

Stanford Health Care Advantage
2018 Formulary
List of Covered Drugs



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

00018031, 1

This formulary was updated on 02/01/2018. For more recent information or other questions, please contact Stanford Health Care Advantage Member Care Services, at 1-855-996-8422 or, for TTY users, 711, 8 am to 8 pm, seven days a week (except Thanksgiving and Christmas) from October 1 through February 14 and Monday through Friday (except holidays) from February 15 through September 30, or visit StanfordHealthCareAdvantage.org.

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 Stanford Health Care Advantage (HMO). When it refers to “plan” or “our plan,” it means Stanford Health Care Advantage Platinum or Stanford Health Care Advantage Gold.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on February 1, 2018, and from time to time during the year.

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What is the Stanford Health Care Advantage (HMO) Formulary?

A formulary is a list of covered drugs selected by Stanford Health Care Advantage (HMO) 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. Stanford Health Care Advantage (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Stanford Health Care Advantage (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 2/1/2018. To get updated information about the drugs covered by Stanford Health Care Advantage (HMO), please contact us. Our contact information appears on the front and back cover pages. In the event we make a non-maintenance change to the formulary, we will post an errata sheet to our website and mail a letter to members.

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 Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1 below. 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 I-1. 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?

Stanford Health Care Advantage (HMO) 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:** Stanford Health Care Advantage (HMO) 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:** For certain drugs, Stanford Health Care Advantage (HMO) limits the amount of the drug that our plan will cover. For example, our plan provides 30 per prescription for SILENOR. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Stanford Health Care Advantage (HMO) 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 Web site. 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 Stanford Health Care Advantage (HMO) 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 Stanford Health Care Advantage (HMO) formulary?” on page vi 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 Member Services and ask if your drug is covered.

If you learn that Stanford Health Care Advantage (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Stanford Health Care Advantage (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Stanford Health Care Advantage (HMO).
- You can ask Stanford Health Care Advantage (HMO) 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 Stanford Health Care Advantage (HMO) Formulary?

You can ask Stanford Health Care Advantage (HMO) 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, Stanford Health Care Advantage 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, Stanford Health Care Advantage (HMO) 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.

2018 Comprehensive Formulary

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with at least a 91-day transition supply and may be as much as a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

In circumstances where you are changing from one treatment setting to another, Stanford Health Care Advantage (HMO) will ensure a transition process for approving non-formulary Part D drugs. This process shall also apply to formulary Part D drugs that require prior authorization or step-therapy.

Examples of level of care changes include: you are discharged from a hospital to a home; you end your skilled nursing facility Medicare Part A stay and need to revert to your Part D plan formulary; you end a long-term care facility stay and return to the community; and, you are discharged from psychiatric hospitals with medication regimens that are highly individualized.

The pharmacy benefit manager for Stanford Health Care Advantage (HMO) will provide pharmacies with access to representatives of the plan who have the ability to override pharmacy claims processing issues. This access will allow pharmacies to obtain prescription claims overrides at the point-of-sale and ensure that members receive reliable access to medications.

For more information

For more detailed information about your Stanford Health Care Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Stanford Health Care Advantage (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Stanford Health Care Advantage (HMO)'s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Stanford Health Care Advantage (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if Stanford Health Care Advantage (HMO) has any special requirements for coverage of your drug.

The second column of the chart lists the drug tier. Every drug on the plan's Drug List is in one of six cost-sharing tiers. The tables on the below provide an explanation of each tier.

Network Retail Pharmacy Drug Tier Copayment Levels

Tier	Copay for up to a one-month supply	Copay for up to a three-month supply
Tier 1 (Preferred Generic)	\$5	\$15
Tier 2 (NON-Preferred Generic)	\$15	\$45
Tier 3 (Preferred Brand)	\$47	\$141
Tier 4 (NON-Preferred Brand Name)	\$100	\$300
Tier 5 (Specialty)	33% of cost (Platinum) 28% of cost (Gold)	Not available
Tier 6 (Select Care)	\$2	\$6

Network Mail Order Drug Tier Copayment Levels

Tier	Copay for up to a one-month supply	Copay for up to a three-month supply
Tier 1 (Preferred Generic)	\$5	\$10
Tier 2 (NON-Preferred Generic)	\$15	\$30
Tier 3 (Preferred Brand)	\$47	\$94
Tier 4 (NON-Preferred Brand Name)	\$100	\$200
Tier 5 (Specialty)	33% of cost (Platinum) 28% of cost (Gold)	Not available
Tier 6 (Select Care)	\$2	\$4

The following Utilization Management abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
QL	Quantity Limit Restriction	Stanford Health Care Advantage (HMO) limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Stanford Health Care Advantage (HMO) will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
EX	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-855-996-8422 8a.m. to 8p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. Please dial 711 for TTY services.
GC	Gap Coverage	We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
HI	Home Infusion Drug	This prescription drug may be covered under our medical benefit. For more information, call Member Services 1-855-996-8422 8a.m. to 8p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. Please dial 711 for TTY services.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 (Tylenol-Codeine #3) mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 (Tylenol-Codeine #4) mg</i>	2	QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	2	QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	QL (60 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)</i>	2	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)</i>	2	QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg (Marten-Tab)</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Capacet)</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg (Fiorinal)</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	2	QL (5 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	QL (4 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>capacet oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (180 per 30 days)
EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	4	QL (60 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	QL (240 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	QL (300 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 50 mcg/1hr, 75 mcg/1hr</i> (Duragesic)	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml)</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> (Hycet)	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> (Verdrocet)	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin)	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	2	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)	2	QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone injection syringe 2 mg/ml, 4 mg/ml</i> (Dilaudid)	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (30 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NDS; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (360 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	2	QL (360 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	2	QL (180 per 30 days)
<i>methadose oral tablet,soluble 40 mg</i>	2	QL (90 per 30 days)
<i>morphine 2 mg/ml carpupject outer, llf, plf, sdv 2 mg/ml</i>	2	
<i>morphine 4 mg/ml carpupject outer,llf,plf, sdv 4 mg/ml</i>	2	
<i>morphine 8 mg/ml syringe 8 mg/ml</i>	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (180 per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>morphine sulfate 10 mg/ml vial 10 mg/ml</i>	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	QL (181 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	QL (180 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	2	QL (60 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	5	NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (300 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	3	QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg</i> (Opana)	2	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i> (Opana)	2	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg</i>	2	QL (150 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	2	QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	GC; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (240 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i>	2	QL (390 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	2	QL (390 per 30 days)
<i>vicodin oral tablet 5-300 mg</i>	2	QL (390 per 30 days)
XARTEMIS XR ORAL TAB,ORAL ONLY,IR - ER, BIPHASE 7.5-325 MG	3	QL (300 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 36 MG	3	QL (240 per 30 days)
<i>xylon 10 oral tablet 10-200 mg</i>	2	QL (150 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	QL (60 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
CALDOLOR INTRAVENOUS RECON SOLN 400 MG/4 ML (100 MG/ML), 800 MG/8 ML (100 MG/ML)	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
DUEXIS ORAL TABLET 800-26.6 MG	5	PA; NDS; QL (90 per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i> (ProFeno)	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Child Ibuprofen)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>indomethacin oral capsule 25 mg</i>	1	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	GC; QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	QL (60 per 30 days)
<i>indomethacin sodium intravenous recon soln 1 mg</i>	2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac 60 mg/2 ml carpject sdv,latex-free,outer 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac injection cartridge 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection cartridge 30 mg/ml</i>	2	QL (20 per 30 days)
<i>ketorolac injection solution 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	2	
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	5	PA; NDS; QL (60 per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	2	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	2	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	QL (60 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet (Zyban) extended release 12 hr 150 mg</i>	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (168 per 84 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (168 per 84 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	3	QL (53 per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg (Antabuse)</i>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	3	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	GC; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	GC; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	2	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	2	QL (90 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	GC; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	4	
DIASTAT RECTAL KIT 2.5 MG	4	
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	GC; QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	2	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estazolam oral tablet 1 mg</i>	2	QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	2	QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	2	QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i> (Lorazepam Intensol)	2	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	2	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	2	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	GC; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	GC; QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	2	QL (10 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	5	PA NSO; NDS; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	PA BvD; NDS
<i>gentamicin 10 mg/ml vial sdv 60 mg/6 ml</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin oral tablet 500 mg</i>	1	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
Antibacterials, Miscellaneous		
<i>baciiim intramuscular recon soln 50,000 unit</i>	2	
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM)	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin 75 mg/5 ml soln 75 mg/5 ml</i> (Cleocin Pediatric)	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose)	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	2	
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	5	NDS
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i> (Zyvox)	5	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral tablet 600 mg</i> (Zyvox)	5	NDS
<i>linezolid-0.9% nacl 600 mg/300 600 mg/300 ml</i>	5	NDS
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	2	QL (120 per 30 days)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	2	QL (2400 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NDS
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	5	NDS
XIFAXAN ORAL TABLET 200 MG	5	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS
Cephalosporins		
<i>ceftazidime oral capsule 250 mg, 500 mg</i>	2	
<i>ceftazidime oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>ceftazidime oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	2	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	2	
CEFEPIME 1 GM INJECTION 1 GRAM/50 ML	4	
CEFEPIME INJECTION RECON SOLN 1 GRAM, 2 GRAM (Maxipime)	4	
CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML	4	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	2	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	2	
<i>cefotaxime injection recon soln 10 gram, 2 gram</i> (Claforan)	2	
<i>cefoxitin 2 gm piggyback bag 2 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	2	
<i>cefoxitin intravenous recon soln 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (Fortaz)	2	
<i>ceftibuten oral capsule 400 mg</i> (Cedax)	2	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i> (Cedax)	2	
<i>ceftriaxone 1 gm piggyback llg, single use 1 gram/50 ml</i>	2	
<i>ceftriaxone 2 gm piggyback llf, single use 2 gram/50 ml</i>	2	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i> (Zinacef)	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> (Zinacef)	2	
<i>cefuroxime-dextrose (iso-osm) intravenous piggyback 1.5 gram/50 ml, 750 mg/50 ml</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	1	GC
<i>cephalexin oral capsule 750 mg</i> (Keflex)	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
MEFOXIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> (Zithromax)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	ST; NDS; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	4	
<i>e.e.s. granules oral suspension for reconstitution 200 mg/5 ml</i>	4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	4	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	2	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA; NDS
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
INVANZ INJECTION RECON SOLN 1 GRAM	4	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 2 gm vial sterile, latex-free 2 gram</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NDS
<i>nafcillin intravenous recon soln 2 gram</i>	5	NDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	2	
<i>oxacillin intravenous recon soln 1 gram</i>	2	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	2	
<i>penicillin g potassium injection recon soln (Pfizerpen-G) 5 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin gk 20 million unit 20 million unit (Pfizerpen-G)</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>pfizerpen-g injection recon soln 20 million unit</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram (Zosyn)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NDS; QL (28 per 14 days)
<i>ciprofloxacin (mixture) oral tablet, er</i> (Cipro XR) <i>multiphase 24 hr 1,000 mg, 500 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)	2	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> (Levaquin)	2	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg, 50 mg</i> (Doryx)	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	5	NDS
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> (Minocin)	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i> (CoreMino)	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NDS
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 20 mg/10 ml</i>	2	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	GC
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	5	PA NSO; NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit</i> (Bleo 15K)	2	PA BvD
<i>bleomycin injection recon soln 30 unit</i>	2	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NDS; QL (140 per 365 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	2	
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml (Clolar)</i>	5	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS; QL (112 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
<i>decitabine intravenous recon soln 50 mg (Dacogen)</i>	5	NDS
<i>docetaxel 160 mg/16 ml vial mdv 160 mg/16 ml (10 mg/ml)</i>	5	NDS
<i>docetaxel intravenous solution 140 mg/7 ml (20 mg/ml), 20 mg/ml, 80 mg/8 ml (10 mg/ml)</i>	5	NDS
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml) (Taxotere)</i>	5	NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml (Adriamycin)</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (30 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARESTON ORAL TABLET 60 MG	5	NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	NDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml</i> (Adrucil)	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	2	PA BvD
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i> (Adrucil)	2	PA BvD
<i>flutamide oral capsule 125 mg</i>	2	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> (Gemzar)	5	NDS
<i>gemcitabine intravenous recon soln 2 gram</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	4	
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	5	PA NSO; NDS
HEXALEN ORAL CAPSULE 50 MG	5	NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	2	PA BvD
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	5	PA BvD; NDS
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	5	PA NSO; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NDS; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NDS; QL (4 per 21 days)
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	PA NSO; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NDS
LYNPARZA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (448 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; NDS; QL (4 per 28 days)
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran)	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	PA BvD; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA NSO; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; LA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (90 per 30 days)
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NDS; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PA NSO; NDS; QL (20 per 21 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	5	NDS
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	5	NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	NDS
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	PA BvD; NDS; QL (4 per 28 days)
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	NDS
TRELSTAR 11.25 MG VIAL INNER, SDV 11.25 MG	5	NDS; QL (1 per 84 days)
TRELSTAR 22.5 MG VIAL INNER,SDV 22.5 MG	5	NDS; QL (1 per 168 days)
TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG	5	NDS
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	5	NDS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD; ST
TYKERB ORAL TABLET 250 MG	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NDS
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous recon soln 10 mg</i>	2	PA BvD
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO; NDS
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (140 per 28 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA NSO; NDS; QL (120 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>propantheline oral tablet 15 mg</i>	2	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	NDS
BANZEL ORAL SUSPENSION 40 MG/ML	5	NDS
BANZEL ORAL TABLET 200 MG, 400 MG	5	NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er</i> (Carbatrol) <i>multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
<i>epitol oral tablet 200 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
<i>fosphephenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	4	ST; QL (78 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	ST; QL (90 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
PEGANONE ORAL TABLET 250 MG	3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg</i>	1	GC
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	5	NDS; QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	5	NDS; QL (270 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	2	
SABRIL ORAL POWDER IN PACKET 500 MG	5	NDS
SABRIL ORAL TABLET 500 MG	5	NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>tiagabine oral tablet 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i> (Topamax)	2	
<i>topiramate oral tablet 25 mg</i> (Topamax)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	QL (30 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	5	NDS; QL (60 per 30 days)
<i>valproate sodium intravenous solution</i> (Depacon) 500 mg/5 ml (100 mg/ml)	2	
<i>valproic acid (as sodium salt) oral solution</i> (Depakene) 250 mg/5 ml	2	
<i>valproic acid oral capsule</i> (Depakene) 250 mg	2	
<i>vigabatrin oral powder in packet</i> (Sabril) 500 mg	5	NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 per 30 days)
<i>zonisamide oral capsule</i> (Zonegran) 100 mg, 25 mg	2	
<i>zonisamide oral capsule</i> 50 mg	2	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet</i> (Aricept) 10 mg, 23 mg, 5 mg	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i> 10 mg, 5 mg	2	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets</i> (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg	2	QL (30 per 30 days)
<i>galantamine oral solution</i> 4 mg/ml	2	QL (200 per 30 days)
<i>galantamine oral tablet</i> (Razadyne) 12 mg, 4 mg, 8 mg	2	QL (60 per 30 days)
<i>memantine oral solution</i> 2 mg/ml	2	QL (360 per 30 days)
<i>memantine oral tablet</i> (Namenda) 10 mg, 5 mg	2	QL (60 per 30 days)
<i>memantine oral tablets, dose pack</i> (Namenda Titration Pak) 5-10 mg	2	QL (49 per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	QL (28 per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	QL (56 per 365 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14- 10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour (Exelon) 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release (Wellbutrin SR) 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl oral tablet extended release (Wellbutrin XL) 24 hr 150 mg, 300 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)</i>	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)</i>	2	
<i>desipramine oral tablet 10 mg, 25 mg (Norpramin)</i>	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet (Pristiq) extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 60 mg (Cymbalta)</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i> (Cymbalta)	2	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	2	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	GC
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	ST; QL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	GC
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	2	QL (4 per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	2	
FLUOXETINE ORAL TABLET 60 MG	4	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg</i> (Remeron)	1	GC
<i>mirtazapine oral tablet 30 mg, 45 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 7.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	GC
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	GC
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	
<i>tranlycypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 150 mg, 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL (30 per 30 days)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL (30 per 180 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	4	QL (180 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	4	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	ST; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	4	QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	6	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	6	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	6	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	6	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	6	GC; QL (90 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	2	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	2	QL (90 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	4	QL (30 per 30 days)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	QL (30 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	2	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	2	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	2	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	QL (240 per 30 days)
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	2	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	2	QL (150 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (10.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	ST; QL (30 per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	4	ST; QL (30 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	4	ST; QL (30 per 28 days)
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	4	ST; QL (40 per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	ST; QL (30 per 28 days)
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	4	ST; QL (40 per 28 days)
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	ST; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	ST; QL (40 per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	ST; QL (30 per 28 days)
HUMULIN 70/30 PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	ST; QL (30 per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	4	ST; QL (40 per 28 days)
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	ST; QL (30 per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	ST; QL (40 per 28 days)
HUMULIN R U-100 INJECTION SOLUTION 100 UNIT/ML	4	ST; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	ST; QL (30 per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	ST; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	6	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	6	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	6	GC; QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glucovance)	2	
<i>tolazamide oral tablet 250 mg</i>	2	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	2	QL (180 per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	PA BvD; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NDS
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	5	NDS
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	5	NDS
<i>ciclopirox topical cream 0.77%</i> (Ciclodan)	2	
<i>ciclopirox topical gel 0.77%</i>	2	
<i>ciclopirox topical shampoo 1%</i> (Loprox)	2	
<i>ciclopirox topical solution 8%</i> (Ciclodan)	2	
<i>ciclopirox topical suspension 0.77%</i> (Loprox (as olamine))	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1%</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1%</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05%</i> (Lotrisone)	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05%</i>	2	
<i>econazole topical cream 1%</i>	2	
EXELDERM TOPICAL CREAM 1%	4	
EXELDERM TOPICAL SOLUTION 1%	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>fluconazole-dext 200 mg/100 ml inner, sub 200 mg/100 ml</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> (Gris-PEG (ultramicrosize))	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	NDS
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	5	NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nyata topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SPORANOX ORAL SOLUTION 10 MG/ML	5	NDS
<i>terbinafine hcl oral tablet 250 mg</i> (Lamisil)	1	GC
<i>voriconazole intravenous solution 200 mg</i> (Vfend IV)	5	NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	5	NDS
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	1	GC
COLCRYS ORAL TABLET 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	3	QL (30 per 30 days)
ZURAMPIC ORAL TABLET 200 MG	3	ST; QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Children's Allergy (diphenhyd))	1	GC
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	2	
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	
<i>levocetirizine oral tablet 5 mg</i> (Xyzal)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	2	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
AVC VAGINAL VAGINAL CREAM 15 %	3	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	
<i>terconazole vaginal cream 0.4 %</i> (Terazol 7)	2	
<i>terconazole vaginal cream 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	5	NDS; QL (30 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	NDS; QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i> (Maxalt)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	2	QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i> (Imitrex)	2	QL (12 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Kit Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	2	QL (12 per 28 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA; NDS; QL (188 per 168 days)
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO ORAL CAPSULE 300-0.5 MG	3	PA BvD
<i>aprepitant oral capsule 125 mg</i> (Emend)	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD; QL (6 per 28 days)
<i>compro rectal suppository 25 mg</i>	2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA

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Drug Name	Drug Tier	Requirements/Limits
EMEND 150 MG VIAL OUTER,SDV 150 MG	4	QL (2 per 28 days)
EMEND INTRAVENOUS RECON SOLN 150 MG	4	QL (2 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran (as hydrochloride))	2	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran (as hydrochloride))	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran ODT)	2	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	GC
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	2	
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	QL (10 per 30 days)
SYNDROS ORAL SOLUTION 5 MG/ML	4	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	5	NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
DARAPRIM ORAL TABLET 25 MG	5	PA; NDS
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	4	PA BvD
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg</i>	2	
<i>tinidazole oral tablet 500 mg</i> (Tindamax)	2	

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Drug Name	Drug Tier	Requirements/Limits
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	NDS; QL (60 per 30 days)
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	5	NDS
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	2	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	2	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	2	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	2	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	2	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	2	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	5	PA; NDS; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	5	PA; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	2	
<i>pramipexole oral tablet 0.5 mg</i> (Mirapex)	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	2	
<i>selegiline hcl oral capsule 5 mg</i> (Eldepryl)	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
XADAGO ORAL TABLET 100 MG, 50 MG	5	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 56 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i> (FazaClo)	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i> (FazaClo)	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i> (FazaClo)	2	ST; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	4	ST; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	5	NDS; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	5	NDS; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i> (Seroquel XR)	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i> (Seroquel XR)	2	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i> (Seroquel XR)	5	NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 2 mg</i>	2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg</i> (Risperdal M-TAB)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i> (Risperdal M-TAB)	2	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	5	ST; NDS; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST; QL (7 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	5	NDS
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NDS
APTIVUS ORAL CAPSULE 250 MG	5	NDS
APTIVUS ORAL SOLUTION 100 MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	5	NDS
ATRIPLA ORAL TABLET 600-200-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
DESCOVY ORAL TABLET 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release (drlec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	2	
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	5	NDS
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	2	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL CAPSULE 200 MG	5	NDS
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	5	NDS
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	2	
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	NDS
RESCRIPTOR ORAL TABLET 200 MG	4	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NDS
SELZENTRY ORAL TABLET 25 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	2	
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUSTIVA ORAL CAPSULE 200 MG	5	NDS
SUSTIVA ORAL CAPSULE 50 MG	4	
SUSTIVA ORAL TABLET 600 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	5	NDS
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	5	NDS
ZERIT ORAL RECON SOLN 1 MG/ML	3	
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL (540 per 180 days)
Hcv Antivirals		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; NDS; QL (30 per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NDS; QL (84 per 28 days)
OLYSIO ORAL CAPSULE 150 MG	5	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; NDS; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA; NDS; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NDS; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	5	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NDS
PEGASYS CONVENIENCE PACK SUBCUTANEOUS KIT 180 MCG/0.5 ML	5	NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA NSO; NDS; QL (4 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir 1,000 mg/20 ml vial 10's, latex-free, sdv 50 mg/ml</i>	5	PA BvD; NDS
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	2	
<i>acyclovir sodium intravenous recon soln 500 mg</i>	5	PA BvD; NDS
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	5	NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	2	PA BvD
<i>ribasphere oral capsule 200 mg</i>	2	
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	2	
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28)</i>	5	NDS
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	2	
<i>ribavirin oral tablet 200 mg</i> (Copegus)	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	4	QL (43 per 42 days)
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	5	NDS
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin 25,000 unit/250 ml (100 unit/ml)-0.45% nacl bag llf,inner,single-use 25,000 unit/250 ml</i>	2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG	5	PA; NDS; QL (24 per 28 days)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	ST; QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	4	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	1	GC
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	3	PA; QL (12 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; NDS
LEUKINE INJECTION RECON SOLN 250 MCG	5	NDS
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; NDS; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NDS; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NDS; QL (30 per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	ST; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>protamine intravenous solution 10 mg/ml</i>	2	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	2	

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Drug Name	Drug Tier	Requirements/Limits
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg</i> (Plavix)	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
EFFIENT ORAL TABLET 10 MG, 5 MG	4	QL (30 per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE- FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	2	PA BvD
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	2	PA BvD
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	2	PA BvD
<i>dextrose 5 % in ringer's intravenous parenteral solution 5 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	PA BvD
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 70 % in water (d70w)</i> <i>intravenous parenteral solution</i>	2	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD
PLENAMINE 15% SOLUTION 15 %	4	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
<i>smoflipid intravenous emulsion 20 %</i>	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 5 mg</i>	6	GC
<i>benazepril oral tablet 20 mg, 40 mg</i> (Lotensin)	6	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	2	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	2	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	2	
EPANED ORAL SOLUTION 1 MG/ML	4	ST

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	6	GC
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
QBRELIS ORAL SOLUTION 1 MG/ML	4	ST
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone intravenous solution 50 mg/ml</i>	2	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	2	
<i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)	2	
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	2	
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8%)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	GC
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	1	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
BYVALSON ORAL TABLET 5-80 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	GC
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)	5	PA BvD; NDS
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	2	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol 120 mg tablet 120 mg</i> (Betapace)	2	
<i>sotalol af oral tablet 120 mg</i>	2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>dilt-cd oral capsule,extended release 24hr 120 mg</i>	2	
<i>diltiazem 24hr er 180 mg cap 180 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg</i> (Taztia XT)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiazac)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	GC
<i>diltiazem hcl oral tablet 90 mg</i>	1	GC
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	2	
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	1	GC
<i>verapamil oral tablet 40 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	1	GC
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (60 per 30 days)
DEMSER ORAL CAPSULE 250 MG	5	NDS
<i>digitek oral tablet 125 mcg, 250 mcg</i>	2	
<i>digox oral tablet 125 mcg, 250 mcg</i>	2	
<i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i>	2	
<i>digoxin injection solution 250 mcg/ml</i> (Lanoxin)	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML	3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Digitek)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	PA BvD
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	2	PA BvD
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 800 mg/250 ml (3,200 mcg/ml)</i>	2	PA BvD
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	2	PA BvD
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml (EpiPen Jr)</i>	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (Auvi-Q)</i>	2	QL (4 per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	NDS; QL (18 per 30 days)
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
LANOXIN ORAL TABLET 187.5 MCG	4	QL (30 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	4	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	5	PA BvD; NDS
<i>milrinone intravenous solution 1 mg/ml</i>	5	PA BvD; NDS
<i>norepinephrine bitartrate intravenous solution 1 mg/ml (Levophed (bitartrate))</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
Dihydropyridines		
<i>afeditab cr oral tablet extended release</i> 30 mg, 60 mg	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	2	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	2	
<i>nifedipine oral capsule 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
<i>methyclothiazide oral tablet 5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg</i> (Aldactone)	2	
<i>spironolactone oral tablet 25 mg, 50 mg</i> (Aldactone)	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>toremide oral tablet 10 mg, 20 mg</i> (Demadex)	2	
<i>toremide oral tablet 100 mg</i>	2	
<i>toremide oral tablet 5 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	GC
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	GC
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	GC
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light packet 4 gram</i>	2	
<i>cholestyramine packet 4 gram</i> (Questran)	2	
<i>colestipol hcl granules packet 5 gram</i> (Colestid)	2	
<i>colestipol oral granules 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NDS; QL (45 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (4 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; NDS; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg</i>	2	
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	2	
<i>prevalite oral powder 4 gram</i>	2	
<i>prevalite packet outer 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; NDS; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; NDS; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; NDS; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Zocor)	6	GC
<i>simvastatin oral tablet 80 mg</i> (Zocor)	6	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	

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Drug Name	Drug Tier	Requirements/Limits
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	3	ST
TEKURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	ST
TEKURNA ORAL TABLET 150 MG, 300 MG	3	ST
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg</i>	2	
<i>isosorbide mononitrate oral tablet 20 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>	1	GC
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i>	2	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/1hr</i>	2	QL (60 per 30 days)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i> (Minitran)	2	QL (30 per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/1hr</i> (Minitran)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; NDS; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	2	
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NDS; QL (28 per 28 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; NDS; QL (12 per 28 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	2	QL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenedi)	2	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NDS; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	
INGREZZA ORAL CAPSULE 40 MG	5	PA; NDS; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 80 MG	5	PA; NDS; QL (30 per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; NDS
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	GC
<i>lithium carbonate oral capsule 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 40 mg</i> (Ritalin LA)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	QL (60 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	3	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	5	PA; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (60 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; NDS; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	5	PA; NDS; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NDS; QL (112 per 28 days)
ZINBRYTA SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS; QL (1 per 28 days)
Contraceptives		
Contraceptives		
altavera (28) oral tablet 0.15-0.03 mg	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	2	QL (91 per 84 days)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	2	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	2	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	
aubra oral tablet 0.1-20 mg-mcg	2	
aviane oral tablet 0.1-20 mg-mcg	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
balziva (28) oral tablet 0.4-35 mg-mcg	2	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	2	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>caziant (28) oral tablet 0.11.125/15-25 mg-mcg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>desog-e.estradiolle.estradiol oral tablet (Azurette (28)) 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet (Apri) 0.15-0.03 mg</i>	2	
<i>drosiprenone-ethinyl estradiol oral tablet (Gianvi (28)) 3-0.02 mg</i>	2	
<i>drosiprenone-ethinyl estradiol oral tablet (Ocella) 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Zovia 1/50E (28))	2	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	2	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i>	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	2	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	2	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	2	QL (91 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg</i> (Altavera (28))	2	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Aubra)	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Introvale)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	2	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>lillow oral tablet 0.15-0.03 mg</i>	2	
<i>lomedin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>marlissa oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	GC
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	2	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	2	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>noreth-estradiol-fe 1-0.02(21)-75 1 mg-20 mcg (21)/75 mg (7)</i> (Blisovi Fe 1/20 (28))	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Junel 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Blisovi 24 Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho Tri-Cyclen LO (28))	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho Tri-Cyclen (28))	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	2	
<i>norlyda oral tablet 0.35 mg</i>	2	
<i>norlyroc oral tablet 0.35 mg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	QL (1 per 28 days)
<i>ocella oral tablet 3-0.03 mg</i>	2	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mg x 21 / 0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	2	
<i>portia oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>quasense oral tablets, dose pack, 3 month 0.15 mg-30 mcg</i>	2	QL (91 per 84 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg</i>	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21) / 75 mg (7)</i>	2	
<i>tilia fe oral tablet 1-20(5) / 1-30(7) / 1mg-35mcg (9)</i>	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5) / 1-30(7) / 1mg-35mcg (9)</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>zenchent fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	2	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg (Evoxac)</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Paroex Oral Rinse)</i>	2	
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))</i>	2	
<i>triamcinolone acetonide dental paste 0.1 % (Oralone)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	5	NDS
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	GC
ALCOHOL PREP PADS	1	GC
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	2	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	2	
<i>calcitrene topical ointment 0.005 %</i>	2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	2	
CONDYLOX TOPICAL GEL 0.5 %	4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
DENAVIR TOPICAL CREAM 1 %	5	NDS
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	5	PA; NDS; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; NDS
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	PA NSO; QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	5	PA; NDS; QL (224 per 28 days)
PICATO TOPICAL GEL 0.015 %	3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	2	
REGRANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TOLAK TOPICAL CREAM 4 %	4	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
VALCHLOR TOPICAL GEL 0.016 %	5	NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NDS
VOLTAREN TOPICAL GEL 1 %	2	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
ZOVIRAX TOPICAL CREAM 5 %	5	NDS; QL (5 per 4 days)
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	2	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical swab 1 %</i> (Cleocin T)	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Duac)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	2	
<i>ery pads topical swab 2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Aktipak)	2	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	2	
<i>mupirocin calcium topical cream 2 %</i> (Bactroban)	2	
<i>mupirocin topical ointment 2 %</i> (Centany)	2	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> (Neosporin GU Irrigant)	2	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	2	
<i>ssd topical cream 1 %</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	2	
<i>ala-cort topical cream 2.5 %</i>	1	GC
<i>ala-scalp topical lotion 2 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	2	
<i>clobetasol 0.05% cream 0.05 %</i> (Temovate)	2	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	2	
<i>cormax scalp solution 0.05 %</i>	2	
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	2	
<i>diflorasone topical ointment 0.05 %</i>	2	
ELIDEL TOPICAL CREAM 1 %	3	
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	2	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	2	
<i>hydrocortisone buty 0.1% cream 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream)	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Ala-Cort)	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>prednicarbate topical cream 0.1 %</i> (Dermatop)	2	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 % (Triderm) 0.5 %</i>	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i>	2	
<i>tridesilon topical cream 0.05 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 % (Differin)</i>	2	
<i>adapalene topical gel 0.1 % (Differin)</i>	2	
<i>tazarotene topical cream 0.1 % (Avage)</i>	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 % (Avita)</i>	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 % (Retin-A)</i>	2	PA
<i>tretinoin topical gel 0.01 % (Retin-A)</i>	2	PA
<i>tretinoin topical gel 0.025 % (Avita)</i>	2	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 % (Ovide)</i>	2	
<i>permethrin topical cream 5 % (Elimite)</i>	2	
<i>spinosad topical suspension 0.9 % (Natroba)</i>	2	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
BD INSULIN SYR 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD INSULIN SYR 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	
BD INSULIN SYR 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD ULTRA-FINE PEN NDL 4MMX32G NANO 32 GAUGE X 5/32"	2	

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Drug Name	Drug Tier	Requirements/Limits
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC
INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	2	
INSULIN SYRINGE-NEEDLE U-100 (Advocate Syringes) SYRINGE 1 ML 29 GAUGE X 1/2"	2	
INSULIN SYRINGE-NEEDLE U-100 (Lite Touch Insulin Syringe) SYRINGE 1/2 ML 28 GAUGE	2	
PEN NEEDLE, DIABETIC NEEDLE (1st Tier Unifine 29 GAUGE X 1/2" Pentips)	2	
STERILE PADS 2" X 2" 2 X 2 "	1	GC
VGO 40 DISPOSABLE DEVICE	2	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	5	NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000- 19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
ORFADIN ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	PA; NDS
ORFADIN ORAL CAPSULE 2 MG	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT	5	NDS
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4,000-14,375-15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	5	NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
ZAVESCA ORAL CAPSULE 100 MG	5	NDS; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000-16,000 UNIT, 40,000-126,000- 168,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	4	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i> (Iopidine)	2	
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 0.15 %</i> (Astepro) (205.5 mcg)	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	4	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i> (Elestat)	2	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	2	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %</i>	1	GC
<i>phenylephrine hcl ophthalmic (eye) drops 2.5 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TYZINE NASAL DROPS 0.1 %	4	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	4	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetazol hc otic (ear) drops 1-2 %</i>	2	
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) (Polycin) ointment 500-10,000 unit/gram</i>	2	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
CIPRODEX OTIC (EAR) DROPS, SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 % (Ciloxan)</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 % (Cetraxal)</i>	2	
COLY-MYCIN S OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	4	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 % (Zymaxid)</i>	2	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram) (Gentak)</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	2	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 % (Floxin)	2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml (Polytrim)	1	GC
sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)	2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin ophthalmic (eye) drops 0.3 % (Tobrex)</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 % (TobraDex)</i>	2	
<i>trifluridine ophthalmic (eye) drops 1 % (Viroptic)</i>	2	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 % (DermOtic Oil)</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 % (FML Liquifilm)</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone nasal spray,suspension 50 mcg/lactuation</i> (24 Hour Allergy Relief)	1	GC
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Omnipred)	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA; QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> (Prevpac)	2	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> (Pepcid)	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	GC
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	GC
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Heartburn Treatment 24 Hour)	2	
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg</i>	2	
<i>omeprazole oral capsule, delayed release(drlec) 20 mg, 40 mg</i>	1	GC
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	1	GC
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (Aciphex)	2	ST; QL (30 per 30 days)
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i> (Zantac)	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	1	GC
<i>ranitidine hcl oral tablet 300 mg</i> (Zantac)	1	GC
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 per 30 days)
BUPHENYL ORAL TABLET 500 MG	5	NDS
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	5	NDS
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex 15 gml/60 ml suspension 15-19.3 gram/60 ml</i>	2	
<i>kionex oral powder</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM	4	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	5	PA; NDS; QL (28 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	5	ST; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (90 per 30 days)
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	1	GC
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	2	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	4	

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Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	4	
<i>calcium acetate oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg (Calphron)</i>	2	
<i>eliphos oral tablet 667 mg</i>	2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	4	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	5	NDS
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg (Fosrenol)</i>	5	NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
RENAGEL ORAL TABLET 400 MG, 800 MG	3	
RENVELA ORAL TABLET 800 MG	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)</i>	2	
<i>sevelamer carbonate oral tablet 800 mg (Renvela)</i>	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg (Urecholine)</i>	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	GC
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg (Ditropan XL)</i>	2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg (Detrol LA)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
<i>tropium oral capsule, extended release</i> <i>24hr 60 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	2	
VESICARE ORAL TABLET 10 MG, 5 MG	3	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24</i> (Uroxatral) <i>hr 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn) <i>multiphase 24 hr 0.5-0.4 mg</i>	2	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
<i>tamsulosin oral capsule, extended release</i> (Flomax) <i>24hr 0.4 mg</i>	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg,</i> <i>5 mg</i>	1	GC
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUPRIMINE ORAL CAPSULE 250 MG	5	PA; NDS
<i>deferoxamine injection recon soln 2 gram,</i> (Desferal) <i>500 mg</i>	2	PA
DEPEN TITRATABS ORAL TABLET 250 MG	5	PA; NDS
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
FERRIPROX ORAL TABLET 500 MG	5	PA; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	5	PA; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SYPRINE ORAL CAPSULE 250 MG	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
<i>androxy oral tablet 10 mg</i>	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	2	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	2	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch semiweekly</i> (Minivelle) 0.0375 mg/24 hr	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i> 0.025 (Climara) mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	2	QL (4 per 28 days)
<i>estradiol vaginal tablet</i> 10 mcg (Vagifem)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil</i> 20 (Delestrogen) mg/ml, 40 mg/ml	2	
<i>estradiol-norethindrone acet oral tablet</i> (Activella) 0.5-0.1 mg, 1-0.5 mg	2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	QL (1 per 84 days)
<i>estropipate oral tablet</i> 0.75 mg, 1.5 mg, 3 mg	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet</i> 1-5 mg-mcg	2	
<i>jinteli oral tablet</i> 1-5 mg-mcg	2	
<i>lopreeza oral tablet</i> 0.5-0.1 mg, 1-0.5 mg	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
<i>mimvey lo oral tablet</i> 0.5-0.1 mg	2	
<i>mimvey oral tablet</i> 1-0.5 mg	2	
<i>norethindrone ac-eth estradiol oral tablet</i> (Femhrt Low Dose) 0.5-2.5 mg-mcg	2	
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 1-5 mg-mcg	2	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet</i> 60 mg (Evista)	2	
<i>yuvafem vaginal tablet</i> 10 mcg	2	QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>cortisone oral tablet 25 mg</i>	2	PA BvD
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	1	PA BvD; GC
<i>dexamethasone oral tablet 2 mg, 6 mg</i>	2	PA BvD
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	2	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NDS; QL (39 per 30 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	PA BvD
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	PA BvD
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	PA BvD
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone 10 mg tablet 10 mg</i>	1	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg</i>	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 10 mg, 2.5 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablet 20 mg</i> (Deltasone)	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	PA BvD
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	5	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NDS
<i>octreotide acet 100 mcg/ml syr outer, single-dose, 10 100 mcg/ml (1 ml)</i>	2	
<i>octreotide acet 50 mcg/ml syr outer, single-dose, 10 50 mcg/ml (1 ml)</i>	2	
<i>octreotide acetate injection solution 1,000 (Sandostatin) mcg/ml, 500 mcg/ml</i>	5	NDS
<i>octreotide acetate injection solution 100 (Sandostatin) mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate injection solution 200 (Sandostatin) mcg/ml</i>	2	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NDS
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	NDS; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	NDS
STIMATE NASAL SPRAY, NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	5	NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NDS
Progestins		
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	4	QL (10 per 28 days)
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	2	PA NSO
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	5	NDS
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	1	GC
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg</i> (Tapazole)	2	
<i>methimazole oral tablet 5 mg</i> (Tapazole)	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 3 GRAM, 6 GRAM	5	PA BvD; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	5	PA; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE, 15-18 % RANGE (10 ML), 15-18 % RANGE (2 ML)	3	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
GAMUNEX INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	5	PA; NDS
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	5	PA; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	PA BvD; NDS
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS; QL (15 per 28 days)
XELJANZ ORAL TABLET 5 MG	5	PA; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA BvD; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	3	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40- 8-32 UNIT/0.5 ML	3	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	3	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RBAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB 5 MCG/0.5 ML VL OUTER, P/F, SDV 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TENIVAC VIAL L/F, P/F, OUTER, SUV 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT -20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	NDS
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	5	NDS
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	2	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	2	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	2	
LACTATED RINGERS IRRIGATION SOLUTION	3	
<i>ringer's irrigation solution</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	2	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	2	
<i>sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml</i>	2	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 40 mg</i>	2	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> (Hectorol)	2	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	
PARICALCITOL 10 MCG/2 ML VIAL MDV, INNER, LATEX-FREE 5 MCG/ML	2	
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 2 mcg/ml</i> (Zemplar)	2	
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (Zemplar)	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	5	NDS; QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i> (Actonel)	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
SENSIPAR ORAL TABLET 30 MG	3	QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	NDS; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	2	QL (100 per 300 days)
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	2	
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	5	NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NDS
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	2	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (4 per 28 days)
BOTOX INJECTION RECON SOLN 100 UNIT	4	PA; QL (4 per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT	4	PA; QL (1 per 90 days)
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	4	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>droperidol injection solution 2.5 mg/ml</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NDS; QL (180 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	5	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NDS
<i>guanidine oral tablet 125 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	2	
KEVEYIS ORAL TABLET 50 MG	5	PA; NDS; QL (120 per 30 days)
<i>leucovorin calcium 100 mg vial sdv,plf,latex-free 100 mg</i>	2	
<i>leucovorin calcium 200 mg vial latex-free, plf, sdv 200 mg</i>	2	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg, 50 mg</i>	2	
<i>leucovorin calcium injection solution 500 mg/50 ml</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	
<i>levocarnitine intravenous solution 200 mg/ml</i> (Carnitor)	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	4	
<i>levoleucovorin intravenous recon soln 50 mg</i> (Fusilev)	5	NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NDS
MESTINON ORAL SYRUP 60 MG/5 ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML	4	PA; QL (2 per 90 days)
MYOBLOC INTRAMUSCULAR SOLUTION 2,500 UNIT/0.5 ML	4	PA; QL (0.5 per 90 days)
MYOBLOC INTRAMUSCULAR SOLUTION 5,000 UNIT/ML	4	PA; QL (1 per 90 days)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	5	PA; NDS; QL (8 per 28 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<i>pyridostigmine bromide oral tablet 60 mg (Mestinon)</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)</i>	2	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (60 per 30 days)
THIOLA ORAL TABLET 100 MG	5	NDS
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NDS
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NDS; QL (120 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i> (Betagan)	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg</i> (Neptazane)	2	
<i>methazolamide oral tablet 50 mg</i>	2	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	2	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	QL (30 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	2	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride oral capsule, extended (Klor-Con Sprinkle) release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet extended (K-Tab) release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet,er (Klor-Con M10) particles/crystals 10 meq</i>	2	
<i>potassium chloride oral tablet,er (Klor-Con M20) particles/crystals 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium citrate oral tablet extended (Urocit-K 10) release 10 meq (1,080 mg)</i>	2	
<i>potassium citrate oral tablet extended (Urocit-K 15) release 15 meq</i>	2	
<i>potassium citrate oral tablet extended (Urocit-K 5) release 5 meq (540 mg)</i>	2	
<i>potassium citrate-citric acid oral packet (Cytra K Crystals) 3,300-1,002 mg</i>	2	
<i>ringer's intravenous parenteral solution</i>	2	
<i>sodium acetate intravenous solution 2 meq/ml</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 100 meq/40 ml 25's, sdv 2.5 meq/ml</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	
<i>sodium lactate intravenous solution 5 meq/ml</i>	2	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	2	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML	4	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	4	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled		
Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500- 50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	3	QL (17.4 per 25 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	3	QL (17.4 per 25 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS 160-4.5 MCG/ACTUATION	3	QL (12 per 25 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (11 per 25 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083%), 5 mg/ml</i>	2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	2	
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG	3	QL (60 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>levalbuterol tartrate inhalation hfa</i> (Xopenex HFA) <i>aerosol inhaler 45 mcg/actuation</i>	2	QL (30 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	GC
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NDS
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release (Theochron) 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	4	ST
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 (Acetadote) mg/ml (20 %)</i>	2	PA BvD
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; NDS; QL (90 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	2	QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	2	
<i>dantrolene oral capsule 100 mg</i>	2	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	2	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	2	
<i>revonto intravenous recon soln 20 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	2	QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	PA
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	PA; NDS
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; NDS
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NDS; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS; QL (400 per 365 days)
Vitamins And Minerals		
Vitamins And Minerals		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>pnv prenatal plus multivit tab slf, gluten-free 27 mg iron- 1 mg</i>	3	ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	3	ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D
<i>sodium fluoride 0.5 mg/ml drop dlf, slf,gluten-free 0.5 mg (1.1 mg sod.fluorid)lml</i>	2	

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Stanford Health Care Advantage (HMO) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Stanford Health Care Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Stanford Health Care Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Care Services.

If you believe that Stanford Health Care Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Member Care Services

P.O. 72530, Oakland, CA 94612-8730

1- 855-996-8422

Advantage@stanfordhealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Care Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-996-8422 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-996-8422 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-996-8422 (TTY: 711) 번으로 전화해 주십시오.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-855-996-8422 (TTY (հեռատիպ)՝ 711):

Persian: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیریډ. 1-855-996-8422 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-996-8422 (телетайп: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-996-8422 (TTY:711) まで、お電話にてご連絡ください。

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-996-8422 (رقم هاتف الصم والبكم: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-996-8422 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Mon-Khmer, Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អ្លូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-996-8422 (TTY: 711)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-996-8422 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-996-8422 (TTY: 711) पर कॉल करें।

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-996-8422 (TTY: 711).



Stanford HEALTH CARE ADVANTAGE

P.O. Box 72530
Oakland, CA 94612
StanfordHealthCareAdvantage.org

Stanford Health Care Advantage is an HMO with a Medicare Contract. Enrollment in Stanford Health Care Advantage depends on contract renewal.

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

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-996-8422 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 o, para los usuarios de 711, de 8:00 a.m. a 8:00 p.m., los 7 días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1 de Octubre hasta el 14 de Febrero, y de lunes a viernes (excepto los días feriados) desde el 15 de Febrero hasta el 30 de Septiembre.

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This formulary was updated on 02/01/2018. For more recent information or other questions, please contact Stanford Health Care Advantage Member Care Services, at 1-855-996-8422 or, for TTY users, 711, 8 am to 8 pm, seven days a week (except Thanksgiving and Christmas) from October 1 through February 14 and Monday through Friday (except holidays) from February 15 through September 30, or visit StanfordHealthCareAdvantage.org.