Sharp Advantage (HMO)

2016 Formulary

(List of Covered Drugs)

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

Sharp Advantage 2016 Part D Formulary Effective 05/01/2016
Formulary ID: 16490.000, Version: 12

This formulary was updated on 04/25/2016. For more recent information or other questions, please contact Sharp Advantage Customer Care at 1-855-820-2112 or visit www.sharphealthplan.com/sharpadvantage for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 6:00 p.m. Pacific Time, Monday to Friday.

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 Sharp Health Plan. When it refers to "plan" or "our plan," it means Sharp Advantage.

This document includes the list of the drugs (formulary) for our plan which is current as of May 1, 2016. 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. The Formulary may change at any time. You will receive notice when necessary. Benefits may change on January 1 of each year.

H5386_SA COMP FORMULARY

What is the Sharp Advantage Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of May 1, 2016. To get updated information about the drugs covered by Sharp Advantage, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, we will notify in writing so that you have the changes. We will post an updated version of the Sharp Advantage formulary on our website at www.sharphealthplan.com/sharpadvantage. If you would like a printed version of the corrections, we will mail it to you upon request.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Sharp Advantage 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:** Sharp Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Sharp Advantage before you fill your prescriptions. If you don't get approval, Sharp Advantage may not cover the drug.

- **Quantity Limits:** For certain drugs, Sharp Advantage limits the amount of the drug that Sharp Advantage will cover. For example, Sharp Advantage provides 30 tablets for 30 days per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Sharp Advantage 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, Sharp Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Sharp Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document 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 Sharp Advantage 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 Sharp Advantage formulary?" on page iv 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 Sharp Advantage does not cover your drug, you have two options:

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

You can ask Sharp Advantage 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, Sharp Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Sharp Advantage 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a member entering a long-term care (LTC) facility from other care settings and have a level of care change, we will cover one 31-day supply of a particular drug, or less if your prescription is written for fewer days.

For more information

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

If you have questions about Sharp Advantage, 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.

Sharp Advantage's Formulary

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

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

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

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

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
PA	Prior Authorization Restriction	You (or your provider) are required to get prior authorization from Sharp Advantage before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your provider) are required to get authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA-HRM	Prior Authorization Restrictions for members 65 years and older	If you are 65 years or older, you (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior authorization, we may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restrictions	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
LA	Limited Access Drugs	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-855-820-2112 (TTY 711) 8:00 a.m. to 6:00 p.m. Pacific Time, Monday-Friday.
NM	No Mail Order	This drug is not available through mail order.

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Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine 120 mg-12 mg/5 ml solution 120-12 mg/5 ml	(Acetaminophen with Codeine)	2	QL (2700 per 30 days)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	(Acetaminophen with Codeine)	2	QL (2700 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	(Tylenol-Codeine No.3)	2	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	(Tylenol-Codeine No.3)	2	QL (180 per 30 days)
ALLZITAL ORAL TABLET 25-325 MG		2	
ascomp with codeine oral capsule 30-50-325-40 mg	(Fiorinal with Codeine #3)	2	QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG		4	ST; QL (60 per 30 days)
buprenorphine hcl injection syringe 0.3 mg/ml	(Buprenorphine HCl)	2	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	(Fiorinal with Codeine #3)	2	QL (180 per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	(Fioricet with Codeine)	2	QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	2	QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	(Esgic)	2	QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	2	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	(Fiorinal)	2	QL (180 per 30 days)
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	(Butorphanol Tartrate)	2	QL (5 per 28 days)

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

Drug Name		Drug Tier	Requirements/Limits
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR		3	QL (4 per 28 days)
capacet oral capsule 50-325-40 mg	(Esgic)	2	QL (180 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	(Codeine Sulfate)	2	QL (180 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG		4	QL (60 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Xolox)	2	QL (360 per 30 days)
endodan oral tablet 4.8355-325 mg	(Percodan)	2	QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	5	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	(Duragesic)	2	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 7.5-325 mg/15 ml	(Hycet)	2	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	(Norco)	2	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Norco)	2	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg, 7.5-200 mg	(Ibudone)	2	QL (150 per 30 days)
hydromorphone (pf) injection solution 10 mg/ml	(Dilaudid-HP)	2	
hydromorphone (pf) injection solution 4 mg/ml	(Dilaudid)	2	

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

Drug Name		Drug Tier	Requirements/Limits
hydromorphone injection solution 2 mg/ml	(Hydromorphone HCl)	2	
hydromorphone injection syringe 2 mg/ml	(Hydromorphone HCl)	2	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	2	QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg	(Dilaudid)	2	QL (180 per 30 days)
hydromorphone oral tablet 8 mg	(Dilaudid)	2	QL (240 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		3	QL (30 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY		5	PA; QL (30 per 30 days)
lorcet (hydrocodone) oral tablet 5-325 mg	(Norco)	2	QL (360 per 30 days)
lorcet hd oral tablet 10-325 mg	(Norco)	2	QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg	(Norco)	2	QL (360 per 30 days)
margesic oral capsule 50-325-40 mg	(Esgic)	2	QL (180 per 30 days)
methadone injection solution 10 mg/ml	(Methadone HCl)	2	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	(Methadone HCl)	2	QL (1800 per 30 days)
methadone oral tablet 10 mg, 5 mg	(Diskets)	2	QL (360 per 30 days)
methadose oral tablet,soluble 40 mg	(Diskets)	2	QL (90 per 30 days)
morphine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 50 mg/25 ml (2 mg/ml)	(Morphine Sulfate/0.9% Nacl/PF)	2	
morphine 10 mg/ml carpuject 10 mg/ml	(Morphine Sulfate)	2	
morphine 2 mg/ml carpuject 2 mg/ml	(Morphine Sulfate)	2	
morphine 4 mg/ml carpuject 4 mg/ml	(Morphine Sulfate)	2	
morphine 8 mg/ml syringe 8 mg/ml	(Morphine Sulfate)	2	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	(Morphine Sulfate)	2	QL (200 per 30 days)
morphine concentrate oral syringe 20 mg/ml	(Morphine Sulfate)	2	

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

Drug Name		Drug Tier	Requirements/Limits
morphine in dextrose 5 % injection pt controlled analgesia syring 100 mg/50 ml (2 mg/ml), 50 mg/25 ml (2 mg/ml)	(Morphine Sulfate/D5W)	2	
morphine injection solution 15 mg/ml, 8 mg/ml	(Morphine Sulfate)	2	
morphine injection syringe 10 mg/ml	(Morphine Sulfate)	2	
morphine intramuscular pen injector 10 mg/0.7 ml	(Morphine Sulfate)	2	
morphine intravenous cartridge 15 mg/ml	(Morphine Sulfate)	2	
morphine intravenous solution 25 mg/ml, 50 mg/ml	(Morphine Sulfate)	2	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	(Morphine Sulfate)	2	
morphine oral solution 10 mg/5 ml	(Morphine Sulfate)	2	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml	(Morphine Sulfate)	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG		4	QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 30 mg, 60 mg	(MS Contin)	2	QL (120 per 30 days)
morphine oral tablet extended release 15 mg, 200 mg	(MS Contin)	2	QL (180 per 30 days)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	(Morphine Sulfate)	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		3	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		3	QL (181 per 30 days)
oxycodone oral capsule 5 mg	(Oxycodone HCl)	2	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	(Oxycodone HCl)	2	QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	(Oxycodone HCl)	2	QL (1300 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	(Roxicodone)	2	QL (180 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Xolox)	2	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-650 mg	(Xolox)	2	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-500 mg	(Xolox)	2	QL (240 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	(Percodan)	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG		3	QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG		3	QL (120 per 30 days)
oxymorphone oral tablet 10 mg, 5 mg	(Opana)	2	QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	(Opana ER)	2	QL (60 per 30 days)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	(Opana ER)	2	QL (120 per 30 days)
reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg	(Ibudone)	2	QL (150 per 30 days)
roxicet oral solution 5-325 mg/5 ml	(Oxycodone HCl/Acetaminophen)	2	QL (1800 per 30 days)
tencon oral tablet 50-325 mg	(Tencon)	2	QL (180 per 30 days)
tramadol oral tablet 50 mg	(Ultram)	2	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	2	QL (240 per 30 days)
vicodin es oral tablet 7.5-300 mg	(Norco)	2	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)
vicodin hp oral tablet 10-300 mg	(Norco)	2	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
vicodin oral tablet 5-300 mg	(Norco)	2	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)
XARTEMIS XR ORAL TAB,ORAL ONLY,IR - ER, BIPHASE 7.5-325 MG		3	QL (360 per 30 days)
xylon 10 oral tablet 10-200 mg	(Ibudone)	2	QL (150 per 30 days)
zebutal oral capsule 50-325-40 mg	(Esgic)	2	QL (180 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG		4	QL (60 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
CALDOLOR INTRAVENOUS RECON SOLN 400 MG/4 ML (100 MG/ML)		4	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
choline,magnesium salicylate oral liquid 500 mg/5 ml	(Choline Sal/Mag Salicylate)	2	
diclofenac potassium oral tablet 50 mg	(Diclofenac Potassium)	2	
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	(Diclofenac Sodium)	2	
diclofenac sodium topical gel 3 %	(Voltaren)	5	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	(Arthrotec 50)	2	
diflunisal oral tablet 500 mg	(Diflunisal)	2	
etodolac oral capsule 200 mg, 300 mg	(Etodolac)	2	
etodolac oral tablet 400 mg, 500 mg	(Etodolac)	2	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	(Etodolac)	2	
fenoprofen oral tablet 600 mg	(Fenoprofen Calcium)	2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %		3	PA

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

Drug Name		Drug Tier	Requirements/Limits
flurbiprofen oral tablet 100 mg, 50 mg	(Flurbiprofen)	2	
ibuprofen oral suspension 100 mg/5 ml	(Ibuprofen)	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(Ibuprofen)	1	
indomethacin oral capsule 25 mg	(Indomethacin)	2	QL (240 per 30 days)
indomethacin oral capsule 50 mg	(Indomethacin)	2	QL (120 per 30 days)
indomethacin oral capsule, extended release 75 mg	(Indomethacin)	2	QL (60 per 30 days)
indomethacin sodium intravenous recon soln 1 mg	(Indomethacin Sodium)	2	
ketoprofen oral capsule 50 mg, 75 mg	(Ketoprofen)	2	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	(Ketoprofen)	2	
ketorolac 30 mg/ml carpuject luer lock, 10's,l/f 30 mg/ml	(Ketorolac Tromethamine)	2	
ketorolac injection cartridge 15 mg/ml	(Ketorolac Tromethamine)	2	QL (40 per 30 days)
ketorolac injection cartridge 30 mg/ml	(Ketorolac Tromethamine)	2	QL (20 per 30 days)
ketorolac injection solution 15 mg/ml	(Ketorolac Tromethamine)	2	QL (40 per 30 days)
ketorolac injection solution 30 mg/ml (1 ml)	(Ketorolac Tromethamine)	2	QL (20 per 30 days)
ketorolac intramuscular solution 60 mg/2 ml	(Ketorolac Tromethamine)	2	QL (20 per 30 days)
ketorolac oral tablet 10 mg	(Ketorolac Tromethamine)	2	QL (20 per 30 days)
mefenamic acid oral capsule 250 mg	(Ponstel)	2	
meloxicam oral suspension 7.5 mg/5 ml	(Mobic)	2	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	1	
nabumetone oral tablet 500 mg, 750 mg	(Nabumetone)	2	
naproxen oral suspension 125 mg/5 ml	(Naprosyn)	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(Ec-Naprosyn)	2	

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

Drug Name		Drug Tier	Requirements/Limits
naproxen sodium oral tablet 275 mg, 550 mg	(Anaprox)	1	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	2	
salsalate oral tablet 500 mg, 750 mg	(Salsalate)	2	
sulindac oral tablet 150 mg, 200 mg	(Sulindac)	2	
tolmetin oral capsule 400 mg	(Tolmetin Sodium)	2	
tolmetin oral tablet 200 mg, 600 mg	(Tolmetin Sodium)	2	
VOLTAREN TOPICAL GEL 1 %		2	
Anesthetics			
Local Anesthetics			
glydo mucous membrane jelly in applicator 2 %	(Lidocaine HCl)	2	
lidocaine (pf) injection solution 15 mg/ml (1.5 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	2	(PA for ESRD Only)
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)	(Lidocaine HCl/PF)	2	
lidocaine 2% viscous soln 2 %	(Xylocaine)	2	
lidocaine hcl 2% jelly uro-jet, p/f 2 %		2	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	(Xylocaine)	2	(PA for ESRD Only)
lidocaine hcl laryngotracheal solution 4 %	(Xylocaine)	2	
lidocaine hcl mucous membrane gel 2 %	(Lidocaine HCl)	2	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Lidocaine HCl)	2	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	(Xylocaine)	2	
lidocaine hcl urethral gel 2 %	(Lidocaine HCl)	2	
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	2	PA
lidocaine topical ointment 5 %	(Lidocaine)	2	(PA for ESRD Only)
lidocaine-prilocaine topical cream 2.5-2.5 %	(EMLA)	2	(PA for ESRD Only)
lidocaine-prilocaine topical kit 2.5-2.5 %	(Relador Pak)	2	(PA for ESRD Only)

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

Drug Name		Drug Tier	Requirements/Limits
RELADOR PAK TOPICAL KIT 2.5-2.5 %		2	(PA for ESRD Only)
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg	(Acamprosate Calcium)	2	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	(Buprenorphine HCl)	2	PA; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	(Buprenorphine HCl/Naloxone HCl)	2	PA; QL (90 per 30 days)
bupropion hcl sr 150 mg tablet f/c 150 mg	(Zyban)	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG		3	QL (168 per 84 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG		3	QL (168 per 84 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)		3	QL (53 per 28 days)
disulfiram oral tablet 250 mg, 500 mg	(Antabuse)	2	
naloxone injection solution 0.4 mg/ml	(Naloxone HCl)	2	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	(Naloxone HCl)	2	
naltrexone oral tablet 50 mg	(Revia)	2	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION		4	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG		4	QL (1008 per 90 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG		3	PA; QL (90 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Antianxiety Agents			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	2	QL (120 per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg	(Xanax XR)	2	QL (120 per 30 days)
alprazolam oral tablet extended release 24 hr 3 mg	(Xanax XR)	2	QL (90 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	(Chlordiazepoxide HCl)	2	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	2	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	2	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	(Clonazepam)	2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	(Clonazepam)	2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg	(Tranxene T-Tab)	2	QL (120 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	(Tranxene T-Tab)	2	QL (60 per 30 days)
diazepam injection syringe 5 mg/ml	(Diazepam)	2	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml	(Diazepam)	2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	(Diazepam)	2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	2	QL (120 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	(Diastat)	2	
estazolam oral tablet 1 mg	(Estazolam)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
estazolam oral tablet 2 mg	(Estazolam)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days)
flurazepam oral capsule 15 mg	(Flurazepam HCl)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days)
flurazepam oral capsule 30 mg	(Flurazepam HCl)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(Ativan)	2	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	2	QL (90 per 30 days)
midazolam oral syrup 2 mg/ml	(Midazolam HCl)	2	QL (10 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML		4	PA NSO; QL (480 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (120 per 30 days)
triazolam oral tablet 0.125 mg	(Halcion)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Antibacterials			
Aminoglycosides			
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML		5	PA BvD
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	(Gentamicin In Nacl, Iso-Osm)	2	
gentamicin injection solution 40 mg/ml	(Gentamicin Sulfate)	2	
gentamicin ped 20 mg/2 ml vial 25's,pedi,latex-free 20 mg/2 ml	(Gentamicin Sulfate/PF)	2	
gentamicin sulfate (pf) intravenous solution 80 mg/8 ml	(Gentamicin Sulfate/PF)	2	
neomycin oral tablet 500 mg	(Neomycin Sulfate)	2	
streptomycin intramuscular recon soln 1 gram	(Streptomycin Sulfate)	2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml, 80 mg/100 ml	(Tobramycin/Sodium Chloride)	2	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	(Tobramycin Sulfate)	2	
Antibacterials, Miscellaneous			
baciim intramuscular recon soln 50,000 unit	(Bacitracin)	2	
bacitracin intramuscular recon soln 50,000 unit	(Bacitracin)	2	
chloramphenicol sod succinate intravenous recon soln 1 gram	(Chloramphenicol Sod Succ)	2	
clindamycin 75 mg/5 ml soln 75 mg/5 ml	(Cleocin Palmitate)	2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	2	

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Drug Name		Drug Tier	Requirements/Limits
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	(Cleocin Phosphate In D5w)	2	
clindamycin pediatric oral recon soln 75 mg/5 ml	(Cleocin Palmitate)	2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin Phosphate)	2	
clindamycin phosphate intravenous solution 600 mg/4 ml	(Cleocin Phosphate)	2	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	
CUBICIN INTRAVENOUS RECON SOLN 500 MG		5	
linezolid intravenous parenteral solution 600 mg/300 ml	(Zyvox)	5	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	
linezolid oral tablet 600 mg	(Zyvox)	5	
methenamine hippurate oral tablet 1 gram	(Hiprex)	2	
methenamine mandelate oral tablet 0.5 g, 1 gram	(Methenamine Mandelate)	2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metronidazole/Sodium Chloride)	2	
metronidazole oral capsule 375 mg	(Flagyl)	2	
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg	(Macrodantin/Macrobid)	2	QL (120 per 30 days)
nitrofurantoin macrocrystal oral capsule 50 mg	(Macrodantin/Macrobid)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days)
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (2400 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit	(Polymyxin B Sulfate)	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG		5	
trimethoprim oral tablet 100 mg	(Trimethoprim)	2	
vancomycin hcl 1g/200 ml bag 1 gram/200 ml	(Vancomycin HCl/D5W)	2	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 750 mg	(Vancomycin HCl)	2	
vancomycin intravenous recon soln 500 mg	(Vancomycin HCl/D5W)	2	
vancomycin oral capsule 125 mg, 250 mg	(Vancocin HCl)	5	
XIFAXAN ORAL TABLET 200 MG		5	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		5	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		5	
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg	(Cefaclor)	2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	(Cefaclor)	2	

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Drug Name		Drug Tier	Requirements/Limits
cefaclor oral tablet extended release 12 hr 500 mg	(Cefaclor)	2	
cefadroxil oral capsule 500 mg	(Cefadroxil)	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	(Cefadroxil)	2	
cefadroxil oral tablet 1 gram	(Cefadroxil)	2	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML		2	
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml	(Cefazolin Sodium/Dextrose, Iso)	2	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg	(Cefazolin Sodium)	2	
cefdinir oral capsule 300 mg	(Cefdinir)	2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cefdinir)	2	
cefditoren pivoxil oral tablet 200 mg, 400 mg	(Spectracef)	2	
CEFEPIME 2 GM INJECTION 2 GRAM/100 ML		4	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML		4	
cefepime injection recon soln 1 gram, 2 gram	(Maxipime)	2	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Suprax)	2	
cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg	(Claforan)	2	
cefoxitin in dextrose, iso-osm intravenous piggyback 2 gram/50 ml	(Cefoxitin Sodium/Dextrose, Iso)	2	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	(Cefoxitin Sodium)	2	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	(Cefpodoxime Proxetil)	2	
cefpodoxime oral tablet 100 mg, 200 mg	(Cefpodoxime Proxetil)	2	

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Drug Name		Drug Tier	Requirements/Limits
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cefprozil)	2	
cefprozil oral tablet 250 mg, 500 mg	(Cefprozil)	2	
ceftazidime injection recon soln 2 gram, 6 gram	(Fortaz)	2	
ceftibuten oral capsule 400 mg	(Cedax)	2	
ceftibuten oral suspension for reconstitution 180 mg/5 ml	(Cedax)	2	
ceftriaxone 1 gm piggyback 50ml galaxycontainer 1 gram/50 ml	(Ceftriaxone Na/Dextrose, Iso)	2	
ceftriaxone 1 gm vial 10's, fliptop,l/f 1 gram	(Rocephin)	2	
ceftriaxone 2 gm piggyback 50ml galaxycontainer 2 gram/50 ml	(Ceftriaxone Na/Dextrose, Iso)	2	
ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg	(Rocephin)	2	
ceftriaxone intravenous recon soln 1 gram, 2 gram	(Ceftriaxone Na/Dextrose, Iso)	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	(Ceftin)	2	
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	(Zinacef)	2	
cefuroxime sodium intravenous recon soln 7.5 gram	(Zinacef)	2	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	(Keflex)	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cephalexin)	1	
cephalexin oral tablet 250 mg, 500 mg	(Cephalexin)	1	
MEFOXIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML		4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML		4	

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Drug Name		Drug Tier	Requirements/Limits
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG		4	
tazicef injection recon soln 2 gram, 6 gram	(Fortaz)	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		4	
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	2	
azithromycin oral packet 1 gram	(Zithromax)	2	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg	(Zithromax)	2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Biaxin)	2	
clarithromycin oral tablet 250 mg, 500 mg	(Biaxin)	2	
clarithromycin oral tablet extended release 24 hr 500 mg	(Clarithromycin)	2	
DIFICID ORAL TABLET 200 MG		5	QL (20 per 10 days)
e.e.s. 400 oral tablet 400 mg	(Erythromycin Ethylsuccinate)	2	
e.e.s. granules oral suspension for reconstitution 200 mg/5 ml	(Eryped 200)	2	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg	(Erythromycin Base)	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG		4	
erythrocin (as stearate) oral tablet 250 mg	(Erythromycin Stearate)	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		4	
erythromycin ethylsuccinate oral tablet 400 mg	(Erythromycin Ethylsuccinate)	2	

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Drug Name		Drug Tier	Requirements/Limits
erythromycin oral capsule,delayed release(dr/ec) 250 mg	(Erythromycin Base)	2	
erythromycin oral tablet 250 mg, 500 mg	(Erythromycin Base)	2	
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram	(Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	LA
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	(Primaxin)	2	
INVANZ INJECTION RECON SOLN 1 GRAM		4	
meropenem intravenous recon soln 500 mg	(Merrem)	2	
meropenem iv 1 gm vial outer, latex-free 1 gram	(Merrem)	2	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg	(Amoxicillin)	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	(Amoxicillin)	1	
amoxicillin oral tablet 500 mg, 875 mg	(Amoxicillin)	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	(Amoxicillin)	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	(Augmentin)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	(Augmentin)	2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	(Amoxicillin/Potassium Clav)	2	
ampicillin 2 gm vial 10's, latex-free 2 gram	(Ampicillin Sodium)	2	

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Drug Name		Drug Tier	Requirements/Limits
ampicillin oral capsule 250 mg, 500 mg	(Ampicillin Trihydrate)	1	
ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Ampicillin Trihydrate)	1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	(Ampicillin Sodium)	2	
ampicillin sodium intravenous recon soln 2 gram	(Ampicillin Sodium)	2	
ampicillin-sulbactam 1.5 gm vl p/f, latex-free 1.5 gram	(Unasyn)	2	
ampicillin-sulbactam injection recon soln 15 gram, 3 gram	(Unasyn)	2	
ampicillin-sulbactam intravenous recon soln 1.5 gram	(Unasyn)	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)		4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg	(Dicloxacillin Sodium)	2	
nafcillin 2 gm vial sterile, latex-free 2 gram	(Nafcillin Sodium)	2	
nafcillin injection recon soln 1 gram, 10 gram	(Nafcillin Sodium)	2	
nafcillin intravenous recon soln 2 gram	(Nafcillin Sodium)	2	
oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram	(Oxacillin Sodium)	2	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	(Oxacillin Sodium/Dextrose, Iso)	2	
oxacillin injection recon soln 10 gram	(Oxacillin Sodium)	2	
oxacillin intravenous recon soln 2 gram	(Oxacillin Sodium)	2	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	(Pen G Pot/Dextrose-Water)	2	

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Drug Name		Drug Tier	Requirements/Limits
penicillin g potassium injection recon soln 5 million unit	(Penicillin G Potassium)	2	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	(Penicillin G Procaine)	2	
penicillin gk 20 million unit 20 million unit	(Penicillin G Potassium)	2	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	(Penicillin V Potassium)	2	
penicillin v potassium oral tablet 250 mg, 500 mg	(Penicillin V Potassium)	2	
pfizerpen-g injection recon soln 20 million unit	(Penicillin G Potassium)	2	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	(Zosyn)	2	
piperacil-tazobact 40.5 gram p/f, pharmacy bulk 40.5 gram	(Zosyn)	2	
Quinolones			
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	(Cipro XR)	2	
ciprofloxacin 200 mg/20 ml vl sdv,latex-free 200 mg/20 ml	(Ciprofloxacin Lactate)	2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	(Cipro)	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	(Cipro I.V.)	2	
ciprofloxacin lactate intravenous solution 400 mg/40 ml	(Ciprofloxacin Lactate)	2	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	2	
ciprofloxacn-d5w 400 mg/200 ml p/f,latex/f, in d5w 400 mg/200 ml	(Cipro I.V.)	2	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	(Levaquin)	2	

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Drug Name		Drug Tier	Requirements/Limits
levofloxacin intravenous solution 25 mg/ml	(Levofloxacin)	2	
levofloxacin oral solution 250 mg/10 ml	(Levaquin)	2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	(Levaquin)	1	
moxifloxacin oral tablet 400 mg	(Avelox)	2	
ofloxacin oral tablet 400 mg	(Ofloxacin)	2	
Sulfonamides			
sulfadiazine oral tablet 500 mg	(Sulfadiazine)	2	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	(Bactrim)	1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine)	2	
sulfatrim oral suspension 200-40 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	2	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg	(Demeclocycline HCl)	2	
doxy 100 vial 10's, p/f 100 mg	(Doxycycline Hyclate)	2	
doxycycline hyclate 100 mg cap 100 mg	(Morgidox)	2	
doxycycline hyclate 100 mg tab f/c 100 mg	(Doryx)	2	
doxycycline hyclate intravenous recon soln 100 mg	(Doxycycline Hyclate)	2	
doxycycline hyclate oral capsule 100 mg	(Adoxa)	2	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg, 50 mg	(Avidoxy)	2	
doxycycline hyclate oral tablet 20 mg	(Doryx)	2	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg	(Doryx)	2	

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Drug Name		Drug Tier	Requirements/Limits
doxycycline mono 100 mg cap 100 mg	(Adoxa)	2	
doxycycline mono 100 mg tablet f/c 100 mg	(Avidoxy)	2	
doxycycline mono 50 mg tablet 50 mg	(Avidoxy)	2	
doxycycline monohydrate oral capsule 150 mg, 50 mg, 75 mg	(Adoxa)	2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	2	
doxycycline monohydrate oral tablet 150 mg, 75 mg	(Avidoxy)	2	
MINOCIN INTRAVENOUS RECON SOLN 100 MG		5	
minocycline oral capsule 100 mg, 50 mg, 75 mg	(Minocin)	2	
minocycline oral tablet 100 mg, 50 mg, 75 mg	(Minocycline HCl)	2	
minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg	(Minocycline HCl)	2	
tetracycline oral capsule 250 mg, 500 mg	(Tetracycline HCl)	2	
TYGACIL INTRAVENOUS RECON SOLN 50 MG		5	
Anticancer Agents			
Anticancer Agents			
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		5	
ADCETRIS INTRAVENOUS RECON SOLN 50 MG		5	PA NSO; QL (4 per 21 days)
adriamycin intravenous recon soln 10 mg, 20 mg, 50 mg	(Doxorubicin HCl)	2	PA BvD
adriamycin intravenous solution 10 mg/5 ml	(Doxorubicin HCl)	2	PA BvD
adrucil 2,500 mg/50 ml vial outer, latex-free 2.5 gram/50 ml	(Fluorouracil)	2	PA BvD
adrucil intravenous solution 500 mg/10 ml	(Fluorouracil)	2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG		5	PA NSO; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG		5	PA NSO; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG		5	PA NSO; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG		5	
anastrozole oral tablet 1 mg	(Arimidex)	2	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)		5	PA NSO
azacitidine injection recon soln 100 mg	(Vidaza)	5	
BELEODAQ INTRAVENOUS RECON SOLN 500 MG		5	PA NSO
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML		5	PA NSO
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; QL (420 per 30 days)
bicalutamide oral tablet 50 mg	(Casodex)	2	
bleomycin injection recon soln 30 unit	(Bleomycin Sulfate)	2	PA BvD
bleomycin sulfate 15 unit vial latex-free 15 unit	(Bleomycin Sulfate)	2	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG		5	PA NSO; QL (140 per 365 days)
BOSULIF ORAL TABLET 100 MG		5	PA NSO; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG		5	PA NSO; QL (30 per 30 days)
CAPRELSA ORAL TABLET 100 MG		5	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG		5	PA NSO; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
carboplatin intravenous solution 10 mg/ml	(Carboplatin)	2	
cladribine intravenous solution 10 mg/10 ml	(Cladribine)	2	PA BvD
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG[1]-20 MG[1]), 140 MG/DAY(80 MG[1]-20 MG[3]), 60 MG/DAY (20 MG [3]/DAY)		5	PA NSO; QL (112 per 28 days)
COTELLIC ORAL TABLET 20 MG		5	PA NSO; LA; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	(Cyclophosphamide)	2	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		4	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	(Cyclophosphamide)	2	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)		5	PA NSO
dactinomycin intravenous recon soln 0.5 mg	(Dactinomycin)	2	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML		5	PA NSO; LA
DAUNOXOME INTRAVENOUS SOLUTION 2 MG/ML		3	
decitabine intravenous recon soln 50 mg	(Dacogen)	5	
docetaxel 160 mg/16 ml vial mdv 160 mg/16 ml (10 mg/ml)	(Taxotere)	5	
docetaxel intravenous solution 20 mg/2 ml (final), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	(Taxotere)	5	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Doxil)	5	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		3	
ELIGARD SUBCUTANEOUS SYRINGE 22.5 MG (3 MONTH)		4	QL (1 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS SYRINGE 30 MG (4 MONTH)		4	QL (1 per 112 days)
ELIGARD SUBCUTANEOUS SYRINGE 45 MG (6 MONTH)		4	QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		4	
EMCYT ORAL CAPSULE 140 MG		3	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		5	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG		5	PA NSO; QL (30 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		4	
etoposide intravenous solution 20 mg/ml	(Etoposide)	2	
exemestane oral tablet 25 mg	(Aromasin)	2	
FARESTON ORAL TABLET 60 MG		5	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		5	PA NSO
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML		5	
floxuridine injection recon soln 0.5 gram	(Floxuridine)	2	PA BvD
fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml	(Fluorouracil)	2	PA BvD
fluorouracil intravenous solution 2.5 gram/50 ml	(Fluorouracil)	2	PA BvD
flutamide oral capsule 125 mg	(Flutamide)	2	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML		5	PA NSO
gemcitabine intravenous recon soln 1 gram	(Gemzar)	5	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG		5	PA NSO; QL (90 per 30 days)
GLEEVEC ORAL TABLET 400 MG		5	PA NSO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	5	PA NSO
HEXALEN ORAL CAPSULE 50 MG	5	
hydroxyurea oral capsule 500 mg (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; QL (30 per 30 days)
ifosfamide 1 gm/20 ml vial sd polymer vial 1 gram/20 ml (Ifex)	2	PA BvD
ifosfamide intravenous recon soln 1 gram (Ifex)	2	PA BvD
ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg (Ifosfamide/Mesna)	5	PA BvD
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; QL (60 per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 500 mg/25 ml (Camptosar)	2	
IXEMPRA 15 MG KIT WITH DILUENT 15 MG	5	
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	5	

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Drug Name		Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; QL (60 per 30 days)
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG		5	PA NSO
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)		5	PA NSO
KYPROLIS INTRAVENOUS RECON SOLN 60 MG		5	PA NSO; QL (6 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG [1]/DAY), 14 MG (10 MG[1] -4 MG[1])/DAY, 20 MG/DAY (10 MG [2]/DAY), 24 MG (10 MG[2] -4 MG[1])/DAY		5	PA NSO
letrozole oral tablet 2.5 mg	(Femara)	2	
LEUKERAN ORAL TABLET 2 MG		4	
leuprolide subcutaneous kit 1 mg/0.2 ml	(Leuprolide Acetate)	2	
lipodox intravenous suspension 2 mg/ml	(Doxil)	5	PA BvD
lomustine oral capsule 10 mg, 100 mg, 40 mg	(Lomustine)	2	
LONSURF ORAL TABLET 15-6.14 MG		5	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG		5	PA NSO; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG		5	QL (1 per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		5	QL (1 per 84 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		5	QL (1 per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG		5	

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Drug Name		Drug Tier	Requirements/Limits
LYNPARZA ORAL CAPSULE 50 MG		5	PA NSO; QL (480 per 30 days)
LYSODREN ORAL TABLET 500 MG		3	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL		5	PA NSO; QL (4 per 28 days)
MATULANE ORAL CAPSULE 50 MG		5	
megestrol oral tablet 20 mg, 40 mg	(Megestrol Acetate)	2	
MEKINIST ORAL TABLET 0.5 MG		5	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG		5	PA NSO; QL (30 per 30 days)
melphalan hcl intravenous recon soln 50 mg	(Alkeran)	5	
mercaptopurine oral tablet 50 mg	(Mercaptopurine)	2	
methotrexate 50 mg/2 ml vial latex-free, 5's, mdv 25 mg/ml		2	PA BvD
methotrexate sodium (pf) injection recon soln 1 gram	(Methotrexate Sodium/PF)	2	PA BvD
methotrexate sodium (pf) injection solution 25 mg/ml		2	PA BvD
methotrexate sodium oral tablet 2.5 mg	(Methotrexate Sodium)	2	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	(Mitoxantrone HCl)	2	
NEXAVAR ORAL TABLET 200 MG		5	PA NSO; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG		3	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA NSO; QL (3 per 28 days)
ODOMZO ORAL CAPSULE 200 MG		5	PA NSO; LA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML		5	PA NSO
onxol intravenous concentrate 6 mg/ml	(Paclitaxel)	2	
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML		5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
oxaliplatin intravenous solution 100 mg/20 ml (Eloxatin)	5	
paclitaxel intravenous concentrate 6 mg/ml (Paclitaxel)	2	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	
PURIXAN ORAL SUSPENSION 20 MG/ML	5	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; LA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	3	

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Drug Name		Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA NSO; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG		5	PA NSO; LA; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	(Tamoxifen Citrate)	2	
TARCEVA ORAL TABLET 100 MG, 25 MG		5	PA NSO; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG		5	PA NSO; QL (90 per 30 days)
TARGRETIN ORAL CAPSULE 75 MG		5	PA NSO; QL (420 per 30 days)
TARGRETIN TOPICAL GEL 1 %		5	PA NSO; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG		5	PA NSO; QL (112 per 28 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG		5	PA NSO; (vial only)
teniposide intravenous solution 50 mg/5 ml	(Teniposide)	5	
thiotepa injection recon soln 15 mg	(Thiotepa)	5	
toposar intravenous solution 20 mg/ml	(Etoposide)	2	
topotecan intravenous recon soln 4 mg	(Hycamtin)	5	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)		5	PA BvD; QL (4 per 28 days)
TREANDA 25 MG VIAL 25 MG		5	
TREANDA INTRAVENOUS RECON SOLN 100 MG		5	
TREANDA INTRAVENOUS SOLUTION 180 MG/2 ML, 45 MG/0.5 ML		5	
TRELSTAR 22.5 MG SYRINGE WITH MIXJECT 22.5 MG/2 ML		5	QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG		5	QL (1 per 168 days)

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	
tretinoin (chemotherapy) oral capsule 10 mg (Tretinoin)	5	(capsule: 10mg)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD; ST
TYKERB ORAL TABLET 250 MG	5	
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	PA NSO
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO
vinblastine intravenous solution 1 mg/ml (Vinblastine Sulfate)	2	PA BvD
vincasar pfs 2 mg/2 ml vial 2 mg/2 ml (Vincristine Sulfate)	2	PA BvD
vincasar pfs intravenous solution 1 mg/ml (Vincristine Sulfate)	2	PA BvD
vincristine 2 mg/2 ml vial p/f, sdv 2 mg/2 ml (Vincristine Sulfate)	2	PA BvD
vincristine intravenous solution 1 mg/ml (Vincristine Sulfate)	2	PA BvD
vinorelbine intravenous solution 50 mg/5 ml (Navelbine)	2	
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	5	PA NSO

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Drug Name		Drug Tier	Requirements/Limits
YONDELIS INTRAVENOUS RECON SOLN 1 MG		5	PA NSO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)		5	PA NSO
ZELBORAF ORAL TABLET 240 MG		5	PA NSO; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG		4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG		4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG		5	
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG		5	PA NSO; QL (140 per 28 days)
ZYTIGA ORAL TABLET 250 MG		5	PA NSO; QL (120 per 30 days)
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
atropine 0.1 mg/ml syringe luer-jet syr 0.1 mg/ml	(Atropine Sulfate)	2	
atropine injection solution 0.4 mg/ml, 1 mg/ml	(Atropine Sulfate)	2	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	(Atropine Sulfate)	2	
propantheline oral tablet 15 mg	(Propantheline Bromide)	2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		3	QL (4 per 28 days)
Anticonvulsants			
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		4	

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Drug Name		Drug Tier	Requirements/Limits
BANZEL ORAL SUSPENSION 40 MG/ML		4	
BANZEL ORAL TABLET 200 MG, 400 MG		4	
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	
carbamazepine oral tablet 200 mg	(Tegretol)	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	
carbamazepine oral tablet,chewable 100 mg	(Carbamazepine)	2	
CELONTIN ORAL CAPSULE 300 MG		3	
DILANTIN ORAL CAPSULE 30 MG		2	
divalproex oral capsule, sprinkle 125 mg	(Depakote Sprinkle)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	2	
epitol oral tablet 200 mg	(Tegretol)	2	
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	2	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	2	
fosphenytoin 500 mg pe/10 ml 10's,sdv,latex-free 500 mg pe/10 ml	(Cerebyx)	2	
fosphenytoin injection solution 100 mg pe/2 ml	(Cerebyx)	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		4	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	2	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	2	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	2	

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Drug Name	Drug Tier	Requirements/Limits
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	4	ST; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	ST; QL (90 per 30 days)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	4	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	4	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	4	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 2 MG	4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg (Lamictal)	2	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) (Lamictal Odt (Blue))	2	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg (Lamictal XR)	2	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg (Lamictal)	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg (Lamictal Odt)	2	
lamotrigine oral tablets,dose pack 25 mg (35) (Lamictal (Blue))	2	

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Drug Name		Drug Tier	Requirements/Limits
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	(Levetiracetam In Nacl (Iso-Os))	2	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	2	
levetiracetam oral solution 100 mg/ml	(Keppra)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		3	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML		3	QL (900 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml	(Trileptal)	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		4	
PEGANONE ORAL TABLET 250 MG		3	
phenobarbital oral elixir 20 mg/5 ml	(Phenobarbital)	2	QL (1500 per 30 days)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	(Phenobarbital)	2	QL (90 per 30 days)
phenobarbital oral tablet 30 mg	(Phenobarbital)	2	QL (200 per 30 days)
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	(Phenobarbital Sodium)	2	QL (2 per 30 days)
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	2	
phenytoin oral tablet,chewable 50 mg	(Dilantin)	2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	(Dilantin)	2	
phenytoin sodium intravenous solution 50 mg/ml	(Phenytoin Sodium)	2	

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Drug Name		Drug Tier	Requirements/Limits
phenytoin sodium intravenous syringe 50 mg/ml	(Phenytoin Sodium)	2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG		4	QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG		4	QL (270 per 30 days)
primidone oral tablet 250 mg, 50 mg	(Mysoline)	2	
SABRIL ORAL POWDER IN PACKET 500 MG		5	
SABRIL ORAL TABLET 500 MG		5	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG		3	
tiagabine oral tablet 2 mg, 4 mg	(Gabitril)	2	
topiragen oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	2	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Qudexy XR)	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	2	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG		4	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	(Depacon)	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	(Depakene)	2	
valproic acid oral capsule 250 mg	(Depakene)	2	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML		4	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML		4	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		4	QL (60 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
zonisamide oral capsule 100 mg, 25 mg, 50 mg	(Zonegran)	2	
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	2	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	(Donepezil HCl)	2	QL (30 per 30 days)
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR		2	QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	(Galantamine Hbr)	2	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	(Razadyne)	2	QL (60 per 30 days)
memantine oral solution 2 mg/ml	(Namenda)	2	QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	2	QL (60 per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda)	2	QL (49 per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		3	QL (28 per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG		3	QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG		3	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	(Exelon)	2	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	2	QL (30 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Amitriptyline HCl)	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	(Amoxapine)	2	
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	
buproban oral tablet extended release 150 mg	(Wellbutrin SR)	2	
bupropion hcl oral tablet 100 mg, 75 mg	(Wellbutrin)	2	
bupropion hcl oral tablet extended release 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	2	
citalopram oral solution 10 mg/5 ml	(Citalopram Hydrobromide)	2	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	2	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Norpramin)	2	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG		3	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Doxepin HCl)	2	
doxepin oral concentrate 10 mg/ml	(Doxepin HCl)	2	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	(Duloxetine)	2	(Cymbalta); QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	(Duloxetine)	2	(Cymbalta); QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	(Duloxetine)	2	(Irenka); QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		4	QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	(Lexapro)	2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)		4	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		4	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	(Prozac Weekly)	2	
fluoxetine oral solution 20 mg/5 ml	(Fluoxetine HCl)	2	
fluoxetine oral tablet 10 mg, 20 mg	(Fluoxetine HCl)	2	
FLUOXETINE ORAL TABLET 60 MG		4	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	(Fluvoxamine Maleate)	2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	(Fluvoxamine Maleate)	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	(Tofranil)	2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	(Tofranil-Pm)	2	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	(Maprotiline HCl)	2	
MARPLAN ORAL TABLET 10 MG		4	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	(Remeron)	2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron)	2	

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Drug Name		Drug Tier	Requirements/Limits
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	(Nefazodone HCl)	2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	2	
nortriptyline oral solution 10 mg/5 ml	(Nortriptyline HCl)	2	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	(Symbyax)	2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	2	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML		4	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	(Perphenazine/Amitriptyline HCl)	2	
phenelzine oral tablet 15 mg	(Nardil)	2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG		4	QL (30 per 30 days)
protriptyline oral tablet 10 mg, 5 mg	(Protriptyline HCl)	2	
sertraline oral concentrate 20 mg/ml	(Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SILENOR ORAL TABLET 3 MG, 6 MG		3	QL (30 per 30 days)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG		4	
tranylcypromine oral tablet 10 mg	(Parnate)	2	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	(Trazodone HCl)	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	(Trimipramine Maleate)	2	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	2	

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Drug Name		Drug Tier	Requirements/Limits
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	(Venlafaxine HCl)	2	
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg	(Venlafaxine HCl)	2	
venlafaxine oral tablet extended release 24hr 225 mg	(Venlafaxine HCl)	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		4	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23), 10 MG (7)-20 MG (7)-40 MG (16)		4	
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	2	QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG		3	QL (60 per 30 days)
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	(Nesina)	4	QL (30 per 30 days)
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	(Kazano)	4	QL (60 per 30 days)
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	(Oseni)	4	QL (30 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG		4	QL (180 per 30 days)
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG		3	QL (90 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG		3	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG		3	ST; QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
INVOKANA ORAL TABLET 100 MG		3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG		3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		3	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG		3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		3	
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		3	
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG		4	QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG		5	PA; QL (112 per 28 days)
metformin oral tablet 1,000 mg	(Glucophage)	1	QL (75 per 30 days)
metformin oral tablet 500 mg	(Glucophage)	1	QL (150 per 30 days)
metformin oral tablet 850 mg	(Glucophage)	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	(Glucophage XR)	2	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	(Glucophage XR)	2	QL (90 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	(Fortamet)	2	QL (60 per 30 days)
metformin oral tablet extended release 24hr 500 mg	(Fortamet)	2	QL (150 per 30 days)
nateglinide oral tablet 120 mg, 60 mg	(Starlix)	2	QL (90 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG		4	QL (30 per 30 days)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG		4	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	2	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(Duetact)	2	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	(Actoplus Met)	2	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	(Prandin)	2	QL (240 per 30 days)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	(Prandimet)	2	QL (150 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML		4	QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML		4	QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		3	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		3	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML		3	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)		3	
Insulins			
HUMALOG 100 UNITS/ML CARTRIDGE 5'S, OUTER 100 UNIT/ML		3	QL (30 per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		3	QL (30 per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		3	QL (12 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		3	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	QL (40 per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	QL (30 per 28 days)
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	QL (40 per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (PREFILLED SYRINGE)	3	QL (30 per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

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Drug Name		Drug Tier	Requirements/Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	QL (40 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		3	QL (40 per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		3	QL (30 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	QL (30 per 28 days)
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)		3	QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		3	QL (30 per 28 days)
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	QL (40 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)		3	
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg	(Amaryl)	1	QL (30 per 30 days)
glimepiride oral tablet 4 mg	(Amaryl)	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	(Glucotrol)	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	(Glucotrol)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	2	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	2	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	(Glipizide/Metformin HCl)	2	QL (240 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	(Glipizide/Metformin HCl)	2	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg	(Glynase)	2	QL (400 per 30 days)
glyburide micronized oral tablet 3 mg	(Glynase)	2	QL (180 per 30 days)
glyburide micronized oral tablet 6 mg	(Glynase)	2	QL (120 per 30 days)
glyburide oral tablet 1.25 mg	(Glyburide)	2	QL (280 per 30 days)
glyburide oral tablet 2.5 mg	(Glyburide)	2	QL (240 per 30 days)
glyburide oral tablet 5 mg	(Glyburide)	2	QL (120 per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	(Glucovance)	2	QL (240 per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	(Glucovance)	2	QL (120 per 30 days)
tolazamide oral tablet 250 mg	(Tolazamide)	2	QL (120 per 30 days)
tolazamide oral tablet 500 mg	(Tolazamide)	2	QL (60 per 30 days)
tolbutamide oral tablet 500 mg	(Tolbutamide)	2	QL (180 per 30 days)
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		5	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG		5	PA BvD
amphotericin b injection recon soln 50 mg	(Amphotericin B)	2	PA BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG		5	
ciclopirox topical cream 0.77 %	(Ciclodan)	2	
ciclopirox topical gel 0.77 %	(Loprox)	2	
ciclopirox topical shampoo 1 %	(Loprox)	2	
ciclopirox topical solution 8 %	(Penlac)	2	
ciclopirox topical suspension 0.77 %	(Ciclopirox Olamine)	2	
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan)	2	
ciclopirox-vite-nail lacq remo topical kit 8-5 %	(Ciclopirox/Vite/Nail Lacq Remo)	2	
clotrimazole mucous membrane troche 10 mg	(Clotrimazole)	2	

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Drug Name		Drug Tier	Requirements/Limits
clotrimazole topical cream 1 %	(Clotrimazole)	2	
clotrimazole topical solution 1 %	(Clotrimazole)	2	
clotrimazole-betamethasone topical cream 1-0.05 %	(Lotrisone)	2	
clotrimazole-betamethasone topical lotion 1-0.05 %	(Clotrimazole/Betamethasone Dip)	2	
econazole topical cream 1 %	(Econazole Nitrate)	2	
EXELDERM TOPICAL CREAM 1 %		4	
EXELDERM TOPICAL SOLUTION 1 %		4	
fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml	(Fluconazole In Nacl,Iso-Osm)	2	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml	(Fluconazole In Nacl,Iso-Osm)	2	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	2	
fluconazole-nacl 400 mg/200 ml 10's,latex-free, p/f 400 mg/200 ml	(Fluconazole In Nacl,Iso-Osm)	2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	
griseofulvin microsize oral suspension 125 mg/5 ml	(Griseofulvin, Microsize)	2	
griseofulvin microsize oral tablet 500 mg	(Grifulvin V)	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	(Gris-Peg)	2	
itraconazole oral capsule 100 mg	(Sporanox)	2	
ketoconazole oral tablet 200 mg	(Ketoconazole)	2	
ketoconazole topical cream 2 %	(Ketoconazole)	2	
ketoconazole topical shampoo 2 %	(Nizoral)	2	
miconazole-3 vaginal suppository 200 mg	(Miconazole Nitrate)	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML		5	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)		5	

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Drug Name		Drug Tier	Requirements/Limits
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG		5	
nyamyc topical powder 100,000 unit/gram	(Nystatin)	2	
NYSTATIN (BULK) POWDER 1 BILLION UNIT, 10 BILLION UNIT		2	
nystatin oral suspension 100,000 unit/ml	(Nystatin)	2	
nystatin oral tablet 500,000 unit	(Nystatin)	2	
nystatin topical cream 100,000 unit/gram	(Nystatin)	2	
nystatin topical ointment 100,000 unit/gram	(Nystatin)	2	
nystatin topical powder 100,000 unit/gram	(Nystatin)	2	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	(Nystatin/Triamcin)	2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	(Nystatin/Triamcin)	2	
nystop topical powder 100,000 unit/gram	(Nystatin)	2	
SPORANOX ORAL SOLUTION 10 MG/ML		4	
terbinafine hcl oral tablet 250 mg	(Lamisil)	2	
voriconazole intravenous solution 200 mg	(Vfend IV)	2	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	5	
Antihistamines			
Antihistamines			
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbinoxamine Maleate)	2	
carbinoxamine maleate oral tablet 4 mg	(Carbinoxamine Maleate)	2	
clemastine oral tablet 2.68 mg	(Clemastine Fumarate)	2	
cyproheptadine oral syrup 2 mg/5 ml	(Cyproheptadine HCl)	2	
cyproheptadine oral tablet 4 mg	(Cyproheptadine HCl)	2	

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Drug Name		Drug Tier	Requirements/Limits
diphenhydramine hcl injection solution 50 mg/ml	(Diphenhydramine HCl)	2	
diphenhydramine hcl injection syringe 50 mg/ml	(Diphenhydramine HCl)	2	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	2	
levocetirizine oral tablet 5 mg	(Xyzal)	2	
promethazine oral syrup 6.25 mg/5 ml	(Promethazine HCl)	2	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
AVC VAGINAL VAGINAL CREAM 15 %		3	
clindamycin phosphate vaginal cream 2 %	(Cleocin)	2	
metronidazole vaginal gel 0.75 %	(Metrogel-Vaginal)	2	
terconazole vaginal cream 0.4 %, 0.8 %	(Terazol 7)	2	
terconazole vaginal suppository 80 mg	(Terconazole)	2	
Antimigraine Agents			
Antimigraine Agents			
almotriptan malate oral tablet 12.5 mg, 6.25 mg	(Axert)	2	QL (12 per 28 days)
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	2	QL (30 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	2	QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG		4	QL (40 per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	2	QL (18 per 28 days)
rizatriptan oral tablet 10 mg, 5 mg	(Maxalt)	2	QL (18 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	(Maxalt Mlt)	2	QL (18 per 28 days)
sumatriptan 4 mg/0.5 ml inject latex-free 4 mg/0.5 ml	(Sumatriptan Succinate)	2	QL (4 per 28 days)
sumatriptan 4 mg/0.5 ml refill 4 mg/0.5 ml	(Imitrex)	2	QL (4 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
sumatriptan 6 mg/0.5 ml refill latex-free 6 mg/0.5 ml	(Imitrex)	2	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	(Imitrex)	2	QL (12 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	2	QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	(Sumatriptan Succinate)	2	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex)	2	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml (auto-injector)	(Sumatriptan Succinate)	2	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	2	QL (4 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	2	QL (12 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	(Zomig Zmt)	2	QL (12 per 28 days)
Antimycobacterials			
Antimycobacterials			
CAPASTAT INJECTION RECON SOLN 1 GRAM		4	
dapsone oral tablet 100 mg, 25 mg	(Dapsone)	2	
ethambutol oral tablet 100 mg, 400 mg	(Myambutol)	2	
isoniazid oral solution 50 mg/5 ml	(Isoniazid)	2	
isoniazid oral tablet 100 mg, 300 mg	(Isoniazid)	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		4	
PRIFTIN ORAL TABLET 150 MG		4	
pyrazinamide oral tablet 500 mg	(Pyrazinamide)	2	
rifabutin oral capsule 150 mg	(Mycobutin)	2	
rifampin intravenous recon soln 600 mg	(Rifadin)	2	
rifampin oral capsule 150 mg, 300 mg	(Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG		4	
SIRTURO ORAL TABLET 100 MG		5	PA; QL (188 per 168 days)

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Drug Name		Drug Tier	Requirements/Limits
TRECATOR ORAL TABLET 250 MG		4	
Antinausea Agents			
Antinausea Agents			
AKYNZEO ORAL CAPSULE 300-0.5 MG		3	PA BvD
compro rectal suppository 25 mg	(Compazine)	2	
dimenhydrinate injection solution 50 mg/ml	(Dimenhydrinate)	2	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	2	
EMEND INTRAVENOUS RECON SOLN 115 MG, 150 MG		4	QL (2 per 28 days)
EMEND ORAL CAPSULE 125 MG, 80 MG		4	PA BvD
EMEND ORAL CAPSULE 40 MG		4	
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)		4	PA BvD
granisetron (pf) intravenous solution 100 mcg/ml	(Granisetron HCl/PF)	2	
granisetron hcl intravenous solution 1 mg/ml (1 ml)	(Granisetron HCl)	2	
granisetron hcl oral tablet 1 mg	(Granisetron HCl)	2	PA BvD
granisol oral solution 1 mg/5 ml	(Granisetron HCl)	2	PA BvD
meclizine oral tablet 12.5 mg, 25 mg	(Antivert)	2	
ondansetron hcl (pf) injection solution 4 mg/2 ml	(Ondansetron HCl/PF)	2	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	(Ondansetron HCl/PF)	2	
ondansetron hcl oral solution 4 mg/5 ml	(Zofran)	2	PA BvD
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	(Zofran)	2	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg	(Zofran Odt)	2	PA BvD
phenadoz rectal suppository 12.5 mg, 25 mg	(Phenergan)	2	

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Drug Name		Drug Tier	Requirements/Limits
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	(Prochlorperazine Edisylate)	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compazine)	2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	(Promethazine HCl)	2	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Phenergan)	2	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(Phenergan)	2	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)		4	QL (10 per 30 days)
Antiparasite Agents			
Antiparasite Agents			
ALBENZA ORAL TABLET 200 MG		4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		4	
ALINIA ORAL TABLET 500 MG		4	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	5	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	(Malarone)	2	
chloroquine phosphate oral tablet 250 mg, 500 mg	(Chloroquine Phosphate)	2	
COARTEM ORAL TABLET 20-120 MG		4	
DARAPRIM ORAL TABLET 25 MG		4	
EMVERM ORAL TABLET,CHEWABLE 100 MG		2	QL (6 per 21 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	
ivermectin oral tablet 3 mg	(Stromectol)	2	
mefloquine oral tablet 250 mg	(Mefloquine HCl)	2	
NEBUPENT INHALATION RECON SOLN 300 MG		4	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
paromomycin oral capsule 250 mg	(Paromomycin Sulfate)	2	
PENTAM INJECTION RECON SOLN 300 MG		4	
PRIMAQUINE ORAL TABLET 26.3 MG		4	QL (90 per 30 days)
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA; QL (42 per 7 days)
tinidazole oral tablet 250 mg, 500 mg	(Tindamax)	2	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg	(Amantadine HCl)	2	
amantadine hcl oral solution 50 mg/5 ml	(Amantadine HCl)	2	
amantadine hcl oral tablet 100 mg	(Amantadine HCl)	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		5	QL (60 per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG		3	
benztropine injection solution 2 mg/2 ml	(Cogentin)	2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	(Benztropine Mesylate)	2	
bromocriptine oral capsule 5 mg	(Parlodel)	2	
bromocriptine oral tablet 2.5 mg	(Parlodel)	2	
cabergoline oral tablet 0.5 mg	(Cabergoline)	2	
carbidopa oral tablet 25 mg	(Lodosyn)	2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet CR)	2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	(Sinemet CR)	2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	(Carbidopa/Levodopa)	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	(Stalevo 50)	2	
entacapone oral tablet 200 mg	(Comtan)	2	

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Drug Name		Drug Tier	Requirements/Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		3	QL (30 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	2	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	(Requip)	2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	(Requip XL)	2	
selegiline hcl oral capsule 5 mg	(Eldepryl)	2	
selegiline hcl oral tablet 5 mg	(Selegiline HCl)	2	
trihexyphenidyl oral elixir 0.4 mg/ml	(Trihexyphenidyl HCl)	2	
trihexyphenidyl oral tablet 2 mg, 5 mg	(Trihexyphenidyl HCl)	2	
Antipsychotic Agents			
Antipsychotic Agents			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG		5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG		5	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG		5	QL (1 per 28 days)
aripiprazole oral solution 1 mg/ml	(Abilify)	2	QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	(Abilify)	2	QL (30 per 30 days)
aripiprazole oral tablet 2 mg	(Abilify)	2	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	(Abilify Discmelt)	2	QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	(Abilify Discmelt)	2	QL (60 per 30 days)

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

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

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Drug Name		Drug Tier	Requirements/Limits
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	(Loxapine Succinate)	2	
molindone oral tablet 10 mg	(Moban)	2	QL (240 per 30 days)
molindone oral tablet 25 mg	(Moban)	2	QL (270 per 30 days)
molindone oral tablet 5 mg	(Moban)	2	QL (120 per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	2	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	2	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 5 mg	(Zyprexa Zydis)	2	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 20 mg	(Zyprexa Zydis)	2	QL (31 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	2	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	2	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	(Perphenazine)	2	
pimozide oral tablet 1 mg, 2 mg	(Orap)	2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	2	QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG		5	QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG		5	QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG		5	QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML		4	QL (4 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	2	QL (480 per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	2	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Risperdal M-Tab)	2	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
risperidone oral tablet,disintegrating 3 mg, 4 mg	(Risperdal M-Tab)	2	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG		4	ST ; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 400 MG, 50 MG		4	ST ; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG		4	ST ; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	(Thioridazine HCl)	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	(Thiothixene)	2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	(Trifluoperazine HCl)	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	ST ; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)		5	QL (7 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	2	QL (60 per 30 days)
ZYPREXA RELPREVV 405 MG VL KIT W/ DILUENT, OUTER 405 MG		5	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		5	
Antivirals (Systemic)			
Antiretrovirals			
abacavir oral tablet 300 mg	(Ziagen)	2	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	5	
APTIVUS ORAL CAPSULE 250 MG		5	

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Drug Name	Drug Tier	Requirements/Limits
APTIVUS ORAL SOLUTION 100 MG/ML	4	
ATRIPLA ORAL TABLET 600-200-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg (Videx EC)	2	
EDURANT ORAL TABLET 25 MG	5	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EPZICOM ORAL TABLET 600-300 MG	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL CAPSULE 200 MG	5	
INVIRASE ORAL TABLET 500 MG	5	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	3	

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

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg (Zerit)	2	
stavudine oral recon soln 1 mg/ml (Zerit)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	
SUSTIVA ORAL TABLET 600 MG	4	
TIVICAY ORAL TABLET 50 MG	5	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRUVADA ORAL TABLET 200-300 MG	5	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	3	
VIDEX 4 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	5	
VITEKTA ORAL TABLET 150 MG, 85 MG	5	

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

Drug Name		Drug Tier	Requirements/Limits
ZIAGEN ORAL SOLUTION 20 MG/ML		4	
zidovudine oral capsule 100 mg	(Retrovir)	2	
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	
zidovudine oral tablet 300 mg	(Zidovudine)	2	
Antivirals, Miscellaneous			
foscarnet intravenous solution 24 mg/ml	(Foscavir)	2	PA BvD
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		4	
rimantadine oral tablet 100 mg	(Flumadine)	2	
SYNAGIS 100 MG/1 ML VIAL 100 MG/ML		5	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML		5	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG		3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML		3	
Hcv Antivirals			
DAKLINZA ORAL TABLET 30 MG, 60 MG		5	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG		5	PA; QL (30 per 30 days)
OLYSIO ORAL CAPSULE 150 MG		5	PA; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG		5	PA; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG		5	PA; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG		5	PA; QL (112 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG		5	PA; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Interferons			
INTRON A 10 MILLION UNIT/ML 10 MILLION UNIT/ML		4	PA NSO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		4	PA NSO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML		4	PA NSO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML		5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		5	PA
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML		5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		5	PA NSO; QL (4 per 28 days)
Nucleosides And Nucleotides			
acyclovir oral capsule 200 mg	(Zovirax)	2	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	2	
acyclovir oral tablet 400 mg, 800 mg	(Zovirax)	2	
acyclovir sodium intravenous solution 50 mg/ml	(Acyclovir Sodium)	2	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	5	
BARACLUDE ORAL SOLUTION 0.05 MG/ML		4	
cidofovir intravenous solution 75 mg/ml	(Vistide)	5	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	5	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	(Famvir)	2	
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	2	PA BvD

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

Drug Name		Drug Tier	Requirements/Limits
ribasphere oral capsule 200 mg	(Rebetol)	2	
ribasphere oral tablet 200 mg, 400 mg, 600 mg	(Copegus)	2	
ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28)	(Ribatab)	5	
ribavirin oral capsule 200 mg	(Rebetol)	2	
ribavirin oral tablet 200 mg	(Copegus)	2	
TYZEKA ORAL TABLET 600 MG		5	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	2	
VALCYTE ORAL RECON SOLN 50 MG/ML		4	
valganciclovir oral tablet 450 mg	(Valcyte)	5	
VIRAZOLE INHALATION RECON SOLN 6 GRAM		5	PA BvD
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT		5	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		3	
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	2	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml	(Lovenox)	5	
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	2	
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	2	QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	QL (15 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	2	QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	2	QL (18 per 30 days)
heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/500 ml (50 unit/ml)	(Heparin Sodium,Porcine/D5W)	2	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)	(Heparin Sod,Pork In 0.45% NaCl)	2	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	(Heparin Sodium,Porcine/Ns/PF)	2	
heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	(Heparin Sodium,Porcine)	2	(PA for ESRD Only)
heparin (porcine) injection solution 10,000 unit/ml	(Heparin Sodium,Porcine)	2	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml	(Monoject Prefill Advanced)	2	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	(Heparin Sodium,Porcine/PF)	2	(PA for ESRD Only)
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	(Monoject Prefill Advanced)	2	(PA for ESRD Only)
heparin, porcine (pf) intravenous syringe 1 unit/ml, 10 unit/ml, 100 unit/ml	(Monoject Prefill Advanced)	2	
heparin-0.45% nacl 25,000 units/250 ml (100 units/ml) bag latex-free, inner 25,000 unit/250 ml	(Heparin Sod,Pork In 0.45% NaCl)	2	
heparin-d5w 25,000 units/250 ml (100 units/ml) bag excel container 25,000 unit/250 ml(100 unit/ml)	(Heparin Sodium,Porcine/D5W)	2	
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG		5	PA; QL (24 per 28 days)
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Coumadin)	1	

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Drug Name	Drug Tier	Requirements/Limits
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	ST; QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	4	ST
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Coumadin)	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	3	PA; QL (12 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
LEUKINE INJECTION RECON SOLN 250 MCG	5	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	
NEUMEGA SUBCUTANEOUS RECON SOLN 5 MG	5	

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Drug Name		Drug Tier	Requirements/Limits
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		5	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		5	
PROCRIT 10,000 UNITS/ML VIAL 4'S, MDV, OUTER 20,000 UNIT/2 ML		3	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		3	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML		5	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML		5	PA; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		5	PA; QL (30 per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		5	
Hematologic Agents, Miscellaneous			
aminocaproic acid oral solution 250 mg/ml (25 %)	(Aminocaproic Acid)	2	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Aminocaproic Acid)	2	
anagrelide oral capsule 0.5 mg, 1 mg	(Agrylin)	2	
protamine intravenous solution 10 mg/ml	(Protamine Sulfate)	2	(PA for ESRD Only)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	(Tranexamic Acid)	2	
tranexamic acid oral tablet 650 mg	(Lysteda)	2	QL (30 per 30 days)
Platelet-Aggregation Inhibitors			
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG		4	QL (60 per 30 days)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	(Aggrenox)	2	
BRILINTA ORAL TABLET 60 MG, 90 MG		3	
cilostazol oral tablet 100 mg, 50 mg	(Pletal)	2	

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Drug Name		Drug Tier	Requirements/Limits
clopidogrel oral tablet 300 mg, 75 mg	(Plavix)	2	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	(Persantine)	2	
EFFIENT ORAL TABLET 10 MG, 5 MG		3	QL (30 per 30 days)
pentoxifylline oral tablet extended release 400 mg	(Pentoxifylline)	2	
Volume Expanders			
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 %		4	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
ALBUMIN, HUMAN 20 % INTRAVENOUS PARENTERAL SOLUTION 20 %		4	
ALBUMIN, HUMAN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %		4	
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
ALBUMINAR 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %		4	
ALBUMINAR 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %		4	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
BUMINATE 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %		4	
BUMINATE 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %		4	

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Drug Name	Drug Tier	Requirements/Limits
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	4	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
KEDBUMIN INTRAVENOUS PARENTERAL SOLUTION 25 %	4	
PLASBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	4	
PLASBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
Caloric Agents		
Caloric Agents		
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
cysteine (l-cysteine) intravenous solution 50 mg/ml	(Cysteine HCl)	2	PA BvD
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	(Dextrose 10 % in Water)	2	PA BvD
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	(Dextrose 20 % in Water)	2	PA BvD
dextrose 25 % in water (d25w) intravenous syringe	(Dextrose 25 % in Water)	2	PA BvD
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	(Dextrose 40 % in Water)	2	PA BvD
dextrose 5 % in ringers intravenous parenteral solution 5 %	(Dextrose 5% In Ringers)	2	
dextrose 5 % in water (d5w) intravenous parenteral solution	(Dextrose 5 % in Water)	2	
dextrose 50 % in water (d50w) intravenous parenteral solution	(Dextrose 50 % in Water)	2	PA BvD
dextrose 50 % in water (d50w) intravenous syringe	(Dextrose 50 % in Water)	2	PA BvD
dextrose 70 % in water (d70w) intravenous parenteral solution	(Dextrose 70 % in Water)	2	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %		4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %		4	PA BvD
HEPATASOL 8 % INTRAVENOUS PARENTERAL SOLUTION 8 %		4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %		4	PA BvD
LIPOSYN II INTRAVENOUS EMULSION 20 %		4	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
LIPOSYN III INTRAVENOUS EMULSION 10 %, 20 %, 30 %		4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %		4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %		4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %		4	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		4	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %		4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %		4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %		4	PA BvD
Cardiovascular Agents			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	(Catapres)	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	(Catapres-Tts 1)	2	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-Tts 1)	2	QL (8 per 28 days)
clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg	(Clonidine HCl/Chlorthalidone)	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	2	

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Drug Name		Drug Tier	Requirements/Limits
guanfacine oral tablet 1 mg, 2 mg	(Tenex)	2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	(Midodrine HCl)	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		5	PA; QL (180 per 30 days)
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	2	
Angiotensin Ii Receptor Antagonists			
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG		3	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	2	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG		4	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		4	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		3	PA; QL (60 per 30 days)
eprosartan oral tablet 600 mg	(Teveten)	2	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	2	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	2	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	2	

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Drug Name		Drug Tier	Requirements/Limits
TEVETEN HCT ORAL TABLET 600-12.5 MG, 600-25 MG		3	ST
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG		3	ST
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Lotensin)	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	(Lotensin HCT)	2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	(Captopril)	2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	(Captopril/Hydrochlorothiazide)	2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalaprilat intravenous solution 1.25 mg/ml	(Enalaprilat Dihydrate)	2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	(Vaseretic)	2	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	(Fosinopril Sodium)	2	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	(Fosinopril/Hydrochlorothiazide)	2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril oral tablet 15 mg, 7.5 mg	(Moexipril HCl)	2	

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Drug Name		Drug Tier	Requirements/Limits
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	(Moexipril/Hydrochlorothiazide)	2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	(Aceon)	2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	2	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	(Mavik)	2	
Antiarrhythmic Agents			
amiodarone intravenous solution 50 mg/ml	(Amiodarone HCl)	2	
amiodarone intravenous syringe 150 mg/3 ml	(Amiodarone HCl)	2	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Cordarone)	2	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg	(Tambocor)	2	
lidocaine (pf) intravenous syringe 50 mg/5 ml (1 %)	(Lidocaine HCl/PF)	2	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	(Lidocaine HCl/D5w/PF)	2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	(Mexiletine HCl)	2	
MULTAQ ORAL TABLET 400 MG		3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(Cordarone)	2	
procainamide injection solution 100 mg/ml, 500 mg/ml	(Procainamide HCl)	2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	2	

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Drug Name		Drug Tier	Requirements/Limits
propafenone oral tablet 150 mg, 225 mg, 300 mg	(Rythmol)	2	
quinidine gluconate oral tablet extended release 324 mg	(Quinidine Gluconate)	2	
quinidine sulfate oral tablet 200 mg, 300 mg	(Quinidine Sulfate)	2	
quinidine sulfate oral tablet extended release 300 mg	(Quinidine Sulfate)	2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		3	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg	(Sectral)	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	(Tenoretic 50)	1	
betaxolol oral tablet 10 mg, 20 mg	(Kerlone)	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	(Zebeta)	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	(Brevibloc)	2	PA BvD
labetalol intravenous solution 5 mg/ml	(Labetalol HCl)	2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	(Trandate)	2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	2	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	(Lopressor HCT)	2	
metoprolol tartrate intravenous solution 5 mg/5 ml	(Lopressor)	2	

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Drug Name		Drug Tier	Requirements/Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	(Lopressor)	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	2	
pindolol oral tablet 10 mg, 5 mg	(Pindolol)	2	
propranolol intravenous solution 1 mg/ml	(Propranolol HCl)	2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	2	
propranolol oral solution 20 mg/5 ml, 40 mg/5 ml	(Propranolol HCl)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	(Propranolol HCl)	2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	(Propranolol/Hydrochlorothiazid)	2	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Betapace)	2	
sotalol 120 mg tablet 120 mg	(Betapace)	2	
sotalol af oral tablet 120 mg	(Betapace)	2	
sotalol oral tablet 160 mg, 240 mg, 80 mg	(Betapace)	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	(Timolol Maleate)	2	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cardizem CD)	2	
diltiazem 24hr er 180 mg cap 180 mg	(Cardizem CD)	2	
diltiazem 24hr er 360 mg cap once a day dosage 360 mg	(Cardizem CD)	2	
diltiazem hcl intravenous recon soln 100 mg	(Cardizem CD)	2	
diltiazem hcl intravenous solution 5 mg/ml	(Cardizem CD)	2	
diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg	(Cardizem CD)	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	(Cardizem CD)	2	

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

Drug Name		Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg	(Cardizem CD)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	(Cardizem CD)	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Cardizem LA)	2	
dilt-xr oral capsule,ext release degradable 120 mg, 180 mg, 240 mg	(Cardizem CD)	2	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Cardizem CD)	2	
taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(Cardizem CD)	2	
verapamil intravenous syringe 2.5 mg/ml	(Verapamil HCl)	2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan Pm)	2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	(Calan)	1	
verapamil oral tablet extended release 120 mg, 120 mg (24 hours), 180 mg, 240 mg	(Calan SR)	2	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL TABLET 5 MG, 7.5 MG		3	ST
DEMSER ORAL CAPSULE 250 MG		5	
digitek oral tablet 125 mcg	(Lanoxin)	2	(High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
digitek oral tablet 250 mcg	(Lanoxin)	2	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
digox 125 mcg tablet 125 mcg	(Lanoxin)	2	(High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
digox 250 mcg tablet 250 mcg	(Lanoxin)	2	(High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
digoxin 0.25 mg/ml syringe 250 mcg/ml	(Digoxin)	2	
digoxin injection solution 250 mcg/ml	(Digoxin)	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML		3	QL (300 per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	(Lanoxin)	2	(High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	(Dobutamine HCl/D5W)	2	PA BvD
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	(Dobutamine HCl)	2	PA BvD
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 800 mg/250 ml (3,200 mcg/ml)	(Dopamine HCl/D5W)	2	PA BvD
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)	(Dopamine HCl)	2	PA BvD
ephedrine sulfate injection solution 50 mg/ml	(Ephedrine Sulfate)	2	
epinephrine hcl (pf) intravenous solution 1 mg/ml (1 ml)	(Epinephrine HCl/PF)	2	

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Drug Name		Drug Tier	Requirements/Limits
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Adrenaclick)	2	
epinephrine injection solution 1 mg/ml (1 ml)	(Epinephrine)	2	
epinephrine injection syringe 0.1 mg/ml	(Epinephrine)	2	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML		3	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML		3	
ethamolin intravenous solution 5 %	(Ethanolamine Oleate)	2	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML		5	
hydralazine injection solution 20 mg/ml	(Hydralazine HCl)	2	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	(Hydralazine HCl)	2	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG		4	(High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
milrinone in 5 % dextrose intravenous piggyback 40 mg/200 ml (200 mcg/ml)	(Milrinone Lactate/D5W)	5	PA BvD
milrinone intravenous solution 1 mg/ml	(Milrinone Lactate)	5	PA BvD
norepinephrine bitartrate intravenous solution 1 mg/ml	(Levophed Bitartrate)	2	PA BvD
papaverine injection solution 30 mg/ml	(Papaverine HCl)	2	PA
papaverine oral capsule, extended release 150 mg	(Papaverine HCl)	2	PA
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG		3	
Dihydropyridines			
afeditab cr oral tablet extended release 30 mg, 60 mg	(Adalat CC)	2	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	

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

Drug Name		Drug Tier	Requirements/Limits
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	(Lotrel)	2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	2	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	2	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG		3	ST
CLEVIPREX INTRAVENOUS EMULSION 50 MG/100 ML		4	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	(Felodipine)	2	
isradipine oral capsule 2.5 mg, 5 mg	(Isradipine)	2	
nicardipine oral capsule 20 mg, 30 mg	(Nicardipine HCl)	2	
nifedical xl oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	2	
nifedipine er 30 mg tablet flc 30 mg	(Adalat CC)	2	
nifedipine oral tablet extended release 24hr 30 mg	(Adalat CC)	2	
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	(Procardia XL)	2	
Diuretics			
amiloride oral tablet 5 mg	(Amiloride HCl)	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	(Amiloride/Hydrochlorothiazide)	2	
bumetanide injection solution 0.25 mg/ml	(Bumetanide)	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	(Bumetanide)	2	
chlorothiazide oral tablet 250 mg, 500 mg	(Chlorothiazide)	1	
chlorothiazide sodium intravenous recon soln 500 mg	(Sodium Diuril)	2	
chlorthalidone oral tablet 25 mg, 50 mg	(Chlorthalidone)	1	

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Drug Name		Drug Tier	Requirements/Limits
DYRENIUM ORAL CAPSULE 100 MG, 50 MG		4	
furosemide injection solution 10 mg/ml	(Furosemide)	2	
furosemide injection syringe 10 mg/ml	(Furosemide)	2	
furosemide oral solution 10 mg/ml, 40 mg/5 ml	(Furosemide)	2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg	(Microzide)	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	(Hydrochlorothiazide)	1	
indapamide oral tablet 1.25 mg, 2.5 mg	(Indapamide)	1	
methyclothiazide oral tablet 5 mg	(Methyclothiazide)	2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	(Zaroxolyn)	2	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	(Demadex)	2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg	(Dyazide)	2	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	(Maxzide)	2	
Dyslipidemics			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		4	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	2	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	2	
cholestyramine light oral powder in packet 4 gram	(Questran)	2	
cholestyramine packet 4 gram	(Questran)	2	
colestipol hcl granules packet 5 gram	(Colestid)	2	
colestipol oral granules 5 gram	(Colestid)	2	

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Drug Name		Drug Tier	Requirements/Limits
colestipol oral tablet 1 gram	(Colestid)	2	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		3	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	(Lofibra)	2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	2	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	(Lofibra)	2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	2	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	2	
fluvastatin oral capsule 20 mg, 40 mg	(Lescol)	2	
gemfibrozil oral tablet 600 mg	(Lopid)	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG		5	PA
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML		5	PA; QL (4 per 28 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	(Mevacor)	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan)	2	
niacor oral tablet 500 mg	(Niacin)	2	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		5	PA; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML		5	PA; QL (2 per 28 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Pravachol)	1	
prevalite oral powder 4 gram	(Cholestyramine/Aspartame)	2	

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Drug Name		Drug Tier	Requirements/Limits
prevalite packet outer 4 gram	(Cholestyramine/Aspartame)	2	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		5	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		5	PA; QL (3 per 28 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Zocor)	1	
simvastatin oral tablet 80 mg	(Zocor)	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM		3	
VYTORIN 10-10 ORAL TABLET 10-10 MG		4	
VYTORIN 10-20 ORAL TABLET 10-20 MG		4	
VYTORIN 10-40 ORAL TABLET 10-40 MG		4	
VYTORIN 10-80 ORAL TABLET 10-80 MG		4	
ZETIA ORAL TABLET 10 MG		4	
Renin-Angiotensin-Aldosterone System Inhibitors			
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	2	
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	(Isochron)	2	
isosorbide dinitrate oral tablet extended release 40 mg	(Isochron)	2	
isosorbide dinitrate sublingual tablet 2.5 mg, 5 mg	(Isosorbide Dinitrate)	1	

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Drug Name		Drug Tier	Requirements/Limits
isosorbide mononitrate oral tablet 10 mg, 20 mg	(Isosorbide Mononitrate)	2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	(Imdur)	2	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	QL (30 per 30 days)
minitran transdermal patch 24 hour 0.4 mg/hr	(Nitro-Dur)	2	QL (60 per 30 days)
minoxidil oral tablet 10 mg, 2.5 mg	(Minoxidil)	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %		2	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	(Nitroglycerin/D5W)	2	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	(Nitroglycerin)	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	QL (30 per 30 days)
nitroglycerin transdermal patch 24 hour 0.4 mg/hr	(Nitro-Dur)	2	QL (60 per 30 days)
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG		3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML		4	
Central Nervous System Agents			
Central Nervous System Agents			
amphetamine salt combo oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	2	QL (60 per 30 days)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG		5	PA; QL (60 per 30 days)
caffeine citrated intravenous solution 60 mg/3 ml (20 mg/ml)	(Cafcit)	2	

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Drug Name		Drug Tier	Requirements/Limits
caffeine citrated oral solution 60 mg/3 ml (20 mg/ml)	(Cafcit)	2	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)	(Caffeine/Sodium Benzoate)	2	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	(Kapvay)	2	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	2	QL (60 per 30 days)
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	(Dexedrine)	2	QL (120 per 30 days)
dextroamphetamine oral tablet 10 mg, 5 mg	(Dexedrine)	2	QL (180 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	2	QL (60 per 30 days)
flumazenil intravenous solution 0.1 mg/ml	(Romazicon)	2	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	(Lithium Carbonate)	2	
lithium carbonate oral tablet 300 mg	(Lithobid)	2	
lithium carbonate oral tablet extended release 300 mg, 450 mg	(Lithobid)	2	
lithium citrate oral solution 8 meq/5 ml	(Lithium Citrate)	2	
methylphenidate cd 20 mg cap 20 mg	(Metadate Cd)	2	QL (30 per 30 days)
methylphenidate cd 40 mg cap 40 mg	(Metadate Cd)	2	QL (30 per 30 days)
methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg	(Metadate Cd)	2	QL (30 per 30 days)
methylphenidate oral capsule, er biphasic 30-70 30 mg	(Metadate Cd)	2	QL (60 per 30 days)
methylphenidate oral capsule,er biphasic 50-50 20 mg, 40 mg	(Metadate Cd)	2	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	2	QL (900 per 30 days)
methylphenidate oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	2	QL (90 per 30 days)
methylphenidate oral tablet extended release 10 mg, 20 mg	(Methylphenidate HCl)	2	QL (90 per 30 days)
methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	2	QL (30 per 30 days)
methylphenidate oral tablet extended release 24hr 36 mg	(Concerta)	2	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		3	QL (60 per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)		3	
riluzole oral tablet 50 mg	(Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		3	QL (60 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG		3	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	5	PA; QL (112 per 28 days)
Contraceptives			
Contraceptives			
altavera (28) oral tablet 0.15-0.03 mg		2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	2	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Seasonique)	2	QL (91 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	2	QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	(Desogen)	2	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	(Modicon)	2	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	2	
aubra oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
aviane oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	
balziva (28) oral tablet 0.4-35 mg-mcg	(Modicon)	2	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
briellyn oral tablet 0.4-35 mg-mcg	(Modicon)	2	
camila oral tablet 0.35 mg	(Nor-Q-D)	2	
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Seasonique)	2	QL (91 per 84 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	2	QL (91 per 84 days)
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	(Desogen)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	2	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	2	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	2	
cyred oral tablet 0.15-0.03 mg	(Desogen)	2	

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Drug Name		Drug Tier	Requirements/Limits
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	2	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	2	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(Nor-Q-D)	2	
delyla (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Desogen)	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	(Yaz)	2	
elinest oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	2	
ELLA ORAL TABLET 30 MG		4	QL (6 per 365 days)
emoquette oral tablet 0.15-0.03 mg	(Desogen)	2	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	2	
enskyce oral tablet 0.15-0.03 mg	(Desogen)	2	
errin oral tablet 0.35 mg	(Nor-Q-D)	2	
estarylla oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	2	
falmina (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
gianvi (28) oral tablet 3-0.02 mg	(Yaz)	2	
gildagia oral tablet 0.4-35 mg-mcg	(Modicon)	2	
gildess 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	2	
gildess 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	2	
gildess 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	
gildess fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
heather oral tablet 0.35 mg	(Nor-Q-D)	2	

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Drug Name		Drug Tier	Requirements/Limits
introvale oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
jencycla oral tablet 0.35 mg	(Nor-Q-D)	2	
jolessa oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
jolivette oral tablet 0.35 mg	(Nor-Q-D)	2	
juleber oral tablet 0.15-0.03 mg	(Desogen)	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(Demulen 1-50-21)	2	
kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	
kurvelo oral tablet 0.15-0.03 mg	(Amethyst)	2	
l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	2	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	(Modicon)	2	

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Drug Name		Drug Tier	Requirements/Limits
lessina oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	2	
levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg	(Amethyst)	2	QL (91 per 84 days)
levonorgestrel oral tablet 0.75 mg	(Plan B One-Step)	2	QL (12 per 365 days)
levonorgestrel oral tablet 1.5 mg	(Plan B One-Step)	2	QL (6 per 365 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Amethyst)	2	QL (91 per 84 days)
levora-28 oral tablet 0.15-0.03 mg	(Amethyst)	2	
lomedia 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	
loryna (28) oral tablet 3-0.02 mg	(Yaz)	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
lyza oral tablet 0.35 mg	(Nor-Q-D)	2	
marlissa oral tablet 0.15-0.03 mg	(Amethyst)	2	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
mono-linyah oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	2	
mononessa (28) oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	2	
myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	(Modicon)	2	

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Drug Name		Drug Tier	Requirements/Limits
necon 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	2	
necon 1/50 (28) oral tablet 1-50 mg-mcg	(Norinyl 1+50)	2	
necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg	(Modicon)	2	
necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	2	
next choice one dose oral tablet 1.5 mg	(Plan B One-Step)	2	QL (6 per 365 days)
nikki (28) oral tablet 3-0.02 mg	(Yaz)	2	
nora-be oral tablet 0.35 mg	(Nor-Q-D)	2	
norethindrone (contraceptive) oral tablet 0.35 mg	(Nor-Q-D)	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Loestrin)	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	
norg-ee 0.18-0.215-0.25/0.035 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	(Ortho-Cyclen)	2	
norlyroc oral tablet 0.35 mg	(Nor-Q-D)	2	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	(Modicon)	2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Modicon)	2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	2	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR		3	QL (1 per 28 days)
ocella oral tablet 3-0.03 mg	(Yaz)	2	
ogestrel (28) oral tablet 0.5-50 mg-mcg	(Norgestrel-Ethinyl Estradiol)	2	
orsythia oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
philith oral tablet 0.4-35 mg-mcg	(Modicon)	2	

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Drug Name		Drug Tier	Requirements/Limits
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	(Modicon)	2	
portia oral tablet 0.15-0.03 mg	(Amethyst)	2	
previfem oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	2	
quasense oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
reclipsen (28) oral tablet 0.15-0.03 mg	(Desogen)	2	
setlakin oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Nor-Q-D)	2	
sprintec (28) oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	2	
sronyx oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
syeda oral tablet 3-0.03 mg	(Yaz)	2	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	2	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Loestrin Fe)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Loestrin Fe)	2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho-Cyclen)	2	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho-Cyclen)	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho-Cyclen)	2	
trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	2	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	2	

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Drug Name		Drug Tier	Requirements/Limits
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	2	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	2	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	(Desogen)	2	
vestura (28) oral tablet 3-0.02 mg	(Yaz)	2	
vienva oral tablet 0.1-20 mg-mcg	(Amethyst)	2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	
vyfemla (28) oral tablet 0.4-35 mg-mcg	(Modicon)	2	
wera (28) oral tablet 0.5-35 mg-mcg	(Modicon)	2	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Femcon Fe)	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	(Ortho Evra)	2	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(Yaz)	2	
zenchent (28) oral tablet 0.4-35 mg-mcg	(Modicon)	2	
zenchent fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Femcon Fe)	2	
zeosa oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Femcon Fe)	2	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(Demulen 1-50-21)	2	
zovia 1/50e (28) oral tablet 1-50 mg-mcg	(Demulen 1-50-21)	2	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	2	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Peridex)	2	
oralone dental paste 0.1 %	(Triamcinolone Acetonide)	2	
periogard mucous membrane mouthwash 0.12 %	(Peridex)	2	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	2	
sodium fluoride oral tablet,chewable 0.25 mg fluorid (0.55 mg)	(Sodium Fluoride)	2	

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Drug Name		Drug Tier	Requirements/Limits
triamcinolone acetonide dental paste 0.1 %	(Triamcinolone Acetonide)	2	
Dermatological Agents			
Dermatological Agents, Other			
8-MOP ORAL CAPSULE 10 MG		4	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	(Soriatane)	5	
acyclovir topical ointment 5 %	(Zovirax)	2	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED		1	
ALCOHOL PREP PADS		1	
ammonium lactate topical cream 12 %	(Lac-Hydrin)	2	
ammonium lactate topical lotion 12 %	(Lac-Hydrin)	2	
ANACAINE TOPICAL OINTMENT 10 %		4	
calcipotriene scalp solution 0.005 %	(Calcipotriene)	2	
calcipotriene topical cream 0.005 %	(Dovonex)	2	
calcipotriene topical ointment 0.005 %	(Calcipotriene)	2	
calcitrene topical ointment 0.005 %	(Calcipotriene)	2	
calcitriol topical ointment 3 mcg/gram	(Vectical)	2	
CONDYLOX TOPICAL GEL 0.5 %		4	
COSENTYX (150 MG/ML) 300 MG DOSE-2 PENS 150 MG/ML		5	PA
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES 150 MG/ML		5	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		5	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML		5	PA
DENAVIR TOPICAL CREAM 1 %		4	
fluorouracil topical cream 0.5 %, 5 %	(Carac)	2	
fluorouracil topical solution 2 %, 5 %	(Fluorouracil)	2	
imiquimod topical cream in packet 5 %	(Aldara)	2	PA NSO; QL (24 per 30 days)
methoxsalen rapid oral capsule 10 mg	(Oxsoralen-Ultra)	5	
PANRETIN TOPICAL GEL 0.1 %		5	

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Drug Name		Drug Tier	Requirements/Limits
PICATO TOPICAL GEL 0.015 %		3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %		3	QL (2 per 56 days)
podocon topical liquid 25 %	(Podophyllum Resin)	2	
podofilox topical solution 0.5 %	(Condylox)	2	
potassium hydroxide topical solution 5 %	(Potassium Hydroxide)	2	
REGRANEX TOPICAL GEL 0.01 %		4	PA; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	
TOLAK TOPICAL CREAM 4 %		4	
VALCHLOR TOPICAL GEL 0.016 %		5	
VEREGEN TOPICAL OINTMENT 15 %		4	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Isotretinoin)	2	
ZOVIRAX TOPICAL CREAM 5 %		3	QL (15 per 30 days)
Dermatological Antibacterials			
clindamycin phosphate topical foam 1 %	(Evoclin)	2	
clindamycin phosphate topical gel 1 %	(Cleocin T)	2	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	2	
clindamycin phosphate topical solution 1 %	(Cleocin T)	2	
clindamycin phosphate topical swab 1 %	(Cleocin T)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	(Duac)	2	
ery pads topical swab 2 %	(Erythromycin Base/Ethanol)	2	
erythromycin with ethanol topical gel 2 %	(Emgel)	2	
erythromycin with ethanol topical solution 2 %	(Erythromycin Base/Ethanol)	2	
erythromycin with ethanol topical swab 2 %	(Erythromycin Base/Ethanol)	2	
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	2	
gentamicin topical cream 0.1 %	(Gentamicin Sulfate)	2	
gentamicin topical ointment 0.1 %	(Gentamicin Sulfate)	2	

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Drug Name		Drug Tier	Requirements/Limits
metronidazole topical cream 0.75 %	(Metrocream)	2	
metronidazole topical gel 0.75 %, 1 %	(Rosadan)	2	
metronidazole topical lotion 0.75 %	(Metrolotion)	2	
mupirocin calcium topical cream 2 %	(Bactroban)	2	
mupirocin topical ointment 2 %	(Centany)	2	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	(Neosporin G.U. Irrigant)	2	
neuac topical gel 1.2 %(1 % base) -5 %	(Duac)	2	
rosadan topical cream 0.75 %	(Metrocream)	2	
selenium sulfide topical lotion 2.5 %	(Selenium Sulfide)	2	
selenium sulfide topical shampoo 2.25 %	(Selenium Sulfide)	2	
silver nitrate topical ointment 10 %	(Silver Nitrate)	2	
silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %	(Silver Nitrate)	2	
silver sulfadiazine topical cream 1 %	(Silvadene)	2	
ssd topical cream 1 %	(Silvadene)	2	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	2	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(Anusol-HC)	2	
ala-scalp topical lotion 2 %	(Scalacort)	2	
alclometasone topical cream 0.05 %	(Alclometasone Dipropionate)	2	
alclometasone topical ointment 0.05 %	(Alclometasone Dipropionate)	2	
betamethasone dipropionate topical cream 0.05 %	(Betamethasone Dipropionate)	2	
betamethasone dipropionate topical lotion 0.05 %	(Betamethasone Dipropionate)	2	
betamethasone dipropionate topical ointment 0.05 %	(Betamethasone Dipropionate)	2	
betamethasone valerate topical cream 0.1 %	(Betamethasone Valerate)	2	
betamethasone valerate topical foam 0.12 %	(Luxiq)	2	

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Drug Name		Drug Tier	Requirements/Limits
betamethasone valerate topical lotion 0.1 %	(Betamethasone Valerate)	2	
betamethasone valerate topical ointment 0.1 %	(Betamethasone Valerate)	2	
betamethasone, augmented topical cream 0.05 %	(Diprolene AF)	2	
betamethasone, augmented topical gel 0.05 %	(Betamethasone Dipropionate)	2	
betamethasone, augmented topical lotion 0.05 %	(Diprolene)	2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene)	2	
clobetasol 0.05% cream 0.05 %	(Temovate)	2	
clobetasol scalp solution 0.05 %	(Clobetasol Propionate)	2	
clobetasol topical foam 0.05 %	(Olux)	2	
clobetasol topical gel 0.05 %	(Clobetasol Propionate)	2	
clobetasol topical lotion 0.05 %	(Clobex)	2	
clobetasol topical ointment 0.05 %	(Temovate)	2	
clobetasol topical shampoo 0.05 %	(Clobex)	2	
clobetasol-emollient topical cream 0.05 %	(Temovate)	2	
clocortolone pivalate topical cream 0.1 %	(Cloderm)	2	
colocort rectal enema 100 mg/60 ml	(Cortenema)	2	
cormax scalp solution 0.05 %	(Clobetasol Propionate)	2	
desonide topical cream 0.05 %	(Desowen)	2	
desonide topical lotion 0.05 %	(Desowen)	2	
desonide topical ointment 0.05 %	(Desonide)	2	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	2	
desoximetasone topical gel 0.05 %	(Topicort)	2	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	2	
diflorasone topical cream 0.05 %	(Psorcon)	2	
diflorasone topical ointment 0.05 %	(Diflorasone Diacetate)	2	

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Drug Name		Drug Tier	Requirements/Limits
ELIDEL TOPICAL CREAM 1 %		3	
fluocinonide 0.05% cream 0.05 %	(Vanos)	2	
fluocinonide topical gel 0.05 %	(Fluocinonide)	2	
fluocinonide topical ointment 0.05 %	(Fluocinonide)	2	
fluocinonide topical solution 0.05 %	(Fluocinonide)	2	
fluocinonide-e topical cream 0.05 %	(Vanos)	2	
fluticasone topical cream 0.05 %	(Cutivate)	2	
fluticasone topical ointment 0.005 %	(Fluticasone Propionate)	2	
halobetasol propionate topical cream 0.05 %	(Ultravate)	2	
halobetasol propionate topical ointment 0.05 %	(Ultravate)	2	
hydrocortisone 1% ointment carton (otc) 1 %	(Hydrocortisone)	2	
hydrocortisone acet-aloe vera topical gel 2 %	(Hydrocortisone Acetate/Aloe V)	2	
hydrocortisone buty 0.1% cream 0.1 %	(Hydrocortisone Butyrate)	2	
hydrocortisone butyrate topical ointment 0.1 %	(Locoid)	2	
hydrocortisone butyrate topical solution 0.1 %	(Locoid)	2	
hydrocortisone butyr-emollient topical cream 0.1 %	(Hydrocortisone Butyrate)	2	
hydrocortisone rectal cream 2.5 %	(Hydrocortisone)	2	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	2	
hydrocortisone topical cream 1 %, 2.5 %	(Anusol-HC)	2	
hydrocortisone topical lotion 2.5 %	(Scalacort)	2	
hydrocortisone topical ointment 1 %, 2.5 %	(Hydrocortisone)	2	
hydrocortisone valerate topical cream 0.2 %	(Hydrocortisone Valerate)	2	
hydrocortisone valerate topical ointment 0.2 %	(Westcort)	2	

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Drug Name		Drug Tier	Requirements/Limits
mometasone topical cream 0.1 %	(Elocon)	2	
mometasone topical ointment 0.1 %	(Elocon)	2	
mometasone topical solution 0.1 %	(Elocon)	2	
ONFI ORAL TABLET 10 MG, 20 MG		4	PA NSO; QL (60 per 30 days)
prednicarbate topical cream 0.1 %	(Dermatop)	2	
prednicarbate topical ointment 0.1 %	(Dermatop)	2	
procto-pak rectal cream 1 %	(Anusol-HC)	2	
proctosol hc rectal cream 2.5 %	(Hydrocortisone)	2	
proctozone-hc rectal cream 2.5 %	(Hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	(Triamcinolone Acetonide)	2	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	(Triamcinolone Acetonide)	2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	(Triamcinolone Acetonide)	2	
trianex topical ointment 0.05 %	(Triamcinolone Acetonide)	2	
u-cort topical cream 1-10 %	(Hydrocortisone Acetate/Urea)	2	
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	2	
adapalene topical gel 0.1 %	(Differin)	2	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %		4	
tretinoin gel micro 0.04% tube 0.04 %	(Retin-A Micro)	2	PA
tretinoin gel micro 0.1% tube 0.1 %	(Retin-A Micro)	2	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	(Retin-A Micro)	2	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	2	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	(Retin-A)	2	PA

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Drug Name		Drug Tier	Requirements/Limits
Scabicides And Pediculicides			
EURAX TOPICAL CREAM 10 %		3	
EURAX TOPICAL LOTION 10 %		3	
malathion topical lotion 0.5 %	(Ovide)	2	
permethrin topical cream 5 %	(Elimite)	2	
spinosad topical suspension 0.9 %	(Natroba)	2	
Devices			
Devices			
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2"		2	
BD INSULIN SYR 0.3 ML 31GX5/16 0.3 ML 31 X 5/16"		2	
BD INSULIN SYR 0.5 ML 31GX5/16" 1/2 ML 31 X 5/16"		2	
BD INSULIN SYR 1 ML 31GX5/16" 1 ML 31 X 5/16"		2	
BD ULTRA-FINE PEN NDL 8MMX31G SHORT 31 GAUGE X 5/16"		2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29, 1 ML 29 X 1/2", 1/2 ML 28 GAUGE		2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2 "		2	
VGO 40 DISPOSABLE DEVICE		2	
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML		5	
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		5	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT		5	

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	5	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	
MYOZYME INTRAVENOUS RECON SOLN 50 MG	5	
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	
pancrelipase 5000 oral capsule,delayed release(dr/ec) 5,000-17,000 -27,000 unit (Lipase/Protease/Amylase)	2	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 8,000-28,750- 30,250 UNIT	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	5	PA; LA

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Drug Name		Drug Tier	Requirements/Limits
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)		5	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT		5	
ZAVESCA ORAL CAPSULE 100 MG		5	QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT		3	
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
AKTEN (PF) OPHTHALMIC GEL 3.5 %		4	
alcaine ophthalmic drops 0.5 %	(Proparacaine HCl)	2	
altacaine ophthalmic drops 0.5 %	(Tetravisc)	2	
apraclonidine ophthalmic drops 0.5 %	(Iopidine)	2	
atropine ophthalmic drops 1 %	(Isopto Atropine)	2	
atropine ophthalmic ointment 1 %	(Atropine Sulfate)	2	
atropine-care ophthalmic drops 1 %	(Isopto Atropine)	2	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	(Astepro)	2	QL (30 per 25 days)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)	(Astepro)	2	QL (30 per 25 days)
azelastine ophthalmic drops 0.05 %	(Azelastine HCl)	2	
BEPREVE OPHTHALMIC DROPS 1.5 %		4	ST
carteolol ophthalmic drops 1 %	(Carteolol HCl)	2	
cromolyn ophthalmic drops 4 %	(Cromolyn Sodium)	2	
CYCLOGYL OPHTHALMIC DROPS 0.5 %		3	

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Drug Name		Drug Tier	Requirements/Limits
cyclopentolate ophthalmic drops 0.5 %, 1 %, 2 %	(Cyclogyl)	2	
CYSTARAN OPHTHALMIC DROPS 0.44 %		5	
epinastine ophthalmic drops 0.05 %	(Elestat)	2	
flucaine ophthalmic drops 0.25-0.5 %	(Proparacaine/Fluorescein Sod)	2	
homatropaire ophthalmic drops 5 %	(Isopto Homatropine)	2	
homatropine hbr ophthalmic drops 5 %	(Isopto Homatropine)	2	
ipratropium bromide nasal spray,non-aerosol 0.03 %	(Atrovent)	2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 0.06 %	(Atrovent)	2	QL (15 per 10 days)
LACRISERT OPHTHALMIC INSERT 5 MG		3	
naphazoline ophthalmic drops 0.1 %	(Naphazoline HCl)	1	
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	2	QL (30.5 per 30 days)
olopatadine ophthalmic drops 0.1 %	(Patanol)	2	
PATADAY OPHTHALMIC DROPS 0.2 %		4	ST
phenylephrine hcl ophthalmic drops 10 %, 2.5 %	(Mydfrin)	2	
proparacaine ophthalmic drops 0.5 %	(Proparacaine HCl)	2	
tetracaine hcl (pf) ophthalmic drops 0.5 %	(Tetracaine HCl/PF)	2	
TYZINE NASAL DROPS 0.1 %		4	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %		4	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetasol hc otic drops 1-2 %	(Vosol HC)	2	
acetic acid otic solution 2 %	(Acetic Acid)	2	
bacitracin ophthalmic ointment 500 unit/gram	(Bacitracin)	2	

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Drug Name		Drug Tier	Requirements/Limits
bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram	(Bacitracin/Polymyxin B Sulfate)	2	
bleph-10 ophthalmic drops 10 %	(Sulfacetamide Sodium)	2	
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION 10-0.2 %		3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %		4	
CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 %		3	
ciprofloxacin hcl ophthalmic drops 0.3 %	(Ciloxan)	2	
ciprofloxacin hcl otic dropperette 0.2 %	(Cetraxal)	2	
COLY-MYCIN S OTIC DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		4	
CORTISPORIN-TC OTIC DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		3	
erythromycin ophthalmic ointment 5 mg/gram (0.5 %)	(Ilotycin)	2	
gatifloxacin ophthalmic drops 0.5 %	(Zymaxid)	2	
gentak ophthalmic ointment 0.3 % (3 mg/gram)	(Garamycin)	2	
gentamicin ophthalmic drops 0.3 %	(Garamycin)	2	
gentamicin ophthalmic ointment 0.3 % (3 mg/gram)	(Garamycin)	2	
hydrocortisone-acetic acid otic drops 1-2 %	(Vosol HC)	2	
levofloxacin ophthalmic drops 0.5 %	(Levofloxacin)	2	
MOXEZA OPHTHALMIC DROPS, VISCOUS 0.5 %		3	
NATACYN OPHTHALMIC DROPS,SUSPENSION 5 %		3	

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Drug Name		Drug Tier	Requirements/Limits
neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%	(Neomycin Su/Baci Zn/Poly/HC)	2	
neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g	(Neomycin Su/Bacitra/Polymyxin)	2	
neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	2	
neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml	(Neosporin)	2	
neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml	(Neomycin/Polymyxin B Sulf/HC)	2	
neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	(Neomycin/Polymyxin B Sulf/HC)	2	
neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%	(Cortisporin)	2	
neo-polycin hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%	(Neomycin Su/Baci Zn/Poly/HC)	2	
neo-polycin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g	(Neomycin Su/Bacitra/Polymyxin)	2	
ofloxacin ophthalmic drops 0.3 %	(Ocuflox)	2	
ofloxacin otic drops 0.3 %	(Ocuflox)	2	
polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml	(Polytrim)	2	
sulfacetamide sodium ophthalmic drops 10 %	(Sulfacetamide Sodium)	2	
sulfacetamide sodium ophthalmic ointment 10 %	(Sulfacetamide Sodium)	2	
sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)	(Sulfacetamide/Prednisolone Sp)	2	

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Drug Name		Drug Tier	Requirements/Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		4	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 %		3	
tobramycin ophthalmic drops 0.3 %	(Tobrex)	2	
tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %	(Tobradex)	2	
trifluridine ophthalmic drops 1 %	(Viroptic)	2	
VIGAMOX OPHTHALMIC DROPS 0.5 %		3	
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
ZYLET OPHTHALMIC DROPS,SUSPENSION 0.3-0.5 %		3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %		3	ST
bromfenac ophthalmic drops 0.09 %	(Bromfenac Sodium)	2	
dexamethasone sodium phosphate ophthalmic drops 0.1 %	(Dexasol)	2	
diclofenac sodium ophthalmic drops 0.1 %	(Diclofenac Sodium)	2	
DUREZOL OPHTHALMIC DROPS 0.05 %		3	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	(Flunisolide)	2	QL (50 per 25 days)
fluocinolone acetonide oil otic drops 0.01 %	(Dermotic)	2	
fluorometholone ophthalmic drops,suspension 0.1 %	(FML)	2	
flurbiprofen sodium ophthalmic drops 0.03 %	(Ocufen)	2	
fluticasone nasal spray,suspension 50 mcg/actuation	(Fluticasone Propionate)	1	
ILEVRO OPHTHALMIC DROPS,SUSPENSION 0.3 %		3	

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Drug Name		Drug Tier	Requirements/Limits
ketorolac ophthalmic drops 0.4 %, 0.5 %	(Acular)	2	
LOTEMAX OPHTHALMIC DROPS,GEL 0.5 %		3	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 %		3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		3	
NEVANAC OPHTHALMIC DROPS,SUSPENSION 0.1 %		3	
prednisolone acetate ophthalmic drops,suspension 1 %	(Omnipred)	2	
prednisolone sodium phosphate ophthalmic drops 1 %	(Prednisolone Sod Phosphate)	2	
PROLENSA OPHTHALMIC DROPS 0.07 %		3	
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %		3	QL (60 per 30 days)
triamcinolone acetonide nasal aerosol,spray 55 mcg	(Triamcinolone Acetonide)	2	QL (16.5 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	(Prevpac)	2	
CARAFATE ORAL SUSPENSION 100 MG/ML		3	
cimetidine hcl oral solution 300 mg/5 ml	(Cimetidine HCl)	2	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	(Cimetidine)	2	(Rx Product Only)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG		3	ST
esomeprazole sodium intravenous recon soln 20 mg, 40 mg	(Nexium I.V.)	2	
famotidine (pf) intravenous solution 20 mg/2 ml	(Famotidine)	2	

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Drug Name		Drug Tier	Requirements/Limits
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	(Famotidine In Nacl,Iso-Osm/PF)	2	
famotidine 40 mg/4 ml vial 25's,outer 10 mg/ml	(Famotidine)	2	
famotidine oral suspension 40 mg/5 ml	(Pepcid)	2	(Rx Product Only)
famotidine oral tablet 20 mg, 40 mg	(Pepcid)	1	(Rx Product Only)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	(Prevacid)	2	(Rx Product Only)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
nizatidine oral capsule 150 mg, 300 mg	(Nizatidine)	2	
nizatidine oral solution 150 mg/10 ml	(Nizatidine)	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	(Prilosec)	2	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	2	
ranitidine hcl 50 mg/2 ml vial sdv 50 mg/2 ml (25 mg/ml)	(Zantac)	2	(Rx Product Only)
ranitidine hcl injection solution 25 mg/ml	(Zantac)	2	(Rx Product Only)
ranitidine hcl oral capsule 150 mg, 300 mg	(Ranitidine HCl)	2	(Rx Product Only)
ranitidine hcl oral syrup 15 mg/ml	(Ranitidine HCl)	2	(Rx Product Only)
ranitidine hcl oral tablet 150 mg, 300 mg	(Zantac)	1	(Rx Product Only)
sucralfate oral suspension 100 mg/ml	(Sucralfate)	2	
sucralfate oral tablet 1 gram	(Carafate)	2	
Gastrointestinal Agents, Other			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		3	QL (60 per 30 days)
BUPHENYL ORAL TABLET 500 MG		5	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		5	
constulose oral solution 10 gram/15 ml	(Lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	5	
dicyclomine oral capsule 10 mg	(Bentyl)	2	
dicyclomine oral solution 10 mg/5 ml	(Dicyclomine HCl)	2	
dicyclomine oral tablet 20 mg	(Bentyl)	2	

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Drug Name		Drug Tier	Requirements/Limits
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	(Diphenoxylate HCl/Atropine)	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	
enulose oral solution 10 gram/15 ml	(Lactulose)	2	
GATTEX 5 MG 30-VIAL KIT 5 MG		5	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		5	PA
generlac oral solution 10 gram/15 ml	(Lactulose)	2	
glycopyrrolate injection solution 0.2 mg/ml	(Robinul)	2	
glycopyrrolate oral tablet 1 mg, 2 mg	(Robinul)	2	
kionex 15 gm/60 ml suspension 15 gram/60 ml	(Sodium Polystyrene Sulfonate)	2	
kionex oral powder	(Sodium Polystyrene Sulfonate)	2	
lactulose oral solution 10 gram/15 ml	(Lactulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG		3	QL (30 per 30 days)
loperamide oral capsule 2 mg	(Loperamide HCl)	2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG		5	
methscopolamine oral tablet 2.5 mg, 5 mg	(Methscopolamine Bromide)	2	
metoclopramide hcl injection solution 5 mg/ml	(Metoclopramide HCl)	2	
metoclopramide hcl oral solution 5 mg/5 ml	(Metoclopramide HCl)	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM		4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML		5	PA

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Drug Name		Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		4	PA; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		4	PA; QL (28 per 28 days)
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml	(Sodium Polystyrene Sulfonate)	2	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	(Sodium Polystyrene Sulfonate)	2	
sps 15 gm/60 ml suspension 15 gram/60 ml	(Sodium Polystyrene Sulfonate)	2	
ursodiol oral capsule 300 mg	(Actigall)	2	
ursodiol oral tablet 250 mg, 500 mg	(Urso)	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		4	
VIBERZI ORAL TABLET 100 MG, 75 MG		5	ST; QL (60 per 30 days)
Laxatives			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(Golytely)	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(Golytely)	2	
gavilyte-n oral recon soln 420 gram	(Nulytely with Flavor Packs)	2	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM		3	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram	(Golytely)	2	
PEG 3350-GRX POWDER		2	
peg-electrolyte soln oral recon soln 420 gram	(Nulytely with Flavor Packs)	2	
polyethylene glycol 3350 oral powder 17 gram/dose	(Gavilyte-N)	2	
polyethylene glycol 3350 oral powder in packet 17 gram	(Polyethylene Glycol 3350)	2	

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Drug Name		Drug Tier	Requirements/Limits
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM		4	
trilyte with flavor packets oral recon soln 420 gram	(Nulytely with Flavor Packs)	2	
Phosphate Binders			
AURYXIA ORAL TABLET 210 MG IRON		4	
calcium acetate oral capsule 667 mg	(Phoslo)	2	
calcium acetate oral tablet 667 mg	(Calcium Acetate)	2	
eliphos oral tablet 667 mg	(Calcium Acetate)	2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		4	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG		4	
magnebind 400 oral tablet 400-200-1 mg	(Calcium Carbonate/Mag Carb/Fa)	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		4	
RENAGEL ORAL TABLET 400 MG, 800 MG		3	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM		3	
RENVELA ORAL TABLET 800 MG		3	
Genitourinary Agents			
Antispasmodics, Urinary			
flavoxate oral tablet 100 mg	(Flavoxate HCl)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		3	
oxybutynin chloride oral syrup 5 mg/5 ml	(Oxybutynin Chloride)	2	
oxybutynin chloride oral tablet 5 mg	(Oxybutynin Chloride)	2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	(Ditropan XL)	2	

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Drug Name		Drug Tier	Requirements/Limits
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	2	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		3	
trospium oral capsule,extended release 24hr 60 mg	(Trospium Chloride)	2	
trospium oral tablet 20 mg	(Trospium Chloride)	2	
VESICARE ORAL TABLET 10 MG, 5 MG		3	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	2	
tamsulosin oral capsule,extended release 24hr 0.4 mg	(Flomax)	2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	(Terazosin HCl)	1	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
deferoxamine injection recon soln 2 gram, 500 mg	(Desferal)	2	PA BvD
DEPEN TITRATABS ORAL TABLET 250 MG		5	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG		4	
EXJADE ORAL TABLET, DISPERSIBLE 250 MG, 500 MG		5	
FERRIPROX ORAL SOLUTION 100 MG/ML		5	
FERRIPROX ORAL TABLET 500 MG		5	
sodium thiosulfate intravenous solution 1 gram/10 ml (100 mg/ml), 12.5 gram/50 ml (250 mg/ml)	(Sodium Thiosulfate)	2	

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Drug Name		Drug Tier	Requirements/Limits
SYPRINE ORAL CAPSULE 250 MG		5	
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR		3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)		3	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)		3	PA; QL (150 per 30 days)
androxy oral tablet 10 mg	(Fluoxymesterone)	2	
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML)		3	PA; QL (180 per 28 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	(Danazol)	2	
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	2	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	PA
testosterone enanthate intramuscular oil 200 mg/ml	(Testosterone Enanthate)	2	PA; QL (5 per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	2	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %)	(Vogelxo)	2	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	(Androgel)	2	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Testim)	2	PA; QL (300 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Estrogens And Antiestrogens			
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		3	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG		3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)		3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	2	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Vivelle-Dot)	2	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	2	QL (4 per 28 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	(Delestrogen)	2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	(Activella)	2	
ESTRING VAGINAL RING 2 MG		4	QL (1 per 84 days)
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	(Estropipate)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		4	QL (1 per 84 days)
fyavolv oral tablet 1-5 mg-mcg	(Femhrt)	2	
jinteli oral tablet 1-5 mg-mcg	(Femhrt)	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		4	
mimvey lo oral tablet 0.5-0.1 mg	(Activella)	2	
mimvey oral tablet 1-0.5 mg	(Activella)	2	
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	(Femhrt)	2	
PREMARIN INJECTION RECON SOLN 25 MG		3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	
raloxifene oral tablet 60 mg	(Evista)	2	
VAGIFEM VAGINAL TABLET 10 MCG		3	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
a-hydrocort injection recon soln 100 mg	(Hydrocortisone Sod Succinate)	2	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone)	2	
cortisone oral tablet 25 mg	(Cortisone Acetate)	2	PA BvD
dexamethasone oral elixir 0.5 mg/5 ml	(Dexamethasone)	2	PA BvD
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	(Dexamethasone)	1	PA BvD
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	(Dexamethasone Sod Phosphate)	2	
fludrocortisone oral tablet 0.1 mg	(Fludrocortisone Acetate)	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	2	PA BvD
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	2	PA BvD
methylprednisolone oral tablets,dose pack 4 mg	(Medrol)	2	PA BvD
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	(A-Methapred)	2	
methylprednisolone sodium succ intravenous recon soln 1,000 mg	(A-Methapred)	2	

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Drug Name		Drug Tier	Requirements/Limits
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	2	PA BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		3	PA BvD
prednisone oral solution 5 mg/5 ml	(Prednisone)	2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	(Prednisone)	1	PA BvD
prednisone oral tablets,dose pack 10 mg, 5 mg	(Prednisone)	2	PA BvD
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML		4	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	(Triamcinolone Acetonide)	2	
Pituitary			
desmopressin injection solution 4 mcg/ml	(Desmopressin Acetate)	2	
desmopressin nasal solution 0.1 mg/ml (refrigerate)	(DDAVP)	2	QL (15 per 30 days)
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	(Desmopressin Acetate)	2	QL (15 per 30 days)
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	2	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML		4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML		5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)		5	PA

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

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
octreotide acet 50 mcg/ml syr outer,single-dose,10 50 mcg/ml (1 ml) (Octreotide Acetate)	2	
octreotide acetate injection solution 1,000 mcg/ml (Sandostatin)	5	
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 500 mcg/ml (Sandostatin)	2	
octreotide acetate injection solution 50 mcg/ml (Octreotide Acetate)	2	
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.5 ML (FNL)	5	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA
SANDOSTATIN LAR 10 MG KIT 10 MG	5	
SANDOSTATIN LAR 20 MG KIT 20 MG	5	
SANDOSTATIN LAR 30 MG KIT 30 MG	5	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	

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Drug Name		Drug Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		5	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML		5	QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)		4	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)		5	QL (1 per 360 days)
Progestins			
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML		4	QL (10 per 28 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	2	
MEGACE ES ORAL SUSPENSION 625 MG/5 ML		5	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	(Megace Es)	2	
norethindrone acetate oral tablet 5 mg	(Aygestin)	2	
progesterone in oil intramuscular oil 50 mg/ml	(Progesterone)	2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
Thyroid And Antithyroid Agents			
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg	(Levothyroxine Sodium)	2	

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Drug Name		Drug Tier	Requirements/Limits
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Levoxyl)	1	
liothyronine intravenous solution 10 mcg/ml	(Triostat)	2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	2	
methimazole oral tablet 10 mg, 5 mg	(Tapazole)	2	
propylthiouracil oral tablet 50 mg	(Propylthiouracil)	2	
Immunological Agents			
Immunological Agents			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		5	
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG		4	PA BvD
AUBAGIO ORAL TABLET 14 MG, 7 MG		5	PA; QL (28 per 28 days)
azathioprine oral tablet 50 mg	(Imuran)	2	PA BvD
azathioprine sodium injection recon soln 100 mg	(Azathioprine Sodium)	2	PA BvD
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM		5	PA BvD
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG		4	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		5	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		5	PA
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	(Neoral)	2	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Neoral)	2	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	2	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		5	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)		5	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)		5	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		4	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %		5	PA BvD
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE		3	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %		5	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 5 %		5	PA BvD
GAMUNEX-C 20 GRAM/200 ML VIAL P/F,LTX-FR,SUV,OUTER 20 GRAM/200 ML (10 %)		5	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)		5	PA BvD
gengraf oral capsule 100 mg, 25 mg	(Neoral)	2	PA BvD
gengraf oral solution 100 mg/ml	(Neoral)	2	PA BvD
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		5	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	5	PA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (18.76 per 28 days)
leflunomide oral tablet 10 mg, 20 mg (Arava)	2	
mycophenolate mofetil oral capsule 250 mg (Cellcept)	2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (Cellcept)	5	PA BvD
mycophenolate mofetil oral tablet 500 mg (Cellcept)	2	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML		5	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %		5	PA BvD
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		4	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML		5	PA BvD
RIDAURA ORAL CAPSULE 3 MG		5	
sirolimus oral tablet 0.5 mg, 1 mg	(Rapamune)	2	PA BvD
sirolimus oral tablet 2 mg	(Rapamune)	5	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Hecoria)	2	PA BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML		5	PA; LA; QL (15 per 28 days)
ZORTRESS ORAL TABLET 0.25 MG		4	PA BvD; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG		5	PA BvD; QL (120 per 30 days)
Vaccines			
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML		3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML		3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML		3	
BCG (TICE STRAIN) VIAL 50 MG		3	PA BvD
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG		3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
BEXSERO (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	3	
COMVAX (PF) INTRAMUSCULAR SUSPENSION 5-7.5-125 MCG/0.5 ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; QL (3 per 365 days)
ENGERIX-B 20 MCG/ML VIAL 10'S,ADULT,P/F,OUTER 20 MCG/ML	3	PA BvD; QL (3 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	3	QL (1.5 per 365 days)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	3	QL (1.5 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	3	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	QL (2 per 365 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	3	QL (2 per 365 days)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	PA BvD; QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SUSPENSION 2 ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS TOXOID,ADSORBED (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT/0.5 ML	3	PA BvD
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TETANUS-DIPHTHERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT -20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	

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Drug Name		Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		3	
VAQTA 25 UNITS/0.5 ML VIAL SDV, OUTER 25 UNIT/0.5 ML		3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML		3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML		3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg, 1 mg	(Alosetron HCl)	5	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM		3	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG		3	
balsalazide oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	5	
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 400 MG		3	
DIPENTUM ORAL CAPSULE 250 MG		4	ST

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Drug Name		Drug Tier	Requirements/Limits
Irrigating Solutions			
Irrigating Solutions			
acetic acid irrigation solution 0.25 %	(Acetic Acid)	2	
LACTATED RINGERS IRRIGATION SOLUTION		3	
ringers irrigation solution	(Ringers Solution)	2	
sodium chloride irrigation solution 0.9 %	(Sodium Chloride Irrig Solution)	2	
sorbitol irrigation solution 3 %, 3.3 %	(Sorbitol Solution)	2	
sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml	(Mannitol/Sorbitol Solution)	2	
water for irrigation, sterile irrigation solution	(Water For Irrigation,Sterile)	2	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
ACTONEL ORAL TABLET 35 MG		3	QL (4 per 28 days)
alendronate oral solution 70 mg/75 ml	(Alendronate Sodium)	2	QL (300 per 28 days)
alendronate oral tablet 10 mg, 40 mg, 5 mg	(Fosamax)	1	
alendronate oral tablet 35 mg, 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	(Miacalcin)	2	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml	(Calcitriol)	2	(PA for ESRD Only)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	2	(PA for ESRD Only)
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	2	(PA for ESRD Only)
doxercalciferol intravenous solution 4 mcg/2 ml	(Doxercalciferol)	2	(PA for ESRD Only)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	(Hectorol)	2	(PA for ESRD Only)
etidronate disodium oral tablet 200 mg, 400 mg	(Etidronate Disodium)	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		4	QL (2.4 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
FORTICAL NASAL SPRAY,NON-AEROSOL 200 UNIT/ACTUATION		4	QL (3.7 per 28 days)
ibandronate intravenous solution 3 mg/3 ml	(Ibandronate Sodium)	2	(PA for ESRD Only); QL (3 per 84 days)
ibandronate intravenous syringe 3 mg/3 ml	(Boniva)	2	QL (3 per 84 days)
ibandronate oral tablet 150 mg	(Boniva)	2	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML		3	(PA for ESRD Only)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		5	PA; QL (2 per 28 days)
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	(Pamidronate Disodium)	2	(PA for ESRD Only)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	(Zemplar)	2	(PA for ESRD Only)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)
risedronate oral tablet 150 mg	(Actonel)	2	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg	(Actonel)	2	QL (30 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)	(Actonel)	2	QL (4 per 28 days)
risedronate sodium 35 mg tab f/c, once-a-week 35 mg	(Actonel)	2	QL (4 per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML		3	(PA for ESRD Only)
zoledronic acid intravenous solution 4 mg/5 ml	(Zometa)	2	
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	(Zoledronic Acid/Mannitol and Water)	2	

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Drug Name		Drug Tier	Requirements/Limits
zoledronic acid-mannitol-water intravenous solution 5 mg/100 ml	(Reclast)	2	QL (100 per 300 days)
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML		5	
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		5	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		5	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		5	
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	2	
allopurinol sodium intravenous recon soln 500 mg	(Allopurinol Sodium)	2	
amifostine crystalline intravenous recon soln 500 mg	(Amifostine Crystalline)	2	
ammonium chloride intravenous solution 5 meq/ml	(Ammonium Chloride)	2	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	(Citrate Phosphate Dextros Soln)	2	
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG		5	ST
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		5	ST
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		5	ST
BENLYSTA INTRAVENOUS RECON SOLN 120 MG		5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	ST
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	(Urecholine)	2	

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Drug Name		Drug Tier	Requirements/Limits
BOTOX INJECTION RECON SOLN 100 UNIT		3	PA; QL (4 per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT		3	PA; QL (1 per 90 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	(Buspirone HCl)	2	
CERDELGA ORAL CAPSULE 84 MG		5	PA
colchicine oral tablet 0.6 mg	(Colcrys)	2	
colchicine-probenecid oral tablet 0.5-500 mg	(Colchicine/Probenecid)	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML		5	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML		5	
dexrazoxane hcl intravenous recon soln 250 mg	(Totect)	2	
droperidol injection solution 2.5 mg/ml	(Droperidol)	2	
dutasteride oral capsule 0.5 mg	(Avodart)	2	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	2	QL (30 per 30 days)
ELMIRON ORAL CAPSULE 100 MG		4	
ergoloid oral tablet 1 mg	(Ergoloid Mesylates)	2	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		5	ST
finasteride oral tablet 5 mg	(Proscar)	2	
fomepizole intravenous solution 1 gram/ml	(Fomepizole)	5	
FUSILEV INTRAVENOUS RECON SOLN 50 MG		5	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "		1	
GILENYA ORAL CAPSULE 0.5 MG		5	QL (28 per 28 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG		3	

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

Drug Name		Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG		4	
guanidine oral tablet 125 mg	(Guanidine HCl)	2	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	(Hydroxyzine HCl)	2	
hydroxyzine hcl oral solution 10 mg/5 ml	(Hydroxyzine HCl)	2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	(Hydroxyzine HCl)	2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	(Vistaril)	2	
KEVEYIS ORAL TABLET 50 MG		5	PA NSO; QL (120 per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML		5	PA
leucovorin calcium 200 mg vial sdv, p/f, latex-free 200 mg	(Leucovorin Calcium)	2	
leucovorin calcium injection recon soln 100 mg, 350 mg	(Leucovorin Calcium)	2	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	(Leucovorin Calcium)	2	
levocarnitine (with sugar) oral solution 100 mg/ml	(Levocarnitine (With Sugar))	2	(PA for ESRD Only)
levocarnitine intravenous solution 200 mg/ml	(Carnitor)	2	(PA for ESRD Only)
levocarnitine oral tablet 330 mg	(Carnitor)	2	(PA for ESRD Only)
mesna intravenous solution 100 mg/ml	(Mesnex)	2	
MESNEX ORAL TABLET 400 MG		5	
MESTINON ORAL SYRUP 60 MG/5 ML		4	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG		4	
methylergonovine injection solution 0.2 mg/ml (1 ml)	(Methylergonovine Maleate)	2	
methylergonovine oral tablet 0.2 mg	(Methylergonovine Maleate)	2	

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Drug Name		Drug Tier	Requirements/Limits
morrhuate sodium intravenous solution 5 %	(Sodium Morrhuate)	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML		4	QL (1 per 90 days)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG		5	PA; QL (8 per 28 days)
OTEZLA ORAL TABLET 30 MG		5	PA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)		5	PA; QL (60 per 30 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML		3	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		5	ST
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		5	ST
probenecid oral tablet 500 mg	(Probenecid)	2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		5	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon)	2	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML		3	

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Drug Name	Drug Tier	Requirements/Limits
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA
SENSIPAR ORAL TABLET 30 MG	3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	QL (60 per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA
STERILE PADS 2" X 2" 2 X 2 "	1	
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	QL (14 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG		5	QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; QL (60 per 30 days)
TYBOST ORAL TABLET 150 MG		4	QL (30 per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG		3	QL (30 per 30 days)
XELJANZ ORAL TABLET 5 MG		5	PA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG		5	PA; QL (30 per 30 days)
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg	(Diamox Sequels)	2	
acetazolamide oral tablet 125 mg, 250 mg	(Acetazolamide)	2	
acetazolamide sodium injection recon soln 500 mg	(Acetazolamide Sodium)	2	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %		3	
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %		3	
betaxolol ophthalmic drops 0.5 %	(Betaxolol HCl)	2	
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 %		4	
bimatoprost ophthalmic drops 0.03 %	(Bimatoprost)	2	
brimonidine ophthalmic drops 0.15 %, 0.2 %	(Alphagan P)	2	(drops: 0.15%, 0.20%)
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %		3	
dorzolamide ophthalmic drops 2 %	(Trusopt)	2	
dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml	(Cosopt)	2	

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Drug Name		Drug Tier	Requirements/Limits
latanoprost ophthalmic drops 0.005 %	(Xalatan)	2	
levobunolol ophthalmic drops 0.25 %, 0.5 %	(Betagan)	2	
LUMIGAN OPHTHALMIC DROPS 0.01 %		3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg	(Neptazane)	2	
metipranolol ophthalmic drops 0.3 %	(Metipranolol)	2	
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %		3	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	(Isopto Carpine)	2	
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 %		3	
timolol maleate ophthalmic drops 0.25 %, 0.5 %	(Timoptic)	2	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	(Timoptic-Xe)	2	
TRAVATAN Z OPHTHALMIC DROPS 0.004 %		3	QL (2.5 per 25 days)
travoprost (benzalkonium) ophthalmic drops 0.004 %	(Travoprost (Benzalkonium))	2	QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE 0.0015 %		4	QL (30 per 30 days)
Replacement Preparations			
Replacement Preparations			
calcium chloride intravenous solution 100 mg/ml (10 %)	(Calcium Chloride)	2	
calcium chloride intravenous syringe 100 mg/ml (10 %)	(Calcium Chloride)	2	
calcium gluconate intravenous solution 100 mg/ml (10%)	(Calcium Gluconate)	2	(PA for ESRD Only)
d10 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 10 % and 0.45 % NaCl)	2	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 2.5 % and 0.45 % NaCl)	2	

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Drug Name		Drug Tier	Requirements/Limits
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(Dextrose 5 % and 0.9 % NaCl)	2	
d5 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 5 %-0.45 % NaCl)	2	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	(Dextrose 10 % and 0.2 % NaCl)	2	
dextrose 5 %-lactated ringers intravenous parenteral solution	(Dextrose 5%-Lactated Ringers)	2	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	(Dextrose 5 %-0.2 % NaCl)	2	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	(Dextrose 5 % and 0.3 % NaCl)	2	
dextrose with sodium chloride intravenous parenteral solution 5-0.2 %	(Dextrose 5 %-0.2 % NaCl)	2	
effer-k oral tablet, effervescent 25 meq	(Klor-Con-Ef)	2	
electrolyte-48 in d5w intravenous parenteral solution	(Electrolyte-48 Solution/D5W)	2	
HYPERLYTE CR INTRAVENOUS SOLUTION 25-20-5-5-30-30 MEQ/20 ML		4	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
ISOLYTE M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION		4	
ISOLYTE-H IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION		4	

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Drug Name		Drug Tier	Requirements/Limits
k-effervescent oral tablet, effervescent 25 meq	(Klor-Con-Ef)	2	
klor-con 10 oral tablet extended release 10 meq	(Potassium Chloride)	2	
klor-con m10 tablet 10 meq	(Potassium Chloride)	2	
klor-con m15 oral tablet,er particles/crystals 15 meq	(Potassium Chloride)	2	
klor-con m20 oral tablet,er particles/crystals 20 meq	(Potassium Chloride)	2	
klor-con sprinkle oral capsule, extended release 10 meq, 8 meq	(Potassium Chloride)	2	
magnesium chloride injection solution 200 mg/ml (20 %)	(Magnesium Chloride)	2	
magnesium sulf in 0.45% nacl intravenous solution 20 gram/500 ml (40 mg/ml)	(Magnesium Sulf In 0.45% NaCl)	2	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml, 4 gram/100 ml	(Magnesium Sulfate/D5W)	2	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	(Magnesium Sulfate in Water)	2	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	(Magnesium Sulfate in Water)	2	
magnesium sulfate injection solution 4 meq/ml (50 %)	(Magnesium Sulfate)	2	
magnesium sulfate injection syringe 4 meq/ml	(Magnesium Sulfate)	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION		4	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		4	
NUTRILYTE II INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML		4	
NUTRILYTE INTRAVENOUS SOLUTION 25-40.6-5 MEQ/20 ML		4	

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Drug Name		Drug Tier	Requirements/Limits
phospha 250 neutral oral tablet 250 mg	(K-Phos Neutral)	2	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION		4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION		4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
potassium acetate intravenous solution 2 meq/ml, 4 meq/ml	(Potassium Acetate)	2	
potassium bicarb and chloride oral tablet, effervescent 25 meq	(Pot Chloride/Pot Bicarb/Cit Ac)	2	
potassium bicarb-citric acid oral tablet, effervescent 25 meq	(Klor-Con-Ef)	2	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride/D5-0.45nacl)	2	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	(Potassium Chloride In 0.9%NaCl)	2	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride In D5w)	2	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	(Potassium Chloride In Lr-D5)	2	
potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml	(Potassium Chloride)	2	
potassium chloride intravenous solution 2 meq/ml	(Potassium Chloride)	2	
potassium chloride oral capsule, extended release 10 meq, 8 meq	(Potassium Chloride)	2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	(Potassium Chloride)	2	
potassium chloride oral packet 20 meq	(Klor-Con)	2	
potassium chloride oral tablet extended release 8 meq	(K-Tab ER)	2	

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Drug Name		Drug Tier	Requirements/Limits
potassium chloride oral tablet,er particles/crystals 10 meq	(K-Tab ER)	2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Potassium Chloride)	2	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	(Potassium Chloride-0.45% NaCl)	2	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride/D5-0.2%NaCl)	2	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	(Potassium Chloride/D5-0.3%NaCl)	2	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	(Potassium Chloride/D5-0.9%NaCl)	2	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	(Urocit-K)	2	
potassium citrate-citric acid oral packet 3,300-1,002 mg	(Potassium Citrate/Citric Acid)	2	
potassium cl 10 meq/50 ml sol 10 meq/50 ml	(Potassium Chloride)	2	
potassium cl 20 meq/50 ml sol 20 meq/50 ml	(Potassium Chloride)	2	
potassium cl er 10 meq tablet f/c 10 meq	(K-Tab ER)	2	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	(Potassium Phos,M-Basic-D-Basic)	2	
ringers intravenous parenteral solution	(Ringers Solution)	2	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	(Sodium Acetate)	2	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)	(Sodium Bicarbonate)	2	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	(Sodium Bicarbonate)	2	

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Drug Name		Drug Tier	Requirements/Limits
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	(Sodium Chloride 0.45 %)	2	
sodium chloride 0.9 % injection solution 0.9 %	(0.9 % Sodium Chloride)	2	
sodium chloride 0.9 % intravenous parenteral solution 0.9 %	(0.9 % Sodium Chloride)	2	
sodium chloride 3 % intravenous parenteral solution 3 %	(Sodium Chloride 3 %)	2	
sodium chloride 5 % intravenous parenteral solution 5 %	(Sodium Chloride 5 %)	2	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	(Sodium Chloride)	2	
sodium lactate intravenous parenteral solution 167 meq/l	(Sodium Lactate)	2	
sodium lactate intravenous solution 5 meq/ml	(Sodium Lactate)	2	
sodium phosphate intravenous solution 3 mmol/ml	(Sodium Phos,M-Basic-D-Basic)	2	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML		4	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML		4	
tricitrates oral solution 550-500-334 mg/5 ml	(Sod/Pot/K Cit/Sod Cit/Cit Acid)	2	
virt-phos 250 neutral oral tablet 250 mg	(K-Phos Neutral)	2	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		3	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION		3	QL (12 per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE		3	QL (60 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION		3	QL (13 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION		3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION		3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION		3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION		3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION		3	QL (21.2 per 28 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION		3	QL (17.4 per 25 days)
Antileukotrienes			
montelukast oral granules in packet 4 mg	(Singulair)	2	
montelukast oral tablet 10 mg	(Singulair)	2	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	2	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	2	

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Drug Name		Drug Tier	Requirements/Limits
Bronchodilators			
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	(Albuterol Sulfate)	2	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml	(Albuterol Sulfate)	2	
albuterol sulfate oral tablet 2 mg, 4 mg	(Albuterol Sulfate)	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	(Vospire ER)	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		3	QL (8 per 30 days)
elixophyllin oral elixir 80 mg/15 ml	(Theophylline Anhydrous)	2	
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG		3	QL (60 per 30 days)
ipratropium bromide inhalation solution 0.02 %	(Ipratropium Bromide)	2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	(Ipratropium/Albuterol Sulfate)	2	
metaproterenol oral syrup 10 mg/5 ml	(Metaproterenol Sulfate)	2	
metaproterenol oral tablet 10 mg, 20 mg	(Metaproterenol Sulfate)	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION		3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION		3	

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Drug Name		Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG		3	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		3	
terbutaline oral tablet 2.5 mg, 5 mg	(Terbutaline Sulfate)	2	
terbutaline subcutaneous solution 1 mg/ml	(Terbutaline Sulfate)	2	
theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	(Theophylline Anhydrous)	2	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml	(Theophylline/D5W)	2	
theophylline oral solution 80 mg/15 ml	(Theophylline Anhydrous)	2	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	(Theophylline Anhydrous)	2	
theophylline oral tablet extended release 400 mg, 600 mg	(Theophylline Anhydrous)	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)		3	QL (2 per 28 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION		3	

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Drug Name		Drug Tier	Requirements/Limits
Respiratory Tract Agents, Other			
acetylcysteine intravenous solution 200 mg/ml (20 %)	(Acetadote)	2	PA BvD
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	(Acetadote)	2	PA BvD
cromolyn inhalation solution for nebulization 20 mg/2 ml	(Cromolyn Sodium)	2	PA BvD
DALIRESP ORAL TABLET 500 MCG		3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG		5	PA; QL (270 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG		5	PA; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG		5	PA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		5	PA; LA; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA
ORKAMBI ORAL TABLET 200-125 MG		5	PA; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG		5	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		5	PA
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg	(Baclofen)	2	
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	2	QL (120 per 30 days)
chlorzoxazone oral tablet 500 mg	(Parafon Forte DSC)	2	
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	(Fexmid)	2	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	(Dantrium)	2	
metaxall oral tablet 800 mg	(Skelaxin)	2	
metaxalone oral tablet 400 mg, 800 mg	(Skelaxin)	2	

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Drug Name		Drug Tier	Requirements/Limits
methocarbamol oral tablet 500 mg, 750 mg	(Robaxin)	2	
revonto intravenous recon soln 20 mg	(Dantrium)	2	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	2	
tizanidine oral tablet 2 mg, 4 mg	(Zanaflex)	2	
Sleep Disorder Agents			
Sleep Disorder Agents			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG		5	PA
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG		3	PA
ROZEREM ORAL TABLET 8 MG		3	
XYREM ORAL SOLUTION 500 MG/ML		5	LA
zaleplon oral capsule 10 mg, 5 mg	(Sonata)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (60 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	2	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADCIRCA ORAL TABLET 20 MG		5	PA; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; QL (90 per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG		3	PA; QL (30 per 30 days)
epoprostenol (glycine) intravenous recon soln 0.5 mg	(Flolan)	2	PA BvD
epoprostenol (glycine) intravenous recon soln 1.5 mg	(Flolan)	5	PA BvD
LETAIRIS ORAL TABLET 10 MG, 5 MG		5	PA; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG		3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG		5	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML		5	PA BvD
sildenafil intravenous solution 10 mg/12.5 ml	(Revatio)	5	PA; QL (37.5 per 1 day)
sildenafil oral tablet 20 mg	(Revatio)	2	PA; QL (90 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG		5	PA; LA; QL (60 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		5	PA BvD
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		5	PA BvD
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		5	PA BvD
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		5	PA; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		5	PA; QL (200 per 365 days)
Vitamins And Minerals			
Vitamins And Minerals			
multivit-fluor 0.5 mg tab chew chewable, d/f, s/f 0.5 mg	(Pedi M.Vit No.17 with Fluoride)	2	
pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg	(Pnv with Ca,No.72/Iron/Fa)	3	(All Rx Prenatal Vitamins Covered)
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(Pnv with Ca,No.72/Iron/Fa)	3	(All Rx Prenatal Vitamins Covered)
sodium fluoride oral tablet 1 mg fluoride (2.2 mg)	(Pedi M.Vit No.17 with Fluoride)	2	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG		3	

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