



MyTruAdvantage
2022 Formulary
List of Covered Drugs

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

Y0150_PBM047_C

ID 00022167, Version 3

This formulary was updated on 10/12/2021.

For more recent information or other questions, please contact Pharmacy Member Services at (844) 283-2788 or for TTY users 711, 24 hours a day, 7 days a week, or visit www.MyTruAdvantage.com.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 10/12/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the MyTruAdvantage Formulary?

A formulary is a list of covered drugs selected by MyTruAdvantage 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. MyTruAdvantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MyTruAdvantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage, which can be found at www.MyTruAdvantage.com.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but MyTruAdvantage may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the MyTruAdvantage’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing

tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the MyTruAdvantage Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/12/2021. To get updated information about the drugs covered by MyTruAdvantage, please contact us. Our contact information appears on the front and back cover pages. The formularies will be updated monthly and posted on our website at www.MyTruAdvantage.com, in the event of any mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 7, then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins immediately following the Medical Condition listing that begins on page 7. 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?

MyTruAdvantage 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:** MyTruAdvantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from MyTruAdvantage before you fill your prescriptions. If you don't get approval, MyTruAdvantage may not cover the drug.
- **Quantity Limits:** For certain drugs, MyTruAdvantage limits the amount of the drug that MyTruAdvantage will cover. For example, MyTruAdvantage provides 30 tablets per prescription for rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, MyTruAdvantage 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, MyTruAdvantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MyTruAdvantage 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 7. 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 MyTruAdvantage 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 MyTruAdvantage's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

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

If you have questions about MyTruAdvantage, 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>.

MyTruAdvantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by MyTruAdvantage. If you have trouble finding your drug in the list, turn to the Index that begins immediately following the Medical Condition listing that begins on page 7.

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

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

The following abbreviations are used in the formulary chart to indicate drugs that may have additional requirements or limits on coverage:

PA – Drug requires Prior Authorization

QL – Drug has Quantity Limits

SI – Select Insulins

ST – Drug requires Step Therapy

NM – Drug not available at our mail-order pharmacies

LA - Limited access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Pharmacy Member Services at (844) 283-2788, 24 hours a day, 7 days a week. TTY users should call 711.

B/D – Drug may be covered under Medicare Part B or 9.21

Medical Condition Drug List

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	2	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	4	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> CAPS 50mg QL (240 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	QL
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	QL
<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access SI - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	3	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	3	QL
<i>endocet tab 5-325mg</i> QL (360 tabs / 30 days)	3	QL
<i>endocet tab 7.5-325mg</i> QL (240 tabs / 30 days)	3	QL
<i>endocet tab 10-325mg</i> QL (180 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	4	QL PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	4	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	3	QL
<i>hydromorphone hcl</i> LIQD 1mg/ml QL (600 mL / 30 days)	4	QL
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	3	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	4	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	4	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	4	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<i>ivermectin</i> TABS 3mg	3	
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	4	QL
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABs 1gm	4	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	3	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	5	QL
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABs 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	4	
SULFADIAZINE TABS 500mg	4	
<i>sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole- trimethoprim susp 200-40 mg/5ml</i>	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access SI - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	3	
<i>trimethoprim TABS 100mg</i>	2	
<i>vancomycin hcl CAPS 125mg QL (80 caps / 180 days)</i>	4	QL
<i>vancomycin hcl CAPS 250mg QL (160 caps / 180 days)</i>	4	QL
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b SOLR 50mg</i>	4	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	4	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg</i>	3	
<i>fluconazole TABS 150mg</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine CAPS 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	4	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	4	
<i>itraconazole CAPS 100mg</i>	4	PA
<i>ketconazole TABS 200mg</i>	3	PA
<i>micafungin sodium SOLR 50mg, 100mg</i>	5	
<i>NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)</i>	5	QL PA
<i>nystatin TABS 500000unit</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>posaconazole TBEC 100mg QL (93 tabs / 30 days)</i>	5	QL PA
<i>terbinafine hcl TABS 250mg QL (90 tabs / year)</i>	1	QL
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>	5	PA
<i>voriconazole TABS 50mg QL (480 tabs / 30 days)</i>	4	QL PA
<i>voriconazole TABS 200mg QL (120 tabs / 30 days)</i>	4	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl TABS 250mg</i>	3	
<i>primaquine phosphate TABS 26.3mg</i>	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate CAPS 324mg</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate SOLN 20mg/ml</i>	4	
<i>abacavir sulfate TABS 300mg</i>	3	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	4	
EDURANT TABS 25mg	5	
<i>efavirenz CAPS 50mg, 200mg; TABS 600mg</i>	4	
<i>emtricitabine CAPS 200mg</i>	3	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine TABS 100mg, 200mg</i>	5	
<i>fosamprenavir calcium TABS 700mg</i>	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	

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Drug Name	Drug Requirements/ Tier	Limits
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	4	
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	
<i>zidovudine</i> TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>abacavir sulfate-lamivudine-zidovudine</i> tab 300-150-300 mg	5	
BIKTARVY TAB	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
<i>efavirenz-emtricitabine-tenofovir</i> df tab 600-200-300 mg	5	
<i>efavirenz-lamivudine-tenofovir</i> df tab 400-300-300 mg	5	
<i>efavirenz-lamivudine-tenofovir</i> df tab 600-300-300 mg	5	
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 100-150 mg QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 133-200 mg QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 167-250 mg QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 200-300 mg QL (30 tabs / 30 days)	5	QL
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine</i> tab 150-300 mg	4	
<i>lopinavir-ritonavir</i> soln 400-100 mg/5ml (80-20 mg/ml)	4	
<i>lopinavir-ritonavir</i> tab 100-25 mg	4	
<i>lopinavir-ritonavir</i> tab 200-50 mg	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	

Drug Name	Drug Requirements/ Tier	Limits
TRIUMEQ TAB	5	
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	LA PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir</i> TABS .5mg, 1mg	4	
EPCLUSA TAB 200-50MG	5	NM PA
EPCLUSA TAB 400-100	5	NM PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	NM PA
HARVONI PAK 45-200MG	5	NM PA
HARVONI TAB 45-200MG	5	NM PA
HARVONI TAB 90-400MG	5	NM PA
<i>lamivudine (hbv)</i> TABS 100mg	4	
MAVYRET TAB 100-40MG	5	NM PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL
QL (168 caps / year)		
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL
QL (84 caps / year)		

Drug Name	Drug Requirements/ Tier	Limits
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL
QL (1080 mL / year)		
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM PA
PREVYMIS TABS 240mg, 480mg	5	QL PA
QL (28 tabs / 28 days)		
RELENZA DISKHALER AEPB 5mg/blister	3	QL
QL (6 inhalers / year)		
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACTOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
<i>erythrocine stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	4	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & k clavulanate tab</i>	4	
<i>er 12hr 1000-62.5 mg</i>		
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium</i>	4	
<i>for inj 1.5 (1-0.5) gm</i>		
<i>ampicillin & sulbactam sodium</i>	4	
<i>for inj 3 (2-1) gm</i>		
<i>ampicillin & sulbactam sodium</i>	4	
<i>for iv soln 1.5 (1-0.5) gm</i>		
<i>ampicillin & sulbactam sodium</i>	4	
<i>for iv soln 3 (2-1) gm</i>		
<i>ampicillin & sulbactam sodium</i>	4	
<i>for iv soln 15 (10-5) gm</i>		
<i>ampicillin sodium SOLR 1gm,</i>	4	
<i>2gm, 10gm, 125mg, 250mg,</i>		
<i>500mg</i>		
<i>BICILLIN L-A SUSP</i>	4	
<i>600000unit/ml,</i>		
<i>1200000unit/2ml,</i>		
<i>2400000unit/4ml</i>		
<i>dicloxacillin sodium CAPS</i>	3	
<i>250mg, 500mg</i>		
<i>nafcillin sodium SOLR 1gm,</i>	4	
<i>2gm</i>		
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm,</i>	4	
<i>2gm, 10gm</i>		
<i>PEN GK/DEXTR INJ</i>	4	
<i>40000/ML</i>		
<i>PEN GK/DEXTR INJ</i>	4	
<i>60000/ML</i>		
<i>penicillin g potassium SOLR</i>	4	
<i>5000000unit, 20000000unit</i>		
<i>PENICILLIN G PROCAINE</i>	4	
<i>SUSP 600000unit/ml</i>		
<i>penicillin g sodium SOLR</i>	4	
<i>5000000unit</i>		
<i>penicillin v potassium SOLR</i>	2	
<i>125mg/5ml, 250mg/5ml</i>		
<i>penicillin v potassium TABS</i>	1	
<i>250mg, 500mg</i>		
<i>pfizerpen SOLR 5000000unit,</i>	4	
<i>20000000unit</i>		
<i>piperacillin sod-tazobactam na</i>	4	
<i>for inj 3.375 gm (3-0.375 gm)</i>		
<i>piperacillin sod-tazobactam</i>	4	
<i>sod for inj 2.25 gm (2-0.25</i>		
<i>gm)</i>		

Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sod-tazobactam</i>	4	
<i>sod for inj 4.5 gm (4-0.5 gm)</i>		
<i>piperacillin sod-tazobactam</i>	4	
<i>sod for inj 13.5 gm (12-1.5</i>		
<i>gm)</i>		
<i>piperacillin sod-tazobactam</i>	4	
<i>sod for inj 40.5 gm (36-4.5</i>		
<i>gm)</i>		
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate)</i>	2	
<i>CAPS 50mg, 100mg</i>		
<i>doxycycline (monohydrate)</i>	3	
<i>TABS 50mg, 75mg, 100mg</i>		
<i>doxycycline hyclate CAPS</i>	3	
<i>50mg, 100mg; TABS 20mg,</i>		
<i>100mg</i>		
<i>doxycycline hyclate SOLR</i>	4	
<i>100mg</i>		
<i>minocycline hcl CAPS 50mg,</i>	3	
<i>75mg, 100mg</i>		
<i>mondoxylene nl CAPS 100mg</i>	2	
<i>tetracycline hcl CAPS 250mg,</i>	4	PA
<i>500mg</i>		
<i>tigecycline SOLR 50mg</i>	4	
<i>TIGECYCLINE SOLR 50mg</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	5	B/D NM
<i>carboplatin SOLN 50mg/5ml,</i>	3	B/D
<i>150mg/15ml, 450mg/45ml,</i>		
<i>600mg/60ml</i>		
<i>cisplatin SOLN 50mg/50ml,</i>	3	B/D
<i>100mg/100ml, 200mg/200ml</i>		
<i>cyclophosphamide CAPS</i>	3	B/D
<i>25mg, 50mg</i>		
<i>CYCLOPHOSPHAMIDE</i>	5	B/D
<i>SOLN 1gm/5ml, 500mg/2.5ml</i>		
<i>cyclophosphamide SOLR</i>	5	B/D
<i>1gm, 2gm, 500mg</i>		
<i>CYCLOPHOSPHAMIDE</i>	4	B/D
<i>TABS 25mg, 50mg</i>		
<i>LEUKERAN TABS 2mg</i>	4	
<i>oxaliplatin SOLN 50mg/10ml,</i>	4	B/D
<i>100mg/20ml, 200mg/40ml</i>		
<i>oxaliplatin SOLR 50mg,</i>	5	B/D
<i>100mg</i>		
<i>paraplatin SOLN</i>	3	B/D
<i>1000mg/100ml</i>		

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Drug Name	Drug Requirements/ Tier	Limits
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
<i>azacitidine</i> SUSR 100mg	5	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NM LA PA
LONSURF TAB 15-6.14	5	NM PA
LONSURF TAB 20-8.19	5	NM PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NM LA PA
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM LA PA
<i>exemestane</i> TABS 25mg	4	
<i>flutamide</i> CAPS 125mg	3	
<i>fulvestrant</i> SOLN 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
LYSODREN TABS 500mg	5	
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM LA PA
ORGOVYX TABS 120mg	5	NM LA PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM LA PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg QL (21 caps / 21 days)	5	QL NM LA PA
POMALYST CAPS 3mg, 4mg QL (21 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	5	QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL NM PA
MISCELLANEOUS		
<i>bexarotene</i> CAPS 75mg	5	NM PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL NM PA
MATULANE CAPS 50mg	5	NM LA
SYNRIBO SOLR 3.5mg	5	NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	

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MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	3	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	5	QL NM PA
ALECENSA CAPS 150mg	5	NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM LA PA
ALUNBRIG PAK	5	NM LA PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM LA PA
BORTEZOMIB SOLR 3.5mg	5	NM PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM PA
BRAFTOVI CAPS 75mg	5	NM LA PA
BRUKINSA CAPS 80mg	5	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5	QL NM LA PA
CAPRELSA TABS 100mg, 300mg	5	NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM LA PA
COMETRIQ KIT 100MG	5	NM LA PA
COMETRIQ KIT 140MG	5	NM LA PA
COPIKTRA CAPS 15mg, 25mg	5	NM LA PA
COTELLIC TABS 20mg	5	NM LA PA
DAURISMO TABS 25mg, 100mg	5	NM LA PA
ERIVEDGE CAPS 150mg	5	NM LA PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	5	QL NM PA
FARYDAK CAPS 10mg, 15mg, 20mg	5	NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL NM LA PA
GAVRETO CAPS 100mg	5	NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM LA PA
HERCEP HYLEC SOL 60- 10000	5	NM PA
HERCEPTIN SOLR 150mg	5	NM PA
HERZUMA SOLR 150mg, 420mg	5	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL NM LA PA
ICLUSIG TABS 10mg QL (60 tabs / 30 days)	5	QL NM LA PA
ICLUSIG TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM LA PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access SI - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	5	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	5	QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	QL NM LA PA
INREBIC CAPS 100mg	5	NM LA PA
IRESSA TABS 250mg	5	NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL NM LA PA
KADCYLA SOLR 100mg, 160mg	5	B/D NM
KANJINTI SOLR 150mg, 420mg	5	NM PA
KEYTRUDA SOLN 100mg/4ml	5	NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL NM PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL NM LA PA
LORBRENA TABS 25mg, 100mg	5	NM LA PA
LUMAKRAS TABS 120mg	5	NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL NM LA PA
MEKINIST TABS .5mg, 2mg	5	NM LA PA
MEKTOVI TABS 15mg	5	NM LA PA
MONJUVI SOLR 200mg	5	NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM LA PA
NERLYNX TABS 40mg	5	NM LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5	QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL NM PA
ODOMZO CAPS 200mg	5	NM LA PA
OGIVRI SOLR 150mg	5	NM PA
OGIVRI INJ 420MG	5	NM PA
ONTRUZANT SOLR 150mg, 420mg	5	NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM LA PA
PHESGO SOL	5	NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM PA
PIQRAY 250MG TAB DOSE	5	NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM PA
QINLOCK TABS 50mg	5	NM LA PA
RETEVMO CAPS 40mg, 80mg	5	NM LA PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM LA PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
RITUXAN INJ HYCELA	5	NM LA PA
ROZLYTREK CAPS 100mg, 200mg	5	NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL NM LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM PA
RYDAPT CAPS 25mg	5	NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM PA
STIVARGA TABS 40mg	5	NM LA PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
TABRECTA TABS 150mg, 200mg	5	NM PA
TAFINLAR CAPS 50mg, 75mg	5	NM LA PA
TAGRISO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL NM LA PA
TALZENNA CAPS 1mg QL (30 caps / 30 days)	5	QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM PA
TAZVERIK TABS 200mg	5	NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM LA PA
TEPMETKO TABS 225mg	5	NM LA PA
TIBSOVO TABS 250mg	5	NM LA PA
TRAZIMERA SOLR 150mg, 420mg	5	NM PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM LA PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM PA
TUKYSA TABS 50mg, 150mg	5	NM LA PA
TURALIO CAPS 200mg	5	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
UKONIQ TABS 200mg	5	NM LA PA
VELCADE SOLR 3.5mg	5	NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	4	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM LA PA
VOTRIENT TABS 200mg	5	NM LA PA
XALKORI CAPS 200mg, 250mg	5	NM LA PA
XOSPATA TABS 40mg	5	NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	5	NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	5	NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	5	NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	5	NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	5	NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	5	QL NM LA PA
ZELBORAF TABS 240mg	5	NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM PA
ZOLINZA CAPS 100mg	5	NM PA
ZYDELIG TABS 100mg, 150mg	5	NM LA PA
ZYKADIA TABS 150mg	5	NM LA PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
leucovorin calcium TABS 5mg, 10mg	3	
leucovorin calcium TABS 15mg, 25mg	4	
MESNEX TABS 400mg	5	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	QL
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg	1	
benazepril & hydrochlorothiazide tab 20- 12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	2	

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> QL (30 tabs / 30 days)	1	QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	4	QL
EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	4	QL
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	1	QL
<i>EDARBI TABS 40mg, 80mg</i> QL (30 tabs / 30 days)	4	QL
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	1	QL
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	1	QL
<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg QL (60 tabs / 30 days)	5	QL ST
ALTOPREV TB24 40mg, 60mg QL (30 tabs / 30 days)	5	QL ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL
<i>fluvastatin sodium</i> TB24 80mg QL (30 tabs / 30 days)	1	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> QL (30 tabs / 30 days)	1	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	

Drug Name	Drug Requirements/ Tier	Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>BYSTOLIC TABS 2.5mg, 5mg, 10mg</i> QL (30 tabs / 30 days)	4	QL
<i>BYSTOLIC TABS 20mg</i> QL (60 tabs / 30 days)	4	QL
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	2	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>pindolol TABS 5mg, 10mg</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	4	
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	3	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	2	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hcl coated beads CP24 360mg</i>	4	
<i>diltiazem hcl coated beads TB24 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	2	
<i>isradipine CAPS 2.5mg, 5mg</i>	3	
<i>matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	4	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	3	
<i>nimodipine CAPS 30mg</i>	4	
<i>nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	4	
<i>NYMALIZE SOLN 6mg/ml</i>	5	

Drug Name	Drug Requirements/ Tier	Limits
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	2	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	4	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	4	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	

Drug Name	Drug Requirements/ Tier	Limits
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digitek</i> TABS .125mg, .25mg QL (30 tabs / 30 days)	2	QL
<i>digox</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	3	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
METHYLDOPA TABS 250mg, 500mg PA if 70 years and older	2	PA
<i>metirosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	

Drug Name	Drug Requirements/ Tier	Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM LA PA
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>bosentan</i> TABS 62.5mg QL (120 tabs / 30 days)	5	QL NM LA PA
<i>bosentan</i> TABS 125mg QL (60 tabs / 30 days)	5	QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (90 tabs / 30 days)	3	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA

Drug Name	Drug Requirements/ Tier	Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
clonazepam TABS 2mg QL (300 tabs / 30 days)	2	QL
clonazepam TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	3	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
diazepam CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	3	QL PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	3	QL PA
diazepam TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	2	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	

Drug Name	Drug Requirements/ Tier	Limits
diazepam inj SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL NM LA PA
epitol TABS 200mg	3	
ethosuximide CAPS 250mg	4	
ethosuximide SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml	5	
felbamate TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	5	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
gabapentin CAPS 100mg QL (1080 caps / 30 days)	2	QL
gabapentin CAPS 300mg QL (360 caps / 30 days)	2	QL
gabapentin CAPS 400mg QL (270 caps / 30 days)	2	QL
gabapentin SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
gabapentin TABS 600mg QL (180 tabs / 30 days)	3	QL
gabapentin TABS 800mg QL (120 tabs / 30 days)	3	QL
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	4	PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	3	PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	4	PA
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	4	QL PA
<i>primidone</i> TABS 50mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml QL (2300 mL / 28 days)	5	QL PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	5	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	5	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg QL (60 films / 30 days)	4	QL PA
SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	5	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg QL (120 tabs / 30 days)	4	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI TABS 50mg QL (90 tabs / 30 days)	5	QL
XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
zonisamide CAPS 25mg, 50mg, 100mg	2	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	2	QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL
galantamine hydrobromide SOLN 4mg/ml	4	
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA if < 30 yrs	4	PA
memantine hcl TABS 5mg, 10mg PA if < 30 yrs	3	PA
NAMZARIC CAP 7-10MG	4	

Drug Name	Drug Requirements/ Tier	Limits
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg QL (90 caps / 30 days)	3	QL
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO	4	PA
fluoxetine hcl CAPS 10mg, 20mg	1	
fluoxetine hcl CAPS 40mg	2	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	4	QL
PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg QL (240 caps / 30 days)	4	QL
trimipramine maleate CAPS 50mg QL (120 caps / 30 days)	4	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg QL (120 tabs / 30 days)	4	QL
TRINTELLIX TABS 10mg QL (60 tabs / 30 days)	4	QL
TRINTELLIX TABS 20mg QL (30 tabs / 30 days)	4	QL
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
VIIBRYD KIT STARTER	4	
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	3	QL
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg PA if 70 years and older	3	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 10- 100MG	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 25- 100MG	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 25- 250MG	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	4	
<i>entacapone</i> TABS 200mg	4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	5	QL NM PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
<i>rasagiline mesylate</i> TABS 1mg QL (30 tabs / 30 days)	4	QL
<i>rasagiline mesylate</i> TABS .5mg QL (60 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	3	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	4	QL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
CAPLYTA CAPS 42mg QL (30 caps / 30 days)	4	QL PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> TABS 200mg QL (135 tabs / 30 days)	4	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 200mg QL (135 tabs / 30 days)	5	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	QL PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml QL (1 syringe / 90 days)	5	QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	4	QL
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	QL
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	4	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	QL PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	QL PA
VRAYLAR CAP 1.5-3MG	4	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	5	QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg QL (30 caps / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine tab</i> 5 mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab</i> 10 mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab</i> 15 mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab</i> 20 mg QL (90 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab</i> 30 mg QL (60 tabs / 30 days)	3	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> TABS 10mg QL (60 tabs / 30 days)	3	QL PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	4	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	4	QL PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	5	QL NM LA PA
<i>temazepam</i> CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
<i>temazepam</i> CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older	4	QL PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
<i>ergotamine w/ caffeine tab</i> 1- 100 mg QL (40 tabs / 28 days)	3	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	3	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	4	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	5	QL PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	4	QL
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL NM PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	4	QL PA
GRALISE TABS 600mg QL (90 tabs / 30 days)	4	QL PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	5	QL NM LA PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	5	QL NM LA PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	4	QL PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
SAVELLA MIS TITR PAK	4	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL NM PA
<i>dalfampridine</i> TB12 10mg	3	NM PA
GILENYA CAPS .5mg QL (28 caps / 28 days)	5	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	3	PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (90 tabs / 30 days)	3	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	4	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	4	QL PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	2	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	2	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	3	
CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL PA
CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	4	QL PA
CHANTIX PAK 0.5& 1MG QL (106 tabs / year)	4	QL PA
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NARCAN LIQD 4mg/0.1ml	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
VIVITROL SUSR 380mg	5	NM

Drug Name	Drug Requirements/ Tier	Limits
ENDOCRINE AND METABOLIC ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	4	QL PA
<i>oxandrolone</i> TABS 2.5mg QL (120 tabs / 30 days)	3	QL PA
<i>oxandrolone</i> TABS 10mg QL (60 tabs / 30 days)	4	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide xl</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	3	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml QL (2 pens / 28 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml SI	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH SI	3	
FIASP INJ 100/ML SI	3	
FIASP PENFIL INJ U-100 SI	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	3	

Drug Name	Drug Requirements/ Tier	Limits
LEVEMIR SOLN 100unit/ml SI	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml SI	3	
NOVOLIN INJ 70/30 SI (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP SI (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG MIX INJ 70/30 SI (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN SI (brand RELION not covered)	3	
NOVOLOG PENFILL SOCT 100unit/ml SI (brand RELION not covered)	3	
OMNIPOD KIT STARTER QL (1 kit / year)	4	QL PA
OMNIPOD MIS 5 PACK QL (10 pods / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	3	
SOLIQUA INJ 100/33 QL (10 pens / 30 days) SI	3	QL
TRESIBA SOLN 100unit/ml SI	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml SI	3	
V-GO 20 KIT QL (1 kit / 30 days)	4	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	4	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) SI	3	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 620mcg/2.48ml	5	NM PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	4	B/D QL
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
XGEVA SOLN 120mg/1.7ml	5	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM PA
<i>deferasirox</i> TBSO 125mg	3	NM PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate</i> powder	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	4	PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>caziant</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred eq</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

Drug Name	Drug Requirements/ Tier Limits
dasetta 1/35	2
dasetta 7/7/7	2
deblitane TABS .35mg	2
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)	3
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2
drosiprenone-ethinyl estradiol tab 3-0.02 mg	3
drosiprenone-ethinyl estradiol tab 3-0.03 mg	3
elinest	2
ELLA TABS 30mg	3
eluryng	4
emoquette	2
enpresse-28	2
enskyce	2
errin TABS .35mg	2
estarylla	2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4
falmina	2
femynor	2
hailey 1.5/30	2
heather TABS .35mg	2
iclevia	3
incassia TABS .35mg	2
introvale	3
isibloom	2
jasmiel	3
jolessa	3
juleber	2
junel 1.5/30	2
junel 1/20	2
junel fe 1.5/30	2
junel fe 1/20	2
kariva	3
kelnor 1/35	2
kelnor 1/50	3
kurvelo	2
larin 1.5/30	2

Drug Name	Drug Requirements/ Tier Limits
larin 1/20	2
larin fe 1.5/30	2
larin fe 1/20	2
larissia	2
leena	3
lessina	2
levonest	2
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	3
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	2
levora 0.15/30-28	2
lillow	2
loestrin 1.5/30-21	2
loestrin 1/20-21	2
loestrin fe 1.5/30	2
loestrin fe 1/20	2
loryna	3
low-ogestrel	2
luteria	2
lyleq TABS .35mg	2
lyza TABS .35mg	2
marlissa	2
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3
microgestin 1.5/30	2
microgestin 1/20	2
microgestin fe 1.5/30	2
microgestin fe 1/20	2
mili	2
mono-lynyah	2
necon 0.5/35-28	2
nikki	3
nora-be TABS .35mg	2
norethindrone (contraceptive) TABS .35mg	2
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2

Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2
<i>norlyroc TABS .35mg</i>	2
<i>nortrel 0.5/35 (28)</i>	2
<i>nortrel 1/35 (21)</i>	2
<i>nortrel 1/35 (28)</i>	2
<i>nortrel 7/7/7</i>	2
<i>nylia 7/7/7</i>	2
<i>nymyo</i>	2
<i>ocella</i>	3
<i>orsythia</i>	2
<i>philith</i>	3
<i>pimtrea</i>	3
<i>pirmella 1/35</i>	2
<i>portia-28</i>	2
<i>previfem</i>	2
<i>reclipsen</i>	2
<i>setlakin</i>	3
<i>sharobel TABS .35mg</i>	2
<i>simliya</i>	3
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	3
<i>tarina fe 1/20 eq</i>	2
<i>tilia fe</i>	4
<i>tri-estarylla</i>	2
<i>tri-legest fe</i>	4
<i>tri-linyah</i>	2
<i>tri-lo-estarylla</i>	3
<i>tri-lo-marzia</i>	3
<i>tri-lo-mili</i>	3
<i>tri-lo-sprintec</i>	3
<i>tri-mili</i>	2
<i>tri-nymyo</i>	2
<i>tri-previfem</i>	2
<i>tri-sprintec</i>	2

Drug Name	Drug Requirements/ Tier Limits
<i>tri-vylibra</i>	2
<i>tri-vylibra lo</i>	3
<i>trivora-28</i>	2
<i>velivet</i>	2
<i>vestura</i>	3
<i>vienva</i>	2
<i>viorele</i>	3
<i>vyfemla</i>	3
<i>vylibra</i>	2
<i>wera</i>	2
<i>xulane</i>	4
<i>zafemy</i>	4
<i>zarah</i>	3
<i>zovia 1/35</i>	2
<i>zumandimine</i>	3
ENDOMETRIOSIS	
<i>danazol CAPS 50mg, 100mg, 200mg</i>	4
<i>SYNAREL SOLN 2mg/ml</i>	5
ESTROGENS	
<i>amabelz</i>	3
<i>DELESTROGEN OIL 10mg/ml</i>	4
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	3
<i>estradiol TABS .5mg, 1mg, 2mg</i>	2
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3
<i>estradiol vaginal CREA .1mg/gm</i>	3
<i>estradiol vaginal TABS 10mcg</i>	4
<i>estradiol valerate OIL 20mg/ml, 40mg/ml</i>	4
<i>fyavolv tab 0.5mg-2.5mcg</i>	3
<i>fyavolv tab 1mg-5mcg</i>	3

Drug Name	Drug Requirements/ Tier	Limits
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvafem</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	3	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM LA PA
<i>cabergoline</i> TABS .5mg	3	
CARBAGLU TABS 200mg	5	NM LA PA
CERDELGA CAPS 84mg	5	NM PA
CEREZYME SOLR 400unit	5	NM LA PA
<i>cinacalcet hcl</i> TABS 30mg QL (120 tabs / 30 days)	4	B/D QL NM
<i>cinacalcet hcl</i> TABS 60mg QL (60 tabs / 30 days)	5	B/D QL NM
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	5	B/D QL NM
CYSTADANE POW	5	NM LA
CYSTAGON CAPS 50mg, 150mg	4	NM LA PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM LA PA
GENOTROPIN SOLR 5mg, 12mg	5	NM PA
GENOTROPIN MINISQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
INCRELEX SOLN 40mg/4ml	5	NM LA PA
KORLYM TABS 300mg	5	NM LA PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml	4	B/D
<i>levocarnitine (metabolic modifiers)</i> TABS 330mg	3	B/D
LUMIZYME SOLR 50mg	5	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NM PA
<i>miglustat</i> CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
NAGLAZYME SOLN 1mg/ml	5	NM LA PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	5	NM PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM LA PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM LA PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	3	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	3	QL
<i>sevelamer carbonate</i> PACK 2.4gm QL (180 packets / 30 days)	4	QL
<i>sevelamer carbonate</i> PACK .8gm QL (540 packets / 30 days)	5	QL
<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	4	QL
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
RAYALDEE CPR 30mcg	5	
GASTROINTESTINAL ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL
granisetron hcl SOLN 1mg/ml	3	
granisetron hcl SOLN 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg	2	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBP 4mg, 8mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg, 8mg, 24mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
scopolamine PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	4	QL PA
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	
dicyclomine hcl SOLN 10mg/5ml	4	

Drug Name	Drug Requirements/ Tier	Limits
glycopyrrolate TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
famotidine SUSR 40mg/5ml QL (300 mL / 30 days)	4	QL
famotidine TABS 20mg QL (120 tabs / 30 days)	1	QL
famotidine TABS 40mg QL (60 tabs / 30 days)	1	QL
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg	4	PA
budesonide TB24 9mg	5	PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm QL (120 caps / 30 days)	4	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	4	QL
mesalamine ENEM 4gm; SUPP 1000mg	4	
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
mesalamine w/ cleanser KIT 4gm	4	
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	3	
enulose SOLN 10gm/15ml	3	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/ flavor pack	2	
generlac SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
lactulose SOLN 10gm/15ml	3	
lactulose (encephalopathy) SOLN 10gm/15ml	3	
NULYTELY SOL LMN/LIME	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl TABS 1mg</i> QL (60 tabs / 30 days)	5	QL PA
<i>alosetron hcl TABS .5mg</i> QL (60 tabs / 30 days)	4	QL PA
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4	QL
<i>loperamide hcl CAPS 2mg</i>	3	
<i>misoprostol TABS 100mcg, 200mcg</i>	3	
MOVANTIK TABS 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK TABS 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate TABS 1gm</i>	3	
<i>ursodiol CAPS 300mg</i>	3	
<i>ursodiol TABS 250mg, 500mg</i>	4	
XERMELO TABS 250mg QL (90 tabs / 30 days)	5	QL NM LA PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	

Drug Name	Drug Requirements/ Tier	Limits
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	4	QL
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
<i>lansoprazole CPDR 15mg, 30mg</i> QL (60 caps / 30 days)	3	QL
<i>lansoprazole TBDD 15mg, 30mg</i> QL (60 tabs / 30 days)	4	QL ST
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium SOLR</i> 40mg	3	
<i>pantoprazole sodium TBEC</i> 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	4	
<i>rabeprazole sodium TBEC</i> 20mg QL (30 tabs / 30 days)	3	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl TB24 10mg</i> QL (30 tabs / 30 days)	2	QL
<i>dutasteride CAPS .5mg</i> QL (30 caps / 30 days)	3	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	4	QL
<i>finasteride TABS 5mg</i>	1	
<i>silodosin CAPS 4mg, 8mg</i> QL (30 caps / 30 days)	3	QL
<i>tamsulosin hcl CAPS .4mg</i>	2	
MISCELLANEOUS		
<i>acetic acid SOLN .25%</i>	2	
<i>bethanechol chloride TABS</i> 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	4	QL ST
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	3	
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL ST
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
<i>vandazole</i> GEL .75%	3	
HEMATOLOGIC ANTICOAGULANTS		
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>heparin sodium (porcine) 100</i> unit/ml in d5w	3	
<i>heparin sodium (porcine)- dextrose iv sol 20000</i> unit/500ml-5%	3	
<i>heparin sodium (porcine)- dextrose iv sol 25000</i> unit/500ml-5%	3	
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM LA PA
<i>icatibant acetate</i> SOLN 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM LA PA
<i>sajazir</i> SOLN 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HUMIRA PEDIA INJ CROHNS	5	NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
HUMIRA PEN KIT PS/UV	5	NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
REMICADE SOLR 100mg	5	NM PA
RENFLXIS SOLR 100mg	5	NM LA PA
RINVOQ TB24 15mg QL (30 tabs / 30 days)	5	QL NM PA
SKYRIZI PSKT 75mg/0.83ml QL (7 kits / 365 days)	5	QL NM PA
SKYRIZI SOSY 150mg/ml QL (7 syringes / year)	5	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (7 pens / year)	5	QL NM PA
STELARA SOLN 45mg/0.5ml QL (2 vials / 28 days)	5	QL NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL NM LA PA
XELJANZ SOLN 1mg/ml QL (240 mL / 24 days)	5	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>methotrexate sodium</i> TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	5	NM PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM PA
GAMASTAN INJ	4	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM LA PA
ARCALYST SOLR 220mg	5	NM PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	5	B/D NM
INTRON A SOLR 10mu	3	B/D NM
INTRON A SOLR 18mu	4	B/D NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM PA
BENLYSTA SOLR 120mg, 400mg	5	NM PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg	5	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM LA PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
ZORTRESS TABS 1mg	5	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL
QL (2 vials per lifetime)		
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride SOLN 2meq/ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	4	
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	3	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq</i>	3	
<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	2	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TRICARE TAB PRENATAL	3	
IV NUTRITION		
AMINOSYN-PF INJ 7%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%, 70%</i>	3	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>hepatamine</i>	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	3	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentak OINT .3%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	

ANTIALLERGICS

<i>azelastine hcl (ophth) SOLN .05%</i>	3	
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Drug Name	Drug Requirements/ Tier	Limits
<i>bepotastine besilate</i> SOLN 1.5%	3	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
LASTACAFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .1%	3	
ZERVIATE SOLN .24%	4	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>latanoprost</i> SOLN .005%	2	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	4	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM LA PA
CYSTARAN SOLN .44%	5	NM LA PA
ISOPTO ATROPINE SOLN 1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	3	PA
<i>desloratadine</i> TABS 5mg	3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	4	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA if 70 years and older	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	2	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
BROVANA NEBU 15mcg/2ml	5	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM LA PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access SI - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	5	QL NM PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	5	QL NM PA
FASENRA SOSY 30mg/ml	5	NM LA PA
FASENRA PEN SOAJ 30mg/ml	5	NM LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	5	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL NM PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM PA
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5	QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM LA PA
ZEMAIRA SOLR 1000mg	5	NM LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	3	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	4	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	4	QL
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	3	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	3	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	4	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	3	QL
TOPICAL DERMATOLOGY, ACNE		
accutane CAPS 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
avita CREA .025%; GEL .025% QL (45 gm / 30 days)	4	QL PA
benzoyl peroxide- erythromycin gel 5-3% QL (46.6 gm / 30 days)	4	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	3	QL
ery PADS 2% QL (60 pledgets / 30 days)	3	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	3	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
myorisan CAPS 10mg, 20mg, 30mg, 40mg	4	PA
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	4	QL
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1% QL (30 gm / 30 days)	4	QL
gentamicin sulfate (topical) OINT .1% QL (30 gm / 30 days)	3	QL
mupirocin OINT 2% QL (220 gm / 30 days)	2	QL
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	3	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	3	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	3	QL
clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	3	QL
<i>ketoconazole (topical) 2%</i> QL (60 gm / 30 days)	CREA 3	QL
<i>nyamyc POWD 100000unit/gm</i> QL (60 gm / 30 days)	3	QL
<i>nystatin (topical) 100000unit/gm; OINT 100000unit/gm</i> QL (30 gm / 30 days)	3	QL
<i>nystatin (topical) 100000unit/gm</i> QL (60 gm / 30 days)	3	QL
<i>nystop POWD 100000unit/gm</i> QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	4	PA
<i>calcipotriene OINT .005%</i> QL (120 gm / 30 days)	4	QL PA
<i>calcipotriene SOLN .005%</i> QL (120 mL / 30 days)	4	QL PA
<i>calcitrene OINT .005%</i> QL (120 gm / 30 days)	4	QL PA
<i>tazarotene CREA .1%</i> QL (60 gm / 30 days)	3	QL PA
<i>TAZORAC CREA .05%</i> QL (60 gm / 30 days)	4	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) 2%</i> QL (120 mL / 30 days)	SHAM 2	QL
<i>selenium sulfide LOTN 2.5%</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	1	
<i>ala-cort CREA 2.5%</i>	2	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i> QL (60 gm / 30 days)	3	QL
<i>betamethasone dipropionate (topical) CREA .05%</i> QL (120 gm / 30 days)	3	QL
<i>betamethasone dipropionate (topical) LOTN .05%</i> QL (120 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate (topical) OINT .05%</i> QL (120 gm / 30 days)	4	QL
<i>betamethasone dipropionate augmented CREA .05%</i> QL (120 gm / 30 days)	2	QL
<i>betamethasone dipropionate augmented GEL .05%; OINT .05%</i> QL (120 gm / 30 days)	4	QL
<i>betamethasone dipropionate augmented LOTN .05%</i> QL (120 mL / 30 days)	4	QL
<i>betamethasone valerate CREA .1%; OINT .1%</i> QL (120 gm / 30 days)	3	QL
<i>betamethasone valerate LOTN .1%</i> QL (120 mL / 30 days)	3	QL
<i>clobetasol propionate CREA .05%; OINT .05%</i> QL (60 gm / 30 days)	CREA 3	QL
<i>clobetasol propionate GEL .05%</i> QL (60 gm / 30 days)	4	QL
<i>clobetasol propionate SOLN .05%</i> QL (50 mL / 30 days)	3	QL
<i>clobetasol propionate e CREA .05%</i> QL (60 gm / 30 days)	3	QL
<i>ENSTILAR AER</i> QL (120 gm / 30 days)	4	QL PA
<i>fluocinolone acetonide CREA .01%</i> QL (60 gm / 30 days)	CREA 4	QL
<i>fluocinolone acetonide CREA .025%</i> QL (120 gm / 30 days)	4	QL
<i>fluocinolone acetonide OIL .01%</i> QL (118.28 mL / 30 days)	3	QL
<i>fluocinolone acetonide OINT .025%</i> QL (120 gm / 30 days)	3	QL
<i>fluocinolone acetonide SOLN .01%</i> QL (90 mL / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	3	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	2	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triderm</i> CREA .5%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	4	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	4	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	4	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	3	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15% QL (50 gm / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	3	QL PA
<i>FINACEA</i> FOAM 15% QL (50 gm / 30 days)	4	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	4	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	3	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75% QL (45 gm / 30 days)	4	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	3	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	4	QL
<i>NORITATE</i> CREA 1% QL (60 gm / 30 days)	5	QL
<i>PANRETIN</i> GEL .1% QL (60 gm / 30 days)	5	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	3	QL
<i>procto-med hc</i> CREA 2.5%	3	
<i>procto-pak</i> CREA 1%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>RECTIV</i> OINT .4% QL (30 gm / 30 days)	4	QL
<i>rosadan</i> CREA .75% QL (45 gm / 30 days)	4	QL
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	4	QL
<i>TARGRETIN</i> GEL 1% QL (60 gm / 30 days)	5	QL NM PA
<i>VALCHLOR</i> GEL .016% QL (60 gm / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ZYCLARA PUMP CREA 2.5%	5	QL
QL (15 gm / 30 days)		
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL
QL (59 mL / 30 days)		
permethrin CREA 5%	3	QL
QL (60 gm / 30 days)		
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL PA
QL (30 gm / 30 days)		
SANTYL OINT 250unit/gm	4	QL
QL (180 gm / 30 days)		
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	

Drug Name	Drug Requirements/ Tier	Limits
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	4	QL
QL (150 lozenges / 30 days)		
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	3	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

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<i>chloride 0.45%</i>	49	<i>diltiazem hcl extended</i>			<i>ec-naproxen</i>	7
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<i>dextrose 5% w/ sodium</i>		<i>liq 2.5-0.025 mg/5ml</i>	44		<i>efavirenz</i>	10
<i>chloride 0.225%</i>	49	<i>diphenoxylate w/ atropine</i>			<i>efavirenz-emtricitabine-</i>	
<i>dextrose 5% w/ sodium</i>		<i>tab 2.5-0.025 mg</i>	44		<i>tenofovir df tab 600-200-</i>	
<i>chloride 0.3%</i>	49	<i>dipyridamole</i>	47		<i>300 mg</i>	11
<i>dextrose 5% w/ sodium</i>		<i>disopyramide phosphate</i>	22		<i>efavirenz-lamivudine-</i>	
<i>chloride 0.45%</i>	49	<i>disulfiram</i>	35		<i>tenofovir df tab 400-300-</i>	
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<i>diclofenac w/ misoprostol</i>		<i>doxorubicin hcl</i>	15		<i>emtricitabine-tenofovir</i>	
<i>tab delayed release 75-</i>		<i>doxorubicin hcl liposomal</i>	15		<i>disoproxil fumarate tab</i>	
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5600	38	<i>mg/ml</i>	9	<i>haloperidol lactate</i>	31	
<i>fosamprenavir calcium</i>	11	<i>gentamicin in saline inj 1</i>	HARVONI PAK 33.75-		
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<i>ketoconazole</i>	10	<i>lapatinib ditosylate</i>	17	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	40
<i>ketoconazole (topical)</i>	56	<i>larin 1.5/30</i>	40	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	40
<i>ketorolac tromethamine (ophth)</i>	51	<i>larin 1/20</i>	40	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	40
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Columbus, IN 47202-0482

Toll free: (844) 283-2788 (TTY users call 711) Fax: (855) 633-7673
compliance@mytruadvantage.com

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U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

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