



2018 GROUP FORMULARY

(List of covered drugs)

Group MedicareBlueSM Rx (PDP)

Effective January 1, 2018

Please read: This document contains information about the drugs we cover in this plan.

Formulary ID: 00018191 Version 5

This formulary was updated on 08/18/2017. For more recent information or other questions, please contact Group MedicareBlue Rx Customer Service.



Call **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain Times
(TTY hearing impaired users call **711**)



Visit **YourMedicareSolutions.com**

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Group MedicareBlue Rx.

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

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

WHAT IS THE GROUP MEDICAREBLUE RX FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose the plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 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. If we make a mid-year non-maintenance formulary change, members will be notified on their *Explanation of Benefits* or by other means as necessary. The printed formulary also will be updated with this change and a new PDF of the group formulary will be posted on **YourMedicareSolutions.com**. The online formulary will also be updated with the change. The enclosed formulary is current as of January 1, 2018. To get updated information about the drugs covered by Group BlueMedicare Rx, please contact us. Our contact information appears on the front and back cover pages.

HOW DO I USE THE FORMULARY?

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

Medical condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending

on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins on page 6. 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 60. 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?

Group MedicareBlue Rx 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:** Group MedicareBlue Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Group MedicareBlue Rx before you fill your prescriptions. If you don't get approval, Group MedicareBlue Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Group MedicareBlue Rx limits the amount of the drug that Group MedicareBlue Rx will cover. For example, the plan provides 30 capsules

per prescription for DEXILANT. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Group MedicareBlue Rx 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, Group MedicareBlue Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Group MedicareBlue Rx 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 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Group MedicareBlue Rx 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 formulary?" on the next page for information about how to request an exception.

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Group MedicareBlue Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Group MedicareBlue Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Group MedicareBlue Rx.

- You can ask Group MedicareBlue Rx to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Most Medicare Drug Plans cannot cover certain drugs, including sexual dysfunction products like Viagra, Cialis and Levitra. However, these may be covered on the Supplemental Drug List which is a separate list sent with this formulary. For more information, you can contact Group MedicareBlue Rx.

HOW DO I REQUEST AN EXCEPTION TO THE FORMULARY?

You can ask Group MedicareBlue Rx 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, Group MedicareBlue Rx 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, Group MedicareBlue Rx 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 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, the plan must make a 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, a decision will be made no later than 24 hours after we receive 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 up to a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the

first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you have a level of care change, such as being discharged from a hospital to your home or from a long-term care facility to your home or a similar change in care setting, you may have to fill new prescriptions for the drugs you were taking in the hospital or long-term care facility. We have processes in place to make sure you can continue taking your prescriptions and not have a gap in your drug therapy.

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

FOR MORE INFORMATION

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

If you have questions about Group MedicareBlue Rx, 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, seven days a week. TTY users should call **1-877-486-2048**. Or, visit **medicare.gov**.

GROUP MEDICAREBLUE RX FORMULARY

The formulary that begins on page 6 provides coverage information about the drugs covered by Group MedicareBlue Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 60. The supplemental list of drugs for your plan is a separate list sent with this formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ADVAIR) and generic drugs are listed in lower case italics (e.g., *glipizide*). The next column tells you into which cost-sharing tier the drug is categorized. The information in the Requirement/Limits column tells you if Group MedicareBlue Rx has any special requirements for coverage of your drug.

Please refer to your plan's *Summary of Benefits or Evidence of Coverage* for information on prescription drug copayments and coinsurance amounts. The amount you pay will depend on your plan option.

Group MedicareBlue Rx covers four tiers of drugs:

Tier 1: Generic drugs

Tier 1 is the lowest tier and generally contains the lowest cost generics.

Tier 2: Preferred Brand drugs

Tier 2 contains preferred brand drugs and some non-preferred generic drugs.

Tier 3: Non-Preferred Brand drugs

Tier 3 contains non-preferred brand drugs and some non-preferred generic drugs.

Tier 4: Specialty drugs

Tier 4 is the highest tier on our Formulary. It contains very high cost brand and generic drugs, which may require special handling and/or close monitoring.

The key below can assist you as you look for the information for your drug.

KEY

Upper case = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Generic drugs

2 = Tier 2: Preferred Brand drugs

3 = Tier 3: Non-Preferred Brand drugs

4 = Tier 4: Specialty drugs

B/D = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

LA = Limited Access

NM = Not available by mail order

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

GOUT

<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL (120 tabs / 30 days)
MITIGARE	2	QL (60 caps / 30 days)
<i>probenecid</i>	1	
ULORIC	2	ST

NSAIDS

<i>celecoxib CAPS 50mg</i>	1	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	1	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	1	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	1	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen SUSP</i>	1	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	1	
<i>naproxen SUSP; TABS</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium TABS 275mg, 550mg</i>	1	
<i>piroxicam CAPS</i>	1	
<i>sulindac TABS</i>	1	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine SOLN</i>	1	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	1	QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3	
<i>nalbuphine hcl SOLN</i>	3	
<i>tramadol hcl TABS</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	1	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

<i>endocet</i>	1	QL (360 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	1	QL (10 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 25 mcg/hr</i>	1	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	1	QL (10 patches / 30 days), PA
FENTORA	4	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	1	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	1	
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	3	B/D
<i>hydromorphone hcl TABS</i>	1	QL (270 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>lortab tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>lortab tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>lortab tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	1	QL (450 mL / 30 days)
<i>methadone hcl 5mg</i>	1	QL (180 tabs / 30 days)
<i>methadone hcl 10mg</i>	1	QL (180 tabs / 30 days)
<i>methadone hcl intensol</i>	1	QL (120 mL / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	1	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	1	QL (60 tabs / 30 days)
<i>morphine sul inj 1mg/ml</i>	3	B/D
MORPHINE SUL INJ 4MG/ML	3	B/D
<i>morphine sul inj 10mg/ml</i>	3	B/D
<i>morphine sul inj 15mg/ml</i>	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	3	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate TABS</i>	1	QL (180 tabs / 30 days)
<i>morphine sulfate oral sol</i>	1	
NUCYNTA ER 50mg, 100mg	2	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	2	QL (60 tabs / 30 days)
<i>oxycodone hcl CAPS</i>	1	QL (180 caps / 30 days)
<i>oxycodone hcl CONC; SOLN</i>	1	
<i>oxycodone hcl TABS</i>	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	1	QL (1800 mL / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine inj 0.5%</i>	1	B/D
<i>lidocaine inj 1%</i>	1	B/D
<i>lidocaine inj 1.5%</i>	1	B/D
<i>lidocaine inj 2%</i>	1	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate SOLN</i>	1	
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate CAPS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
SULFADIAZINE TABS	3	
<i>tobramycin NEBU</i>	4	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	1	
<i>tobramycin inj 1.2gm</i>	4	
<i>tobramycin inj 10mg/ml</i>	1	
<i>tobramycin inj 40mg/ml</i>	1	
<i>tobramycin inj 80mg/2ml</i>	1	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	4	
ALINIA	4	
<i>atovaquone SUSP</i>	4	
AZACTAM/DEX INJ	3	
<i>aztreonam</i>	1	
BILTRICIDE	2	
CAYSTON	4	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
CLINDAMYCIN PHOSPHATE IN NAACL	3	
<i>clindamycin phosphate inj</i>	1	
<i>clindamycin soln 75mg/5ml</i>	1	
<i>colistimethate sodium SOLR</i>	1	
<i>dapsone TABS</i>	1	
<i>daptomycin</i>	4	
EMVERM	4	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin</i>	1	
INVANZ	3	
<i>ivermectin</i> TABS	1	
<i>linezolid</i>	4	
<i>linezolid in sodium chloride</i>	4	
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	3	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	3	
SIVEXTRO	4	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	1	
SYNERCID	4	
TIGECYCLINE	4	
<i>trimethoprim</i> TABS	1	
<i>vancomycin hcl</i> CAPS	4	
<i>vancomycin hcl</i> SOLR	1	
VANCOMYCIN IN NAACL	3	
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	4	B/D
<i>amphotericin b</i> SOLR	1	B/D
CANCIDAS	4	
<i>fluconazole</i> SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
FLUCONAZOLE INJ NAACL 100	2	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	
<i>flucytosine</i> CAPS	4	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i> CAPS	1	PA
<i>ketoconazole</i> TABS	1	PA
MYCAMINE	4	
NOXAFIL SUSP	4	QL (630 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL TBEC	4	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	1	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / 365 days)
<i>voriconazole</i> SOLR	1	
<i>voriconazole</i> SUSR; TABS	4	

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i> TABS	1	
COARTEM	3	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
<i>quinine sulfate</i> CAPS	1	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	1	NM
APTIVUS	4	
CRIXIVAN	3	
<i>didanosine</i> 125mg, 200mg, 400mg	1	
<i>didanosine</i> 250mg	1	NM
EDURANT	4	
EMTRIVA CAPS	2	NM
EMTRIVA SOLN	2	
FUZEON	4	
INTELENCE 25mg	3	
INTELENCE 100mg, 200mg	4	NM
INVIRASE CAPS	4	
INVIRASE TABS	4	NM
ISENTRESS CHEW 25mg	2	
ISENTRESS CHEW 100mg	4	
ISENTRESS PACK	4	
ISENTRESS TABS	4	NM
ISENTRESS HD	4	
<i>lamivudine</i>	1	NM
LEXIVA SUSP	3	
LEXIVA TABS	4	NM
<i>nevirapine</i> SUSP	1	
<i>nevirapine</i> TABS	1	NM
<i>nevirapine</i> TB24 100mg	1	
<i>nevirapine</i> TB24 400mg	1	NM
NORVIR CAPS; TABS	2	NM
NORVIR SOLN	2	
PREZISTA SUSP	4	QL (400 mL / 30 days)
PREZISTA TABS 75mg	2	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	4	QL (60 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 800mg	4	QL (30 tabs / 30 days)
RESCRIPTOR	3	
RETROVIR IV INFUSION	3	
REYATAZ CAPS	4	NM
REYATAZ PACK	4	
SELZENTRY SOLN	4	
SELZENTRY TABS 25mg	3	
SELZENTRY TABS 75mg	4	
SELZENTRY TABS 150mg, 300mg	4	NM
<i>stavudine</i>	1	
SUSTIVA CAPS 50mg	3	
SUSTIVA CAPS 200mg	4	
SUSTIVA TABS	4	NM
TIVICAY 10mg	2	
TIVICAY 25mg, 50mg	4	
TYBOST	2	
VIDEX PEDIATRIC	3	
VIRACEPT	4	
VIREAD POWD	4	
VIREAD TABS 150mg, 200mg, 250mg	4	
VIREAD TABS 300mg	4	NM
ZERIT SOLR	4	
ZIAGEN SOLN	2	
<i>zidovudine cap 100mg</i>	1	NM
<i>zidovudine syq 50mg/5ml</i>	1	
<i>zidovudine tab 300mg</i>	1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	4	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	4	NM
ATRIPLA	4	NM
COMPLERA	4	NM
DESCOVY	4	
EVOTAZ	4	
GENVOYA	4	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	4	NM
<i>lamivudine-zidovudine</i>	1	NM
<i>lopinavir-ritonavir</i>	4	
ODEFSEY	4	
PREZCOBIX	4	
STRIBILD	4	NM
TRIUMEQ	4	
TRUVADA TAB 100-150	4	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	4	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 200-300	4	QL (30 tabs / 30 days), NM

ANTITUBERCULAR AGENTS

CAPASTAT SULFATE	3	
<i>cycloserine</i> CAPS	4	
<i>ethambutol hcl</i> TABS	1	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syp 50mg/5ml</i>	1	
PASER D/R	3	
PRIFTIN	3	
<i>pyrazinamide</i> TABS	1	
<i>rifabutin</i>	1	
<i>rifampin</i> CAPS; SOLR	1	
RIFATER	3	
SIRTURO	4	LA, PA
TRECTOR	3	

ANTIVIRALS

<i>acyclovir</i> CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i>	1	B/D
<i>adefovir dipivoxil</i>	4	NM
BARACLUDE SOLN	4	
DAKLINZA	4	PA
<i>entecavir</i> 1mg	4	
<i>entecavir</i> .5mg	4	NM
EPIVIR HBV SOLN	3	
<i>famciclovir</i> TABS	1	
<i>ganciclovir inj 500mg</i>	1	B/D
<i>lamivudine (hbv)</i>	1	NM
<i>moderiba tab 200mg</i>	1	NM
<i>oseltamivir phosphate</i> 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> 45mg, 75mg	1	QL (84 caps / year)
PEGASYS	4	NM, PA
PEGASYS PROCLICK 135mcg/0.5ml	4	PA
PEGASYS PROCLICK 180mcg/0.5ml	4	NM, PA
REBETOL SOLN	4	
RELENZA DISKHALER	2	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	1	NM
<i>ribasphere</i> TABS 200mg	1	NM
<i>ribasphere</i> TABS 400mg, 600mg	4	NM
<i>ribavirin 200mg</i>	1	NM
<i>rimantadine hydrochloride</i>	1	
SOVALDI	4	PA
TAMIFLU SUSR	2	QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl</i>	4	
VEMLIDY	4	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
CEFACTOR MONOHYDRATE ER	3	
<i>cefadroxil</i>	1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	2	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	1	
CEFAZOLIN SODIUM 1 GM/50ML	2	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> SOLR	1	
CEFTAZIDIME/DEXTROSE	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	1	
SUPRAX CAPS	2	
SUPRAX CHEW	3	
SUPRAX SUSR 500mg/5ml	2	
<i>tazicef</i> SOLR	1	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR; TABS	1	
<i>clarithromycin</i> TABS	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin for susp</i>	1	
DIFICID	4	
<i>e.e.s 400</i>	1	
<i>ery-tab</i>	1	
ERYTHROCIN LACTOBIONATE	3	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin cap 250mg ec</i>	1	
<i>erythromycin ethylsuccinate</i> TABS	1	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>ciprofloxacin inj</i>	1	
<i>levofloxacin TABS</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
<i>ampicillin inj</i>	1	
<i>ampicillin sodium</i>	1	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium 1gm, 2gm</i>	1	
<i>nafcillin sodium 10gm</i>	4	
<i>oxacillin sodium 1gm, 2gm</i>	1	
<i>oxacillin sodium 10gm</i>	4	
PENICILLIN G POT IN DEXTROSE 2MU	3	
PENICILLIN G POT IN DEXTROSE 3MU	3	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	1	
<i>penicillin gk inj 20mu</i>	1	
<i>pfizerpen-g inj 5mu</i>	1	
<i>pfizerpen-g inj 20mu</i>	1	
<i>piper/tazoba inj 2-0.25gm</i>	1	
<i>piper/tazoba inj 3-0.375gm</i>	1	
<i>piper/tazoba inj 4-0.5gm</i>	1	
PIPER/TAZOBA INJ 12-1.5GM	3	
<i>piper/tazoba inj 36-4.5gm</i>	1	
TETRACYCLINES		
<i>doxy 100</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	1	
<i>doxycycline (monohydrate) TABS</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate SOLR</i>	1	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl</i> CAPS	1	
<i>morgidox cap 1x50mg</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	4	B/D
<i>busulfan</i>	4	B/D
CYCLOPHOSPHAMIDE CAPS	3	B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D, NM
<i>cyclophosphamide</i> SOLR 2gm	4	B/D
<i>dacarbazine</i>	1	B/D
EMCYT	3	
GLEOSTINE	3	
HEXALEN	4	
IFEX INJ 3GM	3	B/D
<i>ifosfamide inj 1gm</i>	1	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	3	NM
<i>melphalan hcl</i>	4	B/D
MUSTARGEN	4	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	1	B/D
<i>doxorubicin hcl</i>	1	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	4	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	1	B/D
<i>epirubicin hcl</i>	1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
<i>mitomycin</i> SOLR	4	B/D
ANTIMETABOLITES		
<i>adrucil</i>	1	B/D
ALIMTA	4	B/D
<i>azacitidine</i>	4	B/D
<i>cladribine</i>	4	B/D
<i>cytarabine</i> 20mg/ml	1	B/D
<i>fludarabine phosphate</i>	1	B/D
<i>fluorouracil</i> SOLN	1	B/D
<i>gemcitabine inj soln</i>	1	B/D
<i>gemcitabine inj solr</i>	4	B/D
<i>mercaptopurine</i> TABS	1	NM
<i>methotrexate sodium inj</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml	1	B/D, NM
<i>methotrexate sodium inj</i> SOLN 100mg/4ml, 200mg/8ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj</i> SOLR	1	B/D
NIPENT	4	B/D
PURIXAN	4	
TABLOID	3	

ANTIMITOTIC, TAXOIDS

ABRAXANE	4	B/D
DOCFREZ	4	B/D
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml	4	B/D, NM
DOCETAXEL CONC 80mg/4ml	4	B/D, NM
DOCETAXEL CONC 160mg/8ml, 200mg/10ml	4	B/D
DOCETAXEL SOLN	4	B/D
<i>paclitaxel</i>	1	B/D
TAXOTERE 80mg/4ml	4	B/D, NM

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D, NM
<i>vincristine sulfate</i>	1	B/D, NM
<i>vinorelbine tartrate</i>	1	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN 100mg/4ml	4	NM, LA, PA
AVASTIN 400mg/16ml	4	LA, PA
BELEODAQ	4	PA
ERIVEDGE	4	NM, LA, PA
FARYDAK	4	LA, PA
HERCEPTIN 150mg	4	PA
HERCEPTIN 440mg	4	NM, PA
IBRANCE	4	LA, PA
KADCYLA	4	B/D
KEYTRUDA	4	PA
KISQALI	4	PA
KISQALI FEMARA 200 DOSE	4	PA
KISQALI FEMARA 400 DOSE	4	PA
KISQALI FEMARA 600 DOSE	4	PA
LYNPARZA	4	LA, PA
NINLARO	4	PA
ODOMZO	4	LA, PA
RITUXAN	4	LA, PA
RUBRACA	4	LA, PA
TECENTRIQ	4	LA, PA
VELCADE	4	PA
VENCLEXTA 10mg, 50mg	3	LA, PA
VENCLEXTA 100mg	4	LA, PA
VENCLEXTA STARTING PACK	4	LA, PA

Drug Name	Drug Tier	Requirements/Limits
YERVOY	4	PA
ZEJULA	4	LA, PA
ZOLINZA	4	PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> TABS	1	
<i>bicalutamide</i>	1	
DEPO-PROVERA INJ 400/ML	3	B/D
<i>exemestane</i>	1	
FARESTON	4	
FASLODEX	4	B/D, NM
<i>flutamide</i>	1	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	4	B/D
<i>letrozole</i> TABS	1	
<i>leuprolide inj 1mg/0.2</i>	1	PA
LUPRON DEPOT (1-MONTH) 3.75mg	4	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	4	PA
LYSODREN	2	NM
<i>megestrol ac sus 40mg/ml</i>	3	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	3	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	3	PA; PA if 65 years and older
<i>megestrol sus 625mg/5ml</i>	3	PA
<i>nilutamide</i>	4	
SOLTAMOX	3	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	4	PA
TRELSTAR LA INJ 11.25MG	4	PA
XTANDI	4	NM, LA, PA
ZYTIGA 250mg	4	NM, LA, PA
ZYTIGA 500mg	4	LA, PA

IMMUNOMODULATORS

POMALYST CAP 1MG	4	LA, PA
POMALYST CAP 2MG	4	LA, PA
POMALYST CAP 3MG	4	LA, PA
POMALYST CAP 4MG	4	LA, PA
REVLIMID 2.5mg, 5mg, 10mg, 15mg, 25mg	4	QL (28 caps / 28 days), NM, LA, PA
REVLIMID 20mg	4	QL (28 caps / 28 days), LA, PA
THALOMID 50mg, 100mg	4	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	4	QL (60 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KINASE INHIBITORS		
AFINITOR	4	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	4	QL (150 tabs / 30 days), PA
AFINITOR DISPERZ 3mg	4	QL (90 tabs / 30 days), PA
AFINITOR DISPERZ 5mg	4	QL (60 tabs / 30 days), PA
ALECENSA	4	LA, PA
ALUNBRIG	4	LA, PA
BOSULIF	4	PA
CABOMETYX	4	QL (30 tabs / 30 days), LA, PA
CAPRELSA	4	NM, LA, PA
COMETRIQ	4	LA, PA
COTELLIC	4	LA, PA
GILOTRIF TAB 20MG	4	LA, PA
GILOTRIF TAB 30MG	4	LA, PA
GILOTRIF TAB 40MG	4	LA, PA
ICLUSIG	4	LA, PA
<i>imatinib mesylate</i> 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	4	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	4	LA, PA
INLYTA 1mg	4	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	4	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	4	LA, PA
JAKAFI 5mg, 10mg, 15mg, 20mg	4	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI 25mg	4	QL (60 tabs / 30 days), LA, PA
LENVIMA 8 MG DAILY DOSE	4	LA, PA
LENVIMA 10 MG DAILY DOSE	4	LA, PA
LENVIMA 14 MG DAILY DOSE	4	LA, PA
LENVIMA 18 MG DAILY DOSE	4	LA, PA
LENVIMA 20 MG DAILY DOSE	4	LA, PA
LENVIMA 24 MG DAILY DOSE	4	LA, PA
MEKINIST	4	LA, PA
NEXAVAR	4	NM, LA, PA
RYDAPT	4	PA
SPRYCEL 20mg, 50mg, 70mg, 100mg	4	NM, PA
SPRYCEL 80mg, 140mg	4	PA
STIVARGA	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SUTENT 12.5mg, 25mg, 50mg	4	NM, PA
SUTENT 37.5mg	4	PA
TAFINLAR	4	LA, PA
TAGRISSE	4	LA, PA
TARCEVA 25mg	4	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	4	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	4	NM, PA
TYKERB	4	NM, LA, PA
VOTRIENT	4	NM, LA, PA
XALKORI 200mg	4	LA, PA
XALKORI 250mg	4	NM, LA, PA
ZELBORAF	4	NM, LA, PA
ZYDELIG	4	LA, PA
ZYKADIA	4	LA, PA

MISCELLANEOUS

<i>bexarotene</i>	4	PA
DROXIA	2	
<i>hydroxyurea</i> CAPS	1	
LONSURF	4	PA
MATULANE	4	LA
<i>mitoxantrone hcl</i>	1	B/D
SYLATRON KIT 200MCG	4	PA
SYLATRON KIT 300MCG	4	PA
SYLATRON KIT 600MCG	4	PA
SYNRIBO	4	PA
<i>tretinoin (chemotherapy)</i>	4	
TRISENOX	4	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
<i>oxaliplatin inj 50mg</i>	4	B/D
<i>oxaliplatin inj 50mg/10ml</i>	1	B/D
<i>oxaliplatin inj 100mg</i>	4	B/D
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D

PROTECTIVE AGENTS

<i>dexrazoxane</i>	4	B/D
ELITEK	4	B/D
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 25mg	1	NM
<i>leucovorin calcium</i> TABS 15mg	1	
<i>levoleucovorin calcium</i> 175mg/17.5ml	4	B/D
LEVOLEUCOVORIN CALCIUM 250mg/25ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium 50mg</i>	4	B/D
LEVOLEUCOVORIN CALCIUM 175MG	4	B/D
<i>mesna</i>	1	B/D, NM
MESNEX TABS	4	NM

TOPOISOMERASE INHIBITORS

<i>etoposide SOLN</i>	1	B/D
<i>irinotecan hcl</i>	1	B/D
<i>toposar</i>	1	B/D
<i>topotecan inj 4mg</i>	4	B/D
TOPOTECAN INJ 4MG/4ML	4	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	1	
<i>spironolactone TABS</i>	1	

ALPHA BLOCKERS

<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
ENTRESTO	2	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan</i>	1	
<i>medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil TABS</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	3	PA; PA if 65 years and older
<i>dofetilide</i>	1	NM
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	3	
NORPACE CR	3	PA; PA if 65 years and older
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl 12hr</i>	1	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate TABS</i>	1	
<i>sorine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>simvastatin TABS 80mg</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized 67mg, 134mg, 200mg</i>	1	
<i>gemfibrozil TABS</i>	1	
JUXTAPID	4	LA, PA
KYNAMRO	4	PA
<i>niacin er (antihyperlipidemic) 500mg</i>	1	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	1	
<i>niacor</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	4	PA
<i>prevalite</i>	1	
VASCEPA	3	
WELCHOL	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hctz tab 50-25mg</i>	1	
<i>metoprolol & hctz tab 100-25mg</i>	1	
<i>metoprolol & hctz tab 100-50mg</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
BYSTOLIC 20mg	3	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl</i> TABS	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i> SOCT	1	
<i>metoprolol tartrate</i> SOLN	1	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i>	1	
<i>propranolol hcl</i> SOLN; TABS	1	
<i>propranolol oral sol</i>	1	
<i>timolol maleate</i> TABS	1	

CALCIUM CHANNEL BLOCKERS

<i>afeditab cr</i>	1	
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>dilt-xr cap</i>	1	
<i>diltiazem cap 120mg cd</i>	1	
<i>diltiazem cap 180mg cd</i>	1	
<i>diltiazem cap 240mg cd</i>	1	
<i>diltiazem cap 300mg cd</i>	1	
<i>diltiazem cap 360mg cd</i>	1	
<i>diltiazem cap er/12hr</i>	1	
<i>diltiazem hcl</i> TABS	1	
<i>diltiazem hcl cap sr 24hr</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr</i>	1	
<i>diltiazem hcl extended release beads cap sr</i>	1	
<i>diltiazem inj</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl</i> CAPS	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i> TB24	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i> CAPS	4	
NYMALIZE	4	
<i>taztia xt</i>	1	
<i>verapamil cap er</i>	1	
<i>verapamil hcl</i> SOLN; TABS	1	
<i>verapamil hcl tab er</i>	1	

DIGITALIS GLYCOSIDES

Drug Name	Drug Tier	Requirements/Limits
<i>digitek</i> .25mg	1	PA; PA if 65 years and older
<i>digitek</i> .125mg	1	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	1	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	1	PA; PA if 65 years and older
<i>digoxin</i> TABS 125mcg	1	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	1	PA; PA if 65 years and older
<i>digoxin inj</i>	1	
<i>digoxin sol</i> 50mcg/ml	1	PA; PA if 65 years and older

DIURETICS

<i>acetazolamide</i> CP12; TABS	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i> TABS	1	
<i>bumetanide</i>	1	
<i>chlorothiazide tabs</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>toremide tabs</i>	1	
<i>triamterene & hydrochlorothiazide</i> TABS	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	

MISCELLANEOUS

<i>clonidine hcl</i> PTWK; TABS	1	
CORLANOR	3	
DEMSER	4	
<i>hydralazine hcl</i> SOLN; TABS	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
NORTHERA	4	LA, PA
RANEXA	2	

NITRATES

<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NITRO-BID	2	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin</i> SUBL	1	
<i>nitroglycerin td patch</i>	1	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	4	QL (60 tabs / 30 days), NM, PA
ADEMPAS	4	QL (90 tabs / 30 days), LA, PA
LETAIRIS	4	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	4	QL (30 tabs / 30 days), LA, PA
REMODULIN	4	LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	1	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	4	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	4	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	4	PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	1	
<i>flvoxamine maleate</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>flvoxamine maleate</i> TABS 100mg	1	
<i>lorazepam</i> SOLN	1	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	1	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM 200mg	4	QL (180 tabs / 30 days)
APTIOM 400mg	4	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	4	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	4	PA
BANZEL TAB 200MG	4	PA
BANZEL TAB 400MG	4	PA
BRIVIACT SOLN 10mg/ml	4	PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS	4	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	1	

Drug Name	Drug Tier	Requirements/Limits
CELONTIN	3	
<i>clonazepam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	1	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	1	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam</i> SOLN 1mg/ml	1	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	1	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam intensol</i>	1	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	2	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i> CAPS; SOLN	1	
<i>felbamate</i> SUSP	4	
<i>felbamate</i> TABS	1	
FYCOMPA SUSP	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	3	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	4	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	3	
<i>lamotrigine</i> CHEW; TABS; TB24	1	
<i>levetiracetam</i> SOLN; TABS; TB24	1	
<i>levetiracetam in sodium chloride</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
LYRICA CAPS 200mg	2	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
LYRICA SOLN	2	QL (946 mL / 30 days)
ONFI	4	PA
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS	3	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	3	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	3	PA; PA if 65 years and older
PHENYTEK	2	
<i>phenytoin</i> CHEW; SUSP	1	
<i>phenytoin sodium</i> SOLN	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i> TABS	1	
<i>roweepra</i>	1	
SABRIL PACK	4	QL (180 packets / 30 days), LA, PA
SABRIL TABS	4	QL (180 tabs / 30 days), LA, PA
SPRITAM	3	
TEGRETOL	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i>	1	
<i>topiramate</i> CPSP; TABS	1	
<i>valproate sodium</i> SOLN	1	
<i>valproic acid</i>	1	
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	3	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	1	

ANTIDEMENTIA

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS 4mg	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	1	
<i>galantamine hydrobromide er</i> 8mg, 16mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	1	
<i>memantine hcl</i>	1	PA; PA if < 30 yrs
NAMENDA XR	3	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	3	PA; PA if < 30 yrs
NAMZARIC	3	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	QL (30 patches / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	3	PA; PA if 65 years and older
<i>amoxapine tab 25mg</i>	1	
<i>amoxapine tab 50mg</i>	1	
<i>amoxapine tab 100mg</i>	1	
<i>amoxapine tab 150mg</i>	1	
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150mg	1	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	1	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	3	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	1	
<i>desvenlafaxine succinate</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS; CONC	3	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	1	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	1	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMSAM	4	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	1	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	1	QL (60 tabs / 30 days)
FETZIMA 20mg	3	QL (180 caps / 30 days)
FETZIMA 40mg	3	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	3	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	3	
<i>fluoxetine cap 10mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine cap 20mg</i>	1	QL (120 caps / 30 days)
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl</i> SOLN	1	
<i>imipramine hcl</i> TABS	3	PA; PA if 65 years and older
<i>maprotiline hcl</i>	1	
MARPLAN TAB 10MG	3	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	1	
<i>mirtazapine</i> TBDP 15mg	1	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> CAPS; SOLN	1	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	3	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	1	
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i> CONC	1	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	3	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	3	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	3	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	3	QL (120 tabs / 30 days)
TRINTELLIX 10mg	3	QL (60 tabs / 30 days)
TRINTELLIX 20mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	1	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	1	
VIIBRYD STARTER PACK	3	
VIIBRYD TAB	3	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	1	
APOKYN	4	NM, LA, PA
<i>benztropine mesylate</i> SOLN	1	
<i>benztropine mesylate</i> TABS	3	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
NEUPRO	3	
<i>pramipexole tab 0.5mg</i>	1	
<i>pramipexole tab 0.25mg</i>	1	
<i>pramipexole tab 0.75mg</i>	1	
<i>pramipexole tab 0.125mg</i>	1	
<i>pramipexole tab 1.5mg</i>	1	
<i>pramipexole tab 1mg</i>	1	
<i>rasagiline mesylate</i> TABS	1	
<i>ropinirole tab 0.5mg</i>	1	
<i>ropinirole tab 0.25mg</i>	1	
<i>ropinirole tab 1mg</i>	1	
<i>ropinirole tab 2mg</i>	1	
<i>ropinirole tab 3mg</i>	1	
<i>ropinirole tab 4mg</i>	1	
<i>ropinirole tab 5mg</i>	1	
<i>selegiline hcl</i> CAPS; TABS	1	
<i>trihexyphenidyl hcl</i>	2	PA; PA if 65 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	4	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	4	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	4	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	4	QL (1 injection / 56 days)
<i>chlorpromazine hcl</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
CHLORPROMAZINE INJ	3	
<i>clozapine odt</i> 12.5mg, 25mg	1	PA
<i>clozapine odt</i> 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	4	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	1	
<i>clozapine tab</i> 50mg	1	
<i>clozapine tab</i> 100mg	1	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	1	QL (135 tabs / 30 days)
FANAPT	3	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	3	
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON SOLR	3	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> SOLN	1	
<i>haloperidol lactate inj</i> 5 mg/ml	1	
<i>haloperidol lactate oral conc</i> 2 mg/ml	1	
INVEGA SUST INJ 39 MG/0.25 ML	3	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	4	QL (1 injection / 28 days)
INVEGA TRINZA	4	QL (1 injection / 90 days)
LATUDA 20mg	3	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	3	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	3	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	1	
NUPLAZID	4	QL (60 tabs / 30 days), LA, PA
<i>olanzapine</i> SOLR	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	1	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone</i> 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	1	
<i>pimozide</i>	1	
<i>quetiapine fumarate</i> TABS	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg	1	QL (120 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	1	QL (60 tabs / 30 days)
REXULTI 1mg	4	QL (90 tabs / 30 days)
REXULTI 2mg	4	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI .5mg	4	QL (180 tabs / 30 days)
REXULTI .25mg	4	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	3	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	3	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	4	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	3	QL (240 tabs / 30 days)
SAPHRIS 5mg	3	QL (120 tabs / 30 days)
SAPHRIS 10mg	3	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	3	PA; PA if 65 years and older
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VERSACLOZ	4	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	4	QL (120 caps / 30 days), PA
VRAYLAR 3mg	4	QL (60 caps / 30 days), PA
VRAYLAR 4.5mg, 6mg	4	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	3	PA
<i>ziprasidone hcl</i>	1	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	4	QL (1 vial / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJ 210MG	3	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	1	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	1	QL (90 tabs / 30 days)

HYPNOTICS

HETLIOZ	4	LA, PA
SILENOR 3mg	2	QL (60 tabs / 30 days)
SILENOR 6mg	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> 7.5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate</i> 1mg/ml	4	
<i>dihydroergotamine mesylate nasal</i>	4	QL (8 mL / 30 days)
<i>ergotamine w/ caffeine</i>	1	
<i>migergot</i>	4	
<i>naratriptan hcl</i>	1	QL (12 tabs / 30 days)
RELPAK	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 inhalers / 30 days)
<i>sumatriptan inj</i> 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan inj</i> 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	1	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	1	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	1	QL (12 tabs / 30 days)

MISCELLANEOUS

<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	1	
LITHIUM SOLN 8MEQ/5ML	2	
NUEDEXTA	3	PA
<i>pyridostigmine tab</i> 60mg	1	
<i>riluzole</i>	1	
<i>tetrabenazine</i> 12.5mg	4	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	4	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

Drug Name	Drug Tier	Requirements/Limits
AMPYRA	4	NM, LA, PA
BETASERON	4	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	4	QL (12 syringes / 28 days), PA
GILENYA CAP 0.5MG	4	QL (28 caps / 28 days), NM, PA
<i>glatopa</i>	4	QL (30 syringes / 30 days), NM, PA
TYSABRI	4	LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	1	
<i>tizanidine hcl</i> TABS	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> 50mg	1	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> 200mg, 250mg	1	QL (30 tabs / 30 days), PA
XYREM	4	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	1	
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	1	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent)</i>	1	
CHANTIX	3	PA
CHANTIX CONTINUING MONTH	3	PA
CHANTIX STARTER PACK	3	PA
<i>disulfiram</i> TABS	1	
<i>naloxone inj 0.4mg/ml</i>	1	
<i>naloxone inj 1mg/ml</i>	1	
<i>naltrexone hcl</i> TABS	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
SUBOXONE MIS 2-0.5MG	3	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	3	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	3	QL (120 SL films / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 12-3MG	3	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	4	PA
ANDRODERM	3	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS	1	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN	1	PA
<i>testosterone enanthate</i> SOLN	1	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	2	
BASAGLAR KWIKPEN	2	
BYDUREON INJ	2	QL (4 vials / 28 days)
BYDUREON PEN	2	QL (4 pens / 28 days)
BYETTA	3	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	4	B/D
HUMULIN R U-500 KWIKPEN	4	
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	(brand RELION not covered)
NOVOLIN N	2	(brand RELION not covered)
NOVOLIN R	2	(brand RELION not covered)
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG PENFILL	2	
TRESIBA FLEXTOUCH	2	
TRULICITY	2	QL (4 pens / 28 days)
VICTOZA	2	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	1	
FARXIGA 5mg	2	QL (60 tabs / 30 days)
FARXIGA 10mg	2	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	1	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	2	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	2	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	2	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	2	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	2	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	2	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	2	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	2	QL (60 tabs / 30 days)
INVOKANA 100mg	2	QL (90 tabs / 30 days)
INVOKANA 300mg	2	QL (30 tabs / 30 days)
JANUMET	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA	2	QL (30 tabs / 30 days)
JENTADUETO	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	2	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
TRADJENTA	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-1000MG	2	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
PAMIDRONATE DISODIUM 6mg/ml	2	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1	B/D
<i>pamidronate inj 30mg</i>	1	B/D
<i>pamidronate inj 90mg</i>	1	B/D
<i>zoledronic acid</i> 5mg/100ml	1	B/D, NM
ZOLEDRONIC INJ 4MG	3	B/D
<i>zoledronic inj 4mg/5ml</i>	1	B/D
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	4	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	4	QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	3	
DEPEN TITRATABS	4	
JADENU	4	LA, PA
JADENU SPRINKLE	4	LA, PA
<i>kionex powder</i>	1	
<i>kionex sus 15gm/60ml</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps susp 15gm/60ml</i>	1	
SYPRINE	4	
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	1	
<i>caziant pak</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyred tab</i>	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>ELLA</i>	3	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
<i>estarylla tab 0.25-35</i>	1	
<i>ethynodiol tab 1-50</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>gianvi</i>	1	
<i>gildagia</i>	1	
<i>heather</i>	1	
<i>introvale</i>	1	
<i>jolessa tab 0.15-0.03 mg</i>	1	
<i>jolivette</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kimidess</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia tab</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor/ethi tab</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyza</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mono-linyah tab 0.25-35</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 7/7/7</i>	1	
NECON 10/11 28 DAY	2	
<i>nikki</i>	1	
<i>nora-be tab</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acet & eth estra</i>	1	
<i>norgest/ethi tab 0.25/35</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
<i>ocella tab 3-0.03mg</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>setlakin tab</i>	1	
<i>sharobel</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tilia fe</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo marzia</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trinessa lo</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>xulane</i>	1	
<i>zarah</i>	1	
<i>zenchent</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	

ENDOMETRIOSIS

<i>danazol</i> CAPS	1	
SYNAREL	4	

ENZYME REPLACEMENTS

ADAGEN	4	LA, PA
ALDURAZYME	4	LA, PA
BUPHENYL TABS	4	LA, PA
CARBAGLU	4	LA, PA
CERDELGA	4	PA
CEREZYME	4	LA, PA
CYSTADANE	4	LA
CYSTAGON	3	LA, PA
FABRAZYME	4	NM, LA, PA
KUVAN	4	LA, PA
<i>levocarnitine (metabolic modifiers)</i>	1	B/D
LUMIZYME	4	LA, PA
NAGLAZYME	4	LA, PA
ORFADIN	4	LA, PA
<i>sodium phenylbutyrate</i>	4	PA
ZAVESCA	4	LA, PA

ESTROGENS

DELESTROGEN 10mg/ml	3	
ESTRACE CREA	3	
<i>estradiol</i> PTWK; TABS	3	PA; PA if 65 years and older
<i>estradiol valerate</i> OIL	1	
<i>fyavolv tab 1-5mg</i>	3	PA; PA if 65 years and older
<i>jinteli</i>	3	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	PA; PA if 65 years and older
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	1	
DEXAMETHASONE CONC	3	
<i>dexamethasone ELIX; SOLN; TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate TABS</i>	1	
<i>hydrocortisone TABS</i>	1	
<i>methylpr ace inj 40mg/ml</i>	1	B/D
<i>methylpr ace inj 80mg/ml</i>	1	B/D
<i>methylpr ss inj 1gm</i>	1	B/D
<i>methylpr ss inj 40mg</i>	1	B/D
<i>methylpr ss inj 125mg</i>	1	B/D
<i>methylpred pak 4mg</i>	1	
<i>methylpred tab 4mg</i>	1	B/D
<i>methylpred tab 8mg</i>	1	B/D
<i>methylpred tab 16mg</i>	1	B/D
<i>methylpred tab 32mg</i>	1	B/D
<i>pred sod pho sol 5mg/5ml</i>	1	B/D
<i>prednisolone sol 15mg/5ml</i>	1	B/D
<i>prednisolone sol 25mg/5ml</i>	1	B/D
<i>prednisolone syp 15mg/5ml</i>	1	B/D
PREDNISON CON 5MG/ML	3	B/D
<i>prednisone pak 5mg</i>	1	
<i>prednisone pak 10mg</i>	1	
<i>prednisone sol 5mg/5ml</i>	1	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF 250mg	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO 5mg/1.5ml, 10mg/1.5ml	4	NM, PA
NORDITROPIN FLEXPRO 15mg/1.5ml, 30mg/3ml	4	PA
MISCELLANEOUS		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	B/D
FORTEO	4	NM, PA
INCRELEX	4	LA, PA
KORLYM	4	LA, PA
LUPRON DEP-PED INJ 7.5MG	4	PA
LUPRON DEP-PED INJ 11.25MG	4	PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	4	PA
LUPRON DEP-PED INJ 15MG	4	PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	4	PA
MIACALCIN	4	B/D
NATPARA	4	PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	4	NM, PA
PROLIA	3	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	1	
SANDOSTATIN LAR DEPOT 10mg, 20mg	4	PA
SANDOSTATIN LAR DEPOT 30mg	4	NM, PA
SIGNIFOR	4	LA, PA
SOMATULINE DEPOT 60mg/0.2ml, 120mg/0.5ml	4	PA
SOMATULINE DEPOT 90mg/0.3ml	4	NM, PA
SOMAVERT	4	LA, PA
XGEVA	4	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	4	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder)</i> CAPS	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	1	QL (360 tabs / 30 days)
RENVELA PAK 0.8GM	2	QL (540 paks / 30 days)
RENVELA PAK 2.4GM	2	QL (180 paks / 30 days)
RENVELA TAB 800MG	2	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	1	
THYROID AGENTS		
<i>levothyroxine sodium</i> TABS	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i> TABS	1	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	1	
SYNTHROID	3	
<i>unithroid</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSINS		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin inj 4mcg/ml</i>	1	
<i>desmopressin sol 0.01%</i>	1	
STIMATE	4	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	1	B/D
<i>aprepitant pak 80mg & 125mg</i>	1	B/D
<i>compro</i>	1	
<i>dronabinol</i>	1	B/D, QL (60 caps / 30 days)
EMEND SUSR	3	B/D
<i>granisetron hcl SOLN</i>	1	
<i>granisetron hcl TABS</i>	1	B/D
<i>meclizine hcl TABS</i>	1	
<i>metoclopramide hcl SOLN; TABS</i>	1	
<i>metoclopramide inj</i>	1	
<i>ondansetron hcl TABS</i>	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl SOLN; SYRP; TABS</i>	3	PA; PA if 65 years and older
TRANSDERM-SCOP	3	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN 10mg/5ml</i>	1	
<i>dicyclomine hcl TABS</i>	1	
<i>glycopyrrolate TABS</i>	1	
<i>glycopyrrolate inj</i>	1	

H2-RECEPTOR ANTAGONISTS

<i>famotidine SUSR</i>	1	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine inj</i>	1	
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine syrup</i>	1	

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
<i>balsalazide disodium</i>	1	
<i>budesonide ec</i>	4	
CANASA	3	
<i>colocort enema 100mg</i>	1	
DELZICOL	3	
<i>hydrocortisone (enema)</i>	1	
<i>mesalamine ENEM; TBEC</i>	1	
<i>mesalamine w/ cleanser</i>	1	
<i>sulfasalazine TABS</i>	1	
<i>sulfasalazine ec</i>	1	
LAXATIVES		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY	2	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>peg 3350/electrolytes</i>	1	
<i>polyethylene glycol 3350 PACK; POWD</i>	1	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i>	4	PA
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	4	
<i>diphenoxylate w/ atropine</i>	1	
GATTEX	4	LA, PA
LINZESS 72mcg, 290mcg	2	QL (30 caps / 30 days)
LINZESS 145mcg	2	QL (60 caps / 30 days)
<i>loperamide hcl CAPS</i>	1	
<i>misoprostol TABS</i>	1	
MOVANTIK 12.5mg	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK 25mg	2	QL (30 tabs / 30 days)
RELISTOR SOLN	4	PA
<i>sucralfate</i> TABS	1	
<i>ursodiol</i> CAPS; TABS	1	
XIFAXAN 550mg	4	PA
PANCREATIC ENZYMES		
CREON	2	
ZENPEP	3	
PROTON PUMP INHIBITORS		
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	1	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	1	
<i>omeprazole cap 10mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
<i>dutasteride</i>	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>tamsulosin hcl</i>	1	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	1	
<i>potassium citrate (alkalinizer) er tabs</i>	1	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	3	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS	1	
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	1	QL (30 caps / 30 days)
<i>tolterodine tartrate tabs</i>	1	
TOVIAZ	2	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	1	QL (60 tabs / 30 days)
VESICARE	3	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal</i>	1	
<i>vandazole</i>	1	
<i>zazole cream 0.8%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS	2	
<i>enoxaparin sodium</i>	1	NM
<i>fondaparinux sodium</i> 2.5mg/0.5ml	1	NM
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NM
<i>heparin sod (porcine) in d5w</i>	2	
<i>heparin sod inj 1000/ml</i>	1	B/D
<i>heparin sod inj 5000/ml</i>	1	B/D
<i>heparin sod inj 10000/ml</i>	1	B/D
<i>heparin sod inj 20000/ml</i>	1	B/D
<i>heparin sodium/d5w</i>	2	
HEPARIN SODIUM/NACL 0.45%	2	
<i>jantoven</i>	1	
PRADAXA	3	
<i>warfarin sodium</i>	1	
XARELTO	2	
XARELTO STARTER PACK	2	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	4	PA
MOZOBIL	4	PA
NEUPOGEN	4	NM, PA
PROCRIT 2000unit/ml, 4000unit/ml, 10000unit/ml	2	NM, PA
PROCRIT 3000unit/ml	2	PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	1	
<i>cilostazol</i>	1	
CINRYZE	4	QL (20 vials / 30 days), NM, LA, PA
FIRAZYR	4	QL (9 syringes / 30 days), PA
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg	4	QL (360 tabs / 30 days), LA, PA
PROMACTA 25mg	4	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	4	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	4	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	1	
PLATELET AGGREGATION INHIBITORS		

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
ZONTIVITY	3	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	4	QL (2 syringes / 28 days), PA
HUMIRA KIT 20MG/0.4ML	4	QL (2 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8ML	4	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	4	NM, PA
HUMIRA PEN	4	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE	4	NM, PA
HUMIRA PEN-PSORIASIS	4	NM, PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i> TABS	1	
<i>methotrexate sodium tabs</i>	1	NM
REMICADE	4	NM, PA
XATMEP	3	B/D
XELJANZ	4	QL (60 tabs / 30 days), PA
XELJANZ XR	4	QL (30 tabs / 30 days), PA

IMMUNOGLOBULINS

BIVIGAM	4	PA
CARIMUNE NANOFILTERED	4	PA
FLEBOGAMMA DIF	4	PA
GAMASTAN S/D	2	B/D
GAMMAGARD LIQUID 1gm/10ml, 2.5gm/25ml, 10gm/100ml, 30gm/300ml	4	PA
GAMMAGARD LIQUID 5gm/50ml, 20gm/200ml	4	NM, PA
GAMMAGARD S/D	4	PA
GAMMAKED 1gm/10ml, 2.5gm/25ml, 10gm/100ml	4	PA
GAMMAKED 5gm/50ml, 20gm/200ml	4	NM, PA
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	4	PA
GAMMAPLEX 10GM/100ML	4	PA
GAMUNEX-C 1gm/10ml, 2.5gm/25ml, 10gm/100ml, 40gm/400ml	4	PA
GAMUNEX-C 5gm/50ml, 20gm/200ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	4	PA
PRIVIGEN	4	PA
IMMUNOMODULATORS		
ACTIMMUNE	4	LA, PA
ARCALYST	4	PA
INTRON-A INJ 10MU	4	B/D, NM
INTRON-A INJ 18MU SOLN	4	B/D, NM
INTRON-A INJ 18MU SOLR	4	B/D
INTRON-A INJ 25MU	4	B/D
INTRON-A INJ 50MU	4	B/D
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SOLR	3	B/D
<i>azathioprine</i> TABS	1	B/D
BENLYSTA SOLR	4	PA
<i>cyclosporine</i> CAPS; SOLN	1	B/D
<i>cyclosporine modified (for microemulsion)</i>	1	B/D
<i>gengraf</i>	1	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR	4	B/D, NM
<i>mycophenolate sodium</i>	1	B/D, NM
NULOJIX	4	B/D
RAPAMUNE SOLN	4	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
<i>sirolimus</i> TABS 2mg	4	B/D
<i>sirolimus</i> TABS .5mg, 1mg	1	B/D
<i>tacrolimus</i> CAPS	1	B/D, NM
ZORTRESS TAB 0.5MG	4	B/D
ZORTRESS TAB 0.25MG	4	B/D
ZORTRESS TAB 0.75MG	4	B/D, NM
VACCINES		
ACTHIB	2	
ADACEL	2	
BCG VACCINE	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL	2	
DIPHtheria/TETANUS TOXOID	2	B/D
ENGERIX-B SUSP	2	B/D
GARDASIL 9	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	

Drug Name	Drug Tier	Requirements/Limits
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB	2	
PENTACEL	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
SYNAGIS	4	
TENIVAC	2	B/D
TETANUS/DIPHTHERIA TOXOID	2	B/D
TRUMENBA	2	
TWINRIX INJ	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	2	
<i>klor-con m20</i>	1	
<i>klor-con spr cap 8meq</i>	1	
<i>klor-con spr cap 10meq</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate SOLN 2gm/50ml, 50%2</i>		
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate in dextrose</i>	2	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK</i>	1	
<i>potassium chloride SOLN 10%, 20%</i>	1	
<i>potassium chloride TBCR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals cr</i>	1	
<i>potassium chloride tab cr 10 meq</i>	1	
<i>sodium chloride SOLN 2.5meq/ml</i>	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>tpn electrolytes</i>	3	B/D

IV NUTRITION

AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
<i>aminosyn 8.5%/electrolyte</i>	3	B/D
<i>aminosyn ii 8.5%/electrol</i>	3	B/D
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
<i>hepatamine</i>	3	B/D
INTRALIPID 30%	3	B/D
<i>intralipid inj 20%</i>	3	B/D
NEPHRAMINE	3	B/D
<i>nutrilipid inj 20%</i>	3	B/D
<i>premasol sol 6%</i>	1	B/D
PREMASOL SOL 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE INJ 10%	3	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 5%</i>	1	
DEXTROSE 5% /ELECTROLYTE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/lactated ring</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
DEXTROSE 5%/NACL 0.3%	3	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/potassium chl</i>	1	
<i>dextrose 10% flex contain</i>	1	
DEXTROSE 10%/NACL 0.2%	2	
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE P	3	
ISOLYTE S	3	
<i>kcl0.15%/d5w/nacl0.2%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
KCL 0.15%/D5W/NACL 0.225%	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl/d5w inj 0.3%</i>	1	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	1	
<i>kcl/d5w/nacl inj .15/.33%</i>	1	
<i>kcl/d5w/nacl inj .15/.45%</i>	1	
<i>kcl/nacl inj 0.3-0.9</i>	1	
<i>kcl/nacl inj 0.15%-0.9%</i>	1	
<i>lactated ringer's inj</i>	1	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
NORMOSOL-R IN D5W	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>pot chloride inj 2meq/ml</i>	1	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	1	
<i>potassium chloride in nacl</i>	1	
<i>ringer's</i>	1	
<i>sodium chloride SOLN 3%, 5%</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
VITAMINS		
<i>calcitriol CAPS</i>	1	B/D
<i>calcitriol inj</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>paricalcitol CAPS</i>	1	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE OINT	3	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate soln (ophth)</i>	1	
MOXEZA	2	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacet sod oin 10% op</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1	
<i>trifluridine SOLN</i>	1	
VIGAMOX	2	
ZIRGAN	3	

ANTI-INFLAMMATORIES

ALREX	2	
<i>bromfenac sodium (ophth)</i>	1	
BROMSITE	3	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX	2	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	2	
PROLENSA	2	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	1	
BEPREVE	2	
<i>cromolyn sodium (ophth)</i>	1	
LASTACAPT	3	
<i>olopatadine hcl 0.2%</i>	1	
PAZEO	2	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISTALOL	2	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	2	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl SOLN</i>	1	
SIMBRINZA	2	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	1	
TRAVATAN Z	2	
MISCELLANEOUS		
CYSTARAN	4	LA, PA
<i>proparacaine hcl SOLN</i>	1	
RESTASIS	2	QL (64 single use vials / 30 days)
RESTASIS MULTIDOSE	2	QL (1 bottle / 30 days)

RESPIRATORY

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

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	2	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	3	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	1	B/D
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	2	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	1	B/D
<i>ipratropium bromide (nasal)</i>	1	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	1	
<i>azelastine spr 0.15%</i>	1	
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl</i> SYRP; TABS	3	PA; PA if 65 years and older
<i>diphenhydramine inj</i>	1	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	3	PA; PA if 65 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride</i>	1	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	1	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	1	B/D
<i>levalbuterol tartrate hfa</i>	1	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	1	
VENTOLIN HFA	2	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; PACK; TABS	1	
<i>zafirlukast</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP 500mg	4	LA, PA

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP 1000mg	4	NM, LA, PA
DALIRESP	3	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
ESBRIET	4	PA
KALYDECO	4	PA
OFEV	4	PA
ORKAMBI	4	PA
PROLASTIN-C	4	NM, LA, PA
PULMOZYME	4	PA
XOLAIR	4	NM, LA, PA
ZEMAIRA	4	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)

STEROID INHALANTS

ARNUITY ELLIPTA	2	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	2	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	2	QL (240 inhalations / 30 days)
FLOVENT HFA	2	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	2	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	2	QL (60 inhalations / 30 days)
ADVAIR HFA	2	QL (1 inhaler / 30 days)
BREO ELLIPTA	2	QL (60 blisters / 30 days)
SYMBICORT	2	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	1	
THEO-24	3	
<i>theophylline</i>	1	

TOPICAL

DERMATOLOGY, ACNE

<i>avita</i>	1	PA
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	1	PA
<i>clindacin-p</i>	1	
<i>clindamax</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	1	
<i>ery pad 2%</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>myorisan</i>	1	PA
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin</i> CREA	1	PA
<i>tretinoin</i> GEL .01%, .025%	1	PA
<i>zenatane</i>	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i> OINT	1	
<i>silver sulfadiazine</i> CREA	1	
<i>ssd</i>	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	4	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> CREA; GEL; SUSP	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>ketoconazole cream</i>	1	
<i>nyamyc</i>	1	
<i>nyata</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
<i>nystop</i>	1	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	4	PA
<i>calcipotriene</i> CREA; SOLN	1	
<i>tazarotene</i> CREA	1	PA
TAZORAC CREA .05%	3	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide</i> LOTN	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>desoximetasone</i> CREA; GEL; OINT	1	
<i>fluocinolone acetonide</i> CREA; OINT; SOLN	1	
<i>fluocinolone acetonide oil body</i>	1	
<i>fluocinolone acetonide oil scalp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> CREA .05%	1	
<i>fluocinonide</i> GEL	1	
<i>fluocinonide</i> SOLN	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i> CREA; OINT	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i> CREA; OINT; SOLN	1	
TEXACORT SOLN 2.5%	3	
<i>triamcinolone acetonide (topical)</i> CREA; LOTN; OINT	1	

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine</i> PTCH	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	1	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	1	QL (50 gm / 30 days), PA
<i>lidocaine-prilocaine</i>	1	QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate</i> CREA; LOTN	1	
<i>diclofenac sodium (topical) 1% gel</i>	1	PA
<i>doxepin hcl (antipruritic)</i>	1	
<i>fluorouracil (topical) CREA 5%</i>	1	NM
<i>fluorouracil (topical) SOLN</i>	1	NM
<i>imiquimod</i> CREA	1	
<i>metronidazole (topical) CREA; LOTN</i>	1	
<i>metronidazole gel 0.75%</i>	1	
PANRETIN	4	
PICATO	2	
<i>podofilox</i> SOLN	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone-hc</i>	1	
<i>rosadan</i>	1	
<i>tacrolimus (topical)</i>	1	NM
TARGRETIN GEL	4	PA
VALCHLOR	4	LA, PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	1	
<i>permethrin cre 5%</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
REGRANEX	4	PA
SANTYL	3	
<i>sodium chlor sol 0.9% irr</i>	1	
<i>sterile water irrigation</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CIPRODEX	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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<i>cefoxitin sodium</i>	13	<i>clindamycin cap 300mg</i>	8
<i>cefpodoxime proxetil</i>	13	<i>clindamycin cap 75mg</i>	8
<i>cefprozil</i>	13	<i>clindamycin hcl cap 150 mg</i>	8
<i>ceftazidime</i>	13	<i>clindamycin phosphate (topical)</i>	57
CEFTAZIDIME/DEXTROSE	13	<i>clindamycin phosphate in d5w</i>	8
<i>ceftriaxone sodium</i>	13	CLINDAMYCIN PHOSPHATE IN NAACL	8
<i>cefuroxime axetil</i>	13	<i>clindamycin phosphate inj</i>	8
<i>cefuroxime sodium</i>	13	<i>clindamycin phosphate vaginal</i>	46
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<i>chloroquine phosphate</i>	10	<i>clorazepate dipotassium</i>	26
<i>chlorothiazide tabs</i>	24	<i>clotrimazole</i>	59
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<i>chlorthalidone</i>	24	<i>clozapine tab 100mg</i>	31
<i>cholestyramine</i>	22	<i>clozapine tab 200mg</i>	31
<i>cholestyramine light</i>	22	<i>clozapine tab 25mg</i>	31

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<i>cyclafem 7/7/7</i>	38	<i>dextrose 10%/nacl 0.45%</i>	52
<i>cyclobenzaprine hcl</i>	35	<i>dextrose 2.5%/nacl 0.45%</i>	51
<i>cyclophosphamide</i>	15	<i>dextrose 5%</i>	51
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<i>cyclosporine</i>	49	<i>dextrose 5%/nacl 0.2%</i>	52
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	49	<i>dextrose 5%/nacl 0.225%</i>	52
<i>cyproheptadine hcl</i>	55	DEXTROSE 5%/NACL 0.3%	52
<i>cyred tab</i>	39	<i>dextrose 5%/nacl 0.33%</i>	52
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<i>dapsone</i>	8	<i>diclofenac sodium</i>	6
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<i>diltiazem cap 240mg cd</i>	23	<i>emoquette</i>	39
<i>diltiazem cap 300mg cd</i>	23	EMSAM	29
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<i>diltiazem cap er/12hr</i>	23	EMVERM	8
<i>diltiazem hcl</i>	23	<i>enalapril maleate</i>	20
<i>diltiazem hcl cap sr 24hr</i>	23	<i>enalapril maleate & hydrochlorothiazide</i>	
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<i>dofetilide</i>	21	<i>ergotamine w/ caffeine</i>	34
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<i>dorzolamide hcl</i>	54	<i>errin</i>	39
<i>dorzolamide hcl-timolol maleate</i>	54	<i>ery pad 2%</i>	57
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<i>esomeprazole magnesium</i>	46	<i>fluconazole in dextrose</i>	9
<i>esomeprazole sodium inj</i>	46	FLUCONAZOLE INJ NAACL 100.....	9
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ESTRACE	41	<i>fluconazole inj nacl 400</i>	9
<i>estradiol</i>	41	<i>flucytosine</i>	9
<i>estradiol valerate</i>	41	<i>fludarabine phosphate</i>	15
<i>ethambutol hcl</i>	12	<i>fludrocortisone acetate</i>	42
<i>ethosuximide</i>	26	<i>flunisolide (nasal)</i>	56
<i>ethynodiol tab 1-50</i>	39	<i>fluocinolone acetonide</i>	57
<i>etodolac</i>	6	<i>fluocinolone acetonide (otic)</i>	59
<i>etodolac er</i>	6	<i>fluocinolone acetonide oil body</i>	57
<i>etoposide</i>	20	<i>fluocinolone acetonide oil scalp</i>	57
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<i>exemestane</i>	17	<i>fluocinonide emulsified base</i>	58
<i>ezetimibe</i>	22	<i>fluorometholone</i>	54
F		<i>fluorouracil</i>	15
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<i>falmina</i>	39	<i>fluoxetine cap 10mg</i>	29
<i>famciclovir</i>	12	<i>fluoxetine cap 20mg</i>	29
<i>famotidine</i>	44	<i>fluoxetine cap 40mg</i>	29
<i>famotidine inj</i>	44	<i>fluoxetine hcl</i>	29
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<i>felbamate</i>	26	<i>fluticasone propionate (nasal)</i>	56
<i>felodipine</i>	23	<i>fluvoxamine maleate</i>	25
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<i>ganciclovir inj 500mg</i>	12	<i>haloperidol decanoate</i>	31
GARDASIL 9	49	<i>haloperidol lactate inj 5 mg/ml</i>	31
<i>gatifloxacin (ophth)</i>	53	<i>haloperidol lactate oral conc 2 mg/ml</i> .	31
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<i>gavilyte-c</i>	45	<i>heparin sod (porcine) in d5w</i>	47
<i>gavilyte-g</i>	45	<i>heparin sod inj 1000/ml</i>	47
<i>gavilyte-h</i>	45	<i>heparin sod inj 10000/ml</i>	47
<i>gavilyte-n/ flavor pack</i>	45	<i>heparin sod inj 20000/ml</i>	47
<i>gemcitabine inj soln</i>	15	<i>heparin sod inj 5000/ml</i>	47
<i>gemcitabine inj solr</i>	15	<i>heparin sodium/d5w</i>	47
<i>gemfibrozil</i>	22	HEPARIN SODIUM/NAACL 0.45%	47
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<i>gentak</i>	53	HETLIOZ	33
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<i>glatopa</i>	35	<i>hydrochlorothiazide</i>	24
GLEOSTINE	15	<i>hydroco/apap tab 10-325mg</i>	7
<i>glimepiride</i>	36, 37	<i>hydroco/apap tab 5-325mg</i>	7
<i>glip/metform tab 2.5-250mg</i>	37	<i>hydroco/apap tab 7.5-325</i>	7
<i>glip/metform tab 2.5-500mg</i>	37	<i>hydrocodone-acetaminophen 7.5-325</i>	
<i>glip/metform tab 5-500mg</i>	37	<i>mg/15ml</i>	7
<i>glipizide</i>	37	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	7
<i>glipizide xl</i>	37	<i>hydrocortisone</i>	42
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<i>ifosfamide inj 1gm</i>	15	<i>ipratropium-albuterol nebu</i>	55
<i>ifosfamide inj 1gm/20ml</i>	15	<i>irbesartan</i>	21
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<i>indapamide</i>	24	<i>isosorbide dinitrate</i>	24
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<i>jolivette</i>	39	KUVAN	41
<i>juleber</i>	39	KYNAMRO	22
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<i>junel fe 1/20</i>	39	<i>lactulose</i>	45
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K		<i>lamivudine</i>	10
KADCYLA	16	<i>lamivudine (hbv)</i>	12
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<i>kcl 0.075%/d5w/nacl 0.45%</i>	52	<i>larin fe 1.5/30</i>	39
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<i>kcl/d5w/nacl inj .15/.33%</i>	52	<i>leena</i>	39
<i>kcl/d5w/nacl inj .15/.45%</i>	52	<i>leflunomide</i>	48
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<i>kcl/nacl inj 0.3-0.9</i>	52	LENVIMA 18 MG DAILY DOSE	18
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<i>klor-con m20</i>	50	<i>levofloxacin in d5w</i>	14
<i>klor-con spr cap 10meq</i>	50	<i>levofloxacin inj 25mg/ml</i>	14
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SENSIPAR.....	38	SUBOXONE MIS 8-2MG.....	35
SEREVENT DISKUS.....	55	<i>sucralfate</i>	46
<i>sertraline hcl</i>	29	<i>sulfacet sod oin 10% op</i>	53
<i>setlakin tab</i>	40	<i>sulfacetamide sodium (acne)</i>	57
<i>sharobel</i>	40	<i>sulfacetamide sodium (ophth)</i>	53
SIGNIFOR.....	43	<i>sulfacetamide sod-prednisolone</i>	53
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	25	SULFADIAZINE.....	8
SILENOR.....	33	<i>sulfamethoxazole-trimethop ds</i>	9
<i>silver sulfadiazine</i>	57	<i>sulfamethoxazole-trimethoprim</i>	9
SIMBRINZA.....	54	<i>sulfamethoxazole-trimethoprim inj</i>	9
<i>simvastatin</i>	22	SULFAMYLON.....	57
<i>sirolimus</i>	49	<i>sulfasalazine</i>	45
SIRTURO.....	12	<i>sulfasalazine ec</i>	45
SIVEXTRO.....	9	<i>sulindac</i>	6
<i>sodium chlor sol 0.9% irr</i>	59	<i>sumatriptan</i>	34
<i>sodium chloride</i>	51, 52	<i>sumatriptan inj 4mg/0.5ml</i>	34
<i>sodium chloride 0.45%</i>	52	<i>sumatriptan inj 6mg/0.5ml</i>	34
<i>sodium chloride inj 0.9%</i>	52	<i>sumatriptan succinate</i>	34
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	51	SUPRAX.....	13
<i>sodium phenylbutyrate</i>	41	SUPREP BOWEL PREP KIT.....	45
<i>sodium polystyrene sulfonate</i>	38	SUSTIVA.....	11
SOLTAMOX.....	17	SUTENT.....	19
SOLU-CORTEF.....	42	<i>syeda</i>	40
SOMATULINE DEPOT.....	43	SYLATRON KIT 200MCG.....	19
SOMAVERT.....	43	SYLATRON KIT 300MCG.....	19
<i>sorine</i>	21	SYLATRON KIT 600MCG.....	19
<i>sotalol hcl</i>	22	SYMBICORT.....	56
<i>sotalol hcl (afib/afl)</i>	22	SYNAGIS.....	50
SOVALDI.....	12	SYNAREL.....	41
<i>spironolactone</i>	20	SYNERCID.....	9
<i>spironolactone & hydrochlorothiazide</i> ..	24	SYNRIBO.....	19
<i>sprintec 28</i>	40	SYNTHROID.....	43
SPRITAM.....	27	SYPRINE.....	38
SPRYCEL.....	18	T	
<i>sps susp 15gm/60ml</i>	38	TABLOID.....	16
<i>sronyx</i>	40	<i>tacrolimus</i>	49
<i>ssd</i>	57	<i>tacrolimus (topical)</i>	58
<i>stavudine</i>	11	TAFINLAR.....	19
<i>sterile water irrigation</i>	59	TAGRISO.....	19
STIMATE.....	44	TAMIFLU.....	12
STIVARGA.....	18	<i>tamoxifen citrate</i>	17
<i>streptomycin sulfate</i>	8	<i>tamsulosin hcl</i>	46
STRIBILD.....	11	TARCEVA.....	19
SUBOXONE MIS 12-3MG.....	36	TARGRETIN.....	58
SUBOXONE MIS 2-0.5MG.....	35	<i>tarina fe 1/20</i>	40
		TASIGNA.....	19
		TAXOTERE.....	16

<i>tazarotene</i>	57	TOPOTECAN INJ 4MG/4ML.....	20
<i>tazicef</i>	13	<i>torse mide tabs</i>	24
TAZORAC.....	57	TOVIAZ.....	46
<i>taztia xt</i>	23	<i>tpn electrolytes</i>	51
TECENTRIQ.....	16	TRACLEER	25
TEFLARO.....	13	TRADJENTA	37
TEGRETOL	27	<i>tramadol hcl</i>	6
TEGRETOL-XR	27	<i>tramadol-acetaminophen</i>	6
<i>temazepam</i>	34	<i>trandolapril</i>	20
TENIVAC.....	50	<i>tranexamic acid</i>	47
<i>terazosin hcl</i>	20	TRANSDERM-SCOP	44
<i>terbinafine hcl</i>	10	<i>tranylcypromine sulfate</i>	29
<i>terbutaline sulfate</i>	55	TRAVASOL.....	51
<i>terconazole vaginal</i>	46	TRAVATAN Z.....	54
<i>testosterone</i>	36	<i>trazodone hcl</i>	29
<i>testosterone cypionate</i>	36	TRECTOR	12
<i>testosterone enanthate</i>	36	TRELSTAR DEP INJ 3.75MG	17
TETANUS/DIPHThERIA TOXOID	50	TRELSTAR LA INJ 11.25MG.....	17
<i>tetrabenazine</i>	34	TRESIBA FLEXTOUCH.....	36
TEXACORT SOLN 2.5%	58	<i>tretinoin</i>	57
THALOMID	17	<i>tretinoin (chemotherapy)</i>	19
THEO-24.....	56	<i>triamcinolone acetonide (mouth)</i>	59
<i>theophylline</i>	56	<i>triamcinolone acetonide (topical)</i>	58
<i>thioridazine hcl</i>	32	<i>triamterene & hydrochlorothiazide</i>	24
<i>thiothixene</i>	32	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	24
<i>tiagabine hcl</i>	27	<i>trifluoperazine hcl</i>	32
TIGECYCLINE	9	<i>trifluridine</i>	53
<i>tilia fe</i>	40	<i>trihexyphenidyl hcl</i>	30
<i>timolol maleate</i>	23	<i>tri-legest fe</i>	40
<i>timolol maleate (ophth) soln</i>	54	<i>tri-lynyah</i>	40
<i>timolol maleate gel</i>	54	<i>tri-lo marzia</i>	40
TIVICAY.....	11	<i>tri-lo-estarylla</i>	40
<i>tizanidine hcl</i>	35	<i>tri-lo-sprintec</i>	40
TOBRADEX.....	53	<i>trilyte</i>	45
TOBRADEX ST	53	<i>trimethoprim</i>	9
<i>tobramycin</i>	8	<i>trimipramine maleate</i>	29
<i>tobramycin (ophth)</i>	53	<i>trinessa</i>	41
<i>tobramycin inj 1.2 gm/30ml</i>	8	<i>trinessa lo</i>	41
<i>tobramycin inj 1.2gm</i>	8	TRINTELLIX	29
<i>tobramycin inj 10mg/ml</i>	8	<i>tri-previfem</i>	41
<i>tobramycin inj 40mg/ml</i>	8	TRISENOX	19
<i>tobramycin inj 80mg/2ml</i>	8	<i>tri-sprintec</i>	41
<i>tobramycin-dexamethasone</i>	53	TRIUMEQ	11
<i>tolterodine tartrate cap er</i>	46	<i>trivora-28</i>	41
<i>tolterodine tartrate tabs</i>	46	TROPHAMINE INJ 10%.....	51
<i>topiramate</i>	27	<i>trospium chloride</i>	46
<i>toposar</i>	20	TRULICITY.....	36
<i>topotecan inj 4mg</i>	20		

TRUMENBA.....	50	VIMPAT	27
TRUVADA TAB 100-150	11	<i>vinblastine sulfate</i>	16
TRUVADA TAB 133-200	11	<i>vincasar pfs</i>	16
TRUVADA TAB 167-250	11	<i>vincristine sulfate</i>	16
TRUVADA TAB 200-300	12	<i>vinorelbine tartrate</i>	16
TWINRIX INJ	50	<i>viorele</i>	41
TYBOST	11	VIRACEPT.....	11
TYKERB	19	VIREAD.....	11
TYPHIM VI	50	<i>voriconazole</i>	10
TYSABRI.....	35	VOTRIENT	19
U		VRAYLAR.....	32
ULORIC	6	VRAYLAR THERAPY PACK.....	32
<i>unithroid</i>	43	<i>vyfemla</i>	41
<i>ursodiol</i>	46	W	
V		<i>warfarin sodium</i>	47
<i>valacyclovir hcl</i>	12	WELCHOL.....	22
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<i>valganciclovir hcl</i>	13	XALKORI	19
<i>valproate sodium</i>	27	XARELTO.....	47
<i>valproic acid</i>	27	XARELTO STARTER PACK	47
<i>valsartan</i>	21	XATMEP	48
<i>valsartan-hydrochlorothiazide</i>	21	XELJANZ	48
<i>vancomycin hcl</i>	9	XELJANZ XR	48
VANCOMYCIN IN NAACL	9	XGEVA.....	43
<i>vandazole</i>	46	XIFAXAN	46
VAQTA.....	50	XIGDUO XR TAB 10-1000MG	38
VARIVAX.....	50	XIGDUO XR TAB 10-500MG	37
VASCEPA	22	XIGDUO XR TAB 5-1000MG	37
VELCADE	16	XIGDUO XR TAB 5-500MG.....	37
<i>velivet</i>	41	XOLAIR.....	56
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VENCLEXTA.....	16	<i>xulane</i>	41
VENCLEXTA STARTING PACK.....	16	XYREM.....	35
<i>venlafaxine hcl</i>	30	Y	
VENTAVIS	25	YERVOY	17
VENTOLIN HFA	55	YF-VAX	50
<i>verapamil cap er</i>	23	<i>yuvafem vaginal tablet 10 mcg</i>	42
<i>verapamil hcl</i>	23	Z	
<i>verapamil hcl tab er</i>	23	<i>zafirlukast</i>	55
VERSACLOZ	32	<i>zarah</i>	41
VESICARE	46	ZAVESCA	41
<i>vestura</i>	41	<i>zazole cream 0.8%</i>	46
VICTOZA	36	ZEJULA	17
VIDEX PEDIATRIC	11	ZELBORAF	19
<i>vienva</i>	41	ZEMAIRA.....	56
VIGAMOX.....	53	<i>zenatane</i>	57
VIIBRYD STARTER PACK	30	<i>zenchent</i>	41
VIIBRYD TAB.....	30	ZENPEP.....	46

ZERIT.....	11	<i>zonisamide</i>	27
ZIAGEN	11	ZONTIVITY	48
<i>zidovudine cap 100mg</i>	11	ZORTRESS TAB 0.25MG	49
<i>zidovudine syp 50mg/5ml</i>	11	ZORTRESS TAB 0.5MG	49
<i>zidovudine tab 300mg</i>	11	ZORTRESS TAB 0.75MG	49
<i>ziprasidone hcl</i>	32	ZOSTAVAX	50
ZIRGAN	53	<i>zovia 1/35e</i>	41
<i>zoledronic acid</i>	38	<i>zovia 1/50e</i>	41
ZOLEDRONIC INJ 4MG	38	ZYDELIG	19
<i>zoledronic inj 4mg/5ml</i>	38	ZYKADIA	19
ZOLINZA	17	ZYLET	53
<i>zolmitriptan</i>	34	ZYPREXA RELPREVV	32
<i>zolmitriptan odt</i>	34	ZYPREXA RELPREVV INJ 210MG	33
<i>zolpidem tartrate</i>	34	ZYTIGA	17



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 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
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If you need these services, call customer service at 1-877-838-3827, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

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Group MedicareBlue Rx Compliance Officer
3400 Yankee Drive, R337
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, the Group MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-838-3827 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-838-3827 (TTY: 711).

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-877-838-3827 (መስማት ለተሳናቸው: 711)።

Arabic:

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French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-838-3827 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-838-3827 (TTY: 711).

Karen:

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Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-838-3827 (TTY: 711)번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-838-3827 (TTY: 711).

Mon-Khmer, Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-877-838-3827 (TTY: 711)។

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Do you have a question or need more information?

This formulary was updated on 08/18/2017. For more recent information or other questions, please contact Group MedicareBlue Rx.



Call **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain Times (TTY hearing impaired users call **711**)



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This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. The formulary may change at any time. You will receive notice when necessary.

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Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association