GlobalHealth

GlobalHealth 2020 Formulary

(List of Covered Drugs)

For Generations Classic (HMO) and Generations Select (HMO)

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

This formulary was updated on 02/01/2020. For more recent information or other questions, please contact GlobalHealth Customer Care at 1-866-494-3927 or, for TTY users, 711
24 hours a day, seven days a week
www.GlobalHealth.com/medicare

HPMS Formulary File Submission ID: 00020327
Version 8

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

Generations Classic (HMO) and

Generations Select (HMO)

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GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth is dependent on contract renewal.

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

H3706_COMPFORMULARY_CLASSIC_SELECT_2020_C

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

When this drug list (formulary) refers to "we," "us", or "our," it means GlobalHealth, Inc. When it refers to "plan" or "our plan," it means Generations Classic (HMO) or Generations Select (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 02/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Generations Classic (HMO) and Generations Select (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Generations Classic (HMO) and Generations Select (HMO) Formulary?

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 02/01/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 Generations Classic (HMO) and Generations Select (HMO) formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Generations Classic (HMO) and Generations Select (HMO) Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our 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, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

For more information

For more detailed information about your Generations Classic (HMO) and Generations Select (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Generations Classic (HMO) and Generations Select (HMO) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

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

You can find information on what the symbols and abbreviations on this table mean here:

- LA – Limited Access drugs are designated with the abbreviation LA. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-494-3927, 24 hours a day, seven days a week. TTY users should call 711.
- GC – We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- QL – Quantity Limit drugs are designated with the abbreviation QL and the limit is designated for each drug.
- PA – Prior Authorization drugs are designated with the abbreviation PA.
- ST – Step Therapy drugs are designated with the abbreviation ST.
- NM – Drugs that are not available by mail-order are designated with the abbreviation NM.
- B/D – Drugs that require coverage determination for Medicare Part B or Part D are designated with the abbreviation B/D.

Copayments and coinsurance amounts are shown in the Evidence of Coverage booklet in Chapter 6, Sections 5.2 and 5.4.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tab	2	
colchicine w/ probenecid	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
probenecid	2	
NSAIDS		
celecoxib CAPS 50mg	3	QL (240 caps / 30 days)
celecoxib CAPS 100mg	3	QL (120 caps / 30 days)
celecoxib CAPS 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium	3	QL (120 tabs / 30 days)
diclofenac sodium TB24	3	
diclofenac sodium TBEC	2	
diflunisal TABS	3	
etodolac	3	
flurbiprofen TABS	2	
ibu tab 600mg	1	GC
ibu tab 800mg	1	GC
ibuprofen SUSP	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	GC
meloxicam TABS	1	GC
nabumetone TABS	2	
naproxen TABS	1	GC
naproxen dr	2	
naproxen sodium TABS 275mg, 550mg	3	
piroxicam CAPS	3	
sulindac TABS	2	
OPIOID ANALGESICS		
acetaminophen w/ codeine 300-15mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine 300-30mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine 300-60mg	2	QL (180 tabs / 30 days)
acetaminophen w/ codeine soln	2	QL (2700 mL / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
nalbuphine hcl SOLN	4	
tramadol hcl tab 50 mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen	3	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
endocet 2.5-325mg	3	QL (360 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
endocet 5-325mg	3	QL (360 tabs / 30 days)
endocet 7.5-325mg	3	QL (240 tabs / 30 days)
endocet 10-325mg	3	QL (180 tabs / 30 days)
fentanyl citrate LPOP	5	QL (120 lozenges / 30 days), PA
fentanyl patch 12 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 25 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 50 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 75 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 100 mcg/hr	4	QL (10 patches / 30 days), PA
hydroco/apap tab 5-325mg	3	QL (240 tabs / 30 days)
hydroco/apap tab 7.5-325	3	QL (180 tabs / 30 days)
hydroco/apap tab 10-325mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD	4	QL (600 mL / 30 days)
hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
hydromorphone hcl TABS	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
lorcet hd tab 10-325mg	3	QL (180 tabs / 30 days)
lorcet plus tab 7.5-325	3	QL (180 tabs / 30 days)
lorcet tab 5-325mg	3	QL (240 tabs / 30 days)
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl 5mg	3	QL (90 tabs / 30 days), PA
methadone hcl 10mg	3	QL (90 tabs / 30 days), PA
methadone hcl intensol	3	QL (90 mL / 30 days), PA
morphine ext-rel tab	3	QL (90 tabs / 30 days), PA
morphine sul inj 1mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
morphine sulfate TABS	3	QL (180 tabs / 30 days)
morphine sulfate oral soln 10mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 100mg/5ml	3	QL (180 mL / 30 days)
NUCYNTA ER	3	QL (60 tabs / 30 days), PA
oxycodone hcl CAPS	4	QL (180 caps / 30 days)
oxycodone hcl CONC	4	QL (180 mL / 30 days)
oxycodone hcl SOLN	4	QL (900 mL / 30 days)
oxycodone hcl TABS	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen 2.5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 7.5-325mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen 10-325mg	3	QL (180 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl (local anesth.)	2	B/D
lidocaine inj 0.5%	2	B/D
lidocaine inj 1%	2	B/D
lidocaine inj 1.5% preservative free (pf)	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

amikacin sulfate SOLN	4	
gentamicin in saline	2	
gentamicin sulfate SOLN	2	
neomycin sulfate TABS	2	
paromomycin sulfate CAPS	4	
streptomycin sulfate SOLR	5	
SULFADIAZINE TABS	4	
tobramycin NEBU	5	NM, PA
tobramycin inj 1.2 gm/30ml	3	
tobramycin inj 1.2gm	5	
tobramycin inj 10mg/ml	3	
tobramycin inj 80mg/2ml	3	
tobramycin sulfate SOLN	3	

ANTI-INFECTIVES - MISCELLANEOUS

albendazole TABS	5	
ALINIA	5	
atovaquone SUSP	5	
aztreonam	4	
CAYSTON	5	NM, LA, PA
clindamycin cap 75mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
clindamycin cap 300 mg	1	GC
clindamycin hcl cap 150 mg	1	GC
clindamycin phosphate in d5w	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
clindamycin phosphate inj	3	
clindamycin soln 75mg/5ml	4	
colistimethate sodium SOLR	4	
dapsone TABS	3	
daptomycin	5	
EMVERM	5	QL (12 tabs / 365 days)
ertapenem sodium	4	
imipenem-cilastatin	3	
ivermectin TABS	3	
linezolid in sodium chloride	4	
linezolid inj	4	
linezolid susp	5	
linezolid tab 600mg	4	
meropenem	4	
methenamine hippurate	3	
metronidazole TABS	2	
metronidazole in nacl	2	
NEBUPENT	4	B/D
nitrofurantoin macrocrystal 50mg, 100mg	3	
nitrofurantoin monohyd macro	3	
PENTAM 300	4	
pentamidine isethionate inh	4	B/D
pentamidine isethionate inj	4	
praziquantel TABS	3	
SIVEXTRO	5	
sulfamethoxazole-trimethop ds	1	GC
sulfamethoxazole-trimethoprim inj	4	
sulfamethoxazole-trimethoprim susp	3	
sulfamethoxazole-trimethoprim tab 400-80mg	1	GC
SYNERCID	5	
tigecycline	5	
trimethoprim TABS	2	
vancomycin hcl CAPS 125mg	4	QL (120 caps / 30 days)
vancomycin hcl CAPS 250mg	5	QL (240 caps / 30 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN IN NACL	4	

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Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
amphotericin b SOLR	4	B/D
caspofungin acetate	5	
fluconazole SUSR	3	
fluconazole TABS 50mg, 100mg, 200mg	3	
fluconazole TABS 150mg	1	GC
fluconazole inj nacl 200	3	
fluconazole inj nacl 400	3	
flucytosine CAPS	5	
griseofulvin microsize	4	
griseofulvin ultramicrosize	4	
itraconazole CAPS	4	PA
ketoconazole TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
nystatin TABS	3	
posaconazole	5	QL (93 tabs / 30 days)
terbinafine hcl TABS	1	GC, QL (90 tabs / year)
voriconazole SOLR	5	PA
voriconazole SUSR	5	PA
voriconazole TABS 50mg	4	
voriconazole TABS 200mg	5	
ANTIMALARIALS		
atovaquone-proguanil hcl	4	
chloroquine phosphate TABS	3	
COARTEM	4	
mefloquine hcl	3	
primaquine phosphate 26.3mg	3	
PRIMAQUINE PHOSPHATE 26.3mg	3	
quinine sulfate CAPS	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN	4	
abacavir sulfate TABS	3	
APTIVUS	5	
atazanavir sulfate	4	
CRIXIVAN	4	
didanosine	4	
EDURANT	5	
efavirenz CAPS 50mg	4	

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Drug Name	Drug Tier	Requirements/Limits
efavirenz CAPS 200mg	5	
efavirenz TABS	5	
EMTRIVA	3	
fosamprenavir tab 700 mg	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	
lamivudine	3	
LEXIVA SUSP	4	
nevirapine susp 50 mg/5ml	4	
nevirapine tab 100mg er	4	
nevirapine tab 200mg	3	
nevirapine tab 400mg er	4	
NORVIR PACK	4	
NORVIR SOLN	4	
PIFELTRO	5	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
REYATAZ PACK	5	
ritonavir	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
stavudine	3	
tenofovir disoproxil fumarate	3	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIREAD POWD	5	

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Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 150mg, 200mg, 250mg	5	
zidovudine cap 100mg	4	
zidovudine syp 50mg/5ml	4	
zidovudine tab 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine	3	
abacavir sulfate-lamivudine-zidovudine	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DELSTRIGO	5	
DESCOVY	5	
DOVATO	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
lamivudine-zidovudine	4	
lopinavir-ritonavir	4	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TEMIXYS	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
cycloserine CAPS	5	
ethambutol hcl TABS	3	
isoniazid TABS	1	GC
isoniazid syp 50mg/5ml	4	
PASER D/R	4	
PRIFTIN	4	
pyrazinamide TABS	4	
rifabutin	4	
rifampin CAPS	3	

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Drug Name	Drug Tier	Requirements/Limits
rifampin SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	
ANTIVIRALS		
acyclovir CAPS; TABS	2	
acyclovir SUSP	4	
acyclovir sodium	4	B/D
adefovir dipivoxil	5	
BARACLUDE SOLN	5	
entecavir	4	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
famciclovir	3	
ganciclovir sodium	4	B/D
HARVONI	5	NM, PA
lamivudine (hbv)	4	
MAVYRET	5	NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
ribavirin cap 200mg	3	NM
ribavirin tab 200mg	4	NM
rimantadine hydrochloride	3	
valacyclovir hcl TABS	3	
valganciclovir hcl	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
CEPHALOSPORINS		
cefaclor CAPS	3	
cefaclor SUSR	4	
CEFACLOR ER TAB 500MG	4	
cefadroxil CAPS	2	
cefadroxil SUSR	3	
cefadroxil TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
cefazolin inj	3	
cefazolin sodium SOLR 1gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
cefdinir CAPS	2	

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Drug Name	Drug Tier	Requirements/Limits
cefdinir SUSR	4	
cefepime for inj	4	
cefixime SUSR	4	
cefoxitin for inj	4	
cefpodoxime proxetil SUSR	4	
cefpodoxime proxetil TABS	3	
cefprozil	3	
ceftazidime SOLR	3	
CEFTAZIDIME/DEXTROSE	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
cefuroxime axetil	3	
cefuroxime sodium	3	
cephalexin CAPS 250mg, 500mg	1	GC
cephalexin SUSR	3	
tazicef SOLR	3	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK; SOLR; SUSR	3	
azithromycin TABS	1	GC
clarithromycin TABS	3	
clarithromycin er	3	
clarithromycin for susp	4	
DIFICID	5	
e.e.s. 400	4	
ery-tab	4	
ERYTHROCIN LACTOBIONATE	4	
erythrocin stearate	4	
erythromycin base	4	
erythromycin cap 250mg ec	4	
erythromycin ethylsuccinate TABS	4	
erythromycin tab ec	4	
FLUOROQUINOLONES		
ciprofloxacin SUSR	4	
ciprofloxacin hcl tab 100mg	4	
ciprofloxacin hcl tab 250mg, 500mg, 750mg	1	GC
ciprofloxacin in d5w	3	
levofloxacin TABS	1	GC
levofloxacin in d5w	3	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25 mg/ml	4	

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Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
amoxicillin CAPS; SUSR; TABS	1	GC
amoxicillin CHEW	2	
amoxicillin & pot clavulanate 200-28.5 chw tabs	4	
amoxicillin & pot clavulanate 200/5ml susr	3	
amoxicillin & pot clavulanate 250-125 tabs	4	
amoxicillin & pot clavulanate 250/5ml susr	4	
amoxicillin & pot clavulanate 400-57 chw tabs	4	
amoxicillin & pot clavulanate 400/5ml susr	3	
amoxicillin & pot clavulanate 500-125 tabs	2	
amoxicillin & pot clavulanate 600/5ml susr	3	
amoxicillin & pot clavulanate 875-125 tabs	2	
amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs	4	
ampicillin & sulbactam sodium	4	
ampicillin cap 500mg	2	
ampicillin inj	4	
ampicillin sodium	4	
BICILLIN L-A	4	
dicloxacillin sodium	3	
nafcillin sodium for inj 1gm, 2gm	4	
nafcillin sodium for inj 10gm	5	
NAFCILLIN SODIUM FOR INJ 10GM	4	
oxacillin sodium 1gm, 2gm	4	
oxacillin sodium 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
penicillin g sodium	4	
penicillin v potassium SOLR	2	
penicillin v potassium TABS	1	GC
penicilln gk inj 5mu	4	
penicilln gk inj 20mu	4	
pfizerpen-g inj 5mu	4	
pfizerpen-g inj 20mu	4	
piper/tazoba inj 2-0.25gm	4	
piper/tazoba inj 3-0.375gm	4	
piper/tazoba inj 4-0.5gm	4	
piper/tazoba inj 12-1.5gm	4	
piper/tazoba inj 36-4.5gm	4	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
doxy 100	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS	3	
doxycycline hyclate SOLR	4	
doxycycline hyclate 20 mg	3	
doxycycline hyclate 100 mg	3	
minocycline hcl CAPS	2	
mondoxyne nl cap 100mg	2	
tetracycline hcl CAPS	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
cyclophosphamide CAPS	3	B/D
cyclophosphamide SOLR	5	B/D
EMCYT	4	
GLEOSTINE 10mg	4	
GLEOSTINE 40mg, 100mg	5	
LEUKERAN	5	
ANTHRACYCLINES		
adriamycin SOLN	4	B/D
doxorubicin hcl	4	B/D
doxorubicin hcl liposomal	5	B/D
epirubicin hcl	4	B/D
ANTIMETABOLITES		
adrucil inj	3	B/D
ALIMTA	5	B/D
azacitidine	5	B/D
cytarabine 20mg/ml	3	B/D
fluorouracil SOLN	3	B/D
gemcitabine inj soln	4	B/D
gemcitabine inj solr	4	B/D
mercaptopurine TABS	3	
methotrexate sodium inj soln	2	B/D
methotrexate sodium inj solr	2	B/D
PURIXAN	5	NM
TABLOID	5	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
paclitaxel	4	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vincristine sulfate	2	B/D
vinorelbine tartrate	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	LA, PA
BORTEZOMIB	5	PA
DAURISMO	5	NM, LA, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA
IBRANCE	5	QL (21 caps / 28 days), NM, LA, PA
IDHIFA	5	QL (30 tabs / 30 days), NM, LA, PA
KADCYLA	5	B/D
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	PA
VENCLEXTA 10mg	4	NM, LA, PA
VENCLEXTA 50mg, 100mg	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate	5	NM, PA
anastrozole TABS	1	GC
bicalutamide	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
exemestane	4	
flutamide	3	
fulvestrant	5	B/D
letrozole TABS	1	GC
leuprolide inj 1mg/0.2	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
megestrol ac sus 40mg/ml	3	
megestrol ac tab 20mg	3	
megestrol ac tab 40mg	3	
megestrol sus 625mg/5ml	4	PA
nilutamide	5	
NUBEQA	5	NM, LA, PA
SOLTAMOX	5	
tamoxifen citrate TABS	1	GC
toremifene citrate	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA 500mg	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
KINASE INHIBITORS		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BALVERSA	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
erlotinib hcl 25mg	5	QL (90 tabs / 30 days), NM, PA
erlotinib hcl 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
everolimus	5	QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
imatinib mesylate 100mg	5	QL (90 tabs / 30 days), NM, PA
imatinib mesylate 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC	5	NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE	5	NM, PA
PIQRAY 250MG DAILY DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE	5	NM, PA
ROZLYTREK	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	QL (30 caps / 30 days), NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TURALIO	5	NM, LA, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
bexarotene	5	NM, PA
hydroxyurea CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON	5	PA
SYNRIBO	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
tretinoin (chemotherapy)	5	
XPOVIO 60 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	5	NM, LA, PA
PLATINUM-BASED AGENTS		
carboplatin	3	B/D
cisplatin SOLN	3	B/D
oxaliplatin inj 50mg	5	B/D
oxaliplatin inj 50mg/10ml	4	B/D
oxaliplatin inj 100mg	5	B/D
oxaliplatin inj 100mg/20ml	4	B/D
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml	4	B/D
leucovorin calcium SOLR	4	B/D
leucovorin calcium TABS 5mg, 10mg	3	
leucovorin calcium TABS 15mg, 25mg	4	
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
etoposide SOLN	3	B/D
irinotecan hcl	4	B/D
toposar	3	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	GC
amlodipine besylate-benazepril hcl cap 5-10 mg	1	GC
amlodipine besylate-benazepril hcl cap 5-20 mg	1	GC
amlodipine besylate-benazepril hcl cap 5-40 mg	1	GC
amlodipine besylate-benazepril hcl cap 10-20 mg	1	GC
amlodipine besylate-benazepril hcl cap 10-40 mg	1	GC
benazepril & hydrochlorothiazide	1	GC
captopril & hydrochlorothiazide	1	GC
enalapril maleate & hydrochlorothiazide	1	GC
fosinopril sodium & hydrochlorothiazide	1	GC
lisinopril & hydrochlorothiazide	1	GC
quinapril-hydrochlorothiazide	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
benazepril hcl TABS	1	GC
captopril TABS	1	GC
enalapril maleate TABS	1	GC
fosinopril sodium	1	GC
lisinopril TABS	1	GC
moexipril hcl	1	GC
perindopril erbumine	1	GC
quinapril hcl	1	GC
ramipril	1	GC
trandolapril	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	3	
spironolactone TABS	1	GC
ALPHA BLOCKERS		
doxazosin mesylate TABS	2	
prazosin hcl	3	
terazosin hcl 1mg, 2mg, 5mg	1	GC
terazosin hcl 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil	1	GC
amlodipine besylate-valsartan tab	1	GC
amlodipine-valsartan-hydrochlorothiazide tab	1	GC
ENTRESTO	3	
irbesartan-hydrochlorothiazide	1	GC
losartan-hydrochlorothiazide	1	GC
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	GC
olmesartan medoxomil-hydrochlorothiazide	1	GC
valsartan-hydrochlorothiazide	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan	1	GC
losartan potassium	1	GC
olmesartan medoxomil TABS	1	GC
telmisartan	1	GC
valsartan	1	GC
ANTIARRHYTHMICS		
amiodarone hcl soln	2	
amiodarone tab 100mg	4	
amiodarone tab 200mg	1	GC
amiodarone tab 400mg	4	

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Drug Name	Drug Tier	Requirements/Limits
disopyramide phosphate	4	
dofetilide	4	
flecainide acetate	3	
MULTAQ	4	
NORPACE CR	4	
pacerone 100mg, 400mg	4	
pacerone 200mg	1	GC
propafenone hcl	2	
propafenone hcl 12hr	4	
quinidine sulfate	2	
sorine	2	
sotalol hcl	2	
sotalol hcl (afib/afl)	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS	1	GC
lovastatin	1	GC
pravastatin sodium	1	GC
rosuvastatin calcium	1	GC, QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg	1	GC
simvastatin TABS 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	3	
cholestyramine light pack	4	
cholestyramine light powd	3	
colesevelam hcl	4	
colestipol hcl gran	4	
colestipol hcl pack	4	
colestipol hcl tabs	3	
ezetimibe	3	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	3	
fenofibrate micronized 67mg, 134mg, 200mg	3	
gemfibrozil TABS	1	GC
JUXTAPID	5	NM, LA, PA
niacin (antihyperlipidemic)	4	
niacin er (antihyperlipidemic) 500mg	4	QL (60 tabs / 30 days)
niacin er (antihyperlipidemic) 750mg, 1000mg	4	
niacor	4	

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT	3	NM, PA
prevalite PACK	4	
prevalite POWD	3	
VASCEPA	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	2	
bisoprolol & hydrochlorothiazide	1	GC
metoprolol & hydrochlorothiazide	3	
propranolol & hydrochlorothiazide	3	
BETA-BLOCKERS		
acebutolol hcl CAPS	2	
atenolol TABS	1	GC
bisoprolol fumarate	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
carvedilol	1	GC
labetalol hcl TABS	3	
metoprolol succinate	2	
metoprolol tartrate SOCT	3	
metoprolol tartrate SOLN	3	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	GC
nadolol TABS	3	
pindolol	3	
propranolol cap er	3	
propranolol hcl TABS	2	
propranolol oral sol	3	
timolol maleate TABS	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS	1	GC
cartia xt	2	
dilt-xr cap	2	
diltiazem cap 240mg cd	2	
diltiazem cap 360mg cd	4	
diltiazem cap er/12hr	4	
diltiazem hcl TABS	2	
diltiazem hcl coated beads CP24	4	
diltiazem hcl coated beads cap sr 24hr	2	
diltiazem hcl extended release beads cap sr	2	
diltiazem inj	2	
felodipine	2	
isradipine	3	

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Drug Name	Drug Tier	Requirements/Limits
nicardipine hcl CAPS	4	
nifedipine TB24	2	
nifedipine er	2	
nimodipine CAPS	5	
NYMALIZE	5	
taztia xt	2	
tiadylt er	2	
verapamil cap er 100mg, 200mg, 300mg, 360mg	4	
verapamil cap er 120mg, 180mg, 240mg	3	
verapamil hcl SOLN	4	
verapamil hcl TABS	1	GC
verapamil hcl TBCR	2	
verapamil tab er	2	
DIGITALIS GLYCOSIDES		
digitek .25mg	2	PA; PA if 70 years and older
digitek .125mg	2	QL (30 tabs / 30 days)
digox 125mcg	2	QL (30 tabs / 30 days)
digox 250mcg	2	PA; PA if 70 years and older
digoxin TABS 125mcg	2	QL (30 tabs / 30 days)
digoxin TABS 250mcg	2	PA; PA if 70 years and older
digoxin inj	4	
digoxin sol 50mcg/ml	4	PA; PA if 70 years and older
DIURETICS		
acetazolamide CP12	4	
acetazolamide TABS	3	
amiloride & hydrochlorothiazide	2	
amiloride hcl TABS	2	
bumetanide inj 0.25/ml	3	
bumetanide tab	3	
chlorothiazide tabs	3	
chlorthalidone	2	
furosemide SOLN	2	
furosemide TABS	1	GC
furosemide inj	2	
hydrochlorothiazide CAPS; TABS	1	GC
indapamide	2	
methazolamide TABS	4	
metolazone	3	

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Drug Name	Drug Tier	Requirements/Limits
spironolactone & hydrochlorothiazide	3	
torsemide tabs	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tabs	1	GC
MISCELLANEOUS		
aliskiren fumarate	4	
clonidine hcl TABS	1	GC
clonidine hcl ptwk	4	
CORLANOR	4	
DEMSER	5	PA
hydralazine hcl SOLN	4	
hydralazine hcl TABS	2	
midodrine hcl	3	
minoxidil TABS	2	
NORTHERA 100mg	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days), NM, LA, PA
ranolazine	4	
NITRATES		
isosorb mononitrate tab	2	
isosorbide dinitrate 5mg, 10mg, 20mg, 30mg	3	
isosorbide dinitrate er	4	
isosorbide mononitrate er	1	GC
minitran	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
nitroglycerin SUBL	3	
nitroglycerin td patch	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
ambrisentan	5	QL (30 tabs / 30 days), NM, LA, PA
bosentan 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
bosentan 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate tab 20 mg (pulmonary hypertension)	3	QL (90 tabs / 30 days), NM, PA
treprostinil	5	NM, LA, PA
VENTAVIS	5	NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam tab 0.5mg	2	QL (150 tabs / 30 days)
alprazolam tab 0.25mg	2	QL (150 tabs / 30 days)
alprazolam tab 1mg	2	QL (150 tabs / 30 days)
alprazolam tab 2 mg	2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	GC
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS	2	
lorazepam SOLN	2	
lorazepam TABS	2	QL (150 tabs / 30 days)
lorazepam intensol	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
carbamazepine CHEW; TABS	3	
carbamazepine CP12; SUSP; TB12	4	
CELONTIN	4	
clobazam	4	PA
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	

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Drug Name	Drug Tier	Requirements/Limits
diazepam TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam gel	4	
diazepam inj	3	
diazepam intensol	3	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam oral soln 1 mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
divalproex sodium CSDR	4	
divalproex sodium TB24; TBEC	3	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
epitol	3	
ethosuximide CAPS; SOLN	4	
felbamate SUSP	5	
felbamate TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	2	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	2	QL (360 caps / 30 days)
gabapentin CAPS 400mg	2	QL (270 caps / 30 days)
gabapentin SOLN	3	QL (2160 mL / 30 days)
gabapentin TABS 600mg	3	QL (180 tabs / 30 days)
gabapentin TABS 800mg	3	QL (120 tabs / 30 days)
lamotrigine CHEW	3	
lamotrigine TABS	1	GC
lamotrigine TB24	4	
levetiracetam SOLN	4	
levetiracetam TABS	2	
levetiracetam TB24	3	

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Drug Name	Drug Tier	Requirements/Limits
levetiracetam in sodium chloride	4	
levetiracetam oral soln 100 mg/ml	3	
NAYZILAM	4	
oxcarbazepine SUSP	4	
oxcarbazepine TABS	3	
PEGANONE	4	
phenobarbital ELIX	4	PA; PA if 70 years and older
phenobarbital TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
phenobarbital sodium SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
phenytoin CHEW; SUSP	3	
phenytoin sodium extended	3	
phenytoin sodium inj 50mg/ml	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	3	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
pregabalin SOLN	4	QL (900 mL / 30 days), PA
primidone TABS	2	
roweepra	2	
roweepra xr	3	
SPRITAM	4	
subvenite tab	1	GC
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
tiagabine hcl	4	
topiramate CPSP	3	
topiramate TABS	2	
valproate sodium SOLN	3	
valproate sodium oral soln	3	
valproic acid CAPS	3	
vigabatrin powd pack 500mg	5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin tab 500mg	5	QL (180 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
vigadrone	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
zonisamide CAPS	2	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg	2	
donepezil hydrochloride TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	2	
galantamine hydrobromide SOLN	4	
galantamine hydrobromide TABS	3	QL (60 tabs / 30 days)
galantamine hydrobromide er	3	QL (30 caps / 30 days)
memantine hcl cp24	4	PA; PA if < 30 yrs
memantine soln	4	PA; PA if < 30 yrs
memantine tabs	3	PA; PA if < 30 yrs
NAMZARIC	4	
rivastigmine tartrate 1.5mg, 3mg	4	QL (90 caps / 30 days)
rivastigmine tartrate 4.5mg, 6mg	4	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS	3	
amoxapine	3	
bupropion hcl TABS	3	
bupropion hcl TB12	2	
bupropion hcl TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN	3	
citalopram hydrobromide TABS	1	GC
clomipramine hcl CAPS	4	PA
desipramine hcl TABS	4	
desvenlafaxine succinate	4	QL (30 tabs / 30 days), PA
doxepin hcl CAPS; CONC	3	
DRIZALMA SPRINKLE 20mg, 30mg, 60mg	4	QL (60 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE 40mg	4	QL (90 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN	4	
escitalopram oxalate TABS	1	GC
FETZIMA 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
fluoxetine cap 10mg	1	GC
fluoxetine cap 20mg	1	GC
fluoxetine cap 40mg	2	
fluoxetine hcl SOLN	2	
imipramine hcl TABS	2	
maprotiline hcl	3	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	1	GC
mirtazapine TBDP	3	
nefazodone hcl	4	
nortriptyline hcl CAPS	2	
nortriptyline hcl SOLN	4	
paroxetine hcl tabs	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
phenelzine sulfate TABS	3	
protriptyline hcl	4	
sertraline hcl CONC	4	
sertraline hcl TABS	1	GC
tranylcypromine sulfate	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	GC
trimipramine maleate CAPS 25mg	4	QL (240 caps / 30 days)
trimipramine maleate CAPS 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
venlafaxine hcl CP24; TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS	3	QL (120 caps / 30 days)
amantadine hcl SYRP	2	
amantadine hcl TABS	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj	4	
benztropine mesylate tab 0.5mg	3	PA; PA if 70 years and older
benztropine mesylate tab 1mg	3	PA; PA if 70 years and older
benztropine mesylate tab 2mg	3	PA; PA if 70 years and older
bromocriptine mesylate CAPS; TABS	4	
carbidopa-levodopa TABS	2	
carbidopa-levodopa TBCR	3	
carbidopa-levodopa TBDP	4	
carbidopa/levodopa/entacapone	4	
entacapone	4	
NEUPRO	4	
pramipexole tab 0.5mg	1	GC
pramipexole tab 0.25mg	1	GC
pramipexole tab 0.75mg	1	GC
pramipexole tab 0.125mg	1	GC
pramipexole tab 1.5mg	1	GC
pramipexole tab 1mg	1	GC
rasagiline mesylate TABS	4	
ropinirole tab 0.5mg	2	
ropinirole tab 0.25mg	2	
ropinirole tab 1mg	2	
ropinirole tab 2mg	2	
ropinirole tab 3mg	2	
ropinirole tab 4mg	2	
ropinirole tab 5mg	2	
selegiline hcl CAPS; TABS	3	
trihexyphenidyl hcl	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
aripiprazole odt	5	QL (60 tabs / 30 days)
aripiprazole oral solution 1 mg/ml	5	QL (900 mL / 30 days)
aripiprazole tab	4	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	
chlorpromazine hcl TABS	4	
CHLORPROMAZINE INJ	4	
clozapine odt 12.5mg, 25mg	4	PA
clozapine odt 100mg	4	QL (270 tabs / 30 days), PA
clozapine odt 150mg	4	QL (180 tabs / 30 days), PA
clozapine odt 200mg	4	QL (135 tabs / 30 days), PA
clozapine tab 25mg	3	
clozapine tab 50mg	3	
clozapine tab 100mg	4	QL (270 tabs / 30 days)
clozapine tab 200mg	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	4	PA
fluphenazine decanoate SOLN	4	
fluphenazine hcl	4	
GEODON SOLR	4	QL (6 mL / 3 days)
haloperidol TABS	3	
haloperidol conc 2mg/ml	2	
haloperidol decanoate SOLN	3	
haloperidol lactate inj 5mg/ml	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)
loxapine succinate	3	
molindone hcl	4	

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days)
paliperidone 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS	3	
PERSERIS	5	QL (1 injection / 30 days)
pimozide	4	
quetiapine fumarate TABS	2	
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
risperidone SOLN	3	QL (240 mL / 30 days)
risperidone TABS	2	
risperidone TBDP 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
risperidone TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS	4	QL (60 tabs / 30 days)
thioridazine hcl TABS	3	
thiothixene	4	
trifluoperazine hcl	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR THERAPY PACK	4	PA
ziprasidone hcl	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap sr 24hr 5 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days)
guanfacine er (adhd)	3	PA; PA if 70 years and older
metadate er tab 20mg	4	QL (90 tabs / 30 days)
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days)
methylphenidate hcl oral soln 5mg/5ml	4	QL (1800 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral soln 10mg/5ml	4	QL (900 mL / 30 days)
methylphenidate hcl tbcr 10 mg	4	QL (90 tabs / 30 days)
methylphenidate hcl tbcr 20mg	4	QL (90 tabs / 30 days)
HYPNOTICS		
HETLIOZ	5	NM, LA, PA
SILENOR	3	QL (30 tabs / 30 days)
temazepam 7.5mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG	3	QL (1 pen / 30 days), PA
dihydroergotamine mesylate inj 1 mg/ml	5	
dihydroergotamine mesylate nasal spr 4 mg/ml	5	QL (8 mL / 30 days), PA
eletriptan hydrobromide	4	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine TABS	4	
naratriptan hcl	3	QL (12 tabs / 30 days)
rizatriptan benzoate	3	QL (18 tabs / 30 days)
rizatriptan benzoate odt	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 inhalers / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 inhalers / 30 days)
sumatriptan inj 4mg/0.5ml	4	QL (18 injections / 30 days)
sumatriptan inj 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS	2	QL (12 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
zolmitriptan TABS	4	QL (12 tabs / 30 days)
zolmitriptan odt	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
lithium carbonate CAPS	1	GC
lithium carbonate TABS	2	
lithium carbonate er	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
pyridostigmine tab 60mg	3	
riluzole	3	
tetrabenazine 12.5mg	5	QL (240 tabs / 30 days), NM, PA
tetrabenazine 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	QL (14 syringes / 28 days), NM, PA
dalfampridine	5	NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
glatiramer acetate 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatiramer acetate 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatopa 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg	3	
cyclobenzaprine hcl TABS 5mg, 10mg	3	PA; PA if 70 years and older
dantrolene sodium CAPS	4	
tizanidine hcl TABS	2	
NARCOLEPSY/CATAPLEXY		
armodafinil 50mg	3	QL (90 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
armodafinil 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	4	
buprenorphine hcl SUBL	3	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 4-1mg	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 8-2mg	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 12-3mg	4	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent)	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
disulfiram TABS	3	
naloxone inj 0.4mg/ml	2	
naloxone inj 1mg/ml	2	
naltrexone hcl TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
VIVITROL	5	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
oxandrolone tab 2.5mg	3	PA
oxandrolone tab 10mg	4	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
testosterone cypionate SOLN	3	PA
testosterone enanthate SOLN	3	PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	3	
BD ALCOHOL SWABS	3	

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Drug Name	Drug Tier	Requirements/Limits
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL		
acarbose TABS	3	GC
FARXIGA	3	GC, QL (30 tabs / 30 days)
glimepiride 1mg, 2mg	2	QL (90 tabs / 30 days)
glimepiride 4mg	2	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
glip/metform tab 2.5-250mg	1	GC, QL (240 tabs / 30 days)
glip/metform tab 2.5-500mg	1	GC, QL (120 tabs / 30 days)
glip/metform tab 5-500mg	1	GC, QL (120 tabs / 30 days)
glipizide TABS 5mg	1	GC, QL (240 tabs / 30 days)
glipizide TABS 10mg	1	GC, QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
glipizide TB24 10mg	1	GC, QL (60 tabs / 30 days)
glipizide xl 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
glipizide xl 10mg	1	GC, QL (60 tabs / 30 days)
JANUMET	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	GC, QL (30 tabs / 30 days)
JANUVIA	3	GC, QL (30 tabs / 30 days)
JARDIANCE 10mg	3	GC, QL (60 tabs / 30 days)
JARDIANCE 25mg	3	GC, QL (30 tabs / 30 days)
JENTADUETO	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	GC, QL (30 tabs / 30 days)
metformin er 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin er 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TABS 500mg	1	GC, QL (150 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
metformin hcl TABS 850mg	1	GC, QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	GC, QL (75 tabs / 30 days)
nateglinide	1	GC, QL (90 tabs / 30 days)
pioglitazone hcl	1	GC, QL (30 tabs / 30 days)
repaglinide 2mg	1	GC, QL (240 tabs / 30 days)
repaglinide .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	GC, QL (30 tabs / 30 days)
TRADJENTA	3	GC, QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	GC, QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	GC, QL (30 tabs / 30 days)
BISPHOSPHONATES		
alendronate sodium TABS 5mg, 10mg, 35mg, 70mg	1	GC
alendronate sodium TABS 40mg	3	
ibandronate sodium tabs	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	3	B/D
pamidronate inj 30mg	3	B/D
pamidronate inj 90mg	3	B/D
zoledronic acid inj 5mg/100ml	4	B/D, NM
zoledronic inj 4mg/5ml	4	B/D, NM
CHELATING AGENTS		
CHEMET	4	
deferasirox TABS	5	NM, PA
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
kionex sus 15gm/60ml	3	
LOKELMA	3	
sodium polystyrene sulfonate powder	3	
sodium polystyrene sulfonate susp	3	
sps susp 15gm/60ml	3	
trientine hcl	5	PA
CONTRACEPTIVES		
altavera tab	2	
alyacen 1/35	2	
apri	2	
aranelle	3	
aubra	2	
aviane	2	
balziva	3	
bekyree	3	
blisovi fe 1.5/30	2	
briellyn	3	
camila	2	
caziant pak	2	
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
cyred tab	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane	2	
desogestrel & ethinyl estradiol	2	
desogestrel-ethinyl estradiol (biphasic)	3	
drospirenone-ethinyl estradiol	3	
ELLA	3	

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Drug Name	Drug Tier	Requirements/Limits
emoquette	2	
enpresse-28	2	
enskyce	2	
errin	2	
estarylla tab 0.25-35	2	
ethynodiol diacet & eth estrad	2	
ethynodiol tab 1-50	3	
falmina	2	
femynor	2	
gianvi tab 3-0.02mg	3	
heather	2	
incassia	2	
introvale	3	
isibloom	2	
jasmiel	3	
jolessa tab 0.15-0.03 mg	3	
jolivette	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	3	
kelnor 1/35	2	
kelnor 1/50	3	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia tab	2	
leena tab	3	
lessina	2	
levonest	2	
levonor/ethi tab	2	
levonorgestrel & eth estradiol	2	
levonorgestrel-ethinyl estradiol (91-day)	3	
levora 0.15/30-28	2	
loryna	3	
low-ogestrel	2	
lutera	2	
lyza	2	
marlissa	2	

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Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate (contraceptive)	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah tab 0.25-35	2	
necon 0.5/35-28	3	
nikki	3	
nora-be tab 0.35mg	2	
norethindrone (contraceptive)	2	
norethindrone acet & eth estra	2	
norgest/ethi tab 0.25/35	2	
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	2	
nortrel 0.5/35 (28)	3	
nortrel 1/35	2	
nortrel 7/7/7	2	
NUVARING	4	
ocella tab 3-0.03mg	3	
orsythia	2	
philith	3	
pimtrea	3	
pirmella 1/35	2	
portia-28	2	
previfem	2	
reclipsen	2	
setlakin tab	3	
sharobel	2	
sprintec 28	2	
sronyx	2	
syeda	3	
tarina fe 1/20	2	
tilia fe	3	
tri-estarylla	2	
tri-legest fe	3	
tri-linyah	2	
tri-lo marzia	3	
tri-lo-estarylla	3	
tri-lo-sprintec	3	

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Drug Name	Drug Tier	Requirements/Limits
tri-mili	2	
tri-previfem	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	3	
trivora-28	2	
tulana	2	
velivet	2	
vienva	2	
viorele	3	
vyfemla	3	
vylibra	2	
xulane dis 150-35	4	
zarah	3	
zovia 1/35e	2	
ENDOMETRIOSIS		
danazol CAPS	4	
SYNAREL	5	
ENZYME REPLACEMENTS		
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
levocarnitine (metabolic modifiers)	4	B/D
LUMIZYME	5	NM, LA, PA
miglustat	5	NM, PA
NAGLAZYME	5	NM, LA, PA
nitisinone	5	NM, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
sodium phenylbutyrate	5	NM, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
estradiol PTWK	3	
estradiol TABS	2	
estradiol vaginal cream	3	
estradiol vaginal tab	4	
estradiol valerate inj	4	

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Drug Name	Drug Tier	Requirements/Limits
fyavolv	3	
jinteli	3	
norethindrone acetate-ethinyl estradiol	3	
yuvafem vaginal tablet 10mcg	4	
GLUCOCORTICOIDS		
cortisone acetate TABS	4	
DEXAMETHASONE CONC	4	
dexamethasone ELIX; SOLN	3	
dexamethasone TABS	2	
dexamethasone sodium phosphate	2	
fludrocortisone acetate TABS	2	
hydrocortisone TABS	3	
methylpr ss inj	3	B/D
methylpred pak 4mg	2	
methylpred tab 4mg	3	B/D
methylpred tab 8mg	3	B/D
methylpred tab 16mg	3	B/D
methylpred tab 32mg	3	B/D
methylprednisolone acetate	2	B/D
pred sod pho sol 5mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisolone sol 15mg/5ml	2	B/D
prednisolone sol 25mg/5ml	4	B/D
PREDNISONE CON 5MG/ML	4	B/D
prednisone pak 5mg	3	
prednisone pak 10mg	3	
prednisone sol 5mg/5ml	4	B/D
prednisone tab 1mg	1	GC, B/D
prednisone tab 2.5mg	1	GC, B/D
prednisone tab 5mg	1	GC, B/D
prednisone tab 10mg	1	GC, B/D
prednisone tab 20mg	1	GC, B/D
prednisone tab 50mg	1	GC, B/D
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
cabergoline	3	
calcitonin (salmon)	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl 60mg	5	B/D, QL (60 tabs / 30 days), NM
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH	5	NM, PA
LUPRON DEPOT-PED (3-MONTH	5	NM, PA
NATPARA	5	NM, PA
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
octreotide acetate 500mcg/ml, 1000mcg/ml	5	NM, PA
OSPHENA	3	PA
PROLIA	4	QL (1 injection / 180 days), NM
raloxifene tab 60mg	3	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) CAPS	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate TABS	4	QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate tab	1	GC
norethindrone acetate TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
levo-t	2	
levothyroxine sodium TABS	2	
levoxyl	2	
liothyronine sodium TABS	3	
methimazole TABS	1	GC
propylthiouracil TABS	3	
SYNTHROID	4	
unithroid	2	
VASOPRESSINS		
desmopressin acetate spray	4	
desmopressin acetate spray refrigerated	4	
desmopressin acetate tabs	3	
desmopressin inj 4mcg/ml	4	
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant	4	B/D
aprepitant pak 80mg & 125mg	4	B/D
compro supp	4	
dronabinol	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
granisetron hcl SOLN	3	
granisetron hcl TABS	4	B/D
meclizine hcl TABS	2	
metoclopramide hcl SOLN	2	
metoclopramide hcl TABS	1	GC
metoclopramide hcl inj	2	
ondansetron hcl TABS	3	B/D
ondansetron hcl inj	2	
ondansetron hcl oral soln	4	B/D
ondansetron odt	2	B/D
prochlorperazine inj	4	
prochlorperazine maleate TABS	2	
prochlorperazine supp	4	
promethazine hcl SYRP; TABS	2	PA; PA if 70 years and older
promethazine hcl inj	4	PA; PA if 70 years and older
scopolamine	4	QL (10 patches / 30 days), PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
ANTISPASMODICS		
dicyclomine hcl cap 10mg	3	
dicyclomine hcl soln 10mg/5ml	4	
dicyclomine hcl tab 20mg	3	
glycopyrrolate tab 1mg	3	
glycopyrrolate tab 2mg	3	
H2-RECEPTOR ANTAGONISTS		
famotidine SUSR	4	
famotidine TABS 20mg, 40mg	1	GC
famotidine in nacl	2	
famotidine inj	2	
ranitidine hcl TABS 150mg, 300mg	1	GC
ranitidine hcl inj	3	
ranitidine syrup	3	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	3	
budesonide ec	4	
colocort	4	
hydrocortisone (enema)	4	
mesalamine CPDR	4	
mesalamine ENEM	4	
mesalamine SUPP	5	
mesalamine TBEC 1.2gm	4	
mesalamine w/ cleanser	4	
sulfasalazine TABS	2	
sulfasalazine ec	3	
LAXATIVES		
constulose	3	
enulose	3	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac	3	
GOLYTELY	3	
lactulose SOLN	3	
lactulose (encephalopathy)	3	
NULYTELY/FLAVOR PACKS	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	2	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	2	
peg 3350/electrolytes	2	
PLENVU	4	

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Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT	4	
trilyte	2	
MISCELLANEOUS		
alosetron hcl	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
cromolyn sodium (mastocytosis)	5	
diphenoxylate w/ atropine LIQD	4	
diphenoxylate w/ atropine TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	4	QL (30 caps / 30 days)
loperamide hcl CAPS	3	
misoprostol TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
sucralfate TABS	2	
ursodiol CAPS	3	
ursodiol TABS	4	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
esomeprazole magnesium	4	QL (30 caps / 30 days), ST
lansoprazole CPDR	3	QL (30 caps / 30 days)
omeprazole cap 10mg	1	GC
omeprazole cap 20mg	1	GC
omeprazole cap 40mg	1	GC
pantoprazole sodium SOLR	4	
pantoprazole sodium tbec	1	GC
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	2	QL (30 tabs / 30 days)
dutasteride CAPS	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl	4	QL (30 caps / 30 days)
finasteride TABS 5mg	1	GC
tamsulosin hcl	2	
MISCELLANEOUS		
bethanechol chloride TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
potassium citrate (alkalinizer) er tabs	4	
URINARY ANTISPASMODICS		
MYRBETRIQ	4	QL (30 tabs / 30 days)
oxybutynin chloride SYRP	3	
oxybutynin chloride TABS	3	
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
tolterodine tartrate CP24	4	QL (30 caps / 30 days), ST
tolterodine tartrate TABS	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
trospium chloride TABS	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal	3	
metronidazole vaginal	4	
terconazole vaginal	3	
vandazole	4	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK	3	QL (74 tabs / 30 days)
enoxaparin sodium	4	
fondaparinux sodium 2.5mg/0.5ml	4	
fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
heparin sod (porcine) in d5w	3	
heparin sod inj 1000/ml	3	B/D
heparin sod inj 5000/ml	3	B/D
heparin sod inj 10000/ml	3	B/D
heparin sod inj 20000/ml	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
jantoven	1	GC
PRADAXA	4	QL (60 caps / 30 days)
warfarin sodium	1	GC
XARELTO 2.5mg	3	QL (60 tabs / 30 days)
XARELTO 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STARTER PACK	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
ZARXIO	5	NM, PA
MISCELLANEOUS		
anagrelide hcl	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
cilostazol	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
icatibant acetate	5	QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR	2	
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
tranexamic acid SOLN	4	
tranexamic acid TABS	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole	4	
BRILINTA	3	
clopidogrel tab 75mg	1	GC
prasugrel hcl	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
hydroxychloroquine sulfate	3	
leflunomide TABS	3	QL (30 tabs / 30 days)
methotrexate sodium tabs	3	
REMICADE	5	NM, PA
RENFLEXIS	5	NM, LA, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	5	QL (1 syringe / 28 days), NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR 11mg	5	QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D
INTRON-A INJ 18MU	5	B/D
INTRON-A INJ 25MU	5	B/D
INTRON-A INJ 50MU	5	B/D
IMMUNOSUPPRESSANTS		
azathioprine TABS	3	B/D
BENLYSTA	5	NM, PA
cyclosporine CAPS; SOLN	4	B/D
cyclosporine modified (for microemulsion)	4	B/D
gengraf	4	B/D
mycophenolate mofetil CAPS; TABS	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
mycophenolate mofetil SUSR	5	B/D
mycophenolate sodium tbec	4	B/D
NULOJIX	5	B/D
PROGRAF PACK	4	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus SOLN	5	B/D
sirolimus TABS 2mg	5	B/D
sirolimus TABS .5mg, 1mg	4	B/D
tacrolimus CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
ZORTRESS TAB 1MG	5	B/D
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)

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Drug Name	Drug Tier	Requirements/Limits
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
klor-con 8	2	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con pak 20meq	4	
klor-con spr cap 8meq	3	
klor-con spr cap 10meq	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
magnesium sulfate in dextrose	3	
magnesium sulfate inj 50%	3	
potassium chloride CPCR	3	
potassium chloride PACK	4	
potassium chloride SOLN 10%, 20%	4	
potassium chloride TBCR	2	
potassium chloride microencapsulated crystals er	2	
sodium chloride SOLN 2.5meq/ml	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TPN ELECTROLYTES	4	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINOLIPID	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
hepatamine	4	B/D
INTRALIPID 30%	4	B/D
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
dextrose 2.5%/nacl 0.45%	2	
dextrose 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
dextrose 5%/nacl 0.2%	2	
DEXTROSE 5%/NACL 0.3%	4	
dextrose 5%/nacl 0.9%	2	
dextrose 5%/nacl 0.45%	2	
dextrose 5%/nacl 0.225%	2	
dextrose 5%/potassium chl	2	
dextrose 10% flex contain	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
dextrose 10%/nacl 0.45%	2	
dextrose 50%	2	
dextrose in lactated ringers	2	
dextrose inj 70%	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
kcl0.15%/d5w/nacl0.2%	3	
KCL 0.3%/D5W/NACL 0.9%	4	
kcl 0.3%/d5w/nacl 0.45%	3	
kcl 0.15%/d5w/nacl 0.9%	3	
KCL 0.15%/D5W/NACL 0.225%	4	
kcl 0.075%/d5w/nacl 0.45%	3	
kcl/d5w inj 0.3%	2	

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Drug Name	Drug Tier	Requirements/Limits
kcl/d5w/nacl inj 0.22%/0.45%	3	
kcl/d5w/nacl inj .15/.45%	3	
kcl/nacl inj 0.3-0.9	2	
kcl/nacl inj 0.15%-0.9%	2	
lactated ringer's	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
pot chloride inj 2meq/ml	2	
potassium chloride SOLN 2meq/ml	2	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride in nacl	2	
sodium chloride SOLN 3%, 5%	3	
sodium chloride 0.45%	3	
sodium chloride inj 0.9%	3	
VITAMINS		
calcitriol CAPS	2	B/D
calcitriol inj	4	B/D
calcitriol oral soln 1 mcg/ml	4	B/D
M-NATAL PLUS	3	
paricalcitol CAPS	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	
TRICARE	3	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-poly-neomycin-hc	3	
BLEPHAMIDE OINT	4	
neomycin-polymy-dexameth	2	
neomycin-polymyxin-hc (ophth)	4	
sulfacetamide sod-prednisolone	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	4	
ZYLET	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
AZASITE	4	
bacitracin (ophthalmic)	3	
bacitracin-polymyxin b (ophth)	2	
BESIVANCE	3	
CILOXAN OINT	3	
ciprofloxacin hcl (ophth)	2	
erythromycin (ophth)	2	
gatifloxacin (ophth)	3	
gentak	2	
gentamicin sulfate soln (ophth)	2	
MOXEZA	3	
moxifloxacin hcl (ophth)	3	
NATACYN	4	
neomycin-bacitracin zn-polymyxin	3	
neomycin-polymyxin-gramicidin	3	
ofloxacin (ophth)	2	
polymyxin b-trimethoprim	2	
sulfacetamide sodium (ophth)	3	
tobramycin (ophth)	2	
trifluridine	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
bromfenac sodium (ophth)	4	
BROMSITE	4	
dexamethasone sodium phosphate (ophth)	3	
diclofenac sodium (ophth)	3	
DUREZOL	3	
fluorometholone	3	
flurbiprofen sodium	3	
ILEVRO	3	
ketorolac tromethamine (ophth) .4%	3	
ketorolac tromethamine (ophth) .5%	2	
LOTEMAX GEL; OINT	3	
loteprednol etabonate	3	
prednisolone acetate (ophth)	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
azelastine drop 0.05%	3	
BEPREVE	3	

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Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium (ophth)	1	GC
LASTACAFT	4	
olopatadine hcl 0.2%	4	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
betaxolol hcl (ophth)	3	
BETOPTIC-S	3	
brimonidine sol 0.2%	1	GC
brimonidine sol 0.15%	4	
carteolol hcl (ophth)	2	
COMBIGAN	3	
dorzolamide hcl	2	
dorzolamide hcl-timolol maleate	2	
latanoprost SOLN	2	
levobunolol hcl	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
pilocarpine hcl SOLN	3	
RHOPRESSA	3	
SIMBRINZA	3	
timolol maleate (ophth) soln	1	GC
timolol maleate gel	4	
timolol maleate ophth soln 0.5% (once-daily)	4	
TRAVATAN Z	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTARAN	5	NM, LA, PA
proparacaine hcl SOLN	3	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
ipratropium bromide SOLN	2	B/D
ipratropium bromide (nasal)	3	
ANTIHISTAMINES		
azelastine spr 0.1%	3	
azelastine spr 0.15%	3	
cetirizine syrup	2	
cyproheptadine hcl SYRP; TABS	3	PA; PA if 70 years and older
diphenhydramine hcl inj 50mg/ml	3	
hydroxyzine hcl SYRP	3	PA; PA if 70 years and older
hydroxyzine hcl TABS	2	PA; PA if 70 years and older
hydroxyzine hcl inj	4	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN	4	
levocetirizine dihydrochloride TABS	2	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D
albuterol sulfate SYRP	2	
albuterol sulfate TABS	4	
albuterol sulfate TB12	3	
levalbuterol hcl NEBU 1.25mg/3ml	4	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	4	B/D
levalbuterol tartrate hfa	3	QL (2 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW	2	
montelukast sodium PACK	4	
montelukast sodium TABS	1	GC
zafirlukast	3	
MAST CELL STABILIZERS		
cromolyn sod neb 20mg/2ml	3	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
SYMJEPI	4	
THEO-24	4	
theophylline	4	
theophylline tab er 12hr 300 mg	4	
theophylline tab er 12hr 450 mg	4	
theophylline tab sr 24hr	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
flunisolide (nasal)	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal)	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
budesonide (inhalation) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
amnesteem	4	PA
avita	4	QL (45 grams / 30 days), PA
benzoyl peroxide-erythromycin	4	
claravis	4	PA
clindamycin phosphate (topical) GEL	4	QL (75 grams / 30 days)
clindamycin phosphate (topical) LOTN	3	
clindamycin phosphate (topical) SOLN	4	QL (60 mL / 30 days)
ery pad 2%	3	
erythromycin (acne aid) GEL	4	
erythromycin (acne aid) SOLN	3	
isotretinoin CAPS	4	PA
myorisan	4	PA
sulfacetamide sodium (acne)	4	
tretinoin CREA	4	QL (45 grams / 30 days), PA
tretinoin GEL .01%, .025%	4	QL (45 grams / 30 days), PA
zenatane	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA	4	
gentamicin sulfate (topical) OINT	3	
mupirocin OINT	2	QL (220 grams / 30 days)
silver sulfadiazine CREA	2	

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Drug Name	Drug Tier	Requirements/Limits
ssd	2	
SULFAMYLON CREA	4	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox CREA	3	QL (90 grams / 30 days)
ciclopirox SUSP	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA	3	
clotrimazole (topical) SOLN	3	QL (30 mL / 30 days)
clotrimazole w/ betamethasone CREA	3	
ketoconazole cream	3	QL (60 grams / 30 days)
nyamyc	3	QL (60 grams / 30 days)
nystatin (topical) CREA; OINT	3	
nystatin (topical) POWD	3	QL (60 grams / 30 days)
nystop	3	QL (60 grams / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin	4	PA
calcipotriene CREA; OINT	4	QL (120 grams / 30 days), PA
calcipotriene SOLN	4	QL (120 mL / 30 days), PA
calcitrene	4	QL (120 grams / 30 days), PA
tazarotene CREA	3	QL (60 grams / 30 days), PA
TAZORAC CREA .05%	4	QL (60 grams / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo	2	
selenium sulfide LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort 1%	1	GC
ala-cort 2.5%	2	
alclometasone dipropionate CREA	4	
alclometasone dipropionate OINT	3	
betamethasone dipropionate (topical) CREA; LOTN	3	
betamethasone dipropionate (topical) OINT	4	
betamethasone dipropionate augmented CREA	3	
betamethasone dipropionate augmented GEL; LOTN; OINT	4	
betamethasone valerate CREA; LOTN; OINT	3	

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Drug Name	Drug Tier	Requirements/Limits
ENSTILAR	4	QL (120 grams / 30 days), PA
fluocinolone acetonide CREA; OINT	3	
fluocinolone acetonide OIL	4	
fluocinolone acetonide SOLN	4	QL (90 mL / 30 days)
fluocinolone acetonide oil body	4	
fluocinonide CREA .05%	4	QL (120 grams / 30 days)
fluocinonide GEL	4	QL (60 grams / 30 days)
fluocinonide OINT	4	QL (60 grams / 30 days)
fluocinonide SOLN	4	QL (60 mL / 30 days)
fluocinonide emulsified base	4	QL (120 grams / 30 days)
fluticasone propionate CREA; OINT	3	
halobetasol propionate CREA; OINT	4	QL (50 grams / 30 days)
hydrocortisone (topical) cream 1%	1	GC
hydrocortisone (topical) cream 2.5%	2	
hydrocortisone (topical) lotion 2.5%	3	
hydrocortisone (topical) oint 2.5%	2	
hydrocortisone butyrate cream 0.1%	4	QL (45 grams / 30 days)
hydrocortisone butyrate oint 0.1%	4	QL (45 grams / 30 days)
mometasone furoate CREA; OINT; SOLN	3	
TEXACORT SOLN 2.5%	4	
triamcinolone acetonide (topical) CREA .1%	2	QL (454 grams / 30 days)
triamcinolone acetonide (topical) CREA .025%, .5%	2	
triamcinolone acetonide (topical) LOTN	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo	3	QL (30 mL / 30 days), PA
lidocaine PTCH	4	QL (3 patches / 1 day), PA
lidocaine hcl GEL	3	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine oint 5%	4	QL (50 grams / 30 days), PA
lidocaine-prilocaine	3	QL (30 grams / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate CREA	2	
ammonium lactate LOTN	3	
diclofenac sodium (topical) 1% gel	3	QL (1000 grams / 30 days), PA
fluorouracil (topical) CREA 5%	4	QL (40 grams / 30 days)
fluorouracil (topical) SOLN	3	QL (10 mL / 30 days)
imiquimod CREA 5%	3	QL (24 packets / 30 days)
metronidazole (topical) CREA; LOTN	4	
metronidazole gel 0.75%	4	
PANRETIN	5	QL (60 grams / 30 days)
PICATO .05%	4	QL (2 tubes / 30 days)
PICATO .015%	4	QL (3 tubes / 30 days)
podofilox SOLN	3	
procto-med hc	3	
procto-pak	3	
proctosol hc cre 2.5%	3	
proctozone-hc	3	
RECTIV	4	QL (30 grams / 30 days)
rosadan cre 0.75%	4	
tacrolimus (topical)	4	QL (100 grams / 30 days)
TARGRETIN GEL	5	QL (60 grams / 30 days), NM, PA
VALCHLOR	5	QL (60 grams / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	4	
permethrin cre 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	2	
REGRANEX	5	QL (30 grams / 30 days), PA
SANTYL	4	
sodium chlor sol 0.9% irr	2	
water for irrigation, sterile	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl	4	
chlorhexidine gluconate (mouth-throat)	1	GC
clotrimazole LOZG	4	
lidocaine hcl (mouth-throat)	2	
nystatin (mouth-throat)	3	

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Drug Name	Drug Tier	Requirements/Limits
paroex sol 0.12%	1	GC
periogard	1	GC
pilocarpine hcl (oral)	4	
triamcinolone acetonide (mouth)	3	
OTIC		
acetic acid (otic)	3	
CIPRODEX	3	
flac	4	
fluocinolone acetonide (otic)	4	
neomycin-polymyxin-hc (otic)	3	
ofloxacin (otic)	4	

Index of Drugs

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