.2gm</i>	3	NDS
<i>tobramycin inj 10mg/ml</i>	1	
<i>tobramycin inj 40mg/ml</i>	1	
<i>tobramycin inj 80mg/2ml</i>	1	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	3	NDS
ALINIA	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>atovaquone</i> (generic of MEPRON) SUSP	3	NDS
AZACTAM	3	
AZACTAM/DEX INJ	3	
<i>aztreonam</i> (generic of AZACTAM)	1	
BACTRIM	2	
BACTRIM DS	2	
BILTRICIDE	2	
CAYSTON	3	NDS NM LA PA
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN IN D5W	3	
CLEOCIN INJ	3	
CLEOCIN PED SOLN 75MG/5ML	2	
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN	1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	1	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	1	
COLY-MYCIN M	3	
CUBICIN	3	NDS
DALVANCE	3	NDS
<i>dapsone</i> TABS	1	
<i>daptomycin</i> (generic of CUBICIN)	3	NDS
DORIBAX	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>doripenem</i>	1	
EMVERM	3	NDS
FLAGYL	3	
FURADANTIN	3	NDS PA
PA applies if 65 years and older after a 90 day supply in a calendar year		
HIPREX	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	1	
INVANZ	3	
<i>ivermectin</i> (generic of STROMEKTOL) TABS	1	
<i>linezolid</i> (generic of ZYVOX)	3	NDS
<i>linezolid in sodium chloride</i>	3	NDS
MACROBID	3	PA
PA applies if 65 years and older after a 90 day supply in a calendar year		
MACRODANTIN	3	PA
PA applies if 65 years and older after a 90 day supply in a calendar year		
MEPRON	3	NDS
<i>meropenem</i> (generic of MERREM)	1	
MEROPENEM/SODIUM CHLORIDE	3	
MERREM	3	
<i>methenamine hippurate</i> (generic of HIPREX)	1	
METRO IV	3	
<i>metronidazole</i> (generic of FLAGYL) CAPS; TABS	1	
<i>metronidazole inj</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin</i> (generic of FURADANTIN) SUSP	3	PA
PA applies if 65 years and older after a 90 day supply in a calendar year		
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	3	PA
PA applies if 65 years and older after a 90 day supply in a calendar year		

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Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 65 years and older after a 90 day supply in a calendar year	3	PA
ORBACTIV	3	NDS
PENTAM 300	3	
<i>polymyxin b sulfate</i> SOLR	1	
PRIMAXIN	3	
PRIMSOL	3	
SIVEXTRO	3	NDS
STROMECTOL	3	
<i>sulfamethoxazole-trimethop</i> SUSP	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM) TABS	1	
<i>sulfamethoxazole-trimethop</i> <i>ds</i> (generic of BACTRIM DS)	1	
<i>sulfamethoxazole-trimethopri</i> <i>m inj</i>	1	
SYNERCID	3	NDS
TIGECYCLINE	3	NDS
<i>trimethoprim</i> TABS	1	
VANCOGIN HCL	3	NDS
<i>vancomycin hcl</i> (generic of VANCOGIN HCL) CAPS	3	NDS
<i>vancomycin hcl</i> SOLR	1	
VANCOMYCIN IN NAACL	3	
VIBATIV	3	NDS
XIFAXAN TAB 200MG QL (9 tabs / 30 days)	3	NDS QL
ZYVOX	3	NDS
ANTIFUNGALS		
ABELCET	3	NDS B/D
AMBISOME	3	NDS B/D
<i>amphotericin b</i> SOLR	1	B/D
ANCOBON	3	NDS
CANCIDAS	3	NDS
CRESEMBA	3	NDS
DIFLUCAN SUSR	3	
DIFLUCAN TABS 50mg, 100mg, 150mg	3	
DIFLUCAN TABS 200mg	3	NDS
ERAXIS	3	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR; TABS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole in dextrose</i>	1	
FLUCONAZOLE INJ NAACL 100	3	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS	3	NDS
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	1	PA
<i>ketoconazole</i> TABS	1	PA
LAMISIL QL (90 tabs / 365 days)	3	QL
MYCAMINE	3	NDS
NOXAFIL SOLN	3	NDS
NOXAFIL SUSP QL (630 mL / 30 days)	3	NDS QL
NOXAFIL TBEC QL (93 tabs / 30 days)	3	NDS QL
<i>nystatin</i> TABS	1	
ONMEL	3	NDS PA
SPORANOX CAPS	3	NDS PA
SPORANOX PULSEPAK	3	NDS PA
SPORANOX SOL 10MG/ML	3	NDS
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / 365 days)	1	QL
VFEND IV	3	
VFEND SUS 40MG/ML	3	NDS
VFEND TAB	3	NDS
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	3	NDS
<i>voriconazole inj 200mg</i> (generic of VFEND IV)	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS	1	

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Drug Name	Drug Requirements/ Tier	Limits
COARTEM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	PA
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	1	NM
APTIVUS	3	NDS NM
CRIXIVAN	3	NM
<i>didanosine</i> (generic of VIDEX EC)	1	NM
EDURANT	3	NDS NM
EMTRIVA	2	NM
EPIVIR SOL 10MG/ML	3	NM
EPIVIR TABS	3	NM
FUZEON	3	NDS NM
INTELENCE 25mg	2	NM
INTELENCE 100mg, 200mg	3	NDS NM
INVIRASE	3	NDS NM
ISENTRESS CHEW 25mg	2	NM
ISENTRESS CHEW 100mg	3	NDS NM
ISENTRESS PACK	3	NDS NM
ISENTRESS TABS	3	NDS NM
ISENTRESS HD	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR)	1	NM
LEXIVA SUSP	3	NM
LEXIVA TABS	3	NDS NM
<i>nevirapine</i> (generic of VIRAMUNE) SUSP; TABS	1	NM
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24	1	NM
NORVIR	2	NM
PREZISTA SUSP QL (400 mL / 30 days)	3	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	2	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	3	NDS QL NM

Drug Name	Drug Requirements/ Tier	Limits
RESCRIPTOR	3	NM
RETROVIR CAPS	2	NM
RETROVIR IV INFUSION	3	NM
RETROVIR SYRP	2	NM
REYATAZ	3	NDS NM
SELZENTRY SOLN	3	NDS NM
SELZENTRY TABS 25mg	3	NM
SELZENTRY TABS 75mg, 150mg, 300mg	3	NDS NM
<i>stavudine</i> (generic of ZERIT)	1	NM
SUSTIVA CAPS 50mg	2	NM
SUSTIVA CAPS 200mg	3	NDS NM
SUSTIVA TABS	3	NDS NM
TIVICAY 10mg	2	NM
TIVICAY 25mg, 50mg	3	NDS NM
TYBOST	2	NM
VIDEX EC	2	NM
VIDEX PEDIATRIC	3	NM
VIRACEPT	3	NDS NM
VIRAMUNE SUSP	2	NM
VIRAMUNE TABS	3	NDS NM
VIRAMUNE XR 100mg	2	NM
VIRAMUNE XR 400mg	3	NDS NM
VIREAD	3	NDS NM
ZERIT CAPS	2	NM
ZERIT SOLR	3	NDS NM
ZIAGEN SOLN	2	NM
ZIAGEN TAB	3	NM
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	1	NM
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	1	NM
<i>zidovudine tab 300mg</i>	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	3	NDS NM
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	3	NDS NM
ATRIPLA	3	NDS NM
COMBIVIR	3	NDS NM
COMPLERA	3	NDS NM
DESCOVY	3	NDS NM
EPZICOM	3	NDS NM
EVOTAZ	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
GENVOYA	3	NDS NM
KALETRA SOL	3	NDS NM
KALETRA TAB 100-25MG	2	NM
KALETRA TAB 200-50MG	3	NDS NM
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	1	NM
<i>lopinavir-ritonavir</i> (generic of KALETRA)	3	NDS NM
ODEFSEY	3	NDS NM
PREZCOBIX	3	NDS NM
STRIBILD	3	NDS NM
TRIUMEQ	3	NDS NM
TRIZIVIR	3	NDS NM
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	3	NDS QL NM
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	3	NDS QL NM
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	3	NDS QL NM
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	3	NDS QL NM
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	3	
<i>cycloserine</i> CAPS	3	NDS
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	1	
<i>isoniazid</i> SOLN; SYRP	1	
<i>isoniazid</i> tabs	1	
MYAMBUTOL	2	
MYCOBUTIN	3	
PASER D/R	3	
PRIFTIN	3	
<i>pyrazinamide</i> TABS	1	
<i>rifabutin</i> (generic of MYCOBUTIN)	1	
RIFADIN CAP 150MG	2	
RIFADIN INJ	3	
RIFAMATE	3	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	1	
RIFATER	3	
SIRTURO	3	NDS LA PA
TRECTOR	3	
ANTIVIRALS		

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	1	NM
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	1	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
SOVALDI	3	NDS NM PA
TAMIFLU CAPS	2	
TAMIFLU SUSR	2	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	1	
VALCYTE	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE)	3	NDS
VALTREX	3	
VEMLIDY	3	NDS NM
ZOVIRAX CAPS; SUSP; TABS	3	
CEPHALOSPORINS		
AVYCAZ	3	NDS
<i>cefaclor</i>	1	
CEFACTOR ER TAB 500MG	3	
<i>cefadroxil</i>	1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	1	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	1	
CEFEPIME 1GM SOLN	3	
CEFEPIME 2GM SOLN	3	
<i>cefepime inj 1gm</i> (generic of MAXIPIME)	1	
<i>cefepime inj 2gm</i> (generic of MAXIPIME)	1	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i> (generic of SUPRAX)	1	
CEFOTAN	3	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) 1gm, 2gm	1	
<i>cefotetan disodium</i> 10gm	1	

Drug Name	Drug Requirements/ Tier	Limits
CEFOXITIN SODIUM	3	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	1	
<i>cefepodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> (generic of FORTAZ) SOLR	1	
CEFTAZIDIME/DEXTROSE	3	
<i>ceftibuten</i>	1	
CEFTIN SUSP	3	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	1	
<i>cefuroxime sodium</i> (generic of ZINACEF)	1	
<i>cephalexin</i> (generic of KEFLEX) CAPS	1	
<i>cephalexin</i> SUSR; TABS	1	
FORTAZ	3	
MAXIPIME	3	
SUPRAX	2	
<i>tazicef</i> (generic of FORTAZ) SOLR	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
ZINACEF SOLR	3	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR; TABS	1	
<i>clarithromycin</i> SUSR 125mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) SUSR 250mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) TABS	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24	1	
DIFICID	3	NDS
e.e.s 400	1	

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Drug Name	Drug Requirements/ Tier Limits
ERYTHROCIN	3
LACTOBIONATE	
<i>erythrocin stearate</i>	1
<i>erythromycin cap 250mg ec</i>	1
<i>erythromycin ethylsuccinate</i> TABS	1
ZITHROMAX	3
ZITHROMAX TRI-PAK	3
ZITHROMAX Z-PAK	3
ZMAX	3
FLUOROQUINOLONES	
AVELOX	3
CIPRO SUSP	3
CIPRO TABS	3
CIPRO XR	3
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	1
<i>ciprofloxacin er</i> (generic of CIPRO XR)	1
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1
<i>ciprofloxacin in d5w</i>	1
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	1
<i>ciprofloxacin inj</i>	1
LEVAQUIN	3
<i>levofloxacin</i> SOLN	1
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	1
<i>levofloxacin in d5w</i>	1
MOXIFLOXACIN HCL SOLN	3
<i>moxifloxacin hcl</i> (generic of AVELOX) TABS	1
PENICILLINS	
<i>amoxicillin</i>	1
<i>amoxicillin & pot clavulanate</i> CHEW	1
<i>amoxicillin & pot clavulanate</i> SUSR	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	1

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>penicillin gk inj 5mu</i>	1	
<i>penicillin gk inj 20mu</i>	1	
<i>pfizerpen-g inj 5mu</i>	1	
<i>pfizerpen-g inj 20mu</i>	1	
<i>piper/tazoba inj 2-0.25gm</i> (generic of ZOSYN)	1	
<i>piper/tazoba inj 3-0.375gm</i> (generic of ZOSYN)	1	
<i>piper/tazoba inj 4-0.5gm</i> (generic of ZOSYN)	1	
PIPER/TAZOBA INJ 12-1.5GM	3	
<i>piper/tazoba inj 36-4.5gm</i> (generic of ZOSYN)	1	
UNASYN	3	
UNASYN BULK PACK	3	
ZOSYN	3	
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg	1	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 75mg, 100mg	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) CAPS 150mg	1	
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR	1	
<i>doxycycline (monohydrate)</i> TABS	1	
<i>doxycycline hyclate</i> CAPS 50mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> SOLR	1	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 50mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 200mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline hyclate tab 75 mg</i> <i>dr</i>	1	
<i>doxycycline hyclate tab 100</i> <i>mg dr</i>	1	
<i>doxycycline hyclate tab 150</i> <i>mg dr</i>	1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	1	
<i>minocycline hcl</i> CAPS 75mg	1	
<i>minocycline hcl</i> TABS	1	
<i>minocycline hcl</i> TB24	1	
<i>morgidox cap 1x50mg</i>	1	
SOLODYN	3	NDS PA
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS	3	
VIBRAMYCIN SUSR; SYRP	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN SOLR	3	NDS B/D
BENDEKA	3	NDS B/D NM
<i>busulfan</i> (generic of BUSULFEX)	3	NDS B/D
BUSULFEX	3	NDS B/D
CYCLOPHOSPHAMIDE CAPS	2	B/D
<i>cyclophosphamide</i> SOLR	3	NDS B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
GLEOSTINE	3	
HEXALEN	3	NDS
IFEX INJ 1GM	3	B/D
IFEX INJ 3GM	3	B/D
<i>ifosfamide inj 1gm</i> (generic of IFEX)	1	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	2	
<i>melphalan hcl</i> (generic of ALKERAN)	3	NDS B/D
MUSTARGEN	3	NDS B/D
<i>thiotepa</i> SOLR	3	NDS B/D NM
TREANDA	3	NDS B/D NM
ZANOSAR	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
ANTHRACYCLINES		
<i>adriamycin</i>	1	B/D
DOXIL	3	NDS B/D
<i>doxorubicin hcl</i>	1	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml (generic of DOXIL)</i>	3	NDS B/D
<i>doxorubicin hcl soln 2mg/ml</i>	1	B/D
ELLECE	3	NDS B/D
<i>epirubicin hcl (generic of ELLECE)</i>	1	B/D
<i>epirubicin inj 200mg (generic of ELLECE)</i>	1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	3	NDS B/D
<i>mitomycin SOLR</i>	3	NDS B/D
VALSTAR	3	NDS NM
ANTIMETABOLITES		
<i>adrucil</i>	1	B/D
ALIMTA	3	NDS B/D
ARRANON	3	NDS B/D
<i>azacitidine (generic of VIDAZA)</i>	3	NDS B/D NM
<i>cladribine</i>	3	NDS B/D
<i>clofarabine (generic of CLOLAR)</i>	3	NDS B/D
CLOLAR	3	NDS B/D
<i>cytarabine inj</i>	1	B/D
DACOGEN	3	NDS B/D NM
<i>decitabine (generic of DACOGEN)</i>	3	NDS B/D NM
<i>fludarabine phosphate</i>	1	B/D
<i>fluorouracil SOLN</i>	1	B/D
FOLOTYN	3	NDS NM PA
<i>gemcitabine inj soln</i>	1	B/D
<i>gemcitabine inj solr (generic of GEMZAR) 1gm, 200mg</i>	3	NDS B/D
<i>gemcitabine inj solr 2gm</i>	3	NDS B/D
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium inj</i>	1	B/D
NIPENT	3	NDS B/D
PURIXAN	3	NDS NM
TABLOID	2	
VIDAZA	3	NDS B/D NM
ANTIMITOTIC, TAXOIDS		

Drug Name	Drug Requirements/ Tier	Limits
ABRAXANE	3	NDS B/D
DOCEFREZ	3	NDS B/D
<i>docetaxel (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml</i>	3	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	3	NDS B/D
DOCETAXEL SOLN	3	NDS B/D
JEVTANA	3	NDS NM PA
<i>paclitaxel</i>	1	B/D
TAXOTERE	3	NDS B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate (generic of NAVELBINE)</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	3	NDS B/D NM
AVASTIN	3	NDS NM LA PA
BAVENCIO	3	NDS NM LA PA
BELEODAQ	3	NDS NM PA
CYRAMZA	3	NDS NM LA PA
DARZALEX	3	NDS NM LA PA
EMPLICITI	3	NDS NM LA PA
ERBITUX	3	NDS B/D NM
ERIVEDGE	3	NDS NM LA PA
FARYDAK	3	NDS NM LA PA
GAZYVA	3	NDS NM LA PA
HERCEPTIN	3	NDS NM PA
IBRANCE	3	NDS NM LA PA
IMFINZI	3	NDS NM LA PA
KADCYLA	3	NDS B/D NM
KEYTRUDA	3	NDS NM PA
KISQALI	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
KISQALI FEMARA 200 DOSE	3	NDS NM PA
KISQALI FEMARA 400 DOSE	3	NDS NM PA
KISQALI FEMARA 600 DOSE	3	NDS NM PA
LARTRUVO	3	NDS NM LA PA
LYNPARZA CAPS	3	NDS NM LA PA
NINLARO	3	NDS NM PA
ODOMZO	3	NDS NM LA PA
OPDIVO	3	NDS NM LA PA
PERJETA	3	NDS NM PA
PORTRAZZA	3	NDS NM LA PA
RITUXAN	3	NDS NM LA PA
RUBRACA	3	NDS NM LA PA
TECENTRIQ	3	NDS NM LA PA
TORISEL	3	NDS B/D NM
VECTIBIX	3	NDS B/D NM
VELCADE	3	NDS NM PA
VENCLEXTA 10mg, 50mg	3	NM LA PA
VENCLEXTA 100mg	3	NDS NM LA PA
VENCLEXTA STARTING PACK	3	NDS NM LA PA
YERVOY	3	NDS NM PA
ZALTRAP	3	NDS NM LA PA
ZEJULA	3	NDS NM LA PA
ZOLINZA	3	NDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	1	
ARIMIDEX	2	
AROMASIN	3	NDS
<i>bicalutamide</i> (generic of CASODEX)	1	
CASODEX	3	
DEPO-PROVERA INJ 400/ML	3	B/D
ELIGARD INJ 7.5MG	3	B/D NM
ELIGARD INJ 22.5MG	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
ELIGARD INJ 30MG	3	B/D NM
ELIGARD INJ 45MG	3	B/D NM
<i>exemestane</i> (generic of AROMASIN)	1	
FARESTON	3	NDS
FASLODEX	3	NDS B/D
FEMARA	3	NDS
FIRMAGON 80mg	3	B/D NM
FIRMAGON 120mg <i>flutamide</i>	3	NDS B/D NM 1
<i>hydroxyprogesterone caproate</i> (antineoplastic)	3	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS	1	
<i>leuprolide inj 1mg/0.2</i>	1	NM PA
LUPRON DEPOT (1-MONTH)	3	NDS NM PA
LUPRON DEPOT (6-MONTH)	3	NDS NM PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	3	NDS NM PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	3	NDS NM PA
LUPRON DEPOT INJ 30MG (4-MONTH)	3	NDS NM PA
LYSODREN	2	
MEGACE ES	3	NDS PA
MEGACE ORAL PA if 65 years and older	3	PA
<i>megestrol ac sus 40mg/ml</i> PA if 65 years and older	3	PA
<i>megestrol ac tab 20mg</i> PA if 65 years and older	3	PA
<i>megestrol ac tab 40mg</i> PA if 65 years and older	3	PA
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES)	3	PA
<i>nilutamide</i> (generic of NILANDRON)	3	NDS
SOLTAMOX	3	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR MIXJECT	3	NDS NM PA
VANTAS	3	NM PA
XTANDI	3	NDS NM LA PA
ZOLADEX	2	NM PA
ZYTIGA	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
IMMUNOMODULATORS		
POMALYST	3	NDS NM LA PA
REVLIMID	3	NDS NM LA PA
THALOMID	3	NDS NM PA
KINASE INHIBITORS		
AFINITOR QL (30 tabs / 30 days)	3	NDS QL NM PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	3	NDS QL NM PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ALECENSA	3	NDS NM LA PA
ALUNBRIG	3	NDS NM LA PA
BOSULIF	3	NDS NM PA
CABOMETYX QL (30 tabs / 30 days)	3	NDS QL NM LA PA
CAPRELSA	3	NDS NM LA PA
COMETRIQ	3	NDS NM LA PA
COTELLIC	3	NDS NM LA PA
GILOTRIF TAB 20MG	3	NDS NM LA PA
GILOTRIF TAB 30MG	3	NDS NM LA PA
GILOTRIF TAB 40MG	3	NDS NM LA PA
GLEEVEC 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
GLEEVEC 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ICLUSIG	3	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
IMBRUVICA CAP 140MG	3	NDS NM LA PA
INLYTA 1mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
INLYTA 5mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
IRESSA	3	NDS NM LA PA
JAKAFI QL (60 tabs / 30 days)	3	NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 14 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 18 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE	3	NDS NM LA PA
LENVIMA 24 MG DAILY DOSE	3	NDS NM LA PA
MEKINIST	3	NDS NM LA PA
NEXAVAR	3	NDS NM LA PA
RYDAPT	3	NDS NM PA
SPRYCEL	3	NDS NM PA
STIVARGA	3	NDS NM LA PA
SUTENT	3	NDS NM PA
TAFINLAR	3	NDS NM LA PA
TAGRISO	3	NDS NM LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
TASIGNA	3	NDS NM PA
TYKERB	3	NDS NM LA PA
VOTRIENT	3	NDS NM LA PA
XALKORI	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
ZELBORAF	3	NDS NM LA PA
ZYDELIG	3	NDS NM LA PA
ZYKADIA	3	NDS NM LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	3	NDS NM PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ERWINAZE	3	NDS NM LA PA
HALAVEN	3	NDS B/D NM
HYDREA	2	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	1	
IXEMPRA KIT	3	NDS B/D NM
LONSURF	3	NDS NM PA
MATULANE	3	NDS LA
<i>mitoxantrone hcl</i>	1	B/D NM
SYLATRON KIT 200MCG	3	NDS NM PA
SYLATRON KIT 300MCG	3	NDS NM PA
SYLATRON KIT 600MCG	3	NDS NM PA
SYLVANT	3	NDS NM LA PA
SYNRIBO	3	NDS NM PA
TARGRETIN CAPS	3	NDS NM PA
<i>tretinoin</i> CAPS	3	NDS
TRISENOX	3	NDS B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
<i>oxaliplatin inj 50mg</i>	3	NDS B/D
<i>oxaliplatin inj 50mg/10ml</i>	1	B/D
<i>oxaliplatin inj 100mg</i>	3	NDS B/D
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane</i> (generic of ZINECARD)	3	NDS B/D
ELITEK	3	NDS B/D
FUSILEV	3	NDS B/D NM
KEPIVANCE	3	NDS B/D
<i>leucovorin calcium</i> SOLR	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>leucovorin calcium</i> TABS	1	
<i>levoleucovorin calcium</i> 175mg/17.5ml	3	NDS B/D NM
LEVOLEUCOVORIN CALCIUM 250mg/25ml	3	NDS B/D NM
<i>levoleucovorin calcium 50mg</i> (generic of FUSILEV)	3	NDS B/D NM
LEVOLEUCOVORIN CALCIUM 175MG	3	NDS B/D NM
<i>mesna</i> (generic of MESNEX)	1	B/D
MESNEX SOLN	3	B/D
MESNEX TABS	3	NDS
ZINECARD	3	NDS B/D
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	3	B/D
ETOPOPHOS	3	B/D
<i>etoposide</i> SOLN	1	B/D
HYCANTIN SOLR	3	NDS B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	1	B/D
<i>irinotecan hcl</i> 500mg/25ml	1	B/D
ONIVYDE	3	NDS B/D NM
<i>toposar</i>	1	B/D
<i>topotecan inj 4mg</i> (generic of HYCANTIN)	3	NDS B/D
TOPOTECAN INJ 4MG/4ML	3	NDS B/D
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i>	1	
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i> (generic of LOTREL)	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	

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<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril-hydrochlorothiazide tab 10/12.5mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 20/12.5mg</i>	1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1	
LOTREL	2	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1	
TARKA	2	
<i>trandolapril-verapamil hcl</i> (generic of TARKA)	1	
VASERETIC	3	
ZESTORETIC	3	
ACE INHIBITORS		
ACCUPRIL	3	
ALTACE	3	
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	1	
EPANED	3	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	
LOTENSIN	3	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i> 2mg	1	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	1	
PRINIVIL	3	
QBRELIS	3	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>trandolapril</i> 1mg, 2mg	1	
<i>trandolapril</i> (generic of MAVIK) 4mg	1	
VASOTEC 2.5mg, 5mg, 10mg	3	
VASOTEC 20mg	3	NDS
ZESTRIL	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	2	
<i>eplerenone</i> (generic of INSPRA)	1	
INSPRA	2	
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	
ALPHA BLOCKERS		
CARDURA	3	
<i>doxazosin mesylate</i> (generic of CARDURA)	1	
MINIPRESS	3	
<i>prazosin hcl</i> (generic of MINIPRESS)	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	1	
<i>amlodipine besylate-valsartan</i> (generic of EXFORGE)	1	
<i>amlodipine-valsartan-hydrochl orothiazide</i> (generic of EXFORGE HCT)	1	
ATACAND HCT	3	
AVALIDE	3	
AZOR	3	
BENICAR HCT	3	
BYVALSON	3	
<i>candesartan cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT)	1	
DIOVAN HCT	3	
EDARBYCLOR	3	
ENTRESTO	2	
EXFORGE	3	

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Drug Name	Drug Requirements/ Tier Limits
EXFORGE HCT	3
HYZAAR	3
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	1
<i>losartan-hydrochlorothiazide</i> <i>tab 100-12.5mg</i> (generic of HYZAAR)	1
<i>losartan-hydrochlorothiazide</i> <i>tab 100-25mg</i> (generic of HYZAAR)	1
<i>losartan-hydrochlorothiazideta</i> <i>b 50-12.5mg</i> (generic of HYZAAR)	1
MICARDIS HCT	3
<i>olmesartan</i> <i>medoxomil-amlodipine-hydroc</i> <i>lorothiazide</i> (generic of TRIBENZOR)	1
<i>olmesartan</i> <i>medoxomil-hydrochlorothiazid</i> <i>e</i> (generic of BENICAR HCT)	1
<i>telmisartan-amlodipine</i> (generic of TWYNSTA)	1
<i>telmisartan-hydrochlorothiazid</i> <i>e</i> (generic of MICARDIS HCT)	1
TRIBENZOR	3
TWYNSTA	3
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	1
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
ATACAND	3
AVAPRO	3
BENICAR	3
<i>candesartan cilexetil</i> (generic of ATACAND)	1
COZAAR	3
DIOVAN	3
EDARBI	3
<i>eprosartan mesylate</i>	1
<i>irbesartan</i> (generic of AVAPRO)	1
<i>losartan potassium</i> (generic of COZAAR)	1
MICARDIS	3

Drug Name	Drug Requirements/ Tier Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	1
<i>telmisartan</i> (generic of MICARDIS)	1
<i>valsartan</i> (generic of DIOVAN)	1
ANTIARRHYTHMICS	
<i>amiodarone hcl</i>	1
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older	3 PA
<i>dofetilide</i> (generic of TIKOSYN)	1 NM
<i>flecainide acetate</i>	1
<i>mexiletine hcl</i>	1
MULTAQ	2
NORPACE PA if 65 years and older	3 PA
NORPACE CR PA if 65 years and older	3 PA
<i>pacerone</i>	1
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	1
<i>propafenone hcl</i> TABS	1
<i>quinidine gluconate</i> TBCR	1
<i>quinidine sulfate</i> TABS	1
RYTHMOL SR 225mg	2
RYTHMOL SR 325mg, 425mg	3 NDS
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1
<i>sorine</i> 240mg	1
<i>sotalol af tab 120mg</i> (generic of BETAPACE AF)	1
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	1
<i>sotalol hcl tab 80mg</i> (generic of BETAPACE)	1
<i>sotalol hcl tab 120mg</i> (generic of BETAPACE)	1
<i>sotalol hcl tab 160mg</i> (generic of BETAPACE)	1
<i>sotalol hcl tab 240mg</i>	1
TIKOSYN	2 NM

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Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	3	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1	
CRESTOR	3	
<i>fluvastatin sodium</i> (generic of LESCOL) CAPS 20mg	1	
<i>fluvastatin sodium</i> CAPS 40mg	1	
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24	1	
LESCOL XL	3	
LIPITOR	3	
LIVALO	3	
<i>lovastatin</i> 10mg, 20mg	1	
<i>lovastatin</i> (generic of MEVACOR) 40mg	1	
PRAVACHOL	3	
<i>pravastatin sodium</i> 10mg	1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
<i>rosuvastatin calcium</i> (generic of CRESTOR)	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR 5mg, 10mg, 20mg, 40mg	3	
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	3	
<i>cholestyramine</i> (generic of QUESTRAN)	1	
<i>cholestyramine light</i> PACK	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	1	
<i>choline fenofibrate</i> (generic of TRILIPIX)	1	
COLESTID	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>colestipol hcl</i> (generic of COLESTID)	1	
<i>ezetimibe</i> (generic of ZETIA)	1	
<i>ezetimibe-simvastatin</i> (generic of VYTORIN)	1	
<i>fenofibrate</i> CAPS	1	
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 40mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg	1	
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 120mg	3	NDS
<i>fenofibrate</i> TABS 160mg	1	
<i>fenofibrate micronized</i> 43mg, 130mg	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	1	
<i>fenofibric acid</i>	1	
FENOGLIDE 40mg	3	
FENOGLIDE 120mg	3	NDS
FIBRICOR	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	1	
JUXTAPID	3	NDS NM LA PA
KYNAMRO	3	NDS NM PA
LIPOFEN	3	
LOPID	3	
LOVAZA	3	
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN)	1	
<i>niacor</i>	1	
NIASPAN	3	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	1	
PRALUENT	3	NDS NM PA
<i>prevalite</i> PACK	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	

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Drug Name	Drug Requirements/ Tier	Limits
TRICOR	3	
TRIGLIDE	3	
TRILIPIX	3	
VASCEPA	2	
VYTORIN	2	
WELCHOL	2	
ZETIA	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
CORZIDE	3	
LOPRESSOR HCT	2	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
<i>nadolol & bendroflumethiazide</i> (generic of CORZIDE)	1	
<i>propranolol & hydrochlorothiazide</i>	1	
TENORETIC 50	2	
TENORETIC 100	2	
ZIAC	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	1	
<i>atenolol</i> TABS 50mg, 100mg	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i> (generic of COREG)	1	
COREG	3	
COREG CR	2	
CORGARD	3	
INDERAL LA 60mg, 80mg	3	
INDERAL LA 120mg, 160mg	3	NDS
<i>labetalol hcl</i> SOLN; TABS	1	
LOPRESSOR	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	
<i>metoprolol tartrate</i> SOCT	1	
<i>metoprolol tartrate</i> SOLN	1	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD) TABS	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i> (generic of INDERAL LA)	1	
<i>propranolol inj 1mg/ml</i>	1	
<i>propranolol oral sol</i>	1	
<i>propranolol tab</i>	1	
SOTYLIZE	3	
TENORMIN	3	
<i>timolol maleate</i> TABS	1	
TOPROL XL	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine</i>	1	
<i>besylate-atorvastatin calcium</i>	1	
<i>amlodipine</i>	1	
<i>besylate-atorvastatin calcium</i> (generic of CADUET)	1	
CADUET	3	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	3	
<i>afeditab cr</i> (generic of ADALAT CC)	1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	
CALAN	3	
CALAN SR 120mg, 240mg	3	
CARDIZEM	3	
CARDIZEM CD	3	NDS
CARDIZEM LA	3	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	1	
<i>cartia xt</i> 300mg	1	
<i>dilt-xr</i>	1	

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

Drug Name	Drug Requirements/ Tier Limits
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1
<i>nimodipine</i> CAPS	3 NDS
<i>nisoldipine</i> (generic of SULAR) 8.5mg, 17mg, 34mg	1
<i>nisoldipine</i> 20mg, 25.5mg, 30mg, 40mg	1
NORVASC	3
NYMALIZE	3 NDS
PROCARDIA XL	3
SULAR	3
<i>taztia xt</i> (generic of TIAZAC)	1
TIAZAC	3
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	1
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1
<i>verapamil hcl</i> CP24 360mg	1
<i>verapamil hcl</i> SOLN	1
<i>verapamil hcl</i> TABS 40mg	1
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	1
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	1
VERELAN	3
VERELAN PM	3
<i>DIGITALIS GLYCOSIDES</i>	
<i>digitek</i> (generic of LANOXIN) .25mg PA if 65 years and older	1 PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	1 QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	1 QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 65 years and older	1 PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	1 QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 65 years and older	1	PA
<i>digoxin inj 0.25 mg/ml</i> (generic of LANOXIN)	1	
<i>digoxin sol 50mcg/ml</i> PA if 65 years and older	1	PA
LANOXIN SOLN	3	
LANOXIN TABS 62.5mcg QL (60 tabs / 30 days)	2	QL
LANOXIN TABS 125mcg QL (30 tabs / 30 days)	3	QL
LANOXIN TABS 187.5mcg PA if 65 years and older	2	PA
LANOXIN TABS 250mcg PA if 65 years and older	3	PA
LANOXIN PEDIATRIC	3	
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKURNA	2	
TEKURNA HCT	2	
DIURETICS		
<i>acetazolamide</i> (generic of DIAMOX) CP12	1	
<i>acetazolamide</i> TABS	1	
<i>acetazolamide sodium</i>	1	
ALDACTAZIDE	3	
<i>amiloride</i> & <i>hydrochlorothiazide</i>	1	
<i>amiloride hcl</i> TABS	1	
<i>bumetanide</i> SOLN	1	
<i>bumetanide</i> (generic of BUMEX) TABS	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
DEMADEX	3	
DIAMOX	2	
DIURIL	3	
DYAZIDE	3	
EDECRIN	3	NDS
<i>ethacrynic acid</i> (generic of EDECRIN)	3	NDS
<i>furosemide</i> SOLN	1	
<i>furosemide</i> TABS 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>furosemide</i> (generic of LASIX) TABS 80mg	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	
<i>hydrochlorothiazide</i> TABS	1	
<i>indapamide</i>	1	
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	
<i>methazolamide</i> (generic of NEPTAZANE) TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
MICROZIDE	3	
NEPTAZANE	3	
SODIUM DIURIL	3	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
<i>torsemide</i> 5mg, 100mg	1	
<i>torsemide</i> (generic of DEMADEX) 10mg, 20mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 37.5-25mg (generic of DYAZIDE)	1	
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 50-25mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab</i> 37.5-25mg (generic of MAXZIDE-25)	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab</i> 75-50mg (generic of MAXZIDE)	1	
MISCELLANEOUS		
BIDIL	2	
CATAPRES TAB	2	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	1	
CORLANOR	2	
DEMSEER	3	NDS
DIBENZYLINE	3	NDS
<i>hydralazine hcl</i> SOLN; TABS	1	
KEVEYIS	3	NDS NM PA
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
NORTHERA	3	NDS NM LA PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS	3	NDS
RANEXA	2	
NITRATES		
DILATRATE SR	3	
GONITRO	3	
ISORDIL TITRADOSE 5mg	2	
ISORDIL TITRADOSE 40mg	3	NDS
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	1	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i> (generic of NITRO-DUR)	1	
NITRO-BID	3	
NITRO-DUR	2	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	1	
<i>nitroglycerin lingual</i>	1	
<i>nitroglycerin td patch</i> .1mg/hr	1	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	1	
NITROLINGUAL	3	
PUMPSPRAY	3	
NITROMIST	3	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	3	NDS NM PA
ADEMPAS	3	NDS NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN)	3	NDS B/D NM LA
FLOLAN	3	NDS B/D NM LA
LETAIRIS	3	NDS NM LA PA
OPSUMIT	3	NDS NM LA PA
ORENITRAM .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA PA
ORENITRAM .125mg	2	NM LA PA
REMODULIN	3	NDS NM LA PA
REVATIO	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS	1	NM PA
TRACLEER	3	NDS NM LA PA
TYVASO	3	NDS NM PA
UPTRAVI	3	NDS NM LA PA
VELETRI	3	NDS B/D NM LA
VENTAVIS	3	NDS NM PA

CENTRAL NERVOUS SYSTEM

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Drug Name	Drug Requirements/ Tier	Limits
ANTIANXIETY		
ALPRAZOLAM INTENSOL QL (300 mL / 30 days)	3	QL
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (240 tabs / 30 days)	1	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (480 tabs / 30 days)	1	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (120 tabs / 30 days)	1	QL
<i>alprazolam tab 2mg</i> (generic of XANAX) QL (150 tabs / 30 days)	1	QL
ATIVAN INJ	3	
ATIVAN TABS QL (150 tabs / 30 days)	3	NDS QL
<i>bupirone hcl</i> TABS	1	
<i>fluvoxamine cap er 100mg</i> QL (90 caps / 30 days)	1	QL
<i>fluvoxamine cap er 150mg</i> QL (60 caps / 30 days)	1	QL
<i>fluvoxamine tab 25mg</i> QL (45 tabs / 30 days)	1	QL
<i>fluvoxamine tab 50mg</i> QL (45 tabs / 30 days)	1	QL
<i>fluvoxamine tab 100mg</i>	1	
<i>lorazepam</i> (generic of ATIVAN) SOLN	1	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	1	QL
XANAX 1mg QL (120 tabs / 30 days)	2	QL
XANAX 2mg QL (150 tabs / 30 days)	2	QL
XANAX .5mg QL (240 tabs / 30 days)	2	QL
XANAX .25mg QL (480 tabs / 30 days)	2	QL
ANTICONVULSANTS		
APTIOM	3	NDS
BANZEL	3	NDS PA
BRIVIACT SOLN 10mg/ml	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS	3	NDS PA
<i>carbamazepine</i> CHEW	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	1	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	1	
<i>carbamazepine</i> TB12 100mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 200mg, 400mg	1	
CARBATROL	3	
CELONTIN	3	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (120 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (240 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> 3.75mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>clorazepate dipotassium</i> 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
DEPACON	3	NDS
DEPAKENE CAPS	3	
DEPAKENE SOLN	3	NDS
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam intensol 5mg/ml</i> QL (240 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam oral soln 1 mg/ml</i> QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA
DILANTIN	3	
DILANTIN-125	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	1	
<i>epitol</i> (generic of TEGRETOL)	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	1	
<i>felbamate</i> (generic of FELBATOL) SUSP	3	NDS
<i>felbamate</i> (generic of FELBATOL) TABS	1	
FELBATOL	3	NDS
FYCOMPA SUSP	3	NDS PA
FYCOMPA TABS 2mg	2	PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL	3	
KEPPRA SOLN	3	NDS
KEPPRA TABS 250mg	3	
KEPPRA TABS 500mg, 750mg, 1000mg	3	NDS
KEPPRA XR	3	NDS
KLONOPIN 1mg QL (120 tabs / 30 days)	3	QL
KLONOPIN 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN .5mg QL (240 tabs / 30 days)	3	QL
LAMICTAL CHEWABLE DISPERS 5mg	3	
LAMICTAL CHEWABLE DISPERS 25mg	3	NDS
LAMICTAL ODT	3	
LAMICTAL STARTER KIT	3	
LAMICTAL TABS	3	NDS
LAMICTAL XR KIT	3	
LAMICTAL XR TB24 25mg, 50mg	3	
LAMICTAL XR TB24 100mg, 200mg, 250mg, 300mg	3	NDS
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
<i>lamotrigine</i> KIT	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP	1	
LEVETIRACETAM SOLN	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	1	
<i>levetiracetam</i> (generic of KEPPRA) TABS	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	1	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	2	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	2	QL
LYRICA SOLN QL (946 mL / 30 days)	2	QL
MYSOLINE	3	NDS
NEURONTIN CAPS 100mg QL (1080 caps / 30 days)	3	QL
NEURONTIN CAPS 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	NDS QL
ONFI	3	NDS PA
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
OXTELLAR XR 150mg, 300mg	2	
OXTELLAR XR 600mg	3	NDS
PEGANONE	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenobarbital</i> ELIX; TABS PA if 65 years and older	3	PA
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 65 years and older	3	PA
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 65 years and older	3	PA
PHENYTEK	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	1	
<i>primidone</i> (generic of MYSOLINE) TABS	1	
QUDEXY XR	3	
<i>roovepra</i> (generic of KEPPRA)	1	
SABRIL PACK QL (180 packets / 30 days)	3	NDS QL NM LA PA
SABRIL TABS QL (180 tabs / 30 days)	3	NDS QL NM LA PA
SPRITAM	3	
TEGRETOL	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i> (generic of GABITRIL)	1	
TOPAMAX 25mg, 50mg	3	
TOPAMAX 100mg, 200mg	3	NDS
TOPAMAX SPRINKLE 15mg	3	
TOPAMAX SPRINKLE 25mg	3	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	1	
<i>topiramate</i> CS24	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TRILEPTAL SUSP	3	NDS
TRILEPTAL TABS 150mg, 300mg	3	
TRILEPTAL TABS 600mg	3	NDS
TROKENDI XR 25mg, 50mg, 100mg	2	
TROKENDI XR 200mg	3	NDS
VALIUM QL (120 tabs / 30 days) PA if 65 years and older	2	QL PA
<i>valproate sodium</i> (generic of DEPACON) SOLN 100mg/ml	1	
<i>valproate sodium</i> (generic of DEPAKENE) SOLN 250mg/5ml	1	
<i>valproic acid</i> (generic of DEPAKENE)	1	
VIMPAT SOLN	3	NDS
VIMPAT TABS 50mg	2	
VIMPAT TABS 100mg, 150mg, 200mg	3	NDS
ZARONTIN	3	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ANTIDEMENTIA		
ARICEPT	3	
<i>donepezil 5mg odt</i>	1	
<i>donepezil 10mg odt</i>	1	
<i>donepezil hydrochloride</i> (generic of ARICEPT)	1	
EXELON PATCHES	3	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS	1	
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER)	1	
<i>memantine hcl</i> SOLN PA if < 30 yrs	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl</i> (generic of NAMENDA) TABS PA if < 30 yrs	1	PA
NAMENDA PA if < 30 yrs	3	PA
NAMENDA XR PA if < 30 yrs	2	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	2	PA
NAMZARIC	2	
RAZADYNE	3	
RAZADYNE ER	3	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine td patch 24hr 4.6mg/24hr</i> (generic of EXELON)	1	
<i>rivastigmine td patch 24hr 9.5mg/24hr</i> (generic of EXELON)	1	
<i>rivastigmine td patch 24hr 13.3mg/24hr</i> (generic of EXELON)	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 50mg, 75mg, 100mg, 150mg PA if 65 years and older	3	PA
<i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg PA if 65 years and older	3	PA
<i>amoxapine</i>	1	
ANAFRANIL PA if 65 years and older	3	NDS PA
APLENZIN	3	NDS
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	1	
CELEXA	3	
<i>citalopram hydrobromide</i> SOLN	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older	3	PA
CYMBALTA 20mg QL (180 caps / 30 days)	3	QL
CYMBALTA 30mg QL (120 caps / 30 days)	3	QL
CYMBALTA 60mg QL (60 caps / 30 days)	3	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ)	1	
<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older	3	PA
<i>duloxetine cap 20mg</i> (generic of CYMBALTA) QL (180 caps / 30 days)	1	QL
<i>duloxetine cap 30mg</i> (generic of CYMBALTA) QL (120 caps / 30 days)	1	QL
<i>duloxetine cap 60mg</i> (generic of CYMBALTA) QL (60 caps / 30 days)	1	QL
EFFEXOR XR	3	
EMSAM	3	NDS PA
<i>escitalopram oxalate</i> SOLN	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	1	
FETZIMA	3	
FETZIMA TITRATION PACK	3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS	1	
<i>fluoxetine hcl</i> CPDR	1	
<i>fluoxetine hcl</i> SOLN	1	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1	
FLUOXETINE HCL TABS 60mg	2	
FORFIVO XL QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>imipramine hcl</i> (generic of TOFRANIL) TABS PA if 65 years and older	3	PA
<i>imipramine pamoate</i> PA if 65 years and older	3	PA
LEXAPRO	3	
<i>maprotiline hcl</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine tab 15mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tab 30mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tab 45mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tabs 7.5mg</i>	1	
<i>mirtazapine tabs</i> (generic of REMERON) 15mg, 30mg, 45mg	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
NORPRAMIN	2	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	1	
<i>nortriptyline hcl</i> SOLN	1	
PAMELOR	3	NDS
PARNATE	3	NDS
<i>paroxetine er tab</i> (generic of PAXIL CR)	1	
<i>paroxetine hcl tabs</i> (generic of PAXIL)	1	
PAXIL	3	
PAXIL CR	3	
PEXEVA	3	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	1	
PRISTIQ	2	
<i>protriptyline hcl</i>	1	
PROZAC 10mg, 20mg	3	
PROZAC 40mg	3	NDS
REMERON	3	
REMERON SOLTAB	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>sertraline hcl</i> (generic of ZOLOFT) CONC; TABS	1	
SURMONTIL PA if 65 years and older	3	PA
TOFRANIL PA if 65 years and older	3	PA
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i> TABS	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg PA if 65 years and older	3	PA
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg PA if 65 years and older	3	PA
TRINTELLIX	2	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	1	
<i>venlafaxine hcl</i> 225mg	1	
<i>venlafaxine tab</i>	1	
VIIBRYD STARTER PACK	2	
VIIBRYD TAB	2	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	NDS
ZOLOFT	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SYRP; TABS	1	
APOKYN	3	NDS NM LA PA
AZILECT	2	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	1	
<i>benztropine mesylate</i> TABS PA if 65 years and older	3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	1	
<i>carbidopa</i> (generic of LODOSYN) TABS	3	NDS
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	1	
<i>carbidopa-levodopa</i> TBDP	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 50)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 75)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 100)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 125)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 150)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 200)	1	
COGENTIN	3	
COMTAN	3	NDS
DUOPA	3	B/D NM
ELDEPRYL	3	
<i>entacapone</i> (generic of COMTAN)	1	
LODOSYN	3	NDS
MIRAPEX	3	
MIRAPEX ER	2	
NEUPRO	2	
PARLODEL	2	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab er</i> (generic of MIRAPEX ER)	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	1	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 1mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 2mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 3mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 4mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	1	
<i>ropinirole tab er</i> (generic of REQUIP XL)	1	
RYTARY	3	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	1	
<i>selegiline hcl</i> TABS	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 50	3	
STALEVO 75	3	NDS
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	NDS
STALEVO 200	3	NDS
<i>trihexyphenidyl hcl</i> PA if 65 years and older	1	PA
ZELAPAR	3	NDS
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	3	NDS QL
ABILIFY TABS QL (30 tabs / 30 days)	3	NDS QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	3	NDS QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	3	NDS QL
<i>aripiprazole tabs</i> (generic of ABILIFY) 2mg, 5mg, 10mg, 15mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>aripiprazole tabs</i> (generic of ABILIFY) 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	3	NDS QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	3	NDS QL
<i>chlorpromazine hcl</i> TABS	1	
CHLORPROMAZINE INJ	3	
<i>clozapine odt</i> 12.5mg	1	PA
<i>clozapine odt</i> (generic of FAZACLO) 25mg	1	PA
<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	3	NDS QL PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	1	
<i>clozapine tab 50mg</i>	1	
<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	1	QL
<i>clozapine tab 200mg</i> QL (135 tabs / 30 days)	1	QL
CLOZARIL 25mg	3	
CLOZARIL 100mg QL (270 tabs / 30 days)	3	NDS QL
FANAPT QL (60 tabs / 30 days)	3	QL
FANAPT TITRATION PACK	3	
FAZACLO 12.5mg, 25mg	3	PA
FAZACLO 100mg QL (270 tabs / 30 days)	3	NDS QL PA
FAZACLO 150mg QL (180 tabs / 30 days)	3	NDS QL PA
FAZACLO 200mg QL (135 tabs / 30 days)	3	NDS QL PA
<i>fluphenazine decanoate</i> SOLN	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluphenazine hcl</i>	1	
GEODON QL (60 caps / 30 days)	3	NDS QL
GEODON INJ QL (6 mL / 3 days)	3	QL
HALDOL	3	
HALDOL DECANOATE 50	3	
HALDOL DECANOATE 100	3	
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i> (generic of HALDOL)	1	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	3	NDS QL
INVEGA 6mg QL (60 tabs / 30 days)	3	NDS QL
INVEGA SUSTENNA 39mg/0.25ml QL (1 injection / 28 days)	3	QL
INVEGA SUSTENNA 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 injection / 28 days)	3	NDS QL
INVEGA TRINZA QL (1 injection / 90 days)	3	NDS QL
LATUDA 20mg QL (240 tabs / 30 days)	2	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	2	QL
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	2	QL
<i>loxapine succinate</i>	1	
NUPLAZID QL (60 tabs / 30 days)	3	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 5mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL
ORAP	3	
<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	3	NDS QL
<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	3	NDS QL
<i>perphenazine</i> TABS	1	
<i>pimozide</i> (generic of ORAP)	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg QL (120 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 300mg, 400mg QL (60 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
REXULTI 1mg QL (90 tabs / 30 days)	3	NDS QL
REXULTI 2mg QL (60 tabs / 30 days)	3	NDS QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	3	NDS QL
REXULTI .5mg QL (180 tabs / 30 days)	3	NDS QL
REXULTI .25mg QL (360 tabs / 30 days)	3	NDS QL
RISPERDAL SOLN QL (240 mL / 30 days)	3	QL
RISPERDAL TABS 1mg QL (60 tabs / 30 days)	3	QL
RISPERDAL TABS 2mg, 3mg QL (60 tabs / 30 days)	3	NDS QL
RISPERDAL TABS 4mg QL (120 tabs / 30 days)	3	NDS QL
RISPERDAL TABS .25mg, .5mg QL (90 tabs / 30 days)	3	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	2	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	2	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	3	NDS QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	3	NDS QL
RISPERDAL M-TAB 1mg QL (60 tabs / 30 days)	3	QL
RISPERDAL M-TAB 2mg, 3mg QL (60 tabs / 30 days)	3	NDS QL
RISPERDAL M-TAB 4mg QL (120 tabs / 30 days)	3	NDS QL
RISPERDAL M-TAB .5mg QL (90 tabs / 30 days)	3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone odt</i> .25mg QL (90 tabs / 30 days)	1	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	3	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	3	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	3	QL
SEROQUEL 25mg, 50mg, 100mg QL (90 tabs / 30 days)	3	QL
SEROQUEL 200mg, 300mg, 400mg QL (90 tabs / 30 days)	3	NDS QL
SEROQUEL XR 50mg QL (120 tabs / 30 days)	3	QL
SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	3	QL
SEROQUEL XR 300mg QL (60 tabs / 30 days)	3	QL
SEROQUEL XR 400mg QL (60 tabs / 30 days)	3	NDS QL
<i>thioridazine hcl</i> TABS PA if 65 years and older	3	PA
<i>thiothixene</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>trifluoperazine hcl</i>	1	
VERSACLOZ QL (600 mL / 30 days)	3	NDS QL PA
VRAYLAR 1.5mg QL (120 caps / 30 days)	3	NDS QL PA
VRAYLAR 3mg QL (60 caps / 30 days)	3	NDS QL PA
VRAYLAR 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL PA
VRAYLAR THERAPY PACK	2	PA
<i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	1	QL
ZYPREXA SOLR QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg QL (240 tabs / 30 days)	3	QL
ZYPREXA TABS 5mg QL (120 tabs / 30 days)	3	QL
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA TABS 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 15mg, 20mg QL (60 tabs / 30 days)	3	NDS QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	3	NDS QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	3	NDS QL PA
ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	3	QL PA
ZYPREXA ZYDIS 5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA ZYDIS 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA ZYDIS 15mg, 20mg QL (60 tabs / 30 days)	3	NDS QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (360 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ADDERALL TAB 7.5MG QL (240 tabs / 30 days)	3	QL
ADDERALL TAB 10MG QL (180 tabs / 30 days)	3	QL
ADDERALL TAB 12.5MG QL (144 tabs / 30 days)	3	QL
ADDERALL TAB 15MG QL (120 tabs / 30 days)	3	QL
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL
ADDERALL TAB 30MG QL (60 tabs / 30 days)	3	QL
ADDERALL XR CAP 5MG QL (90 caps / 30 days)	3	QL
ADDERALL XR CAP 10MG QL (90 caps / 30 days)	3	QL
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL
APTENSIO XR 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL
APTENSIO XR 40mg, 50mg, 60mg QL (30 caps / 30 days)	2	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
CONCERTA 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL
CONCERTA 54mg QL (30 tabs / 30 days)	3	QL
DAYTRANA QL (30 patches / 30 days)	3	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 65 years and older	3	PA
INTUNIV PA if 65 years and older	3	PA
METADATE CD 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL
METADATE CD 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL
<i>metadate er</i> QL (90 tabs / 30 days)	1	QL
METHYLIN 5mg/5ml QL (1800 mL / 30 days)	3	QL
METHYLIN 10mg/5ml QL (900 mL / 30 days)	3	QL
<i>methylphenidate hcl</i> CHEW QL (180 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 20mg, 30mg QL (60 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL
<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	1	QL
<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	1	QL
QUILLICHEW ER 20mg QL (90 tabs / 30 days)	3	QL
QUILLICHEW ER 30mg QL (60 tabs / 30 days)	3	QL
QUILLICHEW ER 40mg QL (30 tabs / 30 days)	3	QL
QUILLIVANT XR QL (360 mL / 30 days)	2	QL
RITALIN 5mg, 10mg QL (180 tabs / 30 days)	3	QL
RITALIN 20mg QL (90 tabs / 30 days)	3	QL
RITALIN LA 10mg QL (180 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
RITALIN LA 20mg, 30mg QL (60 caps / 30 days)	3	QL
RITALIN LA 40mg QL (30 caps / 30 days)	3	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	2	QL
STRATTERA 40mg QL (60 caps / 30 days)	2	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	2	QL
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	2	QL
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL
HYPNOTICS		
AMBIEN QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ	3	NDS NM LA PA
RESTORIL 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
RESTORIL 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
SILENOR 3mg QL (60 tabs / 30 days)	2	QL
SILENOR 6mg QL (30 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
MIGRAINE		
<i>almotriptan malate</i> (generic of AXERT) QL (12 tabs / 30 days)	1	QL
AMERGE QL (12 tabs / 30 days)	3	QL
AXERT QL (12 tabs / 30 days)	3	QL
D.H.E. 45	3	NDS
<i>dihydroergotamine mesylate 1mg/ml</i> (generic of D.H.E. 45)	3	NDS
<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	3	NDS QL
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	1	
FROVA QL (18 tabs / 30 days)	3	NDS QL
<i>frovatriptan succinate</i> (generic of FROVA) QL (18 tabs / 30 days)	1	QL
IMITREX SOLN 5mg/act QL (24 inhalers / 30 days)	3	QL
IMITREX SOLN 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
IMITREX SOLN 20mg/act QL (12 inhalers / 30 days)	3	QL
IMITREX TABS QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL
IMITREX STATDOSE REFILL 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL
IMITREX STATDOSE SYSTEM 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL
IMITREX STATDOSE SYSTEM 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL
MAXALT QL (18 tabs / 30 days)	3	QL
MAXALT-MLT QL (18 tabs / 30 days)	3	QL
<i>migergot</i>	3	NDS
MIGRANAL QL (8 mL / 30 days)	3	NDS QL
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	1	QL
ONZETRA XSAIL QL (16 nosepieces / 30 days)	2	QL
RELPAK QL (12 tabs / 30 days)	2	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT) QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>zolmitriptan</i> (generic of ZOMIG ZMT) TBDP QL (12 tabs / 30 days)	1	QL
ZOMIG NASAL SPRAY QL (12 inhalers / 30 days)	2	QL
ZOMIG TABS QL (12 tabs / 30 days)	3	QL
ZOMIG ZMT QL (12 tabs / 30 days)	3	QL
MISCELLANEOUS		
AUSTEDO 6mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
BRISDELLE	2	
EQUETRO	3	
GRALISE 300mg QL (180 tabs / 30 days)	2	QL
GRALISE 600mg QL (90 tabs / 30 days)	2	QL
GRALISE STARTER	2	
HORIZANT	3	
<i>lithium carb tab 300mg</i>	1	
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
<i>lithium carbonate</i> TBCR 450mg	1	
LITHIUM SOLN 8MEQ/5ML	3	
LITHOBID	2	
MESTINON	3	NDS
MESTINON TIMESPAN	3	NDS
NUDEXTA	2	PA
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR	1	
<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	1	
RILUTEK	3	NDS
<i>riluzole</i> (generic of RILUTEK)	1	
SAVELLA 12.5mg QL (480 tabs / 30 days)	2	QL
SAVELLA 25mg QL (240 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
SAVELLA 50mg QL (120 tabs / 30 days)	2	QL
SAVELLA 100mg QL (60 tabs / 30 days)	2	QL
SAVELLA TITRATION PACK	2	
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	3	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
XENAZINE 12.5mg QL (240 tabs / 30 days)	3	NDS QL NM LA PA
XENAZINE 25mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	3	NDS NM LA PA
AUBAGIO QL (30 tabs / 30 days)	3	NDS QL NM LA PA
AVONEX QL (4 injections / 28 days)	3	NDS QL NM PA
AVONEX PEN QL (4 injections / 28 days)	3	NDS QL NM PA
BETASERON QL (14 syringes / 28 days)	3	NDS QL NM PA
COPAXONE 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
COPAXONE 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	3	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) QL (30 syringes / 30 days)	3	NDS QL NM PA
LEMTRADA	3	NDS NM LA PA
PLEGRIDY SOPN QL (2 pens / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
PLEGRIDY SOSY QL (2 syringes / 28 days)	3	NDS QL NM PA
PLEGRIDY STARTER PACK SOPN QL (2 pens / 28 days)	3	NDS QL NM PA
PLEGRIDY STARTER PACK SOSY QL (2 syringes / 28 days)	3	NDS QL NM PA
REBIF QL (12 injections / 28 days)	3	NDS QL NM PA
REBIF REBIDOSE QL (12 injections / 28 days)	3	NDS QL NM PA
REBIF REBIDOSE TITRATION QL (12 injections / 28 days)	3	NDS QL NM PA
REBIF TITRATION PACK QL (12 injections / 28 days)	3	NDS QL NM PA
TECFIDERA 120mg QL (14 caps / 7 days)	3	NDS QL NM LA PA
TECFIDERA 240mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
TECFIDERA STARTER PACK	3	NDS NM LA PA
TYSABRI	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	1	
BOTOX	3	NDS NM PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 65 years and older	3	PA
DANTRIUM	2	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	1	
<i>dantrolene sodium</i> CAPS 100mg	1	
DYSPORT	3	NM PA
MYOBLOC	3	NM PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>tizanidine tabs</i> 2mg	1	
<i>tizanidine tabs</i> (generic of ZANAFLEX) 4mg	1	
XEOMIN INJ 50 UNITS	3	NM PA
XEOMIN INJ 100 UNITS	3	NDS NM PA
XEOMIN INJ 200 UNITS	3	NDS NM PA
ZANAFLEX CAPS	3	
ZANAFLEX TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (150 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL 50mg QL (150 tabs / 30 days)	3	QL PA
NUVIGIL 150mg QL (60 tabs / 30 days)	3	QL PA
NUVIGIL 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA
PROVIGIL 100mg QL (30 tabs / 30 days)	3	NDS QL PA
PROVIGIL 200mg QL (60 tabs / 30 days)	3	NDS QL PA
XYREM QL (540 mL / 30 days)	3	NDS QL LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	1	
ANTABUSE	2	
BUNAVAIL MIS 2.1-0.3MG QL (120 buccal films / 30 days)	3	QL PA
BUNAVAIL MIS 4.2-0.7MG QL (120 buccal films / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
BUNAVAIL MIS 6.3-1MG QL (60 buccal films / 30 days)	3	QL PA
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> QL (120 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (120 tabs / 30 days)	1	QL PA
<i>bupropion hcl (smoking deterrent)</i> (generic of ZYBAN)	1	
CHANTIX CONTINUING MONTH	2	PA
CHANTIX STARTER PACK	2	PA
CHANTIX TABS	2	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	1	
<i>fluoxetine hcl (pmd)</i> (generic of SARAFEM) (generic of SARAFEM)	1	
<i>naloxone inj 0.4mg/ml</i>	1	
<i>naloxone inj 1mg/ml</i>	1	
<i>naltrexone hcl</i> TABS	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
SARAFEM	3	
SUBOXONE MIS 2-0.5MG QL (120 SL films / 30 days)	2	QL PA
SUBOXONE MIS 4-1MG QL (120 SL films / 30 days)	2	QL PA
SUBOXONE MIS 8-2MG QL (120 SL films / 30 days)	2	QL PA
SUBOXONE MIS 12-3MG QL (60 SL films / 30 days)	2	QL PA
VIVITROL	3	NDS NM
ZUBSOLV SUB 0.7-0.18MG QL (90 tabs / 30 days)	2	QL PA
ZUBSOLV SUB 1.4-0.36MG QL (120 tabs / 30 days)	2	QL PA
ZUBSOLV SUB 2.9-0.71MG QL (120 tabs / 30 days)	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
ZUBSOLV SUB 5.7-1.4MG QL (120 tabs / 30 days)	2	QL PA
ZUBSOLV SUB 8.6-2.1MG QL (60 tabs / 30 days)	2	QL PA
ZUBSOLV SUB 11.4-2.9MG QL (60 tabs / 30 days)	2	QL PA
ZYBAN	2	
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	3	NDS PA
ANDRODERM QL (30 patches / 30 days)	2	QL PA
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 grams / 30 days)	2	QL PA
ANDROGEL 25mg/2.5gm QL (300 grams / 30 days)	3	QL PA
ANDROGEL 1% QL (300 grams / 30 days)	3	QL PA
ANDROGEL 1.62% QL (150 grams / 30 days)	2	QL PA
AVEED	3	NM LA PA
AXIRON QL (440 mL / 30 days)	2	QL PA
DEPO-TESTOSTERONE	3	PA
FORTESTA QL (120 grams / 30 days)	3	QL PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS	1	PA
STRIANT QL (60 buccal systems / 30 days)	3	QL PA
TESTIM QL (300 grams / 30 days)	3	QL PA
<i>testosterone</i> GEL 1% QL (300 grams / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act QL (120 grams / 30 days)	1	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	1	QL PA
<i>testosterone</i> (generic of AXIRON) SOLN QL (440 mL / 30 days)	1	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	1	PA
<i>testosterone enanthate</i> SOLN	1	PA
VOGELXO QL (300 grams / 30 days)	3	QL PA
VOGELXO PUMP QL (300 grams / 30 days)	3	QL PA
ANTIDIABETICS, INJECTABLE		
ADLYXIN QL (2 pens / 28 days)	3	QL
ADLYXIN STARTER PACK QL (2 pens / 28 days)	3	QL
ALCOHOL SWABS	2	
BASAGLAR KWIKPEN	2	
BYDUREON INJ QL (4 vials / 28 days)	2	QL
BYDUREON PEN QL (4 pens / 28 days)	2	QL
BYETTA QL (1 pen / 30 days)	3	QL
GAUZE PADS 2X2	2	
HUMULIN R U-500 (CONCENTRATE)	3	NDS B/D
HUMULIN R U-500 KWIKPEN	3	NDS
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	

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

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG PENFILL	2	
SYMLINPEN 60	3	NDS PA
SYMLINPEN 120	3	NDS PA
TRESIBA FLEXTOUCH	2	
TRULICITY	2	QL
QL (4 pens / 28 days)		
VICTOZA	2	QL
QL (3 pens / 30 days)		
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE)	1	
ACTOPLUS MET TAB 15-500MG	3	QL
QL (90 tabs / 30 days)		
ACTOPLUS MET TAB 15-850MG	3	QL
QL (90 tabs / 30 days)		
ACTOPLUS MET XR 15-1000MG	3	QL
QL (60 tabs / 30 days)		
ACTOPLUS MET XR 30-1000MG	3	QL
QL (30 tabs / 30 days)		
ACTOS	3	QL
QL (30 tabs / 30 days)		
AMARYL 1mg	3	QL
QL (240 tabs / 30 days)		
AMARYL 2mg	3	QL
QL (120 tabs / 30 days)		
AMARYL 4mg	3	QL
QL (60 tabs / 30 days)		
DUETACT	3	QL
QL (30 tabs / 30 days)		
FARXIGA 5mg	2	QL
QL (60 tabs / 30 days)		
FARXIGA 10mg	2	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
glimepiride (generic of AMARYL) 1mg	1	QL
QL (240 tabs / 30 days)		
glimepiride (generic of AMARYL) 2mg	1	QL
QL (120 tabs / 30 days)		
glimepiride (generic of AMARYL) 4mg	1	QL
QL (60 tabs / 30 days)		
glipizide (generic of GLUCOTROL) TABS 5mg	1	QL
QL (240 tabs / 30 days)		
glipizide (generic of GLUCOTROL) TABS 10mg	1	QL
QL (120 tabs / 30 days)		
glipizide er (generic of GLUCOTROL XL) 2.5mg	1	QL
QL (240 tabs / 30 days)		
glipizide er (generic of GLUCOTROL XL) 5mg	1	QL
QL (120 tabs / 30 days)		
glipizide er (generic of GLUCOTROL XL) 10mg	1	QL
QL (60 tabs / 30 days)		
glipizide xl (generic of GLUCOTROL XL) 2.5mg	1	QL
QL (240 tabs / 30 days)		
glipizide xl (generic of GLUCOTROL XL) 5mg	1	QL
QL (120 tabs / 30 days)		
glipizide-metformin 2.5-250 mg	1	QL
QL (240 tabs / 30 days)		
glipizide-metformin 2.5-500 mg	1	QL
QL (120 tabs / 30 days)		
glipizide-metformin 5-500mg	1	QL
QL (120 tabs / 30 days)		
GLUCOPHAGE 500mg	3	QL
QL (150 tabs / 30 days)		
GLUCOPHAGE 850mg	3	QL
QL (90 tabs / 30 days)		
GLUCOPHAGE 1000mg	3	QL
QL (75 tabs / 30 days)		
GLUCOPHAGE XR 500mg	3	QL
QL (120 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
GLUCOPHAGE XR 750mg QL (60 tabs / 30 days)	3	QL
GLUCOTROL 5mg QL (240 tabs / 30 days)	3	QL
GLUCOTROL 10mg QL (120 tabs / 30 days)	3	QL
GLUCOTROL XL 2.5mg QL (240 tabs / 30 days)	3	QL
GLUCOTROL XL 5mg QL (120 tabs / 30 days)	3	QL
GLUCOTROL XL 10mg QL (60 tabs / 30 days)	3	QL
GLYSET	3	
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	2	QL
INVOKAMET TAB 50-1000MG QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 150-500MG QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 150-1000MG QL (60 tabs / 30 days)	2	QL
INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days)	2	QL
INVOKAMET XR TAB 50-1000MG QL (60 tabs / 30 days)	2	QL
INVOKAMET XR TAB 150-500MG QL (60 tabs / 30 days)	2	QL
INVOKAMET XR TAB 150-1000MG QL (60 tabs / 30 days)	2	QL
INVOKANA TAB 100MG QL (90 tabs / 30 days)	2	QL
INVOKANA TAB 300MG QL (30 tabs / 30 days)	2	QL
JANUMET QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA QL (30 tabs / 30 days)	2	QL
JENTADUETO QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	2	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>miglitol</i> (generic of GLYSET)	1	
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
PRANDIN 1mg QL (120 tabs / 30 days)	3	QL
PRANDIN 2mg QL (240 tabs / 30 days)	3	QL
PRECOSE	2	
<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	1	QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	1	QL
<i>repaglinide-metformin hcl</i> QL (150 tabs / 30 days)	1	QL
RIOMET QL (946 mL / 30 days)	3	QL
STARLIX QL (90 tabs / 30 days)	3	QL
TRADJENTA QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	2	QL
BISPHOSPHONATES		
ACTONEL	3	
<i>alendronate sodium</i> SOLN	1	
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA	3	
BINOSTO	3	
BONIVA SOLN QL (1 injection / 90 days)	3	B/D QL
BONIVA TABS	3	B/D
FOSAMAX	3	
FOSAMAX PLUS D	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ibandronate sodium</i> (generic of BONIVA) QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate tab 150mg</i> (generic of BONIVA)	1	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1	B/D
<i>pamidronate inj 30mg</i>	1	B/D
<i>pamidronate inj 90mg</i>	1	B/D
RECLAST	3	B/D NM
<i>risedronate sodium</i> (generic of ACTONEL) TABS	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC	1	
ZOLEDRONIC INJ 4MG	3	B/D NM
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	1	B/D NM
<i>zoledronic inj 5/100ml</i> (generic of RECLAST)	1	B/D NM
ZOMETA	3	NDS B/D NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	2	NDS NM
SENSIPAR TAB 60MG	2	NDS NM
SENSIPAR TAB 90MG	2	NDS NM
CHELATING AGENTS		
CHEMET	3	
<i>deferoxamine mesylate</i> 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) 500mg	1	NM PA
DEPEN TITRATABS	3	NDS
DESFERAL	3	NM PA
EXJADE	3	NDS NM LA PA
FERRIPROX	3	NDS NM LA PA
JADENU	3	NDS NM LA PA
JADENU SPRINKLE	3	NDS NM LA PA
<i>kionex powder</i>	1	
<i>kionex sus 15gm/60ml</i>	1	
<i>sodium polystyrene sulfonate</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>sps</i>	1	
SYPRINE	3	NDS
VELTASSA	2	LA
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<i>alyacen 1/35</i> (generic of ORTHO-NOVUM 1/35)	1	
<i>amethia</i> (generic of SEASONIQUE)	1	
<i>amethia lo</i> (generic of LOSEASONIQUE)	1	
<i>apri</i> (generic of DESOGEN)	1	
<i>aranelle</i> (generic of TRI-NORINYL 28)	1	
<i>ashlyna</i> (generic of SEASONIQUE)	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>bekyree</i> (generic of MIRCETTE)	1	
BEYAZ	2	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1	
<i>blisovi fe 1/20</i> (generic of LOESTRIN FE 1/20)	1	
BREVICON-28	3	
<i>briellyn</i>	1	
<i>camila</i>	1	
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	1	
<i>caziant pak</i> (generic of CYCLESSA)	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i> (generic of ORTHO-NOVUM 1/35)	1	
<i>cyclafem 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	1	
CYCLESSA	3	
<i>cyred tab</i> (generic of DESOGEN)	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
DEPO-PROVERA CONTRACEPTIVE	2	
DEPO-SUBQ PROVERA 104	2	
DESOGEN	3	
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	1	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	1	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	1	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i> (generic of BEYAZ)	1	
ELLA	3	
<i>emoquette</i> (generic of DESOGEN)	1	
<i>enpresse-28</i>	1	
<i>errin</i> (generic of ORTHO MICRONOR)	1	
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	1	
ESTROSTEP FE	3	
<i>ethynodiol tab 1-50</i>	1	
<i>falmina</i>	1	
<i>fayosim</i> (generic of QUARTETTE)	1	
<i>femynor</i> (generic of ORTHO-CYCLEN)	1	
GENERESS FE	3	
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	1	
<i>gildagia</i>	1	
<i>heather</i>	1	
<i>introvale</i>	1	
<i>jolessa tab 0.15-0.03 mg</i>	1	
<i>jolivette</i> (generic of ORTHO MICRONOR)	1	
<i>juleber</i> (generic of DESOGEN)	1	
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1	
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	1	
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i> (generic of GENERESS FE)	1
<i>kariva</i> (generic of MIRCETTE)	1
<i>kelnor 1/35</i>	1
<i>kimidess</i> (generic of MIRCETTE)	1
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
<i>larissia tab</i>	1
<i>layolis fe chw</i> (generic of GENERESS FE)	1
<i>leena tab</i> (generic of TRI-NORINYL 28)	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor/ethi tab</i>	1
<i>levonorgestrel & eth estradiol</i>	1
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1
<i>levonorgestrel-ethinyl estradiol (91-day)</i> (generic of SEASONIQUE)	1
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1
<i>levora 0.15/30-28</i>	1
LO LOESTRIN FE	2
LOESTRIN 1.5/30 21 DAY	3
LOESTRIN 1/20 21 DAY	3
LOESTRIN FE 1.5/30 28 DAY	3
LOESTRIN FE 1/20 28 DAY	3
<i>lomedica 24 fe</i>	1
<i>loryna</i> (generic of YAZ)	1
LOSEASONIQUE	3
<i>low-ogestrel</i>	1
<i>lutra</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>lyza</i> (generic of ORTHO MICRONOR)	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	1
<i>mibelas 24 fe</i>	1
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
MINASTRIN 24 FE	2
MIRCETTE	2
<i>mono-linyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	1
<i>mononessa</i> (generic of ORTHO-CYCLEN)	1
<i>myzilra</i>	1
NATAZIA	2
<i>necon 0.5/35-28</i> (generic of BREVICON-28)	1
<i>necon 1/50-28</i>	1
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	1
NECON 10/11 28 DAY	3
<i>nikki</i> (generic of YAZ)	1
NOR-QD	2
<i>nora-be tab</i>	1
<i>norethin acet & estrad-fe</i>	1
<i>norethindrone & ethinyl estradiol-fe</i> (generic of FEMCON FE)	1
<i>norethindrone & ethinyl estradiol-fe</i> (generic of GENERESS FE)	1
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	1
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	1

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Drug Name	Drug Requirements/ Tier Limits
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	1
<i>norgestimate-ethinyl estradiol</i> (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1
<i>norgestimate-ethinyl estradiol</i> (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg (generic of ORTHO TRI-CYCLEN)	1
NORINYL 1+35	3
<i>norlyroc</i>	1
<i>nortrel 0.5/35 (28)</i> (generic of BREVICON-28)	1
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	1
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	1
NUVARING	2
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	1
<i>ogestrel</i>	1
<i>orsythia</i>	1
ORTHO MICRONOR	2
ORTHO TRI-CYCLEN LO	3
ORTHO-CYCLEN	3
ORTHO-NOVUM 1/35	3
ORTHO-NOVUM 7/7/7	3
OVCON 35 28 DAY	3
<i>philith</i>	1
<i>pimtreea</i> (generic of MIRCETTE)	1
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	1
<i>portia-28</i>	1
<i>previfem</i> (generic of ORTHO-CYCLEN)	1
QUARTETTE	3
<i>quasense</i>	1
<i>reclipsen</i> (generic of DESOGEN)	1
<i>rivelsa</i> (generic of QUARTETTE)	1

Drug Name	Drug Requirements/ Tier Limits
SAFYRAL	2
SEASONIQUE	3
<i>setlakin tab</i>	1
<i>sharobel</i> (generic of ORTHO MICRONOR)	1
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
TAYTULLA	3
<i>tilia fe</i> (generic of ESTROSTEP FE)	1
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	1
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
TRI-NORINYL 28	3
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	1
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	1
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>velivet</i> (generic of CYCLESSA)	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i> (generic of MIRCETTE)	1
<i>vyfemla</i>	1
<i>wymzya fe</i> (generic of FEMCON FE)	1
<i>xulane dis 150-35</i>	1
YASMIN 28	3

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Drug Name	Drug Requirements/ Tier	Limits
YAZ	3	
<i>zarah</i> (generic of YASMIN 28)	1	
<i>zenchent fe</i> (generic of FEMCON FE)	1	
<i>zenchent tab</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	1	
LUPANETA PACK	3	NDS NM PA
SYNAREL	3	NDS
ENZYME REPLACEMENTS		
ADAGEN	3	NDS NM LA PA
ALDURAZYME	3	NDS NM LA PA
BUPHENYL POWD	3	NDS NM PA
BUPHENYL TABS	3	NDS NM LA PA
CARBAGLU	3	NDS NM LA PA
CARNITOR	3	B/D
CERDELGA	3	NDS NM PA
CEREZYME	3	NDS NM LA PA
CYSTADANE	3	NDS NM LA
CYSTAGON	3	NM LA PA
ELAPRASE	3	NDS NM LA PA
ELELYSO	3	NDS NM PA
FABRAZYME	3	NDS NM LA PA
KANUMA	3	NDS NM LA PA
KUVAN	3	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml	1	B/D
<i>levocarnitine (metabolic modifiers)</i> SOLN 200mg/ml	1	B/D
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
LUMIZYME	3	NDS NM LA PA
NAGLAZYME	3	NDS NM LA PA
ORFADIN	3	NDS NM LA PA
PROCYSBI	3	NDS NM LA PA
RAVICTI	3	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	3	NDS NM PA
STRENSIQ	3	NDS NM LA PA
VIMIZIM	3	NDS NM PA
VPRIV	3	NDS NM PA
ZAVESCA	3	NDS NM LA PA
ESTROGENS		
ALORA PA if 65 years and older	3	PA
CLIMARA PA if 65 years and older	3	PA
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
ESTRACE CREA	2	
ESTRACE TABS PA if 65 years and older	3	PA
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW PA if 65 years and older	3	PA
<i>estradiol</i> (generic of CLIMARA) PTWK PA if 65 years and older	3	PA
<i>estradiol</i> (generic of ESTRACE) TABS PA if 65 years and older	3	PA
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL	1	
ESTRING	3	
FEMRING	3	
<i>fyavolv tab 1-5mg</i> PA if 65 years and older	3	PA
<i>jinteli</i> PA if 65 years and older	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
MENOSTAR PA if 65 years and older	3	PA
MINIVELLE PA if 65 years and older	3	PA
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg PA if 65 years and older	3	PA
PREMARIN CREAM	2	
PREMARIN INJ	3	
VAGIFEM	3	
VIVELLE-DOT PA if 65 years and older	3	PA
yuvafem vaginal tablet 10 mcg (generic of VAGIFEM)	1	
GLUCOCORTICOIDS		
CORTEF	3	
cortisone acetate TABS	1	
DEPO-MEDROL INJ 20MG/ML	3	B/D
DEPO-MEDROL INJ 40MG/ML	3	B/D
DEPO-MEDROL INJ 80MG/ML	3	B/D
DEXAMETHASONE CONC	3	
dexamethasone ELIX; SOLN; TABS	1	
dexamethasone sodium phosphate	1	
fludrocortisone acetate TABS	1	
hydrocortisone (generic of CORTEF) TABS	1	
MEDROL PAK 4MG	3	
MEDROL TAB 2MG	3	B/D
MEDROL TAB 4MG	3	B/D
MEDROL TAB 8MG	3	B/D
MEDROL TAB 16MG	3	B/D
MEDROL TAB 32MG	3	B/D
methylpr ace inj 40mg/ml (generic of DEPO-MEDROL)	1	B/D
methylpr ace inj 80mg/ml (generic of DEPO-MEDROL)	1	B/D
methylpr ss inj 1gm (generic of SOLU-MEDROL)	1	B/D
methylpr ss inj 40mg (generic of SOLU-MEDROL)	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
methylpr ss inj 125mg (generic of SOLU-MEDROL)	1	B/D
methylpred pak 4mg (generic of MEDROL DOSEPAK)	1	
methylpred tab 4mg (generic of MEDROL)	1	B/D
methylpred tab 8mg (generic of MEDROL)	1	B/D
methylpred tab 16mg (generic of MEDROL)	1	B/D
methylpred tab 32mg (generic of MEDROL)	1	B/D
ORAPRED ODT TAB 10MG	2	B/D
ORAPRED ODT TAB 15MG	2	B/D
ORAPRED ODT TAB 30MG	2	B/D
PEDIAPRED SOL 6.7/5ML	3	B/D
pred sod pho sol 5mg/5ml (generic of PEDIAPRED)	1	B/D
prednisolone sodium phosphate (generic of MILLIPRED) SOLN 10mg/5ml	1	B/D
prednisolone sodium phosphate (generic of VERIPRED 20) SOLN 20mg/5ml	1	B/D
prednisolone sodium phosphate (generic of ORAPRED ODT) TBDP	1	B/D
prednisolone sol 15mg/5ml	1	B/D
prednisolone sol 25mg/5ml	1	B/D
prednisolone syrup 15 mg/5ml	1	B/D
PREDNISON CON 5MG/ML	3	B/D
prednisone pak 5mg	1	
prednisone pak 10mg	1	
prednisone sol 5mg/5ml	1	B/D
prednisone tab 1mg	1	B/D
prednisone tab 2.5mg	1	B/D
prednisone tab 5mg	1	B/D
prednisone tab 10mg	1	B/D
prednisone tab 20mg	1	B/D
prednisone tab 50mg	1	B/D
RAYOS TAB 1MG	3	NDS B/D
RAYOS TAB 2MG	3	NDS B/D
RAYOS TAB 5MG	3	NDS B/D
SOLU-CORTEF 100MG	3	

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Drug Name	Drug Requirements/ Tier	Limits
SOLU-CORTEF 250MG	3	
SOLU-CORTEF 500MG	3	
SOLU-CORTEF 1000MG	3	
SOLU-MEDROL INJ 1GM	3	B/D
SOLU-MEDROL INJ 2GM	3	B/D
SOLU-MEDROL INJ 40MG	3	B/D
SOLU-MEDROL INJ 125MG	3	B/D
SOLU-MEDROL INJ 500MG	3	B/D
VERIPRED	3	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
GENOTROPIN	3	NDS NM PA
GENOTROPIN MINIQUICK .2mg	3	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE	3	NDS NM PA
HUMATROPE COMBO PACK	3	NDS NM PA
NORDITROPIN FLEXPOR	3	NDS NM PA
NUTROPIN AQ NUSPIN 5	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 10	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 20	3	NDS NM LA PA
OMNITROPE 5.8MG	3	NDS NM LA PA
OMNITROPE 5MG	3	NDS NM LA PA
OMNITROPE 10MG	3	NDS NM LA PA
SAIZEN	3	NDS NM LA PA
SAIZEN CLICK.EASY	3	NDS NM LA PA
SEROSTIM	3	NDS NM LA PA
ZOMACTON 5mg	3	NM PA
ZOMACTON 10mg	3	NDS NM PA
ZORBTIVE	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
AFREZZA 4unit, 8unit	3	
AFREZZA 12unit	3	NDS
cabergoline	1	
calcitonin (salmon) nasal spray (generic of MIACALCIN)	1	B/D
chorionic gonadotropin SOLR	1	NM PA
EGRIFTA 1mg	3	NDS NM LA PA
EVISTA	3	
FORTEO	3	NDS NM PA
INCRELEX	3	NDS NM LA PA
KORLYM	3	NDS NM LA PA
LUPRON DEP-PED INJ 7.5MG	3	NDS NM PA
LUPRON DEP-PED INJ 11.25MG	3	NDS NM PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	3	NDS NM PA
LUPRON DEP-PED INJ 15MG	3	NDS NM PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	3	NDS NM PA
MIACALCIN INJ 200U/ML	3	NDS B/D
MYALEPT	3	NDS NM LA PA
NATPARA	3	NDS NM PA
novarel inj 10000unt	1	NM PA
octreotide acetate (generic of SANDOSTATIN) 50mcg/ml, 200mcg/ml	1	NM PA
octreotide acetate (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	3	NDS NM PA
octreotide inj 100mcg/ml (generic of SANDOSTATIN)	1	NM PA
pregnyl w/diluent benzyl	1	NM PA
PROLIA QL (1 injection / 180 days)	2	QL NM
raloxifene hcl (generic of EVISTA)	1	
SAMSCA	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
SANDOSTATIN	3	NDS NM PA
SANDOSTATIN LAR DEPOT	3	NDS NM PA
SIGNIFOR	3	NDS NM LA PA
SIGNIFOR LAR	3	NDS NM LA PA
SOMATULINE DEPOT	3	NDS NM PA
SOMAVERT	3	NDS NM LA PA
XGEVA	3	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA	3	NDS
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS	1	
calcium acetate (phosphate binder) (generic of ELIPHOS) TABS	1	
ELIPHOS	3	
FOSRENOL	3	NDS
PHOSLYRA	2	
RENAGEL 400mg	3	
RENAGEL 800mg	3	NDS
REVELA PAK	2	
REVELA TAB 800MG	2	
VELPHORO	3	NDS
PROGESTINS		
AYGESTIN	3	
CRINONE	2	PA
medroxyprogesterone acetate (generic of PROVERA)	1	
norethindrone acetate (generic of AYGESTIN) TABS	1	
progesterone micronized (generic of PROMETRIUM) CAPS	1	
PROMETRIUM	3	
PROVERA	3	
THYROID AGENTS		
CYTOMEL	2	
levothyroxine sodium (generic of SYNTHROID) TABS	1	
levoxy (generic of SYNTHROID)	1	

Drug Name	Drug Requirements/ Tier	Limits
liothyronine sodium (generic of TRIOSTAT) SOLN	1	
liothyronine sodium (generic of CYTOMEL) TABS	1	
methimazole (generic of TAPAZOLE) TABS	1	
propylthiouracil TABS	1	
SYNTHROID	2	
TAPAZOLE	2	
TIROSINT	3	
TRIOSTAT	3	
unithroid (generic of SYNTHROID)	1	
VASOPRESSINS		
DDAVP SOLN	3	NDS
DDAVP SPRAY	3	NDS
DDAVP SPRAY (REFRIGERATED)	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	3	NDS
desmopressin acetate (generic of DDAVP) SOLN; TABS	1	
desmopressin acetate spray (generic of DDAVP)	1	
desmopressin acetate spray refrigerated	1	
STIMATE	3	NDS NM
GASTROINTESTINAL ANTIEMETICS		
ALOXI	3	NDS
aprepitant (generic of EMEND)	1	B/D
aprepitant pak 80mg & 125mg	1	B/D
CESAMET QL (60 caps / 30 days)	3	NDS B/D QL
compro	1	
dronabinol (generic of MARINOL) QL (60 caps / 30 days)	1	B/D QL
EMEND CAPS 40mg, 80mg	3	B/D
EMEND CAPS 125mg	3	NDS B/D
EMEND SOLR	3	
EMEND SUSR	3	B/D
EMEND PAK 80 & 125	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D
MARINOL QL (60 caps / 30 days)	3	NDS B/D QL
<i>meclizine hcl</i> TABS	1	
<i>metoclopramide hcl</i> SOLN	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	1	
<i>metoclopramide inj</i>	1	
<i>metoclopramide odt 5mg</i>	1	
METOCLOPRAMIDE ODT 10MG	3	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> TABS 24mg	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	1	B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	1	B/D
<i>phenadoz</i> PA if 65 years and older	3	PA
PHENERGAN INJ PA if 65 years and older	3	PA
<i>phenergan supp</i> PA if 65 years and older	3	PA
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 65 years and older	3	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS PA if 65 years and older	3	PA
<i>promethegan</i> PA if 65 years and older	3	PA
REGLAN	3	
SANCUSO QL (4 patches / 30 days)	3	NDS QL
SUSTOL	3	
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
VARUBI	2	B/D
ZOFRAN	3	NDS B/D
ZOFRAN ODT 4mg	3	B/D
ZOFRAN ODT 8mg	3	NDS B/D
ZUPLENZ	3	B/D
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	1	
BENTYL CAPS	2	
BENTYL SOLN	3	
CUVPOSA	3	
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS	1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	1	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	1	
<i>dicyclomine hcl</i> (generic of BENTYL) TABS	1	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE) TABS 2.5mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE FORTE) TABS 5mg	1	
PAMINE	3	
PAMINE FORTE	3	
ROBINUL	3	
ROBINUL FORTE	3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS	1	
<i>cimetidine oral soln</i>	1	
<i>famotidine</i> (generic of PEPCID) SUSR	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine inj</i>	1	
<i>nizatidine</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
PEPCID	3	
<i>ranitidine hcl</i> CAPS	1	
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN	1	
<i>ranitidine hcl</i> SYRP	1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	1	
ZANTAC	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>budesonide</i> (generic of ENTOCORT EC) CPEP	3	NDS
CANASA	2	
<i>colocort</i> (generic of CORTENEMA)	1	
CORTENEMA	3	
DELZICOL	3	
DIPENTUM	3	NDS
ENTOCORT EC	3	NDS
ENTYVIO	3	NDS NM PA
GIAZO	3	NDS
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	1	
LIALDA	2	
<i>mesalamine</i> ENEM; TBEC	1	
<i>mesalamine enema</i> (generic of ROWASA)	1	
PENTASA 250mg	2	
PENTASA 500mg	3	NDS
ROWASA	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS)	1	
<i>sulfasalazine ir</i> (generic of AZULFIDINE)	1	
UCERIS FOAM	3	
UCERIS TAB	3	NDS
LAXATIVES		
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>enulose</i>	1	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/ flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>generlac</i>	1	
GOLYTELY	3	
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
PREPOPIK	3	
SUPREP BOWEL PREP KIT	2	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	1	
MISCELLANEOUS		
ACTIGALL	2	
<i>alosetron hcl</i> (generic of LOTRONEX)	3	NDS PA
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
<i>amoxicillin-clarithromycin w/ lansoprazole</i> (generic of PREVPAC)	1	
CARAFATE	2	
CHOLBAM	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM)	3	NDS
CYTOTEC	2	
<i>diphenoxylate w/ atropine</i> LIQD	1	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	1	
GASTROCROM	3	NDS
GATTEX	3	NDS NM LA PA
LINZESS	2	
LOMOTIL	2	
<i>loperamide hcl</i> CAPS	1	
LOTRONEX	3	NDS PA
<i>misoprostol</i> (generic of CYTOTEC) TABS	1	
MOVANTI	2	
OCALIVA	3	NDS NM LA PA
PREVPAC	3	NDS
PYLERA	3	NDS
RELISTOR	3	NDS PA
SUCRAID	3	NDS LA
<i>sucralfate</i> (generic of CARAFATE) TABS	1	
URSO 250	2	
URSO FORTE	2	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI	3	NDS PA
XERMELO	3	NDS NM LA PA
XIFAXAN TAB 550MG	3	NDS PA
PANCREATIC ENZYMES		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
VIKACE 10	2	
VIKACE 20	3	NDS
ZENPEP	2	

Drug Name	Drug Requirements/ Tier	Limits
PROTON PUMP INHIBITORS		
ACIPHEX QL (30 tabs / 30 days)	3	QL
ACIPHEX SPRINKLE 5mg	3	
ACIPHEX SPRINKLE 10mg QL (60 caps / 30 days)	3	QL
DEXILANT QL (30 caps / 30 days)	2	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	1	QL
<i>esomeprazole sodium inj</i> 20mg	1	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	1	QL
NEXIUM CAP 20MG QL (30 caps / 30 days)	3	QL
NEXIUM CAP 40MG QL (30 caps / 30 days)	3	QL
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR QL (30 packets / 30 days)	3	QL
NEXIUM GRA 20MG DR QL (30 packets / 30 days)	3	QL
NEXIUM GRA 40MG DR QL (30 packets / 30 days)	3	QL
NEXIUM I.V.	3	
<i>omeprazole cap 10mg</i> QL (30 caps / 30 days)	1	QL
<i>omeprazole cap 20mg</i> (generic of PRILOSEC) QL (60 caps / 30 days)	1	QL
<i>omeprazole cap 40mg</i> QL (30 caps / 30 days)	1	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
PREVACID QL (30 caps / 30 days)	3	QL
PREVACID SOLUTAB QL (30 tabs / 30 days)	3	QL
PRILOSEC	3	
PROTONIX PACK QL (30 packets / 30 days)	3	QL
PROTONIX TBEC QL (30 tabs / 30 days)	3	QL
PROTONIX INJ	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	1	
AVODART	3	
CARDURA XL	3	
<i>dutasteride</i> (generic of AVODART)	1	
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	1	
ELMIRON	3	NDS
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 15) 15meq	1	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 5) 540mg	1	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 10) 1080mg	1	
URECHOLINE	2	

Drug Name	Drug Requirements/ Tier	Limits
UROCIT-K 5	2	
UROCIT-K 10	2	
UROCIT-K 15	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> (generic of ENABLEX)	1	
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
ENABLEX	3	
GELNIQUE	3	
MYRBETRIQ	2	
<i>oxybutynin chloride</i> SYRP; TABS	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	1	
OXYTROL	3	
<i>tolterodine er</i> (generic of DETROL LA)	1	
<i>tolterodine tartrate</i> (generic of DETROL)	1	
TOVIAZ	2	
<i>trospium chloride</i>	1	
VESICARE	2	
VAGINAL ANTI-INFECTIVES		
AVC	3	
CLEOCIN CREA	2	
CLEOCIN SUPP	3	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
CLINDESSE	3	
METROGEL-VAGINAL	2	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>miconazole 3</i> SUPP	1	
NUVESSA	3	
TERAZOL 7	2	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	1	
<i>terconazole vaginal</i> CREA .8%	1	
<i>terconazole vaginal</i> SUPP	1	
vandazole	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>zazole cream 0.8%</i>	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA	3	NDS
COUMADIN	3	
ELIQUIS	2	
<i>enoxaparin sodium</i> (generic of LOVENOX)	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	2	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	3	NDS
<i>heparin (porcine) in sodium chloride 100u/ml</i>	1	
<i>heparin sod (porcine) in d5w</i>	1	
<i>heparin sod (porcine) in d5w</i> (generic of HEPARIN SODIUM/D5W)	1	
<i>heparin sod inj 5000u/0.5ml</i>	1	B/D
<i>heparin sodium (porcine) 1000 u/ml</i>	1	B/D
<i>heparin sodium (porcine) 5000 u/ml</i>	1	B/D
<i>heparin sodium (porcine) 10000 u/ml</i>	1	B/D
<i>heparin sodium (porcine) 20000 u/ml</i>	1	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i> (generic of COUMADIN)	1	
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 300mg/3ml	2	
LOVENOX 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS
PRADAXA	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	2	
XARELTO STARTER PACK	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml	2	NDS NM PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	2	NDS NM PA
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
EPOGEN 20000unit/ml	3	NDS NM PA
GRANIX	3	NDS NM PA
LEUKINE	3	NDS NM PA
MOZOBIL	3	NDS NM PA
NEULASTA	3	NDS NM PA
NEULASTA ONPRO KIT	3	NDS NM PA
NEUPOGEN	3	NDS NM PA
NPLATE	3	NDS NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	2	NDS NM PA
ZARXIO	3	NDS NM PA
MISCELLANEOUS		
AGRYLIN	2	
<i>anagrelide hcl</i> 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	1	
BERINERT QL (24 boxes / 30 days)	3	NDS QL NM LA PA
<i>cilostazol</i>	1	
CINRYZE QL (20 vials / 30 days)	3	NDS QL NM LA PA
CYKLOKAPRON	3	

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Drug Name	Drug Requirements/ Tier	Limits
FIRAZYR QL (9 syringes / 30 days)	3	NDS QL NM PA
KALBITOR QL (18 mL / 30 days)	3	NDS QL NM LA PA
LYSTEDA	3	
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg QL (360 tabs / 30 days)	3	NDS QL NM LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
RUCONEST	3	NDS NM PA
SOLIRIS	3	NDS NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	1	
BRILINTA	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS	1	
EFFIENT	2	
PLAVIX	3	
YOSPRALA	3	
ZONTIVITY	3	
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA	3	NDS
DUPIXENT	3	NDS NM PA
ENBREL	3	NDS NM PA
ENBREL SURECLICK	3	NDS NM PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	3	NDS QL NM PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS DISEASE	3	NDS NM PA
HUMIRA PEN QL (6 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN-CROHNS DISEASE	3	NDS NM PA
HUMIRA PEN-PSORIASIS <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	3	NDS NM PA 1
<i>leflunomide</i> (generic of ARAVA) TABS	1	
<i>methotrexate sodium tabs</i>	1	
PLAQUENIL	2	
REMICADE	3	NDS NM PA
TREXALL	2	B/D
XATMEP	3	B/D
XELJANZ QL (60 tabs / 30 days)	3	NDS QL NM PA
XELJANZ XR QL (30 tabs / 30 days)	3	NDS QL NM PA
IMMUNOGLOBULINS		
BIVIGAM	3	NDS NM PA
CARIMUNE NANOFILTERED	3	NDS NM PA
CUVITRU	3	NDS NM LA PA
CYTOGAM	3	NDS NM
FLEBOGAMMA DIF	3	NDS NM PA
GAMASTAN S/D	2	B/D NM
GAMMAGARD LIQUID	3	NDS NM PA
GAMMAGARD S/D	3	NDS NM PA
GAMMAKED	3	NDS NM PA
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	3	NDS NM PA
GAMMAPLEX 10GM/100ML	3	NDS NM PA
GAMUNEX-C	3	NDS NM PA
HIZENTRA	3	NDS NM LA PA
HYQVIA	3	NDS NM PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>mycophenolate inj 500mg</i> (generic of CELLCEPT INTRAVENOUS)	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	3	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC)	1	B/D NM
MYFORTIC 180mg	2	B/D NM
MYFORTIC 360mg	3	NDS B/D NM
NEORAL	2	B/D NM
NULOJIX	3	NDS B/D NM
PROGRAF CAPS 5mg	3	NDS B/D NM
PROGRAF CAPS .5mg, 1mg	2	B/D NM
PROGRAF SOLN	3	B/D NM
RAPAMUNE SOLN	3	NDS B/D NM
RAPAMUNE TABS 1mg, 2mg	3	NDS B/D NM
RAPAMUNE TABS .5mg	2	B/D NM
SANDIMMUNE CAP 25MG	2	B/D NM
SANDIMMUNE CAP 100MG	3	NDS B/D NM
SANDIMMUNE INJ	3	B/D NM
SANDIMMUNE SOLN 100MG/ML	2	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	3	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS	1	B/D NM
THYMOGLOBULIN	3	NDS B/D
ZORTRESS TAB 0.5MG	3	NDS B/D NM
ZORTRESS TAB 0.25MG	3	NDS B/D NM
ZORTRESS TAB 0.75MG	3	NDS B/D NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	

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Drug Name	Drug Requirements/ Tier	Limits
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
I POL INACTIVATED IPV	2	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	2	
ROTATEQ	3	
SYNAGIS	3	NDS NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
K-TAB 8meq, 20meq	3	
K-TAB 10meq	2	
<i>klor-con 8</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>klor-con m20</i>	1	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	1	
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	1	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 50%	1	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in</i> <i>dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	1	
MICRO-K	2	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	1	
<i>potassium chloride</i> PACK	1	
<i>potassium chloride</i> SOLN 10%, 20%	1	
<i>potassium chloride</i> TBCR	1	
<i>potassium chloride</i> <i>microencapsulated crystals cr</i>	1	
<i>potassium chloride tab cr 10</i> <i>meq</i>	1	
<i>sodium chloride</i> SOLN 2.5meq/ml	1	
<i>sodium fluoride chew; tab; 1.1</i> <i>(0.5 f) mg/ml soln</i>	1	
<i>tpn electrolytes</i>	1	B/D
IV NUTRITION		
AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
<i>aminosyn 8.5%/electro</i>	1	B/D
AMINOSYN II	3	B/D
<i>aminosyn ii 8.5%/electrol</i>	1	B/D
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 10%	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5	3	B/D
CLINIMIX 4.25%/DEXTROSE 5	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE	3	B/D
CLINIMIX E 4.25%/DEXTROSE	3	B/D
CLINIMIX E 5%/DEXTROSE 15	3	B/D
CLINIMIX E 5%/DEXTROSE 20	3	B/D
CLINIMIX E 5%/DEXTROSE 25	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
CLINIMIX INJ 4.25/D25	3	B/D
<i>clinisol sf 15%</i>	1	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
<i>hepatamine</i>	1	B/D
INTRALIPID 30%	3	B/D
<i>intralipid inj 20%</i>	1	B/D
NEPHRAMINE	3	B/D
<i>nutrilipid inj 20%</i>	1	B/D
<i>plenamine</i>	1	B/D
<i>premasol 6%</i>	1	B/D
PREMASOL 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose SOLN</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>dextrose 5%</i>	1	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/NAACL 0.3%	3	
<i>dextrose 10%</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
DEXTROSE W/ SODIUM CHLORIDE	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
<i>kcl0.15%/d5w/nacl0.2%</i>	1	
KCL 0.3%/D5W/LR	3	
KCL 0.3%/D5W/NAACL 0.9%	3	
KCL 0.15%/D5W/NAACL 0.225%	3	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	1	
<i>kcl/nacl inj 0.15%-0.9%</i>	1	
<i>lactated ringer's</i>	1	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
NORMOSOL-R IN D5W	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	1	
<i>potassium chloride 0.15% in nacl 0.45%</i>	1	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1	
<i>potassium chloride in nacl</i>	1	
POTASSIUM CHLORIDE/DEXTRO	3	
<i>ringer's</i>	1	
<i>sodium chloride SOLN .9%, 3%, 5%</i>	1	
<i>sodium chloride 0.45%</i>	1	

VITAMINS

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Drug Name	Drug Requirements/ Tier	Limits
<i>calcitriol</i> (generic of ROCALTROL) CAPS	1	B/D
<i>calcitriol</i> SOLN 1mcg/ml	1	B/D
<i>calcitriol</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> (generic of HECTOROL) CAPS 1mcg, 2.5mcg	3	NDS B/D
<i>doxercalciferol</i> (generic of HECTOROL) CAPS .5mcg	1	B/D
<i>doxercalciferol</i> (generic of HECTOROL) SOLN	1	B/D
HECTOROL CAPS 1mcg, 2.5mcg	3	NDS B/D
HECTOROL CAPS .5mcg	2	B/D
HECTOROL SOLN	3	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) SOLN	1	B/D
<i>prenatal vitamin/folic acid > 0.8 mg</i> (generic)	1	
RAYALDEE	3	
ROCALTROL	2	B/D
ZEMPLAR CAPS 1mcg	2	B/D
ZEMPLAR CAPS 2mcg	3	NDS B/D
ZEMPLAR SOLN	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
MAXITROL	3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc</i> (ophth)	1	
PRED-G	3	
PRED-G S.O.P.	3	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	

Drug Name	Drug Requirements/ Tier	Limits
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	1	
ZYLET	2	
ANTI-INFECTIVES		
AZASITE	3	
<i>bacitracin</i> (ophthalmic)	1	
<i>bacitracin-polymyxin b</i> (ophth)	1	
BESIVANCE	2	
BLEPH-10	3	
CILOXAN OINT	2	
CILOXAN SOLN	3	
<i>ciprofloxacin hcl</i> (ophth) (generic of CILOXAN)	1	
<i>erythromycin</i> (ophth)	1	
<i>gatifloxacin</i> (ophth) (generic of ZYMAXID)	1	
<i>gentak</i>	1	
<i>gentamicin sulfate soln</i> (ophth)	1	
<i>levofloxacin</i> (ophth)	1	
MOXEZA	2	
<i>moxifloxacin hcl</i> (ophth) (generic of VIGAMOX)	1	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	1	
NEOSPORIN	3	
OCUFLOX	3	
<i>ofloxacin</i> (ophth) (generic of OCUFLOX)	1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1	
POLYTRIM	3	
<i>sulfacet sod oin 10% op</i>	1	
<i>sulfacetamide sodium</i> (ophth) (generic of BLEPH-10)	1	
<i>tobramycin</i> (ophth) (generic of TOBEX)	1	
TOBEX	3	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	1	
VIGAMOX	2	

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Drug Name	Drug Requirements/ Tier Limits
VIROPTIC	2
ZIRGAN	3
ZYMAXID	3
ANTI-INFLAMMATORIES	
ACULAR	3
ACULAR LS	3
ACUVAIL	2
ALREX	3
<i>bromfenac sodium (ophth)</i>	1
BROMSITE	3
<i>dexamethasone sodium phosphate (ophth)</i>	1
<i>diclofenac sodium (ophth)</i>	1
DUREZOL	2
FLAREX	2
<i>fluorometholone (ophth)</i>	1
<i>flurbiprofen sodium</i>	1
FML	2
FML FORTE	2
FML LIQUIFILM	3
ILEVRO	2
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%</i>	1
<i>ketorolac tromethamine (ophth) (generic of ACULAR) .5%</i>	1
LOTEMAX	3
MAXIDEX	2
OCUFEN	3
OMNIPRED	3
PRED MILD	2
<i>prednisolone acetate (ophth) (generic of OMNIPRED)</i>	1
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3
PROLENSA	3
ANTIALLERGICS	
ALOCRIAL	3
ALOMIDE	3
<i>azelastine hcl (ophth)</i>	1
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1

Drug Name	Drug Requirements/ Tier Limits
ELESTAT	3
EMADINE	3
<i>epinastine hcl (ophth) (generic of ELESTAT)</i>	1
LASTACAFT	2
<i>olopatadine hcl 0.1% (generic of PATANOL)</i>	1
<i>olopatadine hcl 0.2% (generic of PATADAY)</i>	1
PATADAY	2
PATANOL	3
PAZEO	2
ANTI GLAUCOMA	
ALPHAGAN P	2
AZOPT	2
BETAGAN	3
<i>betaxolol hcl (ophth)</i>	1
BETIMOL	2
BETOPTIC-S	2
<i>brimonidine sol 0.2%</i>	1
<i>brimonidine sol 0.15% (generic of ALPHAGAN P)</i>	1
<i>carteolol hcl (ophth)</i>	1
COMBIGAN	2
COSOPT	3
COSOPT PF	3
<i>dorzolamide hcl (generic of TRUSOPT)</i>	1
<i>dorzolamide hcl-timolol maleate (generic of COSOPT)</i>	1
ISOPTO CARPINE	3
ISTALOL	3
<i>latanoprost (generic of XALATAN) SOLN</i>	1
<i>levobunolol hcl (generic of BETAGAN)</i>	1
LUMIGAN	2
<i>metipranolol</i>	1
PHOSPHOLINE IODIDE	3
<i>pilocarpine hcl SOLN</i>	1
SIMBRINZA	2
<i>timolol maleate (ophth) soln (generic of TIMOPTIC)</i>	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	
TIMOPTIC-XE	3	
TRAVATAN Z	2	
TRUSOPT	3	
XALATAN	3	
MISCELLANEOUS		
CYSTARAN	3	NDS NM LA PA
EYLEA	3	NDS NM LA PA
LACRISERT	3	
LUCENTIS SOLN	3	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
XIIDRA	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA QL (60 blisters / 30 days)	2	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	2	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	2	QL
<i>ipratropium-albuterol</i>	1	B/D
STIOLTO RESPIMAT QL (1 inhaler / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide (nasal)</i>	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
SPIRIVA RESPIMAT QL (1 inhaler / 30 days)	2	QL
ANTIHISTAMINE COMBINATIONS		
CLARINEX-D 12 HOUR	3	
DYMISTA QL (1 bottle / 30 days)	2	QL
SEMPREX-D	3	
ANTIHISTAMINES		
ASTEPRO	3	
<i>azelastine hcl</i> SOLN .1%	1	
<i>azelastine hcl</i> (generic of ASTEPRO) SOLN .15%	1	
<i>cetirizine hcl</i> SYRP	1	
CLARINEX	3	
<i>cyproheptadine hcl</i> SYRP; TABS PA if 65 years and older	3	PA
<i>desloratadine</i> (generic of CLARINEX) TABS	1	
<i>desloratadine</i> TBDP	1	
<i>diphenhydram inj 50mg/ml</i>	1	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS PA if 65 years and older	3	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 65 years and older	3	PA
<i>hydroxyzine pamoate</i> CAPS 100mg PA if 65 years and older	3	PA
<i>levocetirizine oral soln</i> (generic of XYZAL)	1	
<i>levocetirizine tab 5 mg</i> (generic of XYZAL)	1	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE)	1	
PATANASE	3	
VISTARIL	3	PA
XYZAL SOLN	3	
XYZAL TABS	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	1	B/D
<i>albuterol sulfate</i> SYRP; TABS	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> (generic of VOSPIRE ER) TB12	1	
ARCAPTA NEOHALER QL (30 caps / 30 days)	3	QL
BROVANA	3	NDS B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU	1	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i> (generic of XOPENEX CONCENTRATE)	1	B/D
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	1	QL
PERFOROMIST	3	NDS B/D
PROAIR HFA QL (2 inhalers / 30 days)	2	QL
PROAIR RESPICLICK QL (2 inhalers / 30 days)	2	QL
PROVENTIL HFA QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT QL (1 inhaler / 30 days)	2	QL
<i>terbutaline sulfate</i> SOLN	3	NDS
<i>terbutaline sulfate</i> TABS	1	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX	3	B/D
XOPENEX CONCENTRATE	3	B/D
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
ACCOLATE	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK; TABS	1	
SINGULAIR	3	
<i>zafirlukast</i> (generic of ACCOLATE)	1	
<i>zileuton</i> (generic of ZYFLO CR)	3	NDS
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	1	B/D
MISCELLANEOUS		

Drug Name	Drug Requirements/ Tier	Limits
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP	3	NDS NM LA PA
CINQAIR	3	NDS NM LA PA
DALIRESP	2	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
ESBRIET	3	NDS NM PA
GLASSIA	3	NDS NM LA PA
KALYDECO	3	NDS NM PA
NUCALA	3	NDS NM LA PA
OFEV	3	NDS NM PA
ORKAMBI	3	NDS NM PA
PROLASTIN-C	3	NDS NM LA PA
PULMOZYME	3	NDS NM PA
XOLAIR	3	NDS NM LA PA
ZEMAIRA	3	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ QL (2 inhalers / 30 days)	3	QL
<i>budesonide (nasal)</i> (generic of RHINOCORT AQUA) QL (2 bottles / 30 days)	1	QL
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate (nasal)</i> (generic of NASONEX) QL (2 inhalers / 30 days)	1	QL
NASONEX QL (2 inhalers / 30 days)	3	QL
OMNARIS QL (1 inhaler / 30 days)	3	QL
QNASL QL (1 inhaler / 30 days)	3	QL
QNASL CHILDRENS QL (1 inhaler / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier Limits	
ZETONNA QL (1 inhaler / 30 days)	3	QL
STEROID INHALANTS		
AEROSPAN QL (2 inhalers / 30 days)	3	QL
ALVESCO QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	3	QL
ASMANEX QL (2 inhalers / 30 days)	2	QL
ASMANEX HFA 100mcg/act QL (2 inhalers / 30 days)	2	QL
ASMANEX HFA 200mcg/act QL (1 inhaler / 30 days)	2	QL
ASMANEX TWISTHALER 30 MET QL (2 inhalers / 30 days)	2	QL
ASMANEX TWISTHALER 60 MET QL (2 inhalers / 30 days)	2	QL
ASMANEX TWISTHALER 120 ME QL (2 inhalers / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	2	QL
PULMICORT	3	B/D
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	2	QL
QVAR 40mcg/act QL (1 inhaler / 30 days)	2	QL
QVAR 80mcg/act QL (2 inhalers / 30 days)	2	QL
STEROID/BETA-AGONIST COMBINATIONS		

Drug Name	Drug Requirements/ Tier Limits	
ADVAIR DISKUS QL (60 inhalations / 30 days)	2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA QL (60 blisters / 30 days)	2	QL
SYMBICORT QL (1 inhaler / 30 days)	2	QL
XANTHINES		
<i>aminophylline inj</i>	1	
ELIXOPHYLLIN	3	
THEO-24 <i>theophylline</i>	3	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA	3	NDS PA
ACANYA	2	
ACZONE <i>adapalene</i> (generic of DIFFERIN) CREA; GEL	3	
ATRALIN	2	PA
<i>avita</i> (generic of RETIN-A) CREA	1	PA
<i>avita</i> GEL	1	PA
AZELEX	3	
BENZACLIN	2	
BENZAMYCIN <i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	3	
<i>claravis</i>	1	PA
CLEOCIN-T	3	
<i>clindacin-p</i> (generic of CLEOCIN-T)	1	
CLINDAGEL <i>clindamax</i> (generic of CLEOCIN-T)	3	NDS
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate-benzoyl peroxide (generic of BENZACLIN)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) (generic of DUAC)</i>	1	
<i>clindamycin phosphate-tretinoin (generic of ZIANA)</i>	1	
DIFFERIN	2	
DUAC	3	
EPIDUO	2	
EPIDUO FORTE	2	
<i>ery pad 2%</i>	1	
ERYGEL	3	
<i>erythromycin (acne aid) (generic of ERYGEL) GEL</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1	
EVOCLIN	3	
KLARON	3	
<i>myorisan</i>	1	PA
<i>neuac gel 1.2-5% (generic of DUAC)</i>	1	
ONEXTON	3	
RETIN-A	3	PA
RETIN-A MICRO	3	NDS PA
RETIN-A MICRO PUMP	3	NDS PA
<i>sulfacetamide sodium (acne) (generic of KLARON)</i>	1	
TRETIN-X CRE 0.075%	3	PA
<i>tretinoin (generic of RETIN-A) CREA</i>	1	PA
<i>tretinoin (generic of RETIN-A) GEL .01%, .025%</i>	1	PA
<i>tretinoin (generic of ATRALIN) GEL .05%</i>	1	PA
<i>tretinoin microsphere (generic of RETIN-A MICRO)</i>	1	PA
<i>zenatane</i>	1	PA
ZIANA	3	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN	2	
BACTROBAN NASAL	3	

Drug Name	Drug Requirements/ Tier	Limits
CENTANY	3	
CORTISPORIN	3	
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin (generic of BACTROBAN) OINT</i>	1	
<i>mupirocin calcium (topical) (generic of BACTROBAN)</i>	1	
SILVADENE	2	
<i>silver sulfadiazine (generic of SILVADENE) CREA</i>	1	
<i>ssd (generic of SILVADENE)</i>	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	3	NDS
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox GEL</i>	1	
<i>ciclopirox (generic of LOPROX SHAMPOO) SHAM</i>	1	
<i>ciclopirox olamine (generic of LOPROX) CREA; SUSP</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate CREA</i>	1	
ERTACZO	3	NDS
EXELDERM	3	
EXTINA	3	
<i>ketoconazole cream</i>	1	
<i>ketoconazole foam (generic of EXTINA)</i>	1	
<i>ketodan aer 2% (generic of EXTINA)</i>	1	
LOPROX CREA; SUSP	3	
LOPROX SHAMPOO	3	NDS
LUZU	2	
MENTAX	3	
<i>naftifine hcl 1%</i>	1	
<i>naftifine hcl (generic of NAFTIN) 2%</i>	1	
NAFTIN	2	
<i>nyamyc</i>	1	
<i>nyata</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
<i>nystop</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>oxiconazole nitrate</i> (generic of OXISTAT)	1	
OXISTAT	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE)	3	NDS PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	1	
<i>calcipotriene</i> OINT; SOLN	1	
<i>calcitrene</i>	1	
<i>calcitriol (topical)</i>	1	
DOVONEX	3	
<i>methoxsalen rapid</i> (generic of OXSORALEN ULTRA)	3	NDS
OXSORALEN ULTRA	3	NDS
SORIATANE	3	NDS PA
SORILUX	3	
<i>tazarotene</i> (generic of TAZORAC) CREA	1	PA
TAZORAC CREAM 0.1%	3	PA
TAZORAC CREAM 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA
VECTICAL	3	NDS
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	1	
NIZORAL	3	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		
ACLOVATE	2	
ALA SCALP	3	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i> CREA; LOTN	1	
AMCINONIDE OINT	3	
APEXICON E	3	NDS
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	1	
<i>betamethasone dipropionate augmented</i> GEL	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM	1	
<i>calcipotriene-betamethasone dipropionate</i> (generic of TACLONEX) CAPEX	1	2
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA; GEL; OINT; SOLN	1	
<i>clobetasol propionate</i> (generic of OLUX) FOAM	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD; LOTN; SHAM	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i> (generic of OLUX-E)	1	
CLOBEX LIQD	3	NDS
CLOBEX LOTN; SHAM	2	
<i>clocortolone pivalate</i>	1	
<i>clodan</i> (generic of CLOBEX)	1	
CLODERM PUMP	3	
CORDRAN TAPE	3	
<i>cormax scalp application</i> (generic of TEMOVATE)	1	
CUTIVATE CREA	3	
CUTIVATE LOTN	3	NDS
DERMA-SMOOTH/FS BODY	2	
DERMA-SMOOTH/FS SCALP	2	
DERMATOP	3	
DERMATOP OIN 0.1%	3	
DESONATE	3	
<i>desonide</i> (generic of DESOWEN) CREA; LOTN	1	
<i>desonide</i> OINT	1	
DESOWEN	2	
<i>desoximetasone</i> (generic of TOPICORT) CREA; GEL; OINT	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>diflorasone diacetate</i>	1	
DIPROLENE OINT	2	
DIPROLENE AF	3	
ELOCON CREA	3	
ELOCON OINT	2	
ENSTILAR	3	NDS
<i>fluocinolone acetonide</i> CREA .01%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	1	
<i>fluocinolone acetonide oil</i> <i>body</i> (generic of DERMA-SMOOTH/FS BODY)	1	
<i>fluocinolone acetonide oil</i> <i>scalp</i> (generic of DERMA-SMOOTH/FS SCALP)	1	
<i>fluocinonide</i> CREA .05%	1	
<i>fluocinonide</i> GEL	1	
<i>fluocinonide</i> OINT	1	
<i>fluocinonide</i> SOLN	1	
<i>fluocinonide emulsified base</i>	1	
<i>flurandrenolide</i> (generic of CORDRAN)	1	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA; LOTN	1	
<i>fluticasone propionate</i> OINT	1	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1	
HALOG	3	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i> <i>cream 0.1%</i> (generic of LOCOID)	1	
<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i> (generic of LOCOID LIPOCREAM)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone butyrate oint</i> <i>0.1%</i> (generic of LOCOID)	1	
<i>hydrocortisone butyrate soln</i> <i>0.1%</i> (generic of LOCOID)	1	
<i>hydrocortisone valerate</i> CREA	1	
<i>hydrocortisone valerate</i> (generic of WESTCORT) OINT	1	
KENALOG	3	
LOCOID	3	
LOCOID LIPOCREAM	3	
<i>lokara</i> (generic of DESOWEN)	1	
MICORT-HC	3	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT	1	
<i>mometasone furoate</i> SOLN	1	
<i>nolix</i> (generic of CORDRAN)	1	
OLUX	3	NDS
OLUX-E	3	NDS
PANDEL	3	NDS
<i>prednicarbate</i> (generic of DERMATOP)	1	
PSORCON	3	NDS
SERNIVO	3	NDS
SYNALAR CREA; OINT	3	
SYNALAR SOLN	2	
TACLONEX	3	NDS
TEMOVATE CREA	3	
TEMOVATE OINT	2	
TEXACORT	2	
TOPICORT CREA; LIQD	3	
TOPICORT GEL; OINT	2	
<i>triamcinolone acetonide</i> <i>(topical)</i> (generic of KENALOG) AERS	1	
<i>triamcinolone acetonide</i> <i>(topical)</i> CREA; LOTN; OINT	1	
TRIANEX	3	
<i>triderm</i>	1	
TRIDESILON	2	
ULTRAVATE	3	NDS

DERMATOLOGY, LOCAL ANESTHETICS

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Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine</i> OINT QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH	1	PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	1	QL PA
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine</i> QL (30 gm / 30 days)	1	QL PA
LIDODERM	2	PA
SYNERA	3	NDS PA
XYLOCAINE 4% QL (50 mL / 30 days)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX)	1	
ALDARA	3	NDS
ANUSOL-HC CREA	2	
CARAC	3	NDS
CONDYLOX	2	
CORTIFOAM	2	
DENAVIR	3	NDS
<i>diclofenac sodium (topical)</i> 1% gel (generic of VOLTAREN)	1	PA
<i>diclofenac sodium (topical)</i> 1.5% soln	1	
<i>diclofenac sodium (topical)</i> 3% gel (generic of SOLARAZE)	3	NDS PA
<i>doxycycline (rosacea)</i>	1	
EFUDEX	3	
ELIDEL	2	PA
EUCRISA	3	PA
FINACEA	2	
<i>fluorouracil (topical) cream</i> (generic of EFUDEX) 5%	1	
<i>fluorouracil (topical) cream</i> (generic of CARAC) .5%	3	NDS
<i>fluorouracil (topical) soln</i>	1	
<i>imiquimod</i> (generic of ALDARA) CREA	1	
LAC-HYDRIN	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>lactic acid (ammonium lactate)</i> (generic of LAC-HYDRIN)	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	1	
<i>metronidazole (topical)</i> (generic of METROGEL) GEL	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	1	
<i>metronidazole gel 0.75%</i>	1	
NORITATE	3	NDS
ORACEA	2	
PANRETIN	3	NDS
PENNSAID	3	NDS
PICATO	2	
<i>podofilox</i> SOLN	1	
<i>procto-med hc</i> (generic of ANUSOL-HC)	1	
<i>procto-pak</i>	1	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	1	
PROTOPIC	3	
RECTIV	3	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	1	
SOLARAZE	3	NDS PA
SOOLANTRA	2	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	1	
TARGRETIN GEL	3	NDS NM PA
TOLAK	3	
VALCHLOR	3	NDS NM LA PA
VOLTAREN GEL 1%	2	PA
XERESE	3	NDS
ZOVIRAX CREA; OINT	3	NDS

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Drug Name	Drug Requirements/ Tier Limits	
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ELIMITE	2	
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	
OVIDE	2	
<i>permethrin cre 5%</i> (generic of ELIMITE)	1	
SKLICE	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
<i>neomycin/polymyxin b irrigation soln</i> (generic of NEOSPORIN GU IRRIGANT)	1	
REGRANEX	3	NDS PA
SANTYL	3	
<i>sodium chloride 0.9% irrigation</i>	1	
<i>water for irrigation, sterile</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	1	
<i>clotrimazole</i> LOZG	1	
EVOXAC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	NDS
<i>paroex sol 0.12%</i> (generic of PERIDEX)	1	
<i>periogard</i> (generic of PERIDEX)	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	1	
SALAGEN	2	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetazol hc</i>	1	
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CIPRO HC	3	

Drug Name	Drug Requirements/ Tier Limits	
CIPRODEX	2	
COLY-MYCIN S	3	
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FLOXIN OTIC	3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	1	
<i>hydrocortisone w/acetic acid</i>	1	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	1	
<i>neomycin-polymyxin-hc (otic)</i> SUSP	1	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	1	
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SilverScript®

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



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