

# SilverScript Plus (PDP) 2019 Formulary (List of Covered Drugs)

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

Formulary File 19296, Version 6

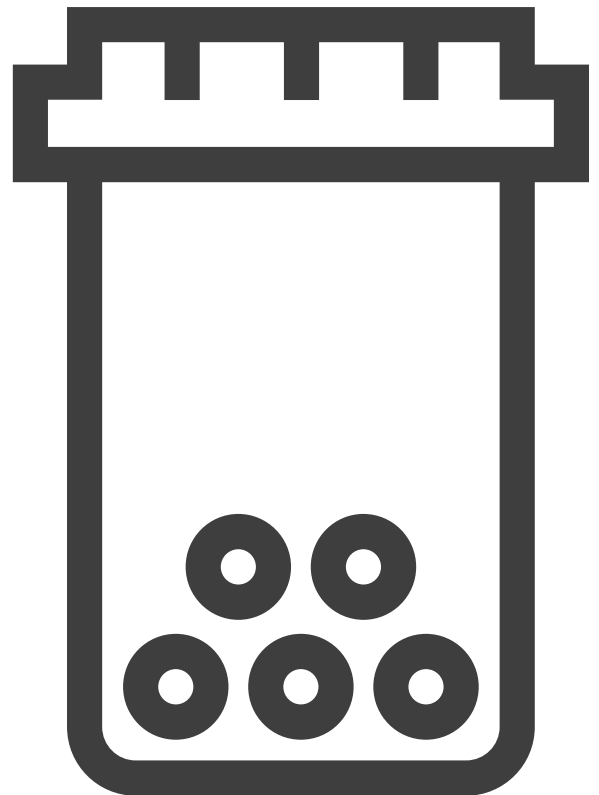
This formulary was updated on August 1, 2018. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit [www.silverscript.com](http://www.silverscript.com).

**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 Plus (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.



# SilverScript®



## What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript Plus (PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.)

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

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

The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by SilverScript Plus (PDP), please contact us. Our contact information appears on the front and back cover pages.

If we have other types of mid-year 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 from our website or by calling us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 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 that begins on page 49. 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 Plus (PDP) 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 Plus (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

### **Quantity Limits (QL)**

For certain drugs, SilverScript Plus (PDP) limits the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per prescription for *rosuvastatin*. This may be in addition to a standard one-month or three-month supply.

### **Step Therapy (ST)**

In some cases, SilverScript Plus (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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?” on page iii for information about how to request an exception.

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

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

If you learn that SilverScript Plus (PDP) does not cover your drug, you have two options:

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

## How do I request an exception to the 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 specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and 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 31 days 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.

## For more information

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

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

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

## SilverScript Plus (PDP)'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 that begins on page 49.

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 our plan has any special requirements for coverage of your drug.

**PA** – Prior authorization.

**QL** – Drug has quantity limit.

**ST** – Step therapy required.

**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 Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711.

**HR** – High Risk Drug. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

**B/D** – This drug may be covered under Medicare Part B or Part 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.



The Tier column of the drug list that begins on page 1 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug’s cost that you will pay during the initial coverage stage) for up to a one-month supply of drugs in each tier.

### Initial Coverage Stage Copayment / Coinsurance Levels

Preferred Retail/Mail-Order and Standard Retail/Mail-Order cost-sharing (in-network) (Up to a 30-day supply)

State	Pharmacy Type (Retail & Mail)	Tier 1 (Preferred Generic)	Tier 2 (Generic)	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)	Tier 5 (Specialty Tier)
Alabama	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Arizona	Preferred	\$1.00	\$5.00	\$31.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Arkansas	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
California	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Colorado	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Connecticut	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Delaware	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
District of Columbia	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Florida	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Georgia	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Hawaii	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Idaho	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Illinois	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Indiana	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Iowa	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Kansas	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	

<b>State</b>	<b>Pharmacy Type (Retail &amp; Mail)</b>	<b>Tier 1 (Preferred Generic)</b>	<b>Tier 2 (Generic)</b>	<b>Tier 3 (Preferred Brand)</b>	<b>Tier 4 (Non-Preferred Drug)</b>	<b>Tier 5 (Specialty Tier)</b>
Kentucky	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Louisiana	Preferred	\$1.00	\$5.00	\$42.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Maine	Preferred	\$1.00	\$10.00	\$42.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Maryland	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Massachusetts	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Michigan	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Minnesota	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Mississippi	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Missouri	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Montana	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Nebraska	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Nevada	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
New Hampshire	Preferred	\$1.00	\$10.00	\$42.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
New Jersey	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
New Mexico	Preferred	\$1.00	\$10.00	\$42.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
New York	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
North Carolina	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
North Dakota	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Ohio	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Oklahoma	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	



<b>State</b>	<b>Pharmacy Type (Retail &amp; Mail)</b>	<b>Tier 1 (Preferred Generic)</b>	<b>Tier 2 (Generic)</b>	<b>Tier 3 (Preferred Brand)</b>	<b>Tier 4 (Non-Preferred Drug)</b>	<b>Tier 5 (Specialty Tier)</b>
Oregon	Preferred	\$1.00	\$5.00	\$33.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Pennsylvania	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Rhode Island	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
South Carolina	Preferred	\$1.00	\$5.00	\$33.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
South Dakota	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Tennessee	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Texas	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Utah	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Vermont	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Virginia	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Washington	Preferred	\$1.00	\$5.00	\$33.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
West Virginia	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Wisconsin	Preferred	\$1.00	\$5.00	\$33.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Wyoming	Preferred	\$1.00	\$5.00	\$35.00	40%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	

Tier 1 (Preferred Generic) includes low cost preferred generic drugs

Tier 2 (Generic) includes preferred generic drugs

Tier 3 (Preferred Brand) includes preferred brand and non-preferred generic drugs

Tier 4 (Non-Preferred Drug) includes non-preferred brand and non-preferred generic drugs

Tier 5 (Specialty Tier) includes high cost brand and generic drugs

You can find complete cost-sharing information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	2	GC
<i>colchicine w/ probenecid</i>	3	
COLCRYS QL (120 tabs / 30 days)	3	QL
MITIGARE QL (60 caps / 30 days)	3	QL
<i>probenecid</i>	3	
ULORIC	3	ST
<b>NSAIDS</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24; TBEC	2	GC
<i>diflunisal</i>	3	
<i>flurbiprofen</i> TABS	3	
<i>ibu tab 600mg</i>	2	GC
<i>ibu tab 800mg</i>	2	GC
<i>ibuprofen</i> SUSP	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	GC
<i>ketoprofen cap 75mg</i>	3	
<i>meloxicam</i> (generic of MOBIC) TABS	1	GC
<i>nabumetone</i> TABS	2	GC
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	GC
<i>naproxen</i> TABS 375mg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen dr</i> (generic of EC-NAPROSYN)	2	GC
<i>sulindac</i> TABS	2	GC
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine</i> 300-15mg QL (400 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> 300-30mg (generic of TYLENOL/CODEINE #3) QL (360 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> 300-60mg (generic of TYLENOL/CODEINE #4) QL (180 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine soln</i> QL (2700 mL / 30 days)	3	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
BUTRANS QL (4 patches / 28 days)	3	QL PA
<i>nalbuphine hcl</i> SOLN	4	
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	2	GC QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	3	QL
<b>OPIOID ANALGESICS, CII</b>		
EMBEDA CAP 20-0.8MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 30-1.2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 50-2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 60-2.4MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 80-3.2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 100-4MG QL (60 caps / 30 days)	3	QL PA
<i>endocet 2.5-325mg</i> (generic of PERCOCET) QL (360 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    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.    **NDS** - Non-Extended Days Supply    **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet 5-325mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	3	QL
<i>endocet 7.5-325mg</i> (generic of PERCO CET) QL (240 tabs / 30 days)	3	QL
<i>endocet 10-325mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	5	NDS QL PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
FENTORA QL (120 tabs / 30 days)	5	NDS QL PA
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	3	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	4	QL
<i>hydrocodone-ibuprofen 7.5-200mg</i> QL (150 tabs / 30 days)	3	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	4	QL
<i>hydromorphone hcl</i> (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	3	QL
HYSINGLA ER QL (30 tabs / 30 days)	3	QL PA
<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	3	QL
<i>methadone hcl</i> SOLN 5mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	3	QL PA
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	3	QL PA
<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	3	QL PA
<i>methadone hcl soln 10 mg/5ml</i> QL (450 mL / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	3	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	3	QL PA
<i>morphine sul inj 1mg/ml</i> MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i> MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 8mg/ml	4	B/D
<i>morphine sulfate</i> TABS 15mg QL (180 tabs / 30 days)	3	QL
<i>morphine sulfate</i> TABS 30mg QL (90 tabs / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 10mg/5ml QL (900 mL / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 20mg/5ml QL (750 mL / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 100mg/5ml QL (180 mL / 30 days)	3	QL
NUCYNTA ER 50mg, 100mg, 200mg, 250mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER 150mg QL (90 tabs / 30 days)	3	QL PA
<i>oxycodone hcl</i> SOLN QL (900 mL / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL
OXYCONTIN QL (60 tabs / 30 days)	3	QL PA
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) 2%	4	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) .5%, 1%	4	B/D
<i>lidocaine inj</i> 0.5% (generic of XYLOCAINE)	4	B/D
<i>lidocaine inj</i> 1% (generic of XYLOCAINE)	4	B/D
<i>lidocaine inj</i> 1.5% preservative free (pf) (generic of XYLOCAINE-MPF)	4	B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate</i> SOLN	4	
<i>gentamicin in saline</i>	4	
<i>gentamicin sulfate</i> SOLN	4	
<i>neomycin sulfate</i> TABS	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	5	NDS
SULFADIAZINE TABS	4	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	5	NDS NM PA
<i>tobramycin inj 1.2 gm/30ml</i>	4	
<i>tobramycin inj 1.2gm</i>	5	NDS
<i>tobramycin inj 10mg/ml</i>	4	
<i>tobramycin inj 40mg/ml</i>	4	
<i>tobramycin inj 80mg/2ml</i>	4	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
ALBENZA	5	NDS
ALINIA	5	NDS
<i>atovaquone</i> (generic of MEPRON) SUSP	5	NDS
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i> (generic of AZACTAM)	4	
BILTRICIDE	3	
CAYSTON	5	NDS NM LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	4	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN PHOSPHATE)	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	4	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	4	
<i>dapsone</i> TABS	3	
<i>daptomycin</i> (generic of CUBICIN) 500mg EMVERM	5	NDS
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	3	
INVANZ	4	
<i>ivermectin</i> (generic of STROMECTOL) TABS	3	
<i>linezolid</i> (generic of ZYVOX) SOLN; TABS	4	
<i>linezolid</i> (generic of ZYVOX) SUSR	5	NDS
<i>linezolid in sodium chloride</i>	4	
<i>meropenem</i> (generic of MERREM)	4	
<i>methenamine hippurate</i> (generic of HIPREX)	3	
<i>metronidazole</i> (generic of FLAGYL) TABS	2	GC
<i>metronidazole in nacl</i> NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg PA applies if 70 years and older after a 90 day supply in a calendar year; HR	3	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 70 years and older after a 90 day supply in a calendar year; HR	3	PA
PENTAM 300	4	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	3	
SIVEXTRO	5	NDS
<i>sulfamethoxazole-trimethop ds</i> (generic of BACTRIM DS)	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> (generic of BACTRIM)	2	GC
SYNERCID	5	NDS
<i>tigecycline</i> (generic of TYGACIL)	5	NDS
<i>trimethoprim</i> TABS	2	GC
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	4	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 250mg	5	NDS
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	4	
VANCOMYCIN IN NAACL	4	
<b>ANTIFUNGALS</b>		
ABELCET	5	NDS B/D
AMBISOME	5	NDS B/D
<i>amphotericin b</i> SOLR	4	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS)	5	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	2	GC
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	4	
<i>fluconazole inj nacl 400</i>	4	
<i>flucytosine</i> (generic of ANCOBON) CAPS	5	NDS
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> (generic of SPORANOX) CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	NDS

Drug Name	Drug Requirements/ Tier	Limits
NOXAFIL SUSP QL (630 mL / 30 days)	5	NDS QL
NOXAFIL TBEC QL (93 tabs / 30 days)	5	NDS QL
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	2	GC
<i>voriconazole</i> (generic of VFEND IV) SOLR	4	
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	5	NDS
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	4	
<i>chloroquine phosphate</i> TABS	4	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN	4	
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS	3	
APTIVUS	5	NDS
<i>atazanavir sulfate</i> (generic of REYATAZ)	5	NDS
CRIXIVAN	4	
<i>didanosine</i> (generic of VIDEX EC)	4	
EDURANT	5	NDS
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	4	
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	5	NDS
<i>efavirenz</i> (generic of SUSTIVA) TABS	5	NDS
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	5	NDS
FUZEON	5	NDS NM
INTELENCE 25mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
INTELENCE 100mg, 200mg	5	NDS
INVIRASE	5	NDS
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	NDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	NDS
ISENTRESS HD	5	NDS
<i>lamivudine</i> (generic of EPIVIR)	3	
LEXIVA SUSP	4	
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	3	
<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	4	
NORVIR CAPS	3	
NORVIR PACK; SOLN	4	
PREZISTA SUSP QL (400 mL / 30 days)	5	NDS QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	NDS QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	NDS QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	NDS QL
RESCRIPTOR	4	
REYATAZ PACK	5	NDS
<i>ritonavir</i> (generic of NORVIR)	3	
SELZENTRY SOLN	5	NDS
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	NDS
<i>stavudine</i> (generic of ZERIT)	3	
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	5	NDS
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	NDS
TROGARZO	5	NDS NM LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	NDS

Drug Name	Drug Requirements/ Tier	Limits
VIRAMUNE SUSP	4	
VIREAD POWD	5	NDS
VIREAD TABS 150mg, 200mg, 250mg	5	NDS
ZERIT SOLR	5	NDS
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	4	
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	4	
<i>zidovudine tab 300mg</i>	3	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	3	
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	5	NDS
ATRIPLA	5	NDS
BIKTARVY	5	NDS
CIMDUO	5	NDS
COMPLERA	5	NDS
DESCOVY	5	NDS
EVOTAZ	5	NDS
GENVOYA	5	NDS
JULUCA	5	NDS
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	NDS
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	4	
<i>lopinavir-ritonavir</i> (generic of KALETRA)	4	
ODEFSEY	5	NDS
PREZCOBIX	5	NDS
STRIBILD	5	NDS
SYMFI	5	NDS
SYMFI LO	5	NDS
TRIUMEQ	5	NDS
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	5	NDS QL
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	5	NDS QL
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	5	NDS QL

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Drug Name	Drug Requirements/ Tier	Limits
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	5	NDS QL
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS	5	NDS
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	3	
<i>isoniazid</i> TABS	2	GC
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i> (generic of MYCOBUTIN)	4	
<i>rifampin</i> (generic of RIFADIN) CAPS	3	
<i>rifampin</i> (generic of RIFADIN) SOLR	4	
RIFATER	4	
SIRTURO	5	NDS LA PA
TRECTOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	2	GC
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	5	NDS
BARACLUDE SOLN	5	NDS
<i>entecavir</i> (generic of BARACLUDE)	4	
EPCLUSA	5	NDS NM PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	3	B/D
HARVONI	5	NDS NM PA
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	4	
MAVYRET	5	NDS NM PA
<i>moderiba tab 200mg</i>	4	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR QL (1080 mL / year)	3	QL
PEGASYS	5	NDS NM PA
PEGASYS PROCLICK 180mcg/0.5ml	5	NDS NM PA
REBETOL SOL 40MG/ML	5	NDS NM
RELENZA DISKHALER QL (6 inhalers / year)	3	QL
<i>ribasphere</i> (generic of REBETOL) CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NDS NM
<i>ribavirin cap 200mg</i> (generic of REBETOL)	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	3	
<i>valganciclovir hcl</i> (generic of VALCYTE)	5	NDS
VEMLIDY	5	NDS
VOSEVI	5	NDS NM PA
ZEPATIER	5	NDS NM PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACTOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	GC
<i>cefadroxil</i> SUSR; TABS	3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	4	
<i>cefazolin inj</i>	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>cefazolin sodium</i> SOLR 1gm, 20gm	4	
CEFAZOLIN SODIUM 1 GM/50ML	4	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime hcl</i> (generic of MAXIPIME)	4	
<i>cefixime</i> (generic of SUPRAX)	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	2	GC
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
TEFLARO	5	NDS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK	3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR	4	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	2	GC
<i>clarithromycin</i> TABS 250mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>clarithromycin</i> (generic of BIAXIN) TABS 500mg	3	
<i>clarithromycin er</i> (generic of BIAXIN XL)	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	NDS
<i>e.e.s. 400mg tab</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin</i> SUSR 250mg/5ml	4	
<i>ciprofloxacin</i> (generic of CIPRO) SUSR 500mg/5ml	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	2	GC
<i>ciprofloxacin hcl tab</i> 750mg	2	GC
<i>ciprofloxacin in d5w</i>	4	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	4	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	2	GC
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25</i> <i>mg/ml</i>	4	
<b>PENICILLINS</b>		
<i>amoxicillin</i>	2	GC
<i>amoxicillin &amp; pot clavulanate</i> CHEW	4	
<i>amoxicillin &amp; pot clavulanate</i> SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) SUSR	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> TABS	2	GC
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	2	GC
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN XR) TB12	4	
<i>ampicillin &amp; sulbactam sodium</i>	4	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN)	4	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN BULK PACK)	4	
<i>ampicillin cap 500mg</i>	2	GC
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i> BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm, 2gm	4	
<i>nafcillin sodium</i> 10gm	5	NDS
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	NDS
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	GC
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i> (generic of ZOSYN)	4	
<i>piper/tazoba inj 3-0.375gm</i> (generic of ZOSYN)	4	
<i>piper/tazoba inj 4-0.5gm</i> (generic of ZOSYN)	4	

Drug Name	Drug Requirements/ Tier	Limits
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i> (generic of ZOSYN)	4	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	GC
<i>doxycycline (monohydrate)</i> TABS	3	
<i>doxycycline hyclate</i> CAPS 50mg	3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	3	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	3	
<i>minocycline hcl</i> CAPS 75mg	3	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl</i> CAPS	4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	NDS B/D NM
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) CAPS	4	B/D
<i>cyclophosphamide</i> SOLR	5	NDS B/D
<i>dacarbazine</i> 100mg	3	B/D
EMCYT	4	
GLEOSTINE 10mg, 40mg, 100mg	4	
HEXALEN	5	NDS
IFEX 3gm	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	4	B/D
LEUKERAN	5	NDS
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	5	NDS B/D
<i>epirubicin hcl</i> (generic of ELLENCE)	4	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	4	B/D
<i>mitomycin SOLR</i>	5	NDS B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	4	B/D
ALIMTA	5	NDS B/D
<i>azacitidine</i> (generic of VIDAZA)	5	NDS B/D NM
<i>cytarabine 20mg/ml</i>	4	B/D
<i>fluorouracil SOLN</i>	4	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i> (generic of GEMZAR) 1gm, 200mg	4	B/D
<i>gemcitabine inj solr 2gm</i>	4	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	4	B/D
PURIXAN	5	NDS NM
TABLOID	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	NDS B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	5	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	NDS B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	NDS B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	4	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	NDS NM LA PA
BORTEZOMIB	5	NDS NM PA
ERIVEDGE	5	NDS NM LA PA
FARYDAK	5	NDS NM LA PA
HERCEPTIN	5	NDS NM PA
IBRANCE	5	NDS NM LA PA
IDHIFA	5	NDS NM LA PA
KADCYLA	5	NDS B/D NM
KEYTRUDA	5	NDS NM PA
KISQALI	5	NDS NM PA
KISQALI FEMARA 200 DOSE	5	NDS NM PA
KISQALI FEMARA 400 DOSE	5	NDS NM PA
KISQALI FEMARA 600 DOSE	5	NDS NM PA
LYNPARZA	5	NDS NM LA PA
MYLOTARG	5	NDS NM LA PA
NINLARO	5	NDS NM PA
ODOMZO	5	NDS NM LA PA
RITUXAN	5	NDS NM LA PA
RITUXAN HYCELA	5	NDS NM LA PA
RUBRACA	5	NDS NM LA PA
TECENTRIQ	5	NDS NM LA PA
VELCADE	5	NDS NM PA
VENCLEXTA 10mg, 50mg	4	NM LA PA
VENCLEXTA 100mg	5	NDS NM LA PA
VENCLEXTA STARTING PACK	5	NDS NM LA PA
VERZENIO	5	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
ZEJULA	5	NDS NM LA PA
ZOLINZA	5	NDS NM PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	2	GC
<i>bicalutamide</i> (generic of CASODEX)	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NDS NM LA PA
<i>exemestane</i> (generic of AROMASIN)	4	
FARESTON	5	NDS
FASLODEX	5	NDS B/D
<i>flutamide</i>	3	
<i>letrozole</i> (generic of FEMARA) TABS	2	GC
<i>leuprolide inj 1mg/0.2</i>	3	NM PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NDS NM PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NDS NM PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i> HR	4	
<i>megestrol ac tab 20mg</i> HR	3	
<i>megestrol ac tab 40mg</i> HR	3	
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES) HR	4	PA
<i>nilutamide</i> (generic of NILANDRON)	5	NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NDS NM PA
TRELSTAR LA INJ 11.25MG	5	NDS NM PA
XTANDI	5	NDS NM LA PA
ZYTIGA	5	NDS NM LA PA

**IMMUNOMODULATORS**

Drug Name	Drug Requirements/ Tier	Limits
POMALYST CAP 1MG	5	NDS NM LA PA
POMALYST CAP 2MG	5	NDS NM LA PA
POMALYST CAP 3MG	5	NDS NM LA PA
POMALYST CAP 4MG	5	NDS NM LA PA
REVLIMID QL (28 caps / 28 days)	5	NDS QL NM LA PA
THALOMID 50mg, 100mg QL (30 caps / 30 days)	5	NDS QL NM PA
THALOMID 150mg, 200mg QL (60 caps / 30 days)	5	NDS QL NM PA
<b>KINASE INHIBITORS</b>		
AFINITOR QL (30 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	5	NDS QL NM PA
ALECENSA	5	NDS NM LA PA
ALUNBRIG	5	NDS NM LA PA
BOSULIF	5	NDS NM PA
CABOMETYX QL (30 tabs / 30 days)	5	NDS QL NM LA PA
CALQUENCE	5	NDS NM LA PA
CAPRELSA	5	NDS NM LA PA
COMETRIQ	5	NDS NM LA PA
COTELLIC	5	NDS NM LA PA
GILOTRIF TAB 20MG	5	NDS NM LA PA
GILOTRIF TAB 30MG	5	NDS NM LA PA
GILOTRIF TAB 40MG	5	NDS NM LA PA

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Drug Name	Tier	Drug Requirements/ Limits
ICLUSIG	5	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	5	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	5	NDS QL NM PA
IMBRUVICA	5	NDS NM LA PA
INLYTA 1mg QL (180 tabs / 30 days)	5	NDS QL NM LA PA
INLYTA 5mg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
IRESSA	5	NDS NM LA PA
JAKAFI QL (60 tabs / 30 days)	5	NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 14 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 18 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 24 MG DAILY DOSE	5	NDS NM LA PA
MEKINIST	5	NDS NM LA PA
NERLYNX	5	NDS NM LA PA
NEXAVAR	5	NDS NM LA PA
RYDAPT	5	NDS NM PA
SPRYCEL	5	NDS NM PA
STIVARGA	5	NDS NM LA PA
SUTENT	5	NDS NM PA
TAFINLAR	5	NDS NM LA PA
TAGRISO	5	NDS NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
TARCEVA 25mg QL (90 tabs / 30 days)	5	NDS QL NM LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	5	NDS QL NM LA PA
TASIGNA	5	NDS NM PA
TYKERB	5	NDS NM LA PA
VOTRIENT	5	NDS NM LA PA
XALKORI	5	NDS NM LA PA
ZELBORAF	5	NDS NM LA PA
ZYDELIG	5	NDS NM LA PA
ZYKADIA	5	NDS NM LA PA

**MISCELLANEOUS**

<i>bexarotene</i> (generic of TARGRETIN)	5	NDS NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	2	GC
LONSURF	5	NDS NM PA
MATULANE	5	NDS LA
SYLATRON KIT 200MCG	5	NDS NM PA
SYLATRON KIT 300MCG	5	NDS NM PA
SYLATRON KIT 600MCG	5	NDS NM PA
SYNRIBO	5	NDS NM PA
<i>tretinoin</i> (chemotherapy)	5	NDS

**PLATINUM-BASED AGENTS**

<i>carboplatin</i>	4	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin inj 50mg</i>	5	NDS B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	NDS B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D

**PROTECTIVE AGENTS**

<i>dexrazoxane</i> (generic of ZINECARD) 500mg	5	NDS B/D
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
MESNEX TABS	5	NDS

**TOPOISOMERASE INHIBITORS**

<i>etoposide</i> SOLN	3	B/D
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Drug Name	Drug Requirements/ Tier	Limits
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	4	B/D
<i>irinotecan hcl</i> 500mg/25ml	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN	5	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	5	NDS B/D
TOPOTECAN INJ 4MG/4ML	5	NDS B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 2.5-10 mg		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL)		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL)		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 5-40 mg		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 10-20 mg (generic of LOTREL)		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 10-40 mg (generic of LOTREL)		
<i>benazepril &amp; hydrochlorothiazide</i>	3	
<i>benazepril &amp; hydrochlorothiazide</i> (generic of LOTENSIN HCT)	3	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	2	GC
<i>enalapril maleate &amp; hydrochlorothiazide</i> (generic of VASERETIC)	2	GC
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril &amp; hydrochlorothiazide</i> (generic of ZESTORETIC)	1	GC
<i>moexipril-hydrochlorothiazide</i>	3	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	3	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS 5mg	1	GC
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	GC
<i>enalapril maleate</i> (generic of VASOTEC) TABS	2	GC
<i>fosinopril sodium</i>	2	GC
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	GC
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	GC
<i>moexipril hcl</i>	3	
<i>perindopril erbumine</i>	2	GC
<i>quinapril hcl</i> (generic of ACCUPRIL)	2	GC
<i>ramipril</i> (generic of ALTACE)	2	GC
<i>trandolapril</i> 1mg, 2mg	2	GC
<i>trandolapril</i> (generic of MAVIK) 4mg	2	GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> (generic of INSPRA)	3	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	1	GC
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	2	GC
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	2	GC
<i>prazosin hcl</i> (generic of MINIPRESS)	3	
<i>terazosin hcl</i>	2	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		

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Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	3	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	3	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	3	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	3	
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	3	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	2	GC
<i>losartan potassium &amp; hctz tab 50-12.5 mg</i> (generic of HYZAAR)	1	GC
<i>losartan potassium &amp; hctz tab 100-12.5 mg</i> (generic of HYZAAR)	1	GC
<i>losartan potassium &amp; hctz tab 100-25 mg</i> (generic of HYZAAR)	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	3	
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	3	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	2	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i> (generic of AVAPRO)	2	GC
<i>losartan potassium</i> (generic of COZAAR)	1	GC
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan</i> (generic of MICARDIS)	3	
<i>valsartan</i> (generic of DIOVAN)	2	GC
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	4	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i>	2	GC
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i> (generic of NORPACE) HR	4	
<i>dofetilide</i> (generic of TIKOSYN)	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR HR	4	
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	2	GC
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	GC
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	GC
<i>sorine 240mg</i>	2	GC
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	GC
<i>sotalol hcl 240mg</i>	2	GC
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	2	GC
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1	GC
<i>lovastatin 10mg, 20mg</i>	1	GC
<i>lovastatin</i> (generic of MEVACOR) 40mg	1	GC
<i>pravastatin sodium 10mg</i>	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	2	GC
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	2	GC QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	GC QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> (generic of QUESTRAN)	4	
<i>cholestyramine light</i> PACK	4	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	4	
<i>colestipol hcl gran</i> (generic of COLESTID)	4	
<i>colestipol hcl pack</i> (generic of COLESTID)	4	
<i>colestipol hcl tabs</i> (generic of COLESTID)	3	
<i>ezetimibe</i> (generic of ZETIA)	4	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	2	GC
<i>fenofibrate</i> TABS 54mg, 160mg	2	GC
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	2	GC
JUXTAPID	5	NDS NM LA PA
KYNAMRO	5	NDS NM PA
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN)	4	
<i>niacor</i>	3	
PRALUENT	5	NDS NM PA
<i>prevalite</i> PACK	4	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	4	

Drug Name	Drug Requirements/ Tier	Limits
VASCEPA	4	
WELCHOL	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	2	GC
<i>bisoprolol &amp; hydrochlorothiazide</i> (generic of ZIAC)	2	GC
<i>metoprolol &amp; hydrochlorothiazide</i>	3	
<i>metoprolol &amp; hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS	2	GC
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	1	GC
<i>atenolol</i> TABS 50mg, 100mg	1	GC
<i>bisoprolol fumarate</i>	2	GC
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	4	QL
BYSTOLIC 20mg QL (60 tabs / 30 days)	4	QL
<i>carvedilol</i> (generic of COREG)	2	GC
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	GC
<i>metoprolol tartrate</i> SOCT	4	
<i>metoprolol tartrate</i> SOLN	4	
<i>metoprolol tartrate</i> TABS 25mg	1	GC
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	GC
<i>pindolol</i>	3	
<i>propranolol cap er</i> (generic of INDERAL LA)	3	
<i>propranolol hcl</i> TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		

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Drug Name	Drug Requirements/ Tier	Limits
<i>afeditab cr</i> (generic of ADALAT CC)	3	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	GC
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	3	
<i>cartia xt</i> 300mg	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	3	
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	3	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	GC
<i>diltiazem hcl</i> TABS 90mg	2	GC
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 360mg	3	
<i>diltiazem hcl coated beads cap sr 24hr</i> 300mg	3	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	3	
<i>diltiazem inj</i>	4	
<i>felodipine</i>	2	GC
<i>nicardipine hcl</i> CAPS	4	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>nifedipine er</i> (generic of ADALAT CC)	3	
<i>nimodipine</i> CAPS	5	NDS
NYMALIZE	5	NDS
<i>taztia xt</i> (generic of TIAZAC)	3	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	3	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	3	
<i>verapamil cap er</i> 360mg	4	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS 40mg	2	GC
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	2	GC
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	2	GC
<i>verapamil tab er</i> (generic of CALAN SR)	2	GC
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 70 years and older; HR	3	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 70 years and older; HR	3	PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 70 years and older; HR	3	PA
<i>digoxin inj</i> (generic of LANOXIN) HR	4	
<i>digoxin sol</i> 50mcg/ml PA if 70 years and older; HR	4	PA
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
TEKURNA	4	
TEKURNA HCT	4	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride &amp; hydrochlorothiazide</i>	2	GC
<i>amiloride hcl</i> TABS	3	
<i>bumetanide</i> SOLN	4	
<i>bumetanide</i> (generic of BUMEX) TABS	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	GC
<i>furosemide</i> (generic of LASIX) TABS	1	GC
<i>furosemide inj</i>	4	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	GC
<i>hydrochlorothiazide</i> TABS	1	GC
<i>indapamide</i>	2	GC
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone &amp; hydrochlorothiazide</i> (generic of ALDACTAZIDE)	3	
<i>torsemide tabs</i> 5mg, 100mg	2	GC
<i>torsemide tabs</i> (generic of DEMADEx) 10mg, 20mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZAZIDE)	2	GC
<i>triamterene &amp; hydrochlorothiazide tabs</i> (generic of MAXZIDE)	1	GC
<i>triamterene &amp; hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	1	GC
<b>MISCELLANEOUS</b>		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	2	GC
CORLANOR	4	
DEMSEER	5	NDS PA
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	GC
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	GC
NORTHERA	5	NDS NM LA PA
RANEXA	4	
<b>NITRATES</b>		
<i>isosorb mononitrate tab</i>	2	GC
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	3	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	GC
<i>minitran</i> (generic of NITRO-DUR)	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	3	
<i>nitroglycerin td patch</i> .1mg/hr	3	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA QL (60 tabs / 30 days)	5	NDS QL NM PA
ADEMPAS QL (90 tabs / 30 days)	5	NDS QL NM LA PA
LETAIRIS QL (30 tabs / 30 days)	5	NDS QL NM LA PA
REMODULIN	5	NDS NM LA PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	3	QL NM PA
TRACLEER TABS 62.5mg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
TRACLEER TABS 125mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
VENTAVIS	5	NDS NM PA
<b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	2	GC
<i>buspirone hcl</i> TABS 30mg	3	
<i>fluvoxamine maleate</i> TABS	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) SOLN	4	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	2	GC QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	3	QL
<b>ANTICONVULSANTS</b>		
APTIOM 200mg QL (180 tabs / 30 days)	4	QL
APTIOM 400mg QL (90 tabs / 30 days)	4	QL
APTIOM 600mg, 800mg QL (60 tabs / 30 days)	4	QL
BANZEL SUS 40MG/ML	5	NDS PA
BANZEL TAB 200MG	5	NDS PA
BANZEL TAB 400MG	5	NDS PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	4	PA
BRIVIACT TAB 10MG	4	PA
BRIVIACT TAB 25MG	4	PA
BRIVIACT TAB 50MG	4	PA
BRIVIACT TAB 75MG	4	PA
BRIVIACT TAB 100MG	4	PA
<i>carbamazepine</i> CHEW	3	
<i>carbamazepine</i> (generic of CARBATROL) CP12	4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	4	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	4	
CELONTIN	4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	GC QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>clorazepate dipotassium</i> 3.75mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	2	GC QL PA
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	4	
<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	3	QL PA
<i>diazepam oral soln 1 mg/ml</i> QL (1200 mL / 30 days) PA if 65 years and older	3	QL PA
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHEW TAB 50MG	4	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	4	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	3	
<i>epitol</i> (generic of TEGRETOL)	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	4	
<i>felbamate</i> (generic of FELBATOL) SUSP	5	NDS
<i>felbamate</i> (generic of FELBATOL) TABS	4	

Drug Name	Drug Requirements/ Tier	Limits
FYCOMPA SUSP QL (720 mL / 30 days)	4	QL PA
FYCOMPA TABS 2mg, 4mg, 6mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	2	GC QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	2	GC QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	2	GC QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	4	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	2	GC QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	2	GC QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	2	GC
<i>levetiracetam</i> (generic of KEPPRA) SOLN	4	
<i>levetiracetam</i> (generic of KEPPRA) TABS	3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	3	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	4	
<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	3	

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Drug Name	Drug Requirements/ Tier	Limits
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL
LYRICA SOLN QL (946 mL / 30 days)	3	QL
ONFI SOLN	5	NDS PA
ONFI TAB	5	NDS PA
oxcarbazepine (generic of TRILEPTAL) SUSP	4	
oxcarbazepine (generic of TRILEPTAL) TABS	3	
PEGANONE	4	
phenobarbital ELIX PA if 70 years and older; HR	4	PA
phenobarbital TABS PA if 70 years and older; HR	3	PA
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older; HR	4	PA
phenobarbital sodium SOLN 130mg/ml PA if 70 years and older; HR	4	PA
PHENYTEK	4	
phenytoin (generic of DILANTIN INFATABS) CHEW	3	
phenytoin (generic of DILANTIN-125) SUSP	3	
phenytoin sodium extended (generic of DILANTIN) 100mg	3	
phenytoin sodium extended (generic of PHENYTEK) 200mg, 300mg	3	
phenytoin sodium inj 50mg/ml	4	

Drug Name	Drug Requirements/ Tier	Limits
primidone (generic of MYSOLINE) TABS	2	GC
roweepra (generic of KEPPRA)	3	
roweepra xr (generic of KEPPRA XR)	3	
SABRIL TABS QL (180 tabs / 30 days)	5	NDS QL NM LA PA
SPRITAM	4	
subvenite tab (generic of LAMICTAL)	2	GC
tiagabine hcl (generic of GABITRIL)	4	
topiramate (generic of TOPAMAX SPRINKLE) CPSP	4	
topiramate (generic of TOPAMAX) TABS	2	GC
valproate sodium (generic of DEPAICON) SOLN	4	
valproate sodium oral soln (generic of DEPAKENE)	3	
valproic acid (generic of DEPAKENE)	3	
vigabatrin powd pack 500mg (generic of SABRIL) QL (180 packets / 30 days)	5	NDS QL NM LA PA
VIMPAT 50mg QL (120 tabs / 30 days)	4	QL
VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
VIMPAT INJ 200MG/20ML	4	
VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	4	QL
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	3	
zonisamide CAPS 50mg	3	
<b>ANTIDEMENTIA</b>		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	2	GC QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	2	GC
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	3	QL
<i>donepezil hydrochloride</i> TBDP 10mg	3	
EXELON PATCHES QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABs QL (60 tabs / 30 days)	4	QL
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER) QL (30 caps / 30 days)	4	QL
<i>memantine hcl cp24</i> (generic of NAMENDA XR) PA if < 30 yrs	4	PA
<i>memantine soln</i> PA if < 30 yrs	4	PA
<i>memantine tabs</i> (generic of NAMENDA) PA if < 30 yrs	3	PA
NAMZARIC	4	
<i>rivastigmine tartrate caps</i> 1.5mg, 3mg QL (90 caps / 30 days)	4	QL
<i>rivastigmine tartrate caps</i> 4.5mg, 6mg QL (60 caps / 30 days)	4	QL
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS HR	3	
<i>amoxapine</i> HR	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	2	GC
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	GC
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS HR	4	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg HR	4	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg HR	4	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	4	QL PA
<i>doxepin hcl</i> CAPS; CONC HR	3	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	3	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	3	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	3	QL
EMSAM QL (30 patches / 30 days)	5	NDS QL PA
<i>escitalopram oxalate</i> SOLN	4	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	2	GC
FETZIMA 20mg QL (180 caps / 30 days)	4	QL PA
FETZIMA 40mg QL (90 caps / 30 days)	4	QL PA
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	1	GC
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	1	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	1	GC
<i>fluoxetine hcl</i> SOLN	2	GC
<i>imipramine hcl</i> (generic of TOFRANIL) TABS HR	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	2	GC
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	2	GC
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS HR	2	GC
<i>nortriptyline hcl</i> SOLN HR	4	
<i>paroxetine hcl</i> (generic of PAXIL) TABS HR	2	GC
PAXIL SUSP QL (900 mL / 30 days) HR	4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	3	
<i>protriptyline hcl</i> HR	4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	4	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	1	GC
<i>tranylcypromine sulfate</i> (generic of PARNATE)	4	
<i>trazodone hcl</i> TABS 50mg, 100mg	2	GC
<i>trazodone tab 150mg</i>	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 25mg QL (240 caps / 30 days) HR	4	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 50mg QL (120 caps / 30 days) HR	4	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days) HR	4	QL
TRINTELLIX 5mg QL (120 tabs / 30 days)	4	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	4	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	4	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	2	GC
<i>venlafaxine hcl</i> TABS	3	
VIIIBRYD STARTER PACK	4	
VIIIBRYD TAB QL (30 tabs / 30 days)	4	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	3	QL
<i>amantadine hcl</i> SYRP	2	GC
<i>amantadine hcl</i> TABS	3	
APOKYN QL (20 cartridges / 30 days)	5	NDS QL NM LA PA
<i>benztropine mesylate inj</i> (generic of COGENTIN)	4	
<i>benztropine mesylate tab</i> 0.5mg PA if 70 years and older; HR	3	PA
<i>benztropine mesylate tab 1mg</i> PA if 70 years and older; HR	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>benztropine mesylate tab 2mg</i> PA if 70 years and older; HR	3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	4	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	2	GC
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapo ne</i> (generic of STALEVO 50)	4	
<i>carbidopa/levodopa/entacapo ne</i> (generic of STALEVO 75)	4	
<i>carbidopa/levodopa/entacapo ne</i> (generic of STALEVO 100)	4	
<i>carbidopa/levodopa/entacapo ne</i> (generic of STALEVO 125)	4	
<i>carbidopa/levodopa/entacapo ne</i> (generic of STALEVO 150)	4	
<i>carbidopa/levodopa/entacapo ne</i> (generic of STALEVO 200)	4	
<i>entacapone</i> (generic of COMTAN) NEUPRO	4	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	2	GC
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	2	GC
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	2	GC
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	2	GC
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	2	GC
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	2	GC
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	4	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	2	GC
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>ropinirole tab 1mg</i> (generic of REQUIP)	2	GC
<i>ropinirole tab 2mg</i> (generic of REQUIP)	2	GC
<i>ropinirole tab 3mg</i> (generic of REQUIP)	2	GC
<i>ropinirole tab 4mg</i> (generic of REQUIP)	2	GC
<i>ropinirole tab 5mg</i> (generic of REQUIP)	2	GC
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	3	
<i>selegiline hcl</i> TABS	3	
<i>trihexyphenidyl hcl</i> PA if 70 years and older; HR	3	PA
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA QL (1 injection / 28 days)	4	QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	5	NDS QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	5	NDS QL
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	4	QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	4	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	4	QL
<i>chlorpromazine hcl</i> TABS	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> (generic of FAZACLO)	4	PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i> (generic of CLOZARIL)	4	
<i>clozapine tab 200mg</i>	4	

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Drug Name	Drug Requirements/ Tier	Limits
FANAPT QL (60 tabs / 30 days)	4	QL
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR QL (6 mL / 3 days)	4	QL
<i>haloperidol</i> TABS	3	
<i>haloperidol conc 2mg/ml</i>	3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	4	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	4	
<i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL)	4	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	3	QL
INVEGA 6mg QL (60 tabs / 30 days)	3	QL
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
INVEGA TRINZA QL (1 injection / 90 days)	4	QL
LATUDA 20mg, 60mg, 80mg QL (60 tabs / 30 days)	4	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	4	QL
<i>loxapine succinate</i>	3	
NUPLAZID TABS 17mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg QL (60 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS	4	
<i>pimozide</i> (generic of ORAP)	4	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL
REXULTI 1mg QL (90 tabs / 30 days)	4	QL
REXULTI 2mg QL (60 tabs / 30 days)	4	QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI .5mg QL (180 tabs / 30 days)	4	QL
REXULTI .25mg QL (360 tabs / 30 days)	4	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN	4	
<i>risperidone</i> (generic of RISPERDAL) TABS	2	GC
<i>risperidone</i> TBDP .5mg QL (90 tabs / 30 days)	4	QL
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	4	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	4	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	4	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	4	QL
<i>thioridazine hcl</i> TABS	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
VERSACLOZ QL (600 mL / 30 days)	5	NDS QL PA
VRAYLAR 1.5mg QL (60 caps / 30 days)	4	QL PA
VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	QL PA
VRAYLAR THERAPY PACK <i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	4	PA QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	4	QL PA
ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	4	QL PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	3	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older; HR	3	PA
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	4	QL
<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	4	QL
<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	4	QL
<b>HYPNOTICS</b>		
BELSOMRA QL (30 tabs / 30 days)	4	QL
HETLIOZ	5	NDS NM LA PA
SILENOR 3mg QL (60 tabs / 30 days) HR (doses > 6mg/day)	3	QL
SILENOR 6mg QL (30 tabs / 30 days) HR (doses > 6mg/day)	3	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	3	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	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year; HR	2	GC QL PA
<b>MIGRAINE</b>		
<i>dihydroergotamine mesylate inj 1 mg/ml</i> (generic of D.H.E. 45)	5	NDS
<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	5	NDS QL
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	4	
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) 10mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT) QL (18 tabs / 30 days)	3	QL
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	4	QL
<i>sumatriptan nasal spray</i> (generic of IMITREX) 5mg/act QL (24 inhalers / 30 days)	4	QL
<i>sumatriptan nasal spray</i> (generic of IMITREX) 20mg/act QL (12 inhalers / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	2	GC QL
<b>MISCELLANEOUS</b>		
AUSTEDO 6mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
<i>lithium carbonate</i> CAPS; TABS	2	GC
<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	2	GC
<i>lithium carbonate er</i> 450mg	2	GC
LITHIUM SOLN 8MEQ/5ML	4	

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Drug Name	Drug Requirements/ Tier	Limits
NUEDEXTA QL (60 caps / 30 days)	4	QL PA
<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	3	
<i>riluzole</i> (generic of RILUTEK)	3	
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	5 NDS	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	5 NDS	QL NM PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	5 NDS	NM LA PA
BETASERON QL (14 syringes / 28 days)	5 NDS	QL NM PA
COPAXONE INJ 20MG/ML QL (30 syringes / 30 days)	5 NDS	QL NM PA
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	5 NDS	QL NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	5 NDS	QL NM PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older; HR	3	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	4	
<i>dantrolene sodium</i> CAPS 100mg	4	
<i>tizanidine hcl</i> TABS 2mg	2	GC
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	2	GC
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA
XYREM QL (540 mL / 30 days)	5 NDS	QL NM LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	3	QL PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	2	GC QL
<i>bupropion hcl (smoking deterrent)</i> (generic of ZYBAN)	3	
CHANTIX CONTINUING MONTH	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	4	QL
VIVITROL	5	NDS NM
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANADROL-50	5	NDS PA
ANDRODERM QL (30 patches / 30 days)	4	QL PA
<i>oxandrolone tab 2.5mg</i>	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>oxandrolone tab 10mg</i> (generic of OXANDRIN)	4	PA
<i>testosterone GEL 1%</i> QL (300 grams / 30 days)	4	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	4	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE QL (4 pens / 28 days)	3	QL
BYDUREON INJ QL (4 vials / 28 days)	3	QL
BYDUREON PEN QL (4 pens / 28 days)	3	QL
BYETTA QL (1 pen / 30 days)	4	QL
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS B/D
HUMULIN R U-500 KWIKPEN	5	NDS
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN 70/30 (brand RELION not covered)	3	
NOVOLIN N (brand RELION not covered)	3	
NOVOLIN R (brand RELION not covered)	3	
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE QL (1 pen / 28 days)	3	QL
OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	3	QL
SOLIQUA 100/33 QL (10 pens / 30 days)	3	QL
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
TRULICITY QL (4 pens / 28 days)	3	QL
VICTOZA QL (3 pens / 30 days)	3	QL
XULTOPHY 100/3.6 QL (5 pens / 30 days)	3	QL
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i> (generic of PRECOSE)	3	
FARXIGA 5mg QL (60 tabs / 30 days)	3	QL
FARXIGA 10mg QL (30 tabs / 30 days)	3	QL
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	GC QL
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	GC QL

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<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	GC QL	JANUVIA QL (30 tabs / 30 days)	3	QL
<i>glip/metform tab 2.5-250mg</i> QL (240 tabs / 30 days)	3	QL	JARDIANCE 10mg QL (60 tabs / 30 days)	3	QL
<i>glip/metform tab 2.5-500mg</i> QL (120 tabs / 30 days)	3	QL	JARDIANCE 25mg QL (30 tabs / 30 days)	3	QL
<i>glip/metform tab 5-500mg</i> QL (120 tabs / 30 days)	3	QL	JENTADUETO QL (60 tabs / 30 days)	3	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	1	GC QL	JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	3	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	1	GC QL	JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	3	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	2	GC QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	2	GC QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	2	GC QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	GC QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	2	GC QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	GC QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days)	2	GC QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	GC QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	2	GC QL	<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	3	QL
JANUMET QL (60 tabs / 30 days)	3	QL	<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	2	GC QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL	<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL			
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL			

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<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	3	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	3	QL
TRADJENTA QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	3	QL
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	GC
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>ibandronate sodium</i> (generic of BONIVA) TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	4	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	4	B/D
<i>pamidronate inj</i> 30mg	4	B/D
<i>pamidronate inj</i> 90mg	4	B/D
<i>zoledronic acid inj</i> 5mg/100ml (generic of RECLAST)	4	B/D NM
<i>zoledronic inj</i> 4mg/5ml (generic of ZOMETA)	4	B/D NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR 30mg, 90mg QL (120 tabs / 30 days)	5	NDS B/D QL NM
SENSIPAR 60mg QL (60 tabs / 30 days)	5	NDS B/D QL NM
<b>CHELATING AGENTS</b>		
CHEMET	4	
DEPEN TITRATABS	5	NDS
JADENU	5	NDS NM LA PA
JADENU SPRINKLE	5	NDS NM LA PA
<i>kionex sus</i> 15gm/60ml	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps</i>	3	
<i>trientine hcl</i> (generic of SYPRINE)	5	NDS PA
<b>CONTRACEPTIVES</b>		
<i>altavera tab</i>	3	
<i>alyacen</i> 1/35 (generic of ORTHO-NOVUM 1/35)	3	
<i>apri</i>	3	
<i>aranelle</i> (generic of TRI-NORINYL 28)	3	
<i>aubra</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	3	
<i>blisovi fe</i> 1.5/30 (generic of LOESTRIN FE 1.5/30)	3	

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Drug Name	Drug Requirements/ Tier Limits
<i>blisovi fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>briellyn</i>	3
<i>camila</i>	3
<i>caziant pak</i>	3
<i>cryselle-28</i>	3
<i>cyklaferm 1/35</i> (generic of ORTHO-NOVUM 1/35)	3
<i>cyklaferm 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3
<i>cyred tab</i>	3
<i>dasetta 1/35</i> (generic of ORTHO-NOVUM 1/35)	3
<i>dasetta 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3
<i>deblitane</i>	3
<i>delyla</i>	3
<i>desogestrel &amp; ethinyl estradiol</i>	3
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	3
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	3
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	3
ELLA	4
<i>emoquette</i>	3
<i>enpresse-28</i>	3
<i>enskyce</i>	3
<i>errin</i> (generic of ORTHO MICRONOR)	3
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	3
<i>ethynodiol diacet &amp; eth estrad</i>	3
<i>ethynodiol tab 1-50</i>	3
<i>falmina</i>	3
<i>femynor</i> (generic of ORTHO-CYCLEN)	3
<i>gianvi</i> (generic of YAZ)	3
<i>heather</i>	3
<i>introvale</i>	3
<i>isibloom</i>	3
<i>jolessa</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>jolivette</i> (generic of ORTHO MICRONOR)	3
<i>juleber</i>	3
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	3
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>kariva</i> (generic of MIRCETTE)	3
<i>kelnor 1/35</i>	3
<i>kelnor 1/50</i>	3
<i>kimidess</i> (generic of MIRCETTE)	3
<i>kurvelo</i>	3
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	3
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>larissia tab</i>	3
<i>leena</i> (generic of TRI-NORINYL 28)	3
<i>lessina</i>	3
<i>levonest</i>	3
<i>levonor/ethi tab</i>	3
<i>levonorgestrel &amp; eth estradiol</i>	3
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3
<i>levora 0.15/30-28</i>	3
<i>loryna</i> (generic of YAZ)	3
<i>low-ogestrel</i>	3
<i>lutra</i>	3
<i>lyza</i> (generic of ORTHO MICRONOR)	3
<i>marlissa</i>	3

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Drug Name	Drug Requirements/ Tier Limits
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	3
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	3
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>mili</i> (generic of ORTHO-CYCLEN)	3
<i>mono-linyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	3
<i>mononessa</i> (generic of ORTHO-CYCLEN)	3
<i>myzilra</i>	3
<i>necon 0.5/35-28</i>	3
<i>necon 1/50-28</i>	3
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3
<i>nikki</i> (generic of YAZ)	3
<i>nora-be</i>	3
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	3
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1/20-21)	3
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	3
<i>norgestimate-ethinyl estradiol (triphasic)</i> 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	3
<i>norgestimate-ethinyl estradiol (triphasic)</i> 0.18-35/0.215-35/0.25-35 mg-mcg (generic of ORTHO TRI-CYCLEN)	3
<i>norlyroc</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>nortrel 0.5/35 (28)</i>	3
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	3
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3
<i>NUVARING</i>	4
<i>ocella</i> (generic of YASMIN 28)	3
<i>orsythia</i>	3
<i>philiith</i>	3
<i>pimtrea</i> (generic of MIRCETTE)	3
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	3
<i>portia-28</i>	3
<i>previfem</i> (generic of ORTHO-CYCLEN)	3
<i>quasense</i>	3
<i>reclipsen</i>	3
<i>setlakin tab</i>	3
<i>sharobel</i> (generic of ORTHO MICRONOR)	3
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	3
<i>sronyx</i>	3
<i>syeda</i> (generic of YASMIN 28)	3
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>tilia fe</i> (generic of ESTROSTEP FE)	3
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	3
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	3
<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-mili</i> (generic of ORTHO TRI-CYCLEN)	3
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	3

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Drug Name	Drug Requirements/ Tier	Limits
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	3	
<i>tri-vylibra</i> (generic of ORTHO TRI-CYCLEN)	3	
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	3	
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	3	
<i>trivora-28</i>	3	
<i>tulana</i>	3	
<i>velivet</i>	3	
<i>vestura</i> (generic of YAZ)	3	
<i>vienva</i>	3	
<i>viorele</i> (generic of MIRCETTE)	3	
<i>vyfemla</i>	3	
<i>vylibra</i> (generic of ORTHO-CYCLEN)	3	
<i>xulane</i>	4	
<i>zarah</i> (generic of YASMIN 28)	3	
<i>zenchent</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS	4	
SYNAREL	5	NDS
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	5	NDS NM LA PA
ALDURAZYME	5	NDS NM LA PA
CARBAGLU	5	NDS NM LA PA
CERDELGA	5	NDS NM PA
CEREZYME	5	NDS NM LA PA
CYSTADANE POW	5	NDS NM LA
CYSTAGON	4	NM LA PA
FABRAZYME	5	NDS NM LA PA
KUVAN	5	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levocarnitine</i> (metabolic modifiers) (generic of CARNITOR)	4	B/D
LUMIZYME	5	NDS NM LA PA
<i>miglustat</i>	5	NDS NM PA
NAGLAZYME	5	NDS NM LA PA
ORFADIN	5	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	5	NDS NM PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	4	
ESTRACE CREA	3	
<i>estradiol</i> (generic of CLIMARA) PTWK HR	3	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg HR	2	GC
<i>estradiol valerate inj</i> (generic of DELESTROGEN)	4	
<i>fyavolv</i> HR	3	
<i>fyavolv</i> (generic of FEMHRT LOW DOSE) HR	3	
<i>jinteli</i> HR	3	
<i>norethindrone acetate-ethinyl estradiol</i> HR	3	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE) HR	3	
PREMARIN CREA	3	
PREMARIN TABS HR	3	
PREMPHASE HR	3	
PREMPRO HR	3	

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<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate</i> TABS	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	GC
<i>dexamethasone sodium phosphate</i>	4	
<i>fludrocortisone acetate</i> TABS	2	GC
<i>hydrocortisone</i> (generic of CORTEF) TABS	3	
<i>methylpr ss inj</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	2	GC
<i>methylpred tab 4mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	3	B/D
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	4	B/D
<i>pred sod pho sol 5mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	GC B/D
<i>prednisolone sol 15mg/5ml</i>	2	GC B/D
<i>prednisolone sol 25mg/5ml</i>	4	B/D
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	GC
<i>prednisone pak 10mg</i>	2	GC
<i>prednisone sol 5mg/5ml</i>	4	B/D
<i>prednisone tab 1mg</i>	2	GC B/D
<i>prednisone tab 2.5mg</i>	2	GC B/D
<i>prednisone tab 5mg</i>	2	GC B/D
<i>prednisone tab 10mg</i>	2	GC B/D
<i>prednisone tab 20mg</i>	2	GC B/D
<i>prednisone tab 50mg</i>	2	GC B/D
SOLU-CORTEF	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	

Drug Name	Drug Requirements/ Tier	Limits
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	3	B/D
FORTEO	5	NDS NM PA
GENOTROPIN	5	NDS NM PA
GENOTROPIN MINIQUICK .2mg	4	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS NM PA
INCRELEX	5	NDS NM LA PA
KORLYM	5	NDS NM LA PA
LUPRON DEP-PED INJ 7.5MG	5	NDS NM PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NDS NM PA
LUPRON DEPOT-PED (1-MONTH)	5	NDS NM PA
LUPRON DEPOT-PED (3-MONTH)	5	NDS NM PA
NATPARA	5	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	4	NM PA
<i>octreotide acetate</i> 200mcg/ml	4	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	5	NDS NM PA
<i>octreotide acetate</i> 1000mcg/ml	5	NDS NM PA
PROLIA QL (1 injection / 180 days)	4	QL NM
<i>raloxifene tab 60mg</i> (generic of EVISTA)	3	
SIGNIFOR	5	NDS NM LA PA
SOMATULINE DEPOT	5	NDS NM PA

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SOMAVERT	5	NDS NM LA PA
TYMLOS	5	NDS NM PA
XGEVA	5	NDS NM PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA QL (360 tabs / 30 days)	4	QL
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS QL (360 caps / 30 days)	4	QL
calcium acetate (phosphate binder) TABS QL (360 tabs / 30 days)	3	QL
RENVELA PAK 0.8GM QL (540 packets / 30 days)	3	QL
RENVELA PAK 2.4GM QL (180 packets / 30 days)	3	QL
RENVELA TAB 800MG QL (540 tabs / 30 days)	3	QL
<b>PROGESTINS</b>		
medroxyprogesterone acetate tab (generic of PROVERA)	2	GC
norethindrone acetate (generic of AYGESTIN) TABS	3	
<b>THYROID AGENTS</b>		
levothyroxine sodium (generic of SYNTHROID) TABS	1	GC
liothyronine sodium (generic of CYTOMEL) TABS	3	
methimazole (generic of TAPAZOLE) TABS	2	GC
propylthiouracil TABS	3	
SYNTHROID	4	
<b>VASOPRESSINS</b>		
desmopressin acetate spray (generic of DDAVP)	4	
desmopressin acetate spray refrigerated	4	
desmopressin acetate tabs (generic of DDAVP)	3	

Drug Name	Drug Requirements/ Tier	Limits
desmopressin inj 4mcg/ml (generic of DDAVP)	4	
STIMATE	5	NDS NM
<b>GASTROINTESTINAL ANTIEMETICS</b>		
aprepitant (generic of EMEND)	4	B/D
aprepitant pak 80mg & 125mg compro	4	B/D
dronabinol (generic of MARINOL) QL (60 caps / 30 days)	4	B/D QL
EMEND SUSR	4	B/D
granisetron hcl SOLN	4	
granisetron hcl TABS	4	B/D
meclizine hcl TABS HR	2	GC
metoclopramide hcl SOLN	2	GC
metoclopramide hcl (generic of REGLAN) TABS	2	GC
metoclopramide hcl inj	4	
ondansetron hcl (generic of ZOFRAN) TABS 4mg, 8mg	3	B/D
ondansetron hcl TABS 24mg	3	B/D
ondansetron hcl inj	4	
ondansetron hcl oral soln (generic of ZOFRAN)	4	B/D
ondansetron odt (generic of ZOFRAN ODT)	3	B/D
prochlorperazine inj	4	
prochlorperazine maleate TABS	2	GC
prochlorperazine supp	4	
promethazine hcl SYRP; TABS PA if 70 years and older; HR	2	GC PA
promethazine hcl inj (generic of PHENERGAN) PA if 70 years and older; HR	4	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>scopolamine patch</i> (generic of TRANSDERM-SCOP) QL (10 patches / 30 days) PA if 70 years and older; HR	4	QL PA
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl cap 10mg</i> (generic of BENTYL) HR	3	
<i>dicyclomine hcl soln 10mg/5ml</i> HR	4	
<i>dicyclomine hcl tab 20mg</i> HR	3	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	3	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine in nacl</i>	4	
<i>famotidine inj</i>	4	
<i>famotidine tab</i> (generic of PEPCID)	2	GC
<i>ranitidine hcl</i> (generic of ZANTAC) TABS	2	GC
<i>ranitidine hcl inj</i> (generic of ZANTAC)	4	
<i>ranitidine inj</i> (generic of ZANTAC)	4	
<i>ranitidine syrup</i>	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO QL (120 caps / 30 days)	3	QL
ASACOL HD	4	
<i>balsalazide disodium</i> (generic of COLAZAL)	4	
<i>budesonide ec</i> (generic of ENTOCORT EC) CANASA	4	
<i>colocort</i> (generic of CORTENEMA) DELZICOL	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	4	
<i>mesalamine ENEM</i>	4	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	2	GC
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	3	
<b>LAXATIVES</b>		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	2	GC
<i>gavilyte-g</i> (generic of GOLYTELY)	2	GC
<i>gavilyte-n/ flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
<i>generlac</i> GOLYTELY	2 3	GC
<i>lactulose</i>	2	GC
<i>lactulose (encephalopathy)</i> MOVIPREP	2 4	GC
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	2	GC
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	2	GC
<i>polyethylene glycol 3350</i> PACK	3	
<i>polyethylene glycol 3350</i> POWD	2	GC
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> (generic of LOTRONEX)	5	NDS PA

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Drug Name	Drug Requirements/ Tier	Limits
AMITIZA 8mcg QL (180 caps / 30 days)	3	QL
AMITIZA 24mcg QL (60 caps / 30 days)	3	QL
<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM)	5	NDS
<i>diphenoxylate w/ atropine</i> LIQD HR	4	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS HR	3	
GATTEX	5	NDS NM LA PA
LINZESS QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS	2	GC
<i>misoprostol</i> (generic of CYTOTEC) TABS	3	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN	5	NDS PA
<i>sucralfate</i> (generic of CARAFATE) TABS	3	
SYMPROIC	3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	3	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4	
XIFAXAN 550mg	5	NDS PA
<b>PANCREATIC ENZYMES</b>		
CREON	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR QL (30 caps / 30 days)	4	QL
DEXILANT CAP 60MG DR QL (30 caps / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	3	QL
<i>esomeprazole sodium inj</i> 20mg	4	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	4	
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	3	QL
<i>omeprazole cap 10mg</i>	1	GC
<i>omeprazole cap 20mg</i>	1	GC
<i>omeprazole cap 40mg</i>	1	GC
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	4	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC	2	GC
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	2	GC
<i>dutasteride</i> (generic of AVODART) CAPS QL (30 caps / 30 days)	3	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	2	GC
<i>tamsulosin hcl</i> (generic of FLOMAX)	2	GC
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	3	
<i>potassium citrate (alkalinizer)</i> <i>er tabs</i> (generic of UROCIT-K 15) 15meq	4	
<i>potassium citrate (alkalinizer)</i> <i>er tabs</i> (generic of UROCIT-K 5) 540mg	4	
<i>potassium citrate (alkalinizer)</i> <i>er tabs</i> (generic of UROCIT-K 10) 1080mg	4	
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SYRP; TABS	3	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	3	
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate tabs</i> (generic of DETROL)	4	ST
TOVIAZ QL (30 tabs / 30 days)	3	QL
<i>tropium chloride</i> TABS	3	
VESICARE QL (30 tabs / 30 days)	4	QL
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN)	3	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	4	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	3	
<i>terconazole vaginal</i> CREA .8%	3	
<i>terconazole vaginal</i> SUPP	3	
<i>vandazole</i>	4	
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i> (generic of LOVENOX)	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
<i>heparin sod (porcine) in d5w</i>	4	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	4	
<i>jantoven</i> (generic of COUMADIN)	1	GC
PRADAXA	4	
<i>warfarin sodium</i> (generic of COUMADIN)	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	5	NDS NM PA
NEUPOGEN	5	NDS NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NDS NM PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> 1mg	4	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	4	
BERINERT QL (24 boxes / 30 days)	5	NDS QL NM LA PA
<i>cilostazol</i>	2	GC
DROXIA	3	
ENDARI	5	NDS NM LA PA
FIRAZYR QL (9 syringes / 30 days)	5	NDS QL NM PA
HAEGARDA 2000unit QL (30 vials / 30 days)	5	NDS QL NM LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	5	NDS QL NM LA PA
<i>pentoxifylline</i> TBCR	2	GC
PROMACTA 12.5mg QL (360 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	3	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole</i> (generic of AGGRENOLX)	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i> (generic of PLAVIX)	1	GC
<i>prasugrel hcl</i> (generic of EFFIENT)	4	
ZONTIVITY	4	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	5	NDS QL NM PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	5	NDS QL NM PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	5	NDS QL NM PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	5	NDS QL NM PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	5	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NDS NM PA
HUMIRA PEN QL (6 pens / 28 days)	5	NDS QL NM PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NDS NM PA
HUMIRA PEN INJ PS/UV STARTER	5	NDS NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	3	
<i>leflunomide</i> (generic of ARAVA) TABS	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NDS NM PA
XATMEP	4	B/D
XELJANZ QL (60 tabs / 30 days)	5	NDS QL NM PA
XELJANZ XR QL (30 tabs / 30 days)	5	NDS QL NM PA
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	5	NDS NM PA
CARIMUNE NANOFILTERED	5	NDS NM PA
FLEBOGAMMA DIF	5	NDS NM PA
GAMASTAN S/D	3	B/D NM
GAMMAGARD LIQUID	5	NDS NM PA
GAMMAGARD S/D	5	NDS NM PA
GAMMAKED	5	NDS NM PA
GAMMAPLEX	5	NDS NM PA
GAMMAPLEX 10GM/100ML	5	NDS NM PA
GAMUNEX-C	5	NDS NM PA
OCTAGAM	5	NDS NM PA
PRIVIGEN	5	NDS NM PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	NDS NM LA PA
ARCALYST	5	NDS NM PA
INTRON-A INJ 10MU	5	NDS B/D NM
INTRON-A INJ 18MU	5	NDS B/D NM
INTRON-A INJ 25MU	5	NDS B/D NM
INTRON-A INJ 50MU	5	NDS B/D NM
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> (generic of IMURAN) TABS	3	B/D
BENLYSTA	5	NDS NM PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>gengraf</i> (generic of NEORAL)	4	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	5	NDS B/D
<i>mycophenolate sodium tbec</i> (generic of MYFORTIC)	4	B/D
NULOJIX	5	NDS B/D
RAPAMUNE SOLN	5	NDS B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	5	NDS B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	NDS B/D
ZORTRESS TAB 0.25MG	5	NDS B/D
ZORTRESS TAB 0.75MG	5	NDS B/D
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	4	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	4	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	4	
KINRIX	3	
M-M-R II	3	
MENACTRA	4	

Drug Name	Drug Requirements/ Tier	Limits
MENVEO	4	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	4	QL
QL (2 vials per lifetime)		
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	4	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	4	
YF-VAX	4	
ZOSTAVAX	4	QL
QL (1 vial per lifetime)		
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>klor-con 8</i>	2	GC
<i>klor-con 10</i>	2	GC
<i>klor-con m10</i>	2	GC
KLOR-CON M15	3	
<i>klor-con m20</i>	2	GC
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	3	
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	3	
<i>magnesium sulfate inj</i> 50%	3	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq	2	GC
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	2	GC
<i>potassium chloride microencapsulated crystals er</i>	2	GC
<i>sodium chloride</i> SOLN 2.5meq/ml	4	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	GC
<i>tpn electrolytes</i>	4	B/D
<b>IV NUTRITION</b>		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj</i> 20%	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj</i> 20%	4	B/D
<i>premasol</i> 6%	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 5%</i>	4	
DEXTROSE 5% /ELECTROLYTE	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
<i>dextrose 5%/potassium chl</i>	4	
<i>dextrose 10% flex contain</i>	4	
DEXTROSE 10%/NACL 0.2%	4	
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose in lactated ringers</i>	4	
<i>dextrose inj</i> 70%	4	

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IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl</i> 0.15%/d5w/ <i>nacl</i> 0.2%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl</i> 0.3%/d5w/ <i>nacl</i> 0.45%	4	
<i>kcl</i> 0.15%/d5w/ <i>nacl</i> 0.9%	4	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl</i> 0.075%/d5w/ <i>nacl</i> 0.45%	4	
<i>kcl</i> /d5w inj 0.3%	4	
<i>kcl</i> /d5w/ <i>nacl</i> inj 0.22%/0.45%	4	
<i>kcl</i> /d5w/ <i>nacl</i> inj .15/.33%	4	
<i>kcl</i> /d5w/ <i>nacl</i> inj .15/.45%	4	
<i>kcl</i> / <i>nacl</i> inj 0.3-0.9	4	
<i>kcl</i> / <i>nacl</i> inj 0.15%-0.9%	4	
<i>lactated ringer's</i>	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj</i> 2meq/ml	4	
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	4	
<i>potassium chloride in nacl</i>	4	
<i>sod chloride inj</i> 0.9%	4	
<i>sodium chloride</i> SOLN 3%, 5%	4	
<i>sodium chloride</i> 0.45%	4	
<b>VITAMINS</b>		
<i>calcitriol</i> (generic of ROCALTROL) CAPS	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln</i> 1 mcg/ml (generic of ROCALTROL)	4	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>paricalcitol</i> CAPS 4mcg	4	B/D
PNV PRENATAL TAB PLUS	3	
RAYALDEE	5	NDS
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polmy-dexameth</i> (generic of MAXITROL)	2	GC
<i>neomycin-polymyxin-hc</i> ( <i>ophth</i> )	4	
<i>sulfacetamide</i>	2	GC
<i>sod-prednisolone</i>		
TOBRADEX OINT	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	4	
ZYLET	3	
<b>ANTI-INFECTIVES</b>		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	GC
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	2	GC
<i>erythromycin (ophth)</i>	2	GC
<i>gentak</i>	2	GC
<i>gentamicin sulfate soln</i> ( <i>ophth</i> )	3	
MOXEZA	4	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX)	3	
NATACYN	4	
<i>neomycin-bacitracin</i> <i>zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i> <i>n</i> (generic of NEOSPORIN)	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	2	GC
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>sulfacetamide sodium (ophth)</i> OINT	3	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10) SOLN	3	
<i>tobramycin (ophth)</i> (generic of TOBREX)	2	GC
<i>trifluridine</i> (generic of VIROPTIC) SOLN	3	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	4	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	GC
ILEVRO	4	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) .4%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	2	GC
LASTACAFT	4	
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	4	
PAZEO	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
ALPHAGAN P SOL 0.15%	3	

Drug Name	Drug Requirements/ Tier	Limits
AZOPT	4	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	4	
<i>brimonidine sol 0.2%</i>	2	GC
<i>carteolol hcl (ophth)</i>	2	GC
COMBIGAN	3	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	3	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	3	
ISTALOL	3	
<i>latanoprost</i> (generic of XALATAN) SOLN	2	GC
<i>levobunolol hcl</i> (generic of BETAGAN)	2	GC
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	3	
SIMBRINZA	4	
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	2	GC
<i>timolol maleate gel .5%</i>	4	
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE) .25%	4	
TRAVATAN Z	3	
<b>MISCELLANEOUS</b>		
CYSTARAN	5	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	3	
RESTASIS	3	QL
QL (60 single use vials / 30 days)		
RESTASIS MULTIDOSE	3	QL
QL (1 bottle / 30 days)		
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	QL
QL (60 blisters / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	3	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA QL (60 blisters / 30 days)	3	QL
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	3	QL
<i>ipratropium bromide SOLN</i>	2	GC B/D
<i>ipratropium bromide (nasal)</i>	3	
<b>ANTI-HISTAMINES</b>		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	4	
<i>cetirizine syrup</i>	2	GC
<i>cyproheptadine hcl</i> SYRP; TABS PA if 70 years and older; HR	3	PA
<i>diphenhydramine hcl inj</i> 50mg/ml	4	
<i>hydroxyzine hcl</i> SYRP PA if 70 years and older; HR	3	PA
<i>hydroxyzine hcl</i> TABS PA if 70 years and older; HR	2	GC PA
<i>hydroxyzine hcl inj</i> PA if 70 years and older; HR	4	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older; HR	2	GC PA
<i>levocetirizine dihydrochloride</i> TABS	2	GC
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> NEBU	2	GC B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> SYRP	3	
<i>albuterol sulfate</i> TABS	4	
SEREVENT DISKUS QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; TABS	2	GC
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	4	
<i>zafirlukast</i> (generic of ACCOLATE)	3	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NDS NM LA PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
ESBRIET	5	NDS NM PA
KALYDECO	5	NDS NM PA
OFEV	5	NDS NM PA
ORKAMBI	5	NDS NM PA
PROLASTIN-C	5	NDS NM LA PA
PULMOZYME	5	NDS NM PA
SYMDEKO	5	NDS NM LA PA
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	
XOLAIR	5	NDS NM LA PA
ZEMAIRA	5	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> QL (3 bottles / 30 days)	3	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	2	GC QL
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	3	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	4	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	4	QL
FLOVENT HFA QL (2 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	4	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA QL (60 blisters / 30 days)	3	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
<b>TOPICAL DERMATOLOGY, ACNE</b>		
<i>amnestem</i>	4	PA
<i>avita</i> (generic of RETIN-A) CREA	4	PA
<i>avita</i> GEL	4	PA
<i>claravis</i>	4	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>clindacin-p</i> (generic of CLEOCIN-T)	3	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN	4	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) SOLN; SWAB	3	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	4	
<i>tretinoin</i> (generic of RETIN-A) CREA	4	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	GC
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	2	GC
<i>ssd</i> (generic of SILVADENE) SULFAMYLON CREA	2 4	GC
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> (generic of LOPROX) CREA; SUSP	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	4	
<i>clotrimazole (topical)</i>	3	
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	

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Drug Name	Drug Requirements/ Tier	Limits
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	4	PA
<i>acitretin</i> 17.5mg	4	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA QL (120 gm / 30 days)	4	QL PA
<i>calcipotriene</i> OINT QL (120 gm / 30 days)	4	QL PA
<i>calcipotriene</i> SOLN QL (120 mL / 30 days)	4	QL PA
<i>calcitrene</i> QL (120 gm / 30 days)	4	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA	3	PA
TAZORAC CREA .05%	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketconazole shampoo</i> (generic of NIZORAL)	2	GC
<i>selenium sulfide</i> LOTN	2	GC
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	2	GC
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	3	
<i>betamethasone dipropionate augmented</i> GEL	4	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	4	
<i>hydrocortisone (topical)</i> CREA	2	GC
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	GC
<i>hydrocortisone butyrate cream 0.1%</i> (generic of LOCOID)	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>mometasone furoate</i> (generic of ELOCON) CREA	2	GC
<i>mometasone furoate</i> (generic of ELOCON) OINT	3	
<i>mometasone furoate</i> SOLN	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	GC
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> QL (30 mL / 30 days)	3	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	3	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	2	GC QL PA
<i>lidocaine oint 5%</i> QL (50 grams / 30 days)	4	QL PA
<i>lidocaine-prilocaine</i> QL (30 grams / 30 days)	3	QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA	3	
<i>ammonium lactate</i> LOTN	3	
<i>diclofenac sodium (topical)</i> SOLN	4	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	3	
<i>imiquimod</i> (generic of ALDARA) CREA	4	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	4	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	NDS
PENNSAID	5	NDS PA
PICATO .05% QL (2 tubes / 30 days)	3	QL
PICATO .015% QL (3 tubes / 30 days)	3	QL
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i> (generic of ANUSOL-HC)	3	
<i>procto-pak</i> (generic of PROCTOCORT)	3	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	3	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	3	
<i>rosadan</i> (generic of METROCREAM)	4	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	4	
TARGRETIN GEL	5	NDS NM PA
VALCHLOR	5	NDS NM LA PA
VOLTAREN GEL 1%	3	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i> (generic of OVIDE)	4	
<i>permethrin cre 5%</i> (generic of ELIMITE)	3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid</i> .25%	2	GC
REGANEX	5	NDS PA
SANTYL	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>sodium chlor sol 0.9% irr water for irrigation, sterile</i>	2	GC
	3	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	2	GC
<i>clotrimazole</i> LOZG	4	
<i>lidocaine hcl (mouth-throat)</i>	2	GC
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	2	GC
<i>periogard</i> (generic of PERIDEX)	2	GC
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	4	
<i>triamcinolone acetonide (mouth)</i>	3	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	3	
CIPRODEX	4	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	4	

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LUPRON DEPOT-PED		MAXALT-MLT		<i>meropenem</i> .....	4
(1-MONTH .....	35	<i>see rizatriptan benzoate</i>		MERREM	
LUPRON DEPOT-PED		<i>odt</i> .....	27	<i>see meropenem</i> .....	4
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11.25MG (3-MONTH) .....	35	MAXITROL		MESNEX .....	12
LUPRON DEP-PED INJ		<i>see</i>		MESTINON	
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<i>lutea</i> .....	32	<i>h</i> .....	43	<i>60mg</i> .....	28
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This formulary was updated on August 1, 2018. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit [www.silverscript.com](http://www.silverscript.com).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Call 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week, for more information.

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