

Basic Blue[®] Rx (PDP)

A Medicare Prescription Drug Plan

Basic Blue[®] Rx Standard (PDP) 2019 Formulary

(List of covered drugs)
Effective January 1, 2019

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

Formulary ID: 00019286 Version 6

This formulary was updated on 08/17/2018. For more recent information or other questions, please contact Basic Blue Rx Customer Service.



Call **1-877-376-2185**, 8 a.m. to 8 p.m., daily, local time
(TTY hearing impaired users call **711**)



Visit **BasicBlueRx.com**

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means MII Life, Inc. When it refers to “plan” or “our plan,” it means Basic Blue Rx Standard.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. 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 Basic Blue Rx Standard formulary?

A formulary is a list of covered drugs selected by Basic Blue Rx Standard 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. Basic Blue Rx Standard will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Basic Blue Rx Standard 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. 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. Below are changes to the drug list that will also affect members currently taking a drug.

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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Basic Blue Rx Standard 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 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.

The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by Basic Blue Rx Standard, please contact us. Our contact information appears on the front and back cover pages. To view the most recent formulary, visit **BasicBlueRx.com**.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this booklet. 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?

Basic Blue Rx Standard 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:** Basic Blue Rx Standard requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Basic Blue Rx Standard before you fill your prescriptions. If you don't get approval, Basic Blue Rx Standard may not cover the drug.
- **Quantity Limits:** For certain drugs, Basic Blue Rx Standard limits the amount of the drug that Basic Blue Rx Standard will cover. For example, Basic Blue Rx Standard provides 30 capsules per prescription for *lansoprazole*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Basic Blue Rx Standard 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, Basic Blue Rx Standard may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Basic Blue Rx Standard 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 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 Basic Blue Rx Standard 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 Basic Blue Rx Standard

formulary?” below 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 Basic Blue Rx Standard does not cover your drug, you have two options:

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

You can ask Basic Blue Rx Standard 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, Basic Blue Rx Standard 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, Basic Blue Rx Standard will only approve your request for an exception if the alternative drug is included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition

and/or would cause you to have adverse medical effects.

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

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

As a new 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 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 Basic Blue Rx Standard prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Basic Blue Rx Standard, 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**.

The tables below show your share of the cost for 30-day and 90-day supplies from network pharmacies offering preferred and standard cost sharing.

Basic Blue Rx Standard (PDP) \$415 annual deductible

30-day supplies cost sharing

Drug Tiers and Tier Names	30-day supply – preferred retail cost sharing	30-day supply – standard retail cost sharing
Tier 1: Preferred Generic drugs	\$2 copay	\$6 copay
Tier 2: Generic drugs	\$6 copay	\$10 copay
Tier 3: Preferred Brand drugs	15% coinsurance	20% coinsurance
Tier 4: Non-Preferred Drugs	32% coinsurance	35% coinsurance
Tier 5: Specialty drugs	25% coinsurance	25% coinsurance

90-day supplies cost sharing

Drug Tiers and Tier Names	90-day supply – preferred retail, mail order or extended day supply cost sharing	90-day supply – standard retail, mail order or extended day supply cost sharing
Tier 1: Preferred Generic drugs	\$4 copay	\$12 copay
Tier 2: Generic drugs	\$12 copay	\$20 copay
Tier 3: Preferred Brand drugs	15% coinsurance	20% coinsurance
Tier 4: Non-Preferred Drugs	32% coinsurance	35% coinsurance
Tier 5: Specialty drugs	Not available	Not available

Cost Sharing Tier 1: Preferred Generic

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

Cost Sharing Tier 2: Generic

This Tier contains generics.

Cost Sharing Tier 3: Preferred Brand

This Tier contains preferred brand drugs and non-preferred generic drugs.

Cost Sharing Tier 4: Non-Preferred Drugs

This Tier contains non-preferred brand drugs and non-preferred generic drugs.

Cost Sharing Tier 5: Specialty Tier

This Tier contains very high cost brand and some generic drugs, which may require special handling and/ or close monitoring.

Basic Blue Rx Standard formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by Basic Blue Rx Standard. If you have trouble finding your drug in the list, turn to the Index at the back of this booklet.

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 information in the Requirements/Limits column tells you if Basic Blue Rx Standard has any special requirements for coverage of your drug.

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: Preferred Generic drugs

2 = Tier 2: Generic drugs

3 = Tier 3: Preferred Brand drugs

4 = Tier 4: Non-Preferred Drugs

5 = Tier 5: 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>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST

NSAIDS

<i>celecoxib CAPS 50mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	3	
<i>flurbiprofen TABS</i>	3	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen cap 75mg</i>	3	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>sulindac TABS</i>	2	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	4	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS 15mg</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate TABS 30mg</i>	3	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>oxycodone soln 5mg/5ml</i>	4	QL (900 mL / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (180 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	4	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	3	
<i>neomycin sulfate TABS</i>	3	
<i>paromomycin sulfate CAPS</i>	4	
<i>streptomycin sulfate SOLR</i>	5	
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	3	
<i>tobramycin inj 40mg/ml</i>	3	
<i>tobramycin inj 80mg/2ml</i>	3	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	5	
<i>atovaquone SUSP</i>	5	
<i>aztreonam</i>	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	2	
<i>clindamycin cap 300 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin phosphate in d5w</i>	4	

Drug Name	Drug Tier	Requirements/Limits
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
<i>daptomycin 500mg</i>	5	
EMVERM	5	
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
<i>praziquantel TABS</i>	3	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	4	
<i>vancomycin hcl CAPS 250mg</i>	5	
<i>vancomycin hcl SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg</i>	4	
VANCOMYCIN IN NAACL	4	

ANTIFUNGALS

ABELCET	5	B/D
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Drug Name	Drug Tier	Requirements/Limits
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	3	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / year)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	4	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN	4	
<i>abacavir sulfate</i> TABS	3	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
<i>efavirenz</i> CAPS 50mg	4	
<i>efavirenz</i> CAPS 200mg	5	
<i>efavirenz</i> TABS	5	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tb24</i>	4	
NORVIR CAPS	3	
NORVIR PACK; SOLN	4	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	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	
<i>ritonavir</i>	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	5	
ZERIT SOLR	5	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	

Drug Name	Drug Tier	Requirements/Limits
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	4	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 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		
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir sodium</i>	3	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
MAVYRET	5	NM, PA
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate CAPS 30mg</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate CAPS 45mg, 75mg</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate SUSR</i>	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK 180mcg/0.5ml	5	NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	3	NM
<i>ribasphere tab 200mg</i>	4	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	3	
<i>valacyclovir hcl TABS</i>	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

CEPHALOSPORINS

<i>cefaclor CAPS</i>	3	
<i>cefadroxil CAPS</i>	2	
<i>cefadroxil SUSR</i>	3	
<i>cefadroxil TABS</i>	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium SOLR 1gm, 20gm</i>	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir CAPS</i>	3	
<i>cefdinir SUSR</i>	4	
<i>cefepime hcl</i>	4	
<i>cefixime</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil SUSR</i>	4	
<i>cefpodoxime proxetil TABS</i>	3	
<i>ceftazidime SOLR</i>	3	
<i>ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin CAPS 250mg, 500mg</i>	1	
<i>cephalexin SUSR</i>	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef SOLR</i>	3	

Drug Name	Drug Tier	Requirements/Limits
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
PENICILLINS		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin & pot clavulanate</i> CHEW	4	
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm, 2gm	4	
<i>nafcillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	3	
<i>minocycline hcl CAPS</i>	3	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl CAPS</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide CAPS</i>	4	B/D
<i>dacarbazine 100mg</i>	3	B/D
EMCYT	4	
GLEOSTINE 10mg, 40mg, 100mg	4	
HEXALEN	5	
LEUKERAN	5	
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>fluorouracil SOLN</i>	3	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
TAXOTERE 80mg/4ml	5	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
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
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	3	
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate TABS</i>	1	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA
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
BOSULIF	5	NM, 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
COTELLIC	5	NM, LA, 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

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 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
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG 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
MEKINIST	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	3	B/D
<i>cisplatin</i>	3	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane 500mg</i>	5	B/D
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	3	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril & 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>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>	3	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil1</i>		

Drug Name	Drug Tier	Requirements/Limits
<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	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan 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>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl</i> TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	

CALCIUM CHANNEL BLOCKERS

<i>afeditab cr</i>	3	
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt cap 120/24hr</i>	3	
<i>cartia xt cap 180/24hr</i>	3	
<i>cartia xt cap 240/24hr</i>	3	
<i>cartia xt cap 300/24hr</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedipine</i> TB24	3	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er</i> 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	3	
<i>verapamil cap er</i> 360mg	4	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl tab er</i>	2	

DIGITALIS GLYCOSIDES

Drug Name	Drug Tier	Requirements/Limits
<i>digitek</i> .25mg	3	PA; PA if 70 years and older
<i>digitek</i> .125mg	3	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	3	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	3	PA; PA if 70 years and older
<i>digoxin</i> TABS 125mcg	3	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	3	PA; PA if 70 years and older
<i>digoxin inj</i>	4	
<i>digoxin sol</i> 50mcg/ml	4	PA; PA if 70 years and older

DIRECT RENIN INHIBITORS/COMBINATIONS

TEKTURNA	4	
TEKTURNA HCT	4	

DIURETICS

<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	3	
<i>bumetanide inj</i> 0.25/ml	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>torseamide tabs</i>	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	

MISCELLANEOUS

<i>clonidine hcl</i> PTWK	4	
<i>clonidine hcl</i> TABS	1	
CORLANOR	4	
DEMSER	5	PA
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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RANEXA	3	
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NITRATES

<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
<i>nitroglycerin SUBL</i>	3	
<i>nitroglycerin td patch</i>	3	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl TABS 5mg, 7.5mg, 10mg, 15mg</i>	2	
<i>fluvoxamine maleate TABS</i>	2	
<i>lorazepam SOLN</i>	2	
<i>lorazepam TABS</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	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

Drug Name	Drug Tier	Requirements/Limits
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
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	3	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	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	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> 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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj 50mg/ml</i>	3	
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite tab</i>	2	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN	4	
<i>valproate sodium oral soln</i>	3	
<i>valproic acid</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin powd pack 500mg</i>	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)
<i>zonisamide CAPS</i>	3	

ANTIDEMENTIA

<i>donepezil hydrochloride TABS 5mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride TABS 10mg</i>	2	
<i>donepezil hydrochloride TBDP 5mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride TBDP 10mg</i>	2	
<i>galantamine hydrobromide SOLN</i>	4	
<i>galantamine hydrobromide TABS</i>	4	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	4	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	4	PA; PA if < 30 yrs
<i>memantine soln</i>	4	PA; PA if < 30 yrs
<i>memantine tabs</i>	3	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl TABS</i>	3	
<i>amoxapine</i>	3	
<i>bupropion hcl TABS; TB24</i>	3	
<i>bupropion hcl TB12</i>	2	
<i>citalopram hydrobromide SOLN</i>	3	
<i>citalopram hydrobromide TABS</i>	1	
<i>clomipramine hcl CAPS</i>	4	PA
<i>desipramine hcl TABS</i>	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl CAPS; CONC</i>	3	
<i>duloxetine hcl CPEP 20mg</i>	3	QL (180 caps / 30 days)
<i>duloxetine hcl CPEP 30mg</i>	3	QL (120 caps / 30 days)
<i>duloxetine hcl CPEP 60mg</i>	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN</i>	4	
<i>escitalopram oxalate TABS</i>	1	
FETZIMA 20mg	4	QL (180 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl SOLN</i>	2	
<i>imipramine hcl TABS</i>	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine TABS</i>	2	
<i>mirtazapine TBDP</i>	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl CAPS</i>	2	
<i>nortriptyline hcl SOLN</i>	4	
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate TABS</i>	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl CONC</i>	4	
<i>sertraline hcl TABS</i>	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl TABS 50mg, 100mg, 150mg</i>	1	
<i>trimipramine maleate CAPS 25mg</i>	4	QL (240 caps / 30 days)
<i>trimipramine maleate CAPS 50mg</i>	4	QL (120 caps / 30 days)
<i>trimipramine maleate CAPS 100mg</i>	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)
<i>venlafaxine hcl CP24</i>	2	
<i>venlafaxine hcl TABS</i>	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl CAPS</i>	3	QL (120 caps / 30 days)
<i>amantadine hcl SYRP</i>	2	
<i>amantadine hcl TABS</i>	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate CAPS; TABS</i>	4	
<i>carbidopa-levodopa TABS</i>	2	
<i>carbidopa-levodopa TBCR</i>	3	
<i>carbidopa-levodopa TBDP</i>	4	
<i>carbidopa-levodopa-entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate TABS</i>	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS; TABS</i>	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab</i>	4	QL (30 tabs / 30 days)
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)
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt</i> 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	3	
<i>clozapine tab</i> 50mg	3	
<i>clozapine tab</i> 100mg	4	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol conc</i> 2mg/ml	2	
<i>haloperidol decanoate</i> SOLN	4	
<i>haloperidol lactate inj</i> 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, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxapine succinate</i>	3	
NUPLAZID TABS 17mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	3	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 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)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	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
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	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

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	4	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	4	QL (90 tabs / 30 days)
HYPNOTICS		
<i>HETLIOZ</i>	5	NM, LA, PA
<i>SILENOR 3mg</i>	3	QL (60 tabs / 30 days)
<i>SILENOR 6mg</i>	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> 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

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i> TABS	4	
<i>rizatriptan benzoate</i> TABS	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)

MISCELLANEOUS

AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS	3	
<i>riluzole</i>	3	
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> 50mg	4	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 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 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	
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		
<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	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)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TB24 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide xl 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide xl 10mg</i>	1	QL (60 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er 500mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	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)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS	1	
<i>ibandronate sodium</i> TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj</i> 30mg	3	B/D
<i>pamidronate inj</i> 90mg	3	B/D
<i>zoledronic acid inj</i> 5mg/100ml	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus</i> 15gm/60ml	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps susp</i> 15gm/60ml	3	
<i>trientine hcl</i>	5	PA
CONTRACEPTIVES		
<i>altavera</i>	2	
<i>alyacen</i> 1/35	2	
<i>apri</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>blisovi fe</i> 1.5/30	2	
<i>blisovi fe</i> 1/20	2	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem</i> 1/35	2	
<i>cyred</i>	2	
<i>dasetta</i> 1/35	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel & ethinyl estradiol</i>	2	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet & eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>heather</i>	2	
<i>isibloom</i>	2	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 1/35</i>	2	
NUVARING	4	

Drug Name	Drug Tier	Requirements/Limits
<i>orsythia</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo- tab marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	3	
<i>vienva</i>	2	
<i>vylibra</i>	2	
<i>xulane dis 150-35</i>	4	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	

ENDOMETRIOSIS

<i>danazol CAPS</i>	4	
SYNAREL	5	

ENZYME REPLACEMENTS

ADAGEN	5	NM, LA, PA
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
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
DELESTROGEN 10mg/ml	4	
estradiol PTWK	3	
estradiol TABS	2	
estradiol vaginal cream	4	
estradiol vaginal tab	3	
estradiol valerate inj	3	
fyavolv	3	
jinteli	3	
norethindrone acetate-ethinyl estradiol	3	
yuvaferm vaginal tablet 10mcg	3	
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
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisolone sol 15mg/5ml	2	B/D
PREDNISON CON 5MG/ML	4	B/D
prednisone pak 5mg	2	
prednisone pak 10mg	2	
prednisone sol 5mg/5ml	4	B/D
prednisone tab 1mg	1	B/D
prednisone tab 2.5mg	1	B/D
prednisone tab 5mg	1	B/D
prednisone tab 10mg	1	B/D
prednisone tab 20mg	1	B/D
prednisone tab 50mg	1	B/D
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	4	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
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene tab 60mg</i>	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)
<i>calcium acetate (phosphate binder)</i> CAPS	4	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	4	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	3	
THYROID AGENTS		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate spray</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
STIMATE	5	NM

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS</i>	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate TABS</i>	3	

H2-RECEPTOR ANTAGONISTS

<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>ranitidine hcl TABS</i>	1	
<i>ranitidine hcl inj</i>	3	
<i>ranitidine inj</i>	3	
<i>ranitidine syrup</i>	3	

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
APRISO	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine ENEM</i>	4	
<i>mesalamine TBEC 800mg</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 PACK</i>	3	
<i>polyethylene glycol 3350 POWD</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	3	

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate</i> TABS	3	
SYMPROIC	3	
<i>ursodiol</i> CAPS	3	
<i>ursodiol</i> TABS	4	
XIFAXAN 550mg	5	PA

PANCREATIC ENZYMES

CREON	3	
ZENPEP	4	

PROTON PUMP INHIBITORS

DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>lansoprazole</i> CPDR	3	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium</i> SOLR	4	
<i>pantoprazole sodium tbec</i>	2	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	
<i>tamsulosin hcl</i>	2	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	

URINARY ANTISPASMODICS

MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	3	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	3	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i>	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	3	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	

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 INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PRIVIGEN	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM

IMMUNOSUPPRESSANTS

<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium tbec</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> 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

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	

Drug Name	Drug Tier	Requirements/Limits
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)
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	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

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	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

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol</i> CAPS	4	B/D
PNV PRENATAL TAB PLUS	3	
RAYALDEE	5	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	

ANTI-INFECTIVES

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine</i> SOLN	3	
ZIRGAN	4	

ANTI-INFLAMMATORIES

ALREX	3	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACAPT	4	
<i>olopatadine hcl 0.2%</i>	4	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	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)

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
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)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl</i> SYRP; TABS	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl</i> SYRP	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> TABS	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	3	
<i>albuterol sulfate</i> TABS	4	
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; TABS	2	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	3	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine</i> (<i>anaphylaxis</i>) .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI TABS	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
<i>theophylline</i> TB12; TB24	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide</i> (nasal)	3	QL (3 bottles / 30 days)
<i>fluticasone propionate</i> (nasal)	2	QL (1 bottle / 30 days)

STEROID INHALANTS

ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide</i> (<i>inhalation</i>) .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

<i>amnesteem</i>	4	PA
<i>avita</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate</i> (topical) GEL; LOTN	4	
<i>clindamycin phosphate</i> (topical) SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (acne aid)</i> GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	PA
<i>tretinoin</i> GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	

DERMATOLOGY, ANTIFUNGALS

<i>clotrimazole (topical)</i> CREA	3	
<i>clotrimazole w/ betamethasone</i> CREA	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystatin pow 100000</i>	3	
<i>nystop</i>	3	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; OINT	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA	3	PA
TAZORAC CREA .05%	4	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide</i> LOTN	2	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> 1%	1	
<i>ala-cort</i> 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> CREA	3	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>fluocinolone acetonide</i> SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%	2	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	3	QL (30 grams / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate</i> CREA; LOTN	3	
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	3	
<i>imiquimod</i> CREA	4	
<i>metronidazole (topical)</i> CREA	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	
<i>permethrin cre 5%</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
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<i>acetic acid (otic)</i>	3	
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DESCOVY	13	<i>dicyclomine hcl tab 20mg</i>	43
<i>desipramine hcl</i>	28	<i>didanosine</i>	11
<i>desmopressin acetate spray</i>	42	<i>diflunisal</i>	7
<i>desmopressin acetate spray refrigerated</i>	43	<i>digitek</i>	24
<i>desmopressin acetate tabs</i>	43	<i>digox</i>	24
<i>desmopressin inj 4mcg/ml</i>	43	<i>digoxin</i>	24
<i>desogestrel & ethinyl estradiol</i>	38	<i>digoxin inj</i>	24
<i>desvenlafaxine succinate</i>	28	<i>digoxin sol 50mcg/ml</i>	24
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<i>diltiazem cap 180mg cd</i>	23	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>diltiazem cap 240mg cd</i>	23	20
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<i>diltiazem cap er/12hr</i>	23	<i>endocet 2.5-325mg</i>	7
<i>diltiazem hcl</i>	23	<i>endocet 5-325mg</i>	7
<i>diltiazem hcl cap sr 24hr</i>	23	<i>endocet 7.5-325mg</i>	7
<i>diltiazem hcl coated beads cap sr 24hr</i>	23	ENGERIX-B	48
<i>diltiazem hcl extended release beads cap</i>		<i>enoxaparin sodium</i>	46
<i>sr</i>	23	<i>enpresse-28</i>	38
<i>diltiazem inj</i>	23	<i>enskyce</i>	39
<i>diphenhydramine hcl inj 50mg/ml</i>	54	<i>entacapone</i>	30
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<i>donepezil hydrochloride</i>	28	<i>ergotamine w/ caffeine</i>	34
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<i>dutasteride</i>	45	<i>erythromycin ethylsuccinate</i>	15
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<i>efavirenz</i>	11	<i>esomeprazole sodium inj</i>	45
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<i>fenofibrate</i>	22	<i>fosinopril sodium & hydrochlorothiazide</i>	20
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<i>fentanyl citrate</i>	7	FREAMINE III.....	50
<i>fentanyl patch 100 mcg/hr</i>	8	<i>furosemide</i>	24
<i>fentanyl patch 12 mcg/hr</i>	7	<i>furosemide inj</i>	24
<i>fentanyl patch 25 mcg/hr</i>	8	FUZEON	11
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<i>glip/metform tab 2.5-500mg</i>	37	<i>hydroco/apap tab 5-325mg</i>	8
<i>glip/metform tab 5-500mg</i>	37	<i>hydroco/apap tab 7.5-325</i>	8
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<i>ipratropium bromide</i>	54	<i>kcl/d5w inj 0.3%</i>	51
<i>ipratropium bromide (nasal)</i>	54	<i>kcl/nacl inj 0.15%-0.9%</i>	51
<i>irbesartan</i>	21	<i>kcl/nacl inj 0.3-0.9</i>	51
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<i>klor-con spr cap 10meq</i>	49	<i>levofloxacin oral soln 25 mg/ml</i>	15
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<i>lamotrigine</i>	27	<i>lidocaine inj 1.5% preservative free (pf)</i>	9
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<i>medroxyprogesterone acetate tab</i>	42	<i>metronidazole</i>	10
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<i>megestrol sus 625mg/5ml</i>	18	<i>mexiletine hcl</i>	21
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<i>meloxicam</i>	7	<i>microgestin fe 1.5/30</i>	39
<i>memantine hcl cp24</i>	28	<i>midodrine hcl</i>	24
<i>memantine soln</i>	28	<i>miglustat</i>	40
<i>memantine tabs</i>	28	<i>mili</i>	39
MENACTRA	49	<i>minitran</i>	25
MENVEO	49	<i>minocycline hcl</i>	16
<i>mercaptapurine</i>	16	<i>minoxidil</i>	24
<i>meropenem</i>	10	<i>mirtazapine</i>	29
<i>mesalamine</i>	44	<i>misoprostol</i>	44

MITIGARE	7	<i>nefazodone hcl</i>	29
<i>mitomycin</i>	16	<i>neomycin-bacitracin zn-polymyxin</i>	52
<i>moderiba tab 200mg</i>	14	<i>neomycin-polymy-dexameth</i>	52
<i>moexipril-hydrochlorothiazide</i>	20	<i>neomycin-polymyxin-gramicidin</i>	52
<i>moexipril hcl</i>	20	<i>neomycin-polymyxin-hc (otic)</i>	58
<i>mometasone furoate</i>	57	<i>neomycin sulfate</i>	9
<i>mono-linyah tab 0.25-35</i>	39	NEPHRAMINE	50
<i>mononessa</i>	39	NERLYNX	19
<i>montelukast sodium</i>	54	NEUPOGEN	46
<i>morgidox cap 1x50mg</i>	16	NEUPRO	30
<i>morphine ext-rel tab</i>	8	<i>nevirapine tab 200mg</i>	12
<i>morphine sulfate</i>	8	<i>nevirapine tb24</i>	12
MORPHINE SULFATE	8	NEXAVAR	19
<i>morphine sulfate oral soln 100mg/5ml</i> ..	9	<i>niacin er (antihyperlipidemic)</i>	22
<i>morphine sulfate oral soln 10mg/5ml</i> ...	9	<i>niacor</i>	22
<i>morphine sulfate oral soln 20mg/5ml</i> ...	9	<i>nicardipine hcl</i>	23
<i>morphine sul inj 10mg/ml</i>	8	NICOTROL NS	35
<i>morphine sul inj 1mg/ml</i>	8	<i>nifedipine</i>	23
MORPHINE SUL INJ 4MG/ML	8	<i>nilutamide</i>	18
MOVANTIK	45	<i>nimodipine</i>	23
MOVIPREP	44	NINLARO	17
MOXEZA	52	NITRO-BID	25
<i>moxifloxacin hcl (ophth)</i>	52	<i>nitrofurantoin macrocrystal</i>	10
MULTAQ	21	<i>nitrofurantoin monohyd macro</i>	10
<i>mupirocin</i>	56	<i>nitroglycerin</i>	25
MYCAMINE	11	<i>nitroglycerin td patch</i>	25
<i>mycophenolate mofetil</i>	48	<i>nora-be tab 0.35mg</i>	39
<i>mycophenolate sodium tbec</i>	48	<i>norethindrone (contraceptive)</i>	39
MYLOTARG	17	<i>norethindrone acetate</i>	42
<i>myorisan</i>	56	<i>norethindrone acetate-ethinyl estradiol</i> 41	
MYRBETRIQ	45	<i>norgest/ethi tab 0.25/35</i>	39
<i>myzilra</i>	39	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
N		<i>0.18-25/0.215-25/0.25-25 mg-mcg</i> ...	39
<i>nabumetone</i>	7	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>nafcillin sodium</i>	15	<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> ...	39
NAGLAZYME	40	<i>norlyroc</i>	39
<i>nalbuphine hcl</i>	7	NORMOSOL-M IN D5W	51
<i>naloxone inj 0.4mg/ml</i>	35	NORMOSOL-R	51
<i>naloxone inj 1mg/ml</i>	35	NORMOSOL-R IN D5W	51
<i>naltrexone hcl</i>	35	NORPACE CR	21
NAMZARIC	28	NORTHERA	24
<i>naproxen</i>	7	<i>nortrel 1/35</i>	39
<i>naproxen dr</i>	7	<i>nortriptyline hcl</i>	29
NARCAN	35	NORVIR	12
NATACYN	52	NOVOLIN 70/30	36
<i>nateglinide</i>	37	NOVOLIN N	36
NATPARA	42	NOVOLIN R	36
NEBUPENT	10	NOVOLOG	36

NOVOLOG 70/30 FLEXPEN	36	<i>oxandrolone tab 2.5mg</i>	35
NOVOLOG FLEXPEN	36	<i>oxcarbazepine</i>	27
NOVOLOG MIX 70/30	36	<i>oxybutynin chloride</i>	45
NOVOLOG PENFILL	36	<i>oxycodone hcl</i>	9
NOXAFIL	11	<i>oxycodone soln 5mg/5ml</i>	9
NUCYNTA ER	9	<i>oxycodone w/ acetaminophen 10-325mg</i>	9
NUEDEXTA	34	<i>oxycodone w/ acetaminophen 2.5-325mg</i>	9
NULOJIX	48	<i>oxycodone w/ acetaminophen 5-325mg</i>	9
NULYTELY/FLAVOR PACKS	44	<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9
NUPLAZID	31	OZEMPIC INJ 0.25 OR 0.5MG/DOSE	36
<i>nutrilipid inj 20%</i>	50	OZEMPIC INJ 1MG/DOSE	36
NUVARING	39	P	
<i>nyamyc</i>	56	<i>pacerone</i>	21
NYMALIZE	23	<i>paliperidone</i>	31
<i>nystatin</i>	11	<i>pamidronate disodium</i>	38
<i>nystatin (mouth-throat)</i>	58	PAMIDRONATE DISODIUM	38
<i>nystatin (topical)</i>	56	<i>pamidronate inj 30mg</i>	38
<i>nystatin pow 100000</i>	56	<i>pamidronate inj 90mg</i>	38
<i>nystop</i>	56	PANRETIN	57
O		<i>pantoprazole sodium</i>	45
OCTAGAM	48	<i>pantoprazole sodium tbec</i>	45
<i>octreotide acetate</i>	42	<i>paricalcitol</i>	52
ODEFSEY	13	<i>paroex sol 0.12%</i>	58
ODOMZO	17	<i>paromomycin sulfate</i>	9
OFEV	55	<i>paroxetine hcl tabs</i>	29
<i>ofloxacin (ophth)</i>	52	PASER D/R	13
<i>ofloxacin (otic)</i>	58	PAXIL	29
<i>olanzapine</i>	31	PAZEO	53
<i>olmesartan medoxomil</i>	21	PEDIARIX	49
<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i>	21	PEDVAX HIB	49
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	21	<i>peg 3350-kcl-sod bicarb-sod chloride-sod</i> <i>sulfate</i>	44
<i>olopatadine hcl 0.2%</i>	53	<i>peg 3350-potassium chloride-sod</i> <i>bicarbonate-sod chloride</i>	44
<i>omeprazole cap 10mg</i>	45	<i>peg 3350/electrolytes</i>	44
<i>omeprazole cap 20mg</i>	45	PEGANONE	27
<i>omeprazole cap 40mg</i>	45	PEGASYS	14
<i>ondansetron hcl</i>	43	PEGASYS PROCLICK	14
<i>ondansetron hcl inj</i>	43	PENICILLIN G POT IN DEXTROSE 2MU .15	
<i>ondansetron hcl oral soln</i>	43	PENICILLIN G POT IN DEXTROSE 3MU .15	
<i>ondansetron odt</i>	43	PENICILLIN G PROCAINE	15
ONFI	27	<i>penicillin g sodium</i>	15
OPSUMIT	25	<i>penicillin v potassium</i>	15
ORFADIN	40	<i>penicilln gk inj 20mu</i>	15
ORKAMBI	55	<i>penicilln gk inj 5mu</i>	15
<i>orsythia</i>	40		
<i>oseltamivir phosphate</i>	14		
<i>oxandrolone tab 10mg</i>	35		

PENTACEL	49	PRADAXA	46
PENTAM 300	10	PRALUENT	22
<i>pentoxifylline</i>	46	<i>pramipexole tab 0.125mg</i>	30
<i>perindopril erbumine</i>	20	<i>pramipexole tab 0.25mg</i>	30
<i>periogard</i>	58	<i>pramipexole tab 0.5mg</i>	30
<i>permethrin cre 5%</i>	58	<i>pramipexole tab 0.75mg</i>	30
<i>perphenazine</i>	31	<i>pramipexole tab 1.5mg</i>	30
<i>pfizerpen-g inj 20mu</i>	16	<i>pramipexole tab 1mg</i>	30
<i>pfizerpen-g inj 5mu</i>	16	<i>prasugrel hcl</i>	47
<i>phenelzine sulfate</i>	29	<i>pravastatin sodium</i>	22
<i>phenobarbital</i>	27	<i>praziquantel</i>	10
<i>phenobarbital sodium</i>	27	<i>prazosin hcl</i>	20
PHENOBARBITAL SODIUM	27	<i>prednisolone acetate (ophth)</i>	53
PHENYTEK	27	<i>prednisolone sodium phosphate</i>	41
<i>phenytoin</i>	27	PREDNISOLONE SODIUM PHOSPHATE	
<i>phenytoin sodium extended</i>	27	(OPHTH)	53
<i>phenytoin sodium inj 50mg/ml</i>	27	<i>prednisolone sol 15mg/5ml</i>	41
PHOSPHOLINE IODIDE	53	PREDNISON CON 5MG/ML	41
PICATO	57	<i>prednisone pak 10mg</i>	41
<i>pilocarpine hcl</i>	53	<i>prednisone pak 5mg</i>	41
<i>pilocarpine hcl (oral)</i>	58	<i>prednisone sol 5mg/5ml</i>	41
<i>pimozide</i>	31	<i>prednisone tab 10mg</i>	41
<i>pindolol</i>	23	<i>prednisone tab 1mg</i>	41
<i>pioglitazone hcl</i>	37	<i>prednisone tab 2.5mg</i>	41
PIPER/TAZOBA INJ 12-1.5GM	16	<i>prednisone tab 20mg</i>	41
<i>piper/tazoba inj 2-0.25gm</i>	16	<i>prednisone tab 50mg</i>	41
<i>piper/tazoba inj 3-0.375gm</i>	16	<i>prednisone tab 5mg</i>	41
<i>piper/tazoba inj 36-4.5gm</i>	16	PREMASOL 10%	50
<i>piper/tazoba inj 4-0.5gm</i>	16	<i>premasol 6%</i>	50
<i>pirmella 1/35</i>	40	<i>prevalite</i>	22
PLASMA-LYTE-148	51	<i>previfem</i>	40
PLASMA-LYTE A	51	PREZCOBIX	13
PNV PRENATAL TAB PLUS	52	PREZISTA	12
<i>podofilox</i>	58	PRIFTIN	13
<i>polyethylene glycol 3350</i>	44	PRIMAQUINE PHOSPHATE	11
<i>polymyxin b-trimethoprim</i>	52	<i>primidone</i>	27
POMALYST CAP 1MG	18	PRIVIGEN	48
POMALYST CAP 2MG	18	<i>probenecid</i>	7
POMALYST CAP 3MG	18	PROCALAMINE	50
POMALYST CAP 4MG	18	<i>prochlorperazine inj</i>	43
<i>portia-28</i>	40	<i>prochlorperazine maleate</i>	43
<i>potassium chloride</i>	49, 50, 51	<i>prochlorperazine supp</i>	43
<i>potassium chloride in nacl</i>	51	PROCRIT	46
<i>potassium chloride microencapsulated</i>		<i>procto-med hc</i>	58
<i>crystals er</i>	50	<i>procto-pak</i>	58
<i>potassium chloride tab cr 10 meq</i>	50	<i>proctosol hc cre 2.5%</i>	58
<i>potassium citrate (alkalinizer) er tabs</i> ..	45	<i>proctozone-hc</i>	58
<i>pot chloride inj 2meq/ml</i>	51	PROGLYCEM SUS 50MG/ML	41

PROLASTIN-C.....	55	RESCRIPTOR.....	12
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<i>promethazine hcl</i>	43	REXULTI.....	32
<i>promethazine hcl inj</i>	43	REYATAZ.....	12
<i>propafenone hcl</i>	21	<i>ribasphere cap 200mg</i>	14
<i>propafenone hcl 12hr</i>	21	<i>ribasphere tab 200mg</i>	14
<i>proparacaine hcl</i>	53	<i>ribavirin cap 200mg</i>	14
<i>propranolol cap er</i>	23	<i>ribavirin tab 200mg</i>	14
<i>propranolol hcl</i>	23	<i>rifabutin</i>	13
<i>propranolol oral sol</i>	23	<i>rifampin</i>	13
<i>propylthiouracil</i>	42	RIFATER.....	13
PROQUAD.....	49	<i>riluzole</i>	34
PROSOL.....	50	<i>rimantadine hydrochloride</i>	14
<i>protriptyline hcl</i>	29	RISPERDAL INJ 12.5MG.....	32
PULMICORT FLEXHALER.....	55	RISPERDAL INJ 25MG.....	32
PULMOZYME.....	55	RISPERDAL INJ 37.5MG.....	32
PURIXAN.....	16	RISPERDAL INJ 50MG.....	32
<i>pyrazinamide</i>	13	<i>risperidone</i>	32
<i>pyridostigmine bromide</i>	34	<i>ritonavir</i>	12
Q		RITUXAN.....	17
QUADRACEL.....	49	RITUXAN HYCELA.....	17
<i>quetiapine fumarate</i>	31	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	28
<i>quinapril-hydrochlorothiazide</i>	20	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	28
<i>quinapril hcl</i>	20	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	28
<i>quinidine gluconate</i>	22	<i>rizatriptan benzoate</i>	34
<i>quinidine sulfate</i>	22	<i>ropinirole tab 0.25mg</i>	30
<i>quinine sulfate</i>	11	<i>ropinirole tab 0.5mg</i>	30
R		<i>ropinirole tab 1mg</i>	30
RABAVERT.....	49	<i>ropinirole tab 2mg</i>	30
<i>raloxifene tab 60mg</i>	42	<i>ropinirole tab 3mg</i>	30
<i>ramipril</i>	20	<i>ropinirole tab 4mg</i>	30
RANEXA.....	25	<i>ropinirole tab 5mg</i>	30
<i>ranitidine hcl</i>	43	<i>rosadan cre 0.75%</i>	58
<i>ranitidine hcl inj</i>	43	<i>rosuvastatin calcium</i>	22
<i>ranitidine inj</i>	43	ROTARIX.....	49
<i>ranitidine syrup</i>	43	ROTATEQ.....	49
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<i>rasagiline mesylate</i>	30	RUBRACA.....	17
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RECOMBIVAX HB.....	49	SABRIL.....	27
REGRANEX.....	58	SANDIMMUNE.....	48
RELENZA DISKHALER.....	14	SANTYL.....	58
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REMICADE.....	47		
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<i>scopolamine patch</i>	43	STRIBILD	13
<i>selegiline hcl</i>	30	SUBOXONE MIS 12-3MG.....	35
<i>selenium sulfide</i>	56	SUBOXONE MIS 2-0.5MG.....	35
SELZENTRY.....	12	SUBOXONE MIS 4-1MG	35
SENSIPAR	38	SUBOXONE MIS 8-2MG	35
SEREVENT DISKUS	54	<i>subvenite tab</i>	27
<i>sertraline hcl</i>	29	<i>sucralfate</i>	45
<i>sevelamer carbonate</i>	42	<i>sulfacetamide sod-prednisolone</i>	52
<i>sharobel</i>	40	<i>sulfacetamide sodium (acne)</i>	56
SHINGRIX	49	<i>sulfacetamide sodium (ophth)</i>	52
SIGNIFOR.....	42	SULFADIAZINE.....	9
<i>sildenafil citrate tab 20 mg (pulmonary</i> <i>hypertension)</i>	25	<i>sulfamethoxazole-trimethop ds</i>	10
SILENOR	33	<i>sulfamethoxazole-trimethoprim inj</i>	10
<i>silver sulfadiazine</i>	56	<i>sulfamethoxazole-trimethoprim susp</i> ...	10
SIMBRINZA.....	53	<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80mg</i>	10
<i>simvastatin</i>	22	SULFAMYLON	56
<i>sirolimus</i>	48	<i>sulfasalazine</i>	44
SIRTURO	13	<i>sulfasalazine ec</i>	44
SIVEXTRO	10	<i>sulindac</i>	7
<i>sodium chloride</i>	50, 51	<i>sumatriptan</i>	34
<i>sodium chloride 0.45%</i>	51	<i>sumatriptan inj 4mg/0.5ml</i>	34
<i>sodium chloride inj 0.9%</i>	51	<i>sumatriptan inj 6mg/0.5ml</i>	34
<i>sodium chlor sol 0.9% irr</i>	58	<i>sumatriptan succinate</i>	34
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	50	SUPRAX	14
<i>sodium polystyrene sulfonate powder</i> ..	38	SUPREP BOWEL PREP KIT	44
<i>sodium polystyrene sulfonate susp</i>	38	SUTENT.....	19
SOLIQUA 100/33	36	SYLATRON KIT 200MCG.....	19
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SOMAVERT	42	SYMDEKO	55
<i>sorine</i>	22	SYMFI	13
<i>sotalol hcl</i>	22	SYMFI LO	13
<i>sotalol hcl (afib/af)</i>	22	SYMPROIC.....	45
<i>spironolactone</i>	20	SYNAREL.....	40
<i>spironolactone & hydrochlorothiazide</i> ..	24	SYNERCID	10
<i>sprintec 28</i>	40	SYNJARDY TAB 12.5-1000MG.....	37
SPRITAM	27	SYNJARDY TAB 12.5-500MG.....	37
SPRYCEL	19	SYNJARDY TAB 5-1000MG	37
<i>sps susp 15gm/60ml</i>	38	SYNJARDY TAB 5-500MG	37
<i>sronyx</i>	40	SYNJARDY XR TAB 10-1000MG.....	37
<i>ssd</i>	56	SYNJARDY XR TAB 12.5-1000MG	37
<i>stavudine</i>	12	SYNJARDY XR TAB 25-1000MG.....	37
STIMATE	43	SYNJARDY XR TAB 5-1000MG.....	37
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<i>tacrolimus (topical)</i>	58
TAFINLAR	19
TAGRISSE	19
<i>tamoxifen citrate</i>	18
<i>tamsulosin hcl</i>	45
TARCEVA	19
TARGRETIN	58
<i>tarina fe 1/20</i>	40
TASIGNA	19
TAXOTERE	17
<i>tazarotene</i>	56
<i>tazicef</i>	14
TAZORAC	56
<i>taztia xt</i>	23
TECENTRIQ	17
TEFLARO	15
TEKTURNA	24
TEKTURNA HCT	24
<i>telmisartan</i>	21
<i>temazepam</i>	33
TENIVAC	49
<i>tenofovir disoproxil fumarate</i>	12
<i>terazosin hcl</i>	20
<i>terbinafine hcl</i>	11
<i>terbutaline sulfate</i>	54
<i>terconazole vaginal</i>	46
<i>testosterone</i>	35
<i>testosterone cypionate</i>	36
<i>testosterone enanthate</i>	36
TETANUS/DIPHThERIA TOXOID	49
<i>tetrabenazine</i>	34
<i>tetracycline hcl</i>	16
THALOMID	18
<i>theophylline</i>	55
<i>thioridazine hcl</i>	32
<i>thiothixene</i>	32
<i>tiagabine hcl</i>	27
<i>tigecycline</i>	10
<i>timolol maleate</i>	23
<i>timolol maleate (ophth) soln</i>	53
<i>timolol maleate gel</i>	53
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	53
TIVICAY	12
<i>tizanidine hcl</i>	35
TOBRADEX	52
TOBRADEX ST	52
<i>tobramycin</i>	9
<i>tobramycin-dexamethasone</i>	52
<i>tobramycin (ophth)</i>	52
<i>tobramycin inj 1.2gm</i>	9
<i>tobramycin inj 1.2 gm/30ml</i>	9
<i>tobramycin inj 10mg/ml</i>	9
<i>tobramycin inj 40mg/ml</i>	9
<i>tobramycin inj 80mg/2ml</i>	9
<i>tolterodine tartrate</i>	45
<i>topiramate</i>	27
<i>toposar</i>	20
<i>topotecan hcl</i>	20
TOPOTECAN INJ 4MG/4ML	20
<i>toremide tabs</i>	24
TOVIAZ	45
<i>tpn electrolytes</i>	50
TRACLEER	25
TRADJENTA	37
<i>tramadol hcl tab 50 mg</i>	7
<i>trandolapril</i>	20
<i>tranexamic acid</i>	47
<i>tranylcypromine sulfate</i>	29
TRAVASOL	50
TRAVATAN Z	53
<i>trazodone hcl</i>	29
TRECTOR	13
TRELEGY ELLIPTA	54
TRELSTAR DEP INJ 3.75MG	18
TRELSTAR LA INJ 11.25MG	18
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<i>tretinoin</i>	56
<i>tretinoin (chemotherapy)</i>	20
<i>tri-lynh</i>	40
<i>tri-lo-estarylla</i>	40
<i>tri-lo-sprintec</i>	40
<i>tri-lo- tab marzia</i>	40
<i>tri-mili</i>	40
<i>tri-previfem</i>	40
<i>tri-sprintec</i>	40
<i>tri-vylibra</i>	40
<i>triamcinolone acetonide (mouth)</i>	58
<i>triamcinolone acetonide (topical)</i>	57
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	24
<i>triamterene & hydrochlorothiazide tabs</i>	24
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<i>trilyte</i>	44	VENTAVIS	25
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Basic Blue[®] Rx (PDP)

A Medicare Prescription Drug Plan

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