

SilverScript

2017 Formulary

(List of Covered Drugs)

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

Formulary File 17256, Version 6

This formulary was updated on August 1, 2016. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.silverscript.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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript Plus (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2017. 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, 2018, and from time to time during the year.



SilverScript®

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript Plus (PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

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

The enclosed formulary is current as of January 1, 2017. To get updated information about the drugs covered by SilverScript Plus (PDP), please contact us. Our contact information appears on the front and back cover pages.

If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained from our website or by calling us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 54. 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?

SilverScript Plus (PDP) 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 (PA)

SilverScript Plus (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Quantity Limits (QL)

For certain drugs, SilverScript Plus (PDP) limits the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per prescription for *doxazosin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST)

In some cases, SilverScript Plus (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us 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 SilverScript formulary?" on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that SilverScript Plus (PDP) does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us 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 SilverScript Formulary?

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 102-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 34 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your SilverScript Plus (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

SilverScript Plus (PDP)'s Formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 54.

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

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

PA – Prior authorization.

QL – Drug has quantity limit.

ST – Step therapy required.

NM – Not available at our mail-order pharmacies.

NDS – Non-extended day supply. Not available for an extended (long-term) supply.

LA – Limited access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711.

HR – High Risk Drug. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

B/D – This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

GC – We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

The Tier column of the drug list that begins on page 7 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage stage) for up to a one-month supply of drugs in each tier.

Initial Coverage Stage Copayment / Coinsurance Levels

Tier	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Preferred Mail-order cost-sharing (up to a 30-day supply)
Cost-Sharing Tier 1 (Preferred Generic) (includes low cost preferred generic drugs)	\$10.00	\$0.00	\$0.00
Cost-Sharing Tier 2 (Generic) (includes generic and some low cost preferred brand drugs)	\$20.00	\$3.00	\$3.00
Cost-Sharing Tier 3 (Preferred Brand) (includes preferred brand and non-preferred generic drugs)	\$47.00	\$23.00 - \$33.00 Please refer to Exhibit 1 below for the exact copayment amount in your state.	\$23.00 - \$33.00 Please refer to Exhibit 1 below for the exact copayment amount in your state.
Cost-Sharing Tier 4 (Non-Preferred Drug) (includes non-preferred brand and non-preferred generic drugs)	50%	39% - 45% Please refer to Exhibit 1 below for the exact coinsurance amount in your state.	39% - 45% Please refer to Exhibit 1 below for the exact coinsurance amount in your state.
Cost-Sharing Tier 5 (Specialty Tier) (includes high cost generic and brand drugs)	33%	33%	33%

You can find complete cost-sharing information, including costs for long-term supplies and standard mail-order, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

Exhibit 1

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug on Tier 3 or Tier 4 by state from a preferred retail or preferred mail-order pharmacy.

State	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)	State	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)
Alabama	\$27.00	40%	Montana	\$27.00	40%
Arizona	\$27.00	40%	Nebraska	\$27.00	40%
Arkansas	\$27.00	40%	Nevada	\$27.00	40%
California	\$27.00	40%	New Hampshire	\$27.00	40%
Colorado	\$27.00	40%	New Jersey	\$27.00	40%
Connecticut	\$27.00	40%	New Mexico	\$27.00	40%
Delaware	\$27.00	40%	New York	\$27.00	40%
Dist. of Columbia	\$27.00	40%	North Carolina	\$27.00	40%
Florida	\$27.00	40%	North Dakota	\$27.00	40%
Georgia	\$33.00	45%	Ohio	\$27.00	40%
Hawaii	\$23.00	39%	Oklahoma	\$27.00	40%
Idaho	\$27.00	40%	Oregon	\$27.00	40%
Illinois	\$27.00	40%	Pennsylvania	\$27.00	40%
Indiana	\$33.00	45%	Rhode Island	\$27.00	40%
Iowa	\$27.00	40%	South Carolina	\$33.00	45%
Kansas	\$27.00	40%	South Dakota	\$27.00	40%
Kentucky	\$33.00	45%	Tennessee	\$27.00	40%
Louisiana	\$27.00	40%	Texas	\$33.00	45%
Maine	\$27.00	40%	Utah	\$27.00	40%
Maryland	\$27.00	40%	Vermont	\$27.00	40%
Massachusetts	\$27.00	40%	Virginia	\$27.00	40%
Michigan	\$27.00	40%	Washington	\$27.00	40%
Minnesota	\$27.00	40%	West Virginia	\$27.00	40%
Mississippi	\$33.00	45%	Wisconsin	\$27.00	40%
Missouri	\$27.00	40%	Wyoming	\$27.00	40%

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	2	GC
<i>colchicine w/ probenecid</i>	3	
COLCRYS QL (120 tabs / 30 days)	3	QL
<i>probenecid</i>	3	
ULORIC	3	ST
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	4	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	4	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	4	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	4	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24	2	GC
<i>diclofenac sodium</i> TBEC	2	GC
<i>diflunisal</i>	4	
<i>etodolac</i> CAPS; TABS	4	
<i>flurbiprofen</i> TABS	3	
<i>ibuprofen</i> SUSP	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	GC
<i>ketoprofen</i> CAPS	3	
MELOXICAM SUSP	4	
<i>meloxicam</i> (generic of MOBIC) TABS	1	GC
<i>naproxen</i> TABS	2	GC
<i>naproxen</i> (generic of NAPROSYN) SUSP	3	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	GC
<i>naproxen</i> TABS 375mg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	2	GC
<i>naproxen sodium</i> TABS 275mg	4	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	4	
<i>sulindac</i> TABS	2	GC
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	2	GC QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	2	GC QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	2	GC QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	2	GC QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
BUTRANS 5mcg/hr QL (16 patches / 28 days)	3	QL
BUTRANS 10mcg/hr QL (8 patches / 28 days)	3	QL
BUTRANS 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL
BUTRANS 7.5MCG/HR QL (8 patches / 28 days)	3	QL
<i>nalbuphine hcl</i> (generic of NUBAIN) SOLN 10mg/ml	4	
<i>nalbuphine hcl</i> SOLN 20mg/ml	4	
<i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days)	2	GC QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	3	QL
OPIOID ANALGESICS, CII		
DURAMORPH	4	B/D
EMBEDA QL (60 caps / 30 days)	3	QL
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	5	NDS QL PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
FENTORA QL (120 tabs / 30 days)	5	NDS QL PA
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> 7.5-325 mg/15ml (generic of HYCET) QL (5400 mL / 30 days)	4	QL
<i>hydrocodone-ibuprofen</i> 7.5-200mg (generic of VICOPROFEN) QL (150 tabs / 30 days)	3	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	3	
<i>hydromorphone hcl</i> (generic of DILAUDID-HP) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	3	QL
HYSINGLA ER 20mg, 30mg, 40mg, 60mg QL (60 tabs / 30 days)	3	QL
HYSINGLA ER 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lortab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lortab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lortab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>methadone hcl</i> (generic of METHADOSE) CONC QL (120 mL / 30 days)	3	QL
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (600 mL / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (240 tabs / 30 days)	3	QL
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (240 tabs / 30 days)	3	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	4	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	4	QL
MORPHINE SUL INJ 1MG/ML	4	B/D
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
MORPHINE SUL INJ 15MG/ML	4	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml	4	B/D
MORPHINE SULFATE SOLN 8mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	4	B/D
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	3	QL
MORPHINE SULFATE ORAL SOL	3	
OPANA ER (CRUSH RESISTANT) QL (120 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> CAPS QL (180 caps / 30 days)	4	QL
<i>oxycodone hcl</i> CONC	4	
OXYCODONE HCL SOLN	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen soln</i> (generic of ROXICET) QL (1800 mL / 30 days)	3	QL
OXYCONTIN QL (120 tabs / 30 days)	3	QL
<i>roxicet soln</i> QL (1800 mL / 30 days)	3	QL
<i>roxicet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) 1%	4	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) .5%	4	B/D
<i>lidocaine inj</i> 0.5% (generic of XYLOCAINE-MPF)	4	B/D
<i>lidocaine inj</i> 1% (generic of XYLOCAINE)	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	4	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE)	4	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	4	
<i>gentamicin in saline</i>	4	
<i>gentamicin sulfate</i> SOLN	4	
<i>gentamicin sulfate/0.9% s</i>	4	
<i>neomycin sulfate</i> TABS	3	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	4	
<i>sulfadiazine</i> TABS	4	
<i>tobramycin</i> (generic of TOBI) NEBU	5	NDS NM PA
<i>tobramycin inj 1.2 gm/30ml</i>	4	
<i>tobramycin inj 1.2gm</i>	5	NDS
<i>tobramycin inj 10mg/ml</i>	4	
<i>tobramycin inj 40mg/ml</i>	4	
<i>tobramycin inj 80mg/2ml</i>	4	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	5	NDS
ALINIA	4	
<i>atovaquone</i> (generic of MEPRON) SUSP	5	NDS
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i> (generic of AZACTAM)	3	
BILTRICIDE	3	
CAYSTON	5	NDS NM LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	4	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	4	
<i>clindamycin sol 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	4	
CUBICIN	5	NDS
<i>dapsone</i> TABS	3	
<i>emverm</i>	4	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	4	
INVANZ	4	
<i>ivermectin</i> (generic of STROMECTOL) TABS	3	
<i>linezolid</i> (generic of ZYVOX) SOLN	5	NDS
LINEZOLID SUSR; TABS	5	NDS
LINEZOLID IN SODIUM CHLORIDE	5	NDS
<i>meropenem</i> (generic of MERREM)	4	
<i>methenamine hippurate</i> (generic of HIPREX)	4	
<i>metronidazole</i> (generic of FLAGYL) TABS	2	GC
<i>metronidazole in nacl</i>	4	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg PA applies if 70 years and older after a 90 day supply in a calendar year; HR	4	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 70 years and older after a 90 day supply in a calendar year; HR	4	PA
PENTAM 300	4	

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Drug Name	Drug Requirements/ Tier	Limits
SIVEXTRO	5	NDS
<i>sulfamethoxazole-trimethopri ds (generic of BACTRIM DS)</i>	2	GC
<i>sulfamethoxazole-trimethopri m inj</i>	4	
<i>sulfamethoxazole-trimethopri m susp</i>	4	
<i>sulfamethoxazole-trimethopri m tab (generic of BACTRIM)</i>	2	GC
SYNERCID	5	NDS
<i>trimethoprim</i> TABS	2	GC
TYGACIL	5	NDS
<i>vancomycin hcl (generic of VANCOGIN HCL)</i> CAPS	5	NDS
<i>vancomycin hcl</i> SOLR	4	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	NDS B/D
AMBISOME	4	B/D
<i>amphotericin b</i> SOLR	4	B/D
CANCIDAS	5	NDS
<i>fluconazole (generic of DIFLUCAN)</i> SUSR	3	
<i>fluconazole (generic of DIFLUCAN)</i> TABS	2	GC
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 100</i>	4	
<i>fluconazole inj nacl 200</i>	4	
<i>fluconazole inj nacl 400</i>	4	
<i>flucytosine (generic of ANCOBON)</i> CAPS	5	NDS
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize (generic of GRIS-PEG)</i>	4	
<i>itraconazole (generic of SPORANOX)</i> CAPS	4	PA
<i>ketoconazole</i> TABS	4	PA
MYCAMINE	5	NDS
NOXAFIL SUSP; TBEC	5	NDS
<i>nystatin</i> TABS	3	
<i>terbinafine hcl (generic of LAMISIL)</i> TABS	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>voriconazole (generic of VFEND IV)</i> SOLR	4	
<i>voriconazole (generic of VFEND)</i> SUSR; TABS	5	NDS
ANTIMALARIALS		
<i>atovaquone-proguanil hcl (generic of MALARONE)</i>	4	
<i>chloroquine phosphate</i> TABS 250mg	3	
<i>chloroquine phosphate (generic of ARALEN)</i> TABS 500mg	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate (generic of QUALAQUIN)</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate (generic of ZIAGEN)</i>	3	
APTIVUS	5	NDS
CRIXIVAN	4	
<i>didanosine (generic of VIDEX EC)</i>	4	
EDURANT	5	NDS
EMTRIVA	3	
FUZEON	5	NDS NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	NDS
INVIRASE	5	NDS
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	NDS
ISENTRESS PACK	5	NDS
ISENTRESS TABS	5	NDS
<i>lamivudine (generic of EPIVIR)</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	NDS
NEVIRAPINE SUSP 50 MG/5ML	4	
<i>nevirapine tab 100mg (generic of VIRAMUNE XR)</i>	4	
<i>nevirapine tab 200mg (generic of VIRAMUNE)</i>	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	4	
NORVIR	3	
PREZISTA SUSP	5	NDS
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	NDS
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	NDS
SELZENTRY	5	NDS
<i>stavudine</i> (generic of ZERIT)	4	
SUSTIVA CAPS 50mg	3	
SUSTIVA CAPS 200mg	5	NDS
SUSTIVA TABS	5	NDS
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	NDS
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	NDS
VIREAD	5	NDS
VITEKTA	5	NDS
ZIAGEN SOLN	3	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	4	
<i>zidovudine</i> TABS	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	5	NDS
ATRIPLA	5	NDS
COMPLERA	5	NDS
DESCOVY	5	NDS
EPZICOM	5	NDS
EVOTAZ	5	NDS
GENVOYA	5	NDS
KALETRA SOL	5	NDS
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	NDS
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	4	

Drug Name	Drug Requirements/ Tier	Limits
ODEFSEY	5	NDS
PREZCOBIX	5	NDS
STRIBILD	5	NDS
TRIUMEQ	5	NDS
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	5	NDS QL
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	5	NDS QL
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	5	NDS QL
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	5	NDS QL
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	NDS
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	4	
<i>isoniazid</i> TABS	2	GC
<i>isoniazid inj 100 mg/ml</i>	4	
<i>isoniazid syp 50mg/5ml</i>	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i> (generic of MYCOBUTIN)	4	
<i>rifampin</i> (generic of RIFADIN) CAPS	3	
<i>rifampin</i> (generic of RIFADIN) SOLR	4	
RIFATER	4	
SIRTURO	5	NDS LA PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS	2	GC
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	4	
<i>acyclovir</i> (generic of ZOVIRAX) TABS	2	GC
<i>acyclovir sodium</i> SOLN	4	B/D
<i>acyclovir sodium</i> SOLR 500mg	4	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	5	NDS

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Drug Name	Drug Requirements/ Tier	Limits
BARACLUDE SOLN	5	NDS
DAKLINZA	5	NDS NM PA
<i>entecavir</i> (generic of BARACLUDE)	5	NDS
EPIVIR HBV SOLN	4	
<i>famciclovir</i> (generic of FAMVIR) TABS	3	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	3	B/D
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	4	
<i>moderiba tab 200mg</i> (generic of COPEGUS)	4	NM
PEGASYS	5	NDS NM PA
PEGASYS PROCLICK	5	NDS NM PA
REBETOL SOL 40MG/ML	5	NDS NM
RELENZA DISKHALER	3	
<i>ribasphere</i> (generic of REBETOL) CAPS	3	NM
<i>ribasphere</i> (generic of COPEGUS) TABS 200mg	4	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NDS NM
<i>ribavirin cap 200mg</i> (generic of REBETOL)	3	NM
<i>ribavirin tab 200mg</i> (generic of COPEGUS)	4	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	4	
SOVALDI	5	NDS NM PA
TAMIFLU	3	
TYZEKA	5	NDS
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	3	
VALCYTE SOLR	5	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE)	5	NDS
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
<i>cefaclor er tab 500mg</i>	4	
<i>cefadroxil</i> CAPS	2	GC
<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	

Drug Name	Drug Requirements/ Tier	Limits
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	4	
<i>cefazolin inj</i>	4	
<i>cefazolin sodium</i> 1gm, 20gm	4	
<i>cefazolin sodium 1 gm/50ml</i>	4	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime hcl</i> (generic of MAXIPIME)	4	
<i>cefixime</i> (generic of SUPRAX)	4	
<i>cefotaxime sodium</i> (generic of CLAFORAN) 1gm, 2gm, 500mg	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i> SUSR	4	
<i>cefprozil</i> TABS	3	
<i>ceftazidime</i> (generic of FORTAZ)	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> (generic of CEFTIN)	3	
<i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg	4	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	2	GC
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> (generic of FORTAZ) SOLR	4	
<i>tazicef vial</i> (generic of FORTAZ)	4	
TEFLARO	5	NDS

ERYTHROMYCINS/MACROLIDES

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Drug Name	Drug Requirements/ Tier	Limits
AZITHROMYCIN PACK	3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR	4	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	2	GC
<i>clarithromycin</i> (generic of BIAXIN) TABS	3	
<i>clarithromycin er</i> (generic of BIAXIN XL)	4	
<i>clarithromycin for susp</i> 125mg/5ml	4	
<i>clarithromycin for susp</i> (generic of BIAXIN) 250mg/5ml	4	
DIFICID	5	NDS
<i>e.e.s. 400mg tab</i>	4	
<i>ery-tab</i>	4	
<i>erythrocin lactobionate</i>	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i>	4	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	4	
<i>ciprofloxacin er</i> (generic of CIPRO XR)	4	
<i>ciprofloxacin hcl tab</i> 100mg, 750mg	2	GC
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	2	GC
<i>ciprofloxacin in d5w</i>	4	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	4	
<i>ciprofloxacin inj</i>	4	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	2	GC
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
PENICILLINS		
<i>amoxicillin</i>	2	GC
<i>amoxicillin & pot clavulanate</i> CHEW	3	
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	3	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	GC
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	2	GC
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	4	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	4	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	4	
<i>ampicillin cap</i>	2	GC
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin susp</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	GC
<i>nafcillin sodium</i>	4	
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	NDS
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	GC
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g</i>	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	4	
TETRACYCLINES		
<i>doxy</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg	2	GC
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 100mg	2	GC
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg	3	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	3	
<i>doxycycline hyclate</i> CAPS 50mg	3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS	4	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS	2	GC
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	NDS B/D NM
BICNU	5	NDS B/D
BUSULFEX	5	NDS B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide</i> SOLR	5	NDS B/D
<i>dacarbazine</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	NDS
IFEX 3gm	4	B/D
<i>ifosfamide inj 1gm</i> (generic of IFEX)	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	4	B/D
LEUKERAN	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>melfalan hcl</i> (generic of ALKERAN)	5	NDS B/D
MUSTARGEN	5	NDS B/D
TREANDA	5	NDS B/D NM
ANTHRACYCLINES		
<i>daunorubicin hcl</i>	4	B/D
<i>doxorubicin hcl 50mg</i>	4	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	5	NDS B/D
<i>epirubicin hcl</i> (generic of ELLENCE)	4	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	5	NDS B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	4	B/D
<i>mitomycin</i> SOLR	5	NDS B/D
ANTIMETABOLITES		
<i>adrucil</i>	4	B/D
ALIMTA	5	NDS B/D
<i>azacitidine</i> (generic of VIDAZA)	5	NDS B/D NM
<i>cladribine</i>	5	NDS B/D
<i>cytarabine 20mg/ml</i>	4	B/D
<i>fludarabine phosphate</i> SOLN	4	B/D
<i>fludarabine phosphate</i> (generic of FLUDARA) SOLR	4	B/D
<i>fluorouracil</i> SOLN	4	B/D
GEMCITABINE HCL SOLN	5	NDS B/D
<i>gemcitabine hcl</i> (generic of GEMZAR) SOLR 1gm, 200mg	5	NDS B/D
<i>gemcitabine hcl</i> SOLR 2gm	5	NDS B/D
<i>mercaptopurine</i> TABS	4	
METHOTREXATE SODIUM 50mg/2ml	4	B/D
<i>methotrexate sodium</i> 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml	4	B/D
<i>methotrexate sodium inj</i>	4	B/D
NIPENT	5	NDS B/D
PURIXAN	5	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	NDS B/D
DOCEFREZ 20mg	5	NDS B/D
DOCETAXEL CONC 20mg/ml	5	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	5	NDS B/D
<i>docetaxel</i> CONC 140mg/7ml	5	NDS B/D
DOCETAXEL SOLN	5	NDS B/D
DOCETAXEL SOLN 80MG/8ML	5	NDS B/D
<i>paclitaxel</i>	4	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	4	B/D
<i>vincasar</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	4	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NDS NM LA PA
BELEODAQ	5	NDS NM PA
ERIVEDGE	5	NDS NM LA PA
FARYDAK	5	NDS NM LA PA
HERCEPTIN	5	NDS NM PA
IBRANCE	5	NDS NM LA PA
ISTODAX	5	NDS B/D NM
KADCYLA	5	NDS B/D NM
KEYTRUDA	5	NDS NM PA
LYNPARZA	5	NDS NM LA PA
NINLARO	5	NDS NM PA
PROLEUKIN	5	NDS B/D NM
RITUXAN	5	NDS NM LA PA
TECENTRIQ	5	NDS NM LA PA
VELCADE	5	NDS NM PA
VENCLEXTA 10mg, 50mg	4	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VENCLEXTA 100mg	5	NDS NM LA PA
VENCLEXTA STARTING PACK	5	NDS NM LA PA
YERVOY	5	NDS NM PA
ZOLINZA	5	NDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	2	GC
<i>bicalutamide</i> (generic of CASODEX)	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i> (generic of AROMASIN)	4	
FARESTON	5	NDS
FASLODEX	5	NDS B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate</i> (antineoplastic)	4	B/D
<i>letrozole</i> (generic of FEMARA) TABS	3	
<i>leuprolide inj 1mg/0.2</i>	3	NM PA
LUPRON DEPOT 3.75mg	5	NDS NM PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NDS NM PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i> (generic of MEGACE ORAL) HR	4	
<i>megestrol ac tab 20mg</i> HR	4	
<i>megestrol ac tab 40mg</i> HR	4	
MEGESTROL SUS 625MG/5ML HR	4	PA
NILANDRON	5	NDS
<i>nilutamide</i>	5	NDS
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NDS NM PA
TRELSTAR LA INJ 11.25MG	5	NDS NM PA
XTANDI	5	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
ZYTIGA	5	NDS NM LA PA
KINASE INHIBITORS		
AFINITOR	5	NDS NM PA
AFINITOR DISPERZ	5	NDS NM PA
ALECENSA	5	NDS NM LA PA
BOSULIF	5	NDS NM PA
CABOMETYX	5	NDS NM LA PA
CAPRELSA	5	NDS NM LA PA
COMETRIQ	5	NDS NM LA PA
COTELLIC	5	NDS NM LA PA
GILOTRIF TAB 20MG	5	NDS NM LA PA
GILOTRIF TAB 30MG	5	NDS NM LA PA
GILOTRIF TAB 40MG	5	NDS NM LA PA
ICLUSIG	5	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	5	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	5	NDS QL NM PA
IMBRUVICA CAP 140MG	5	NDS NM LA PA
INLYTA	5	NDS NM LA PA
IRESSA	5	NDS NM LA PA
JAKAFI	5	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 14 MG DAILY DOSE	5	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 18 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 24 MG DAILY DOSE	5	NDS NM LA PA
MEKINIST	5	NDS NM LA PA
NEXAVAR	5	NDS NM LA PA
SPRYCEL	5	NDS NM PA
STIVARGA	5	NDS NM LA PA
SUTENT	5	NDS NM PA
TAFINLAR	5	NDS NM LA PA
TAGRISO	5	NDS NM LA PA
TARCEVA	5	NDS NM LA PA
TASIGNA	5	NDS NM PA
TYKERB	5	NDS NM LA PA
VOTRIENT	5	NDS NM LA PA
XALKORI	5	NDS NM LA PA
ZELBORAF	5	NDS NM LA PA
ZYDELIG	5	NDS NM LA PA
ZYKADIA	5	NDS NM LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	5	NDS NM PA
DROXIA	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	3	
LONSURF	5	NDS NM PA
MATULANE	5	NDS LA
<i>mitoxantrone hcl</i>	3	B/D NM
ODOMZO	5	NDS NM LA PA
SYLATRON KIT 200MCG	5	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
SYLATRON KIT 300MCG	5	NDS NM PA
SYLATRON KIT 600MCG	5	NDS NM PA
SYNRIBO	5	NDS NM PA
<i>tretinoin (chemotherapy)</i>	5	NDS
TRISENOX	5	NDS B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	4	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin</i>	4	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline (generic of ETHYOL)</i>	5	NDS B/D
<i>dexrazoxane (generic of ZINECARD)</i>	5	NDS B/D
ELITEK	5	NDS B/D
FUSILEV	5	NDS B/D NM
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>levoleucovorin calcium</i>	5	NDS B/D NM
<i>mesna (generic of MESNEX)</i>	4	B/D
MESNEX TABS	5	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	3	B/D
<i>irinotecan hcl (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml</i>	4	B/D
<i>irinotecan hcl 500mg/25ml</i>	4	B/D
<i>toposar</i>	3	B/D
TOPOTECAN HCL SOLN	5	NDS B/D
<i>topotecan hcl (generic of HYCAMTIN) SOLR</i>	5	NDS B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap 2.5-10 mg</i>		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>		

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap 5-40 mg</i>		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>		
<i>benazepril & hydrochlorothiazide</i>	2	GC
<i>benazepril & hydrochlorothiazide (generic of LOTENSIN HCT)</i>	2	GC
<i>captopril & hydrochlorothiazide</i>	2	GC
<i>enalapril maleate & hydrochlorothiazide</i>	2	GC
<i>enalapril maleate & hydrochlorothiazide (generic of VASERETIC)</i>	2	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	2	GC
<i>lisinopril & hydrochlorothiazide (generic of ZESTORETIC)</i>	1	GC
<i>moexipril-hydrochlorothiazide</i>	2	GC
<i>quinapril-hydrochlorothiazide (generic of ACCURETIC)</i>	2	GC
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg</i>	1	GC
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	1	GC
<i>captopril TABS</i>	2	GC
<i>enalapril maleate (generic of VASOTEC) TABS</i>	2	GC
<i>fosinopril sodium</i>	2	GC
<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg</i>	1	GC
<i>lisinopril (generic of PRINIVIL) TABS 5mg, 10mg, 20mg</i>	1	GC
<i>moexipril hcl</i>	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>perindopril erbumine</i> 2mg	2	GC
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	2	GC
<i>quinapril hcl</i> (generic of ACCUPRIL)	2	GC
<i>ramipril</i> (generic of ALTACE)	2	GC
<i>trandolapril</i> (generic of MAVIK)	2	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA)	4	
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL
<i>doxazosin mesylate</i> (generic of CARDURA) 8mg	3	
<i>prazosin hcl</i> (generic of MINIPRESS)	3	
<i>terazosin hcl</i>	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan tab</i> 5-160 mg (generic of EXFORGE)	2	GC
<i>amlodipine besylate-valsartan tab</i> 5-320 mg (generic of EXFORGE)	2	GC
<i>amlodipine besylate-valsartan tab</i> 10-160 mg (generic of EXFORGE)	2	GC
<i>amlodipine besylate-valsartan tab</i> 10-320 mg (generic of EXFORGE)	2	GC
<i>amlodipine-valsartan-hctz tab</i> 5-160-12.5 mg (generic of EXFORGE HCT)	2	GC
<i>amlodipine-valsartan-hctz tab</i> 5-160-25 mg (generic of EXFORGE HCT)	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine-valsartan-hctz tab</i> 10-160-12.5 mg (generic of EXFORGE HCT)	2	GC
<i>amlodipine-valsartan-hctz tab</i> 10-160-25 mg (generic of EXFORGE HCT)	2	GC
<i>amlodipine-valsartan-hctz tab</i> 10-320-25 mg (generic of EXFORGE HCT)	2	GC
BENICAR HCT	3	
ENTRESTO	4	PA
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	2	GC
<i>losartan potassium & hctz tab</i> 50-12.5 mg (generic of HYZAAR)	2	GC
<i>losartan potassium & hctz tab</i> 100-12.5 mg (generic of HYZAAR)	2	GC
<i>losartan potassium & hctz tab</i> 100-25 mg (generic of HYZAAR)	2	GC
<i>valsartan & hctz tab</i> 80-12.5mg (generic of DIOVAN HCT)	2	GC
<i>valsartan & hctz tab</i> 160-12.5mg (generic of DIOVAN HCT)	2	GC
<i>valsartan & hctz tab</i> 160-25mg (generic of DIOVAN HCT)	2	GC
<i>valsartan & hctz tab</i> 320-12.5mg (generic of DIOVAN HCT)	2	GC
<i>valsartan & hctz tab</i> 320-25mg (generic of DIOVAN HCT)	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	3	
<i>irbesartan</i> (generic of AVAPRO)	2	GC
<i>losartan potassium</i> (generic of COZAAR)	1	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan</i> (generic of DIOVAN)	2	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	4	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i> (generic of CORDARONE)	2	GC
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i> (generic of NORPACE) HR	4	
DOFETILIDE	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR HR	4	
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> (generic of CORDARONE) 200mg	2	GC
<i>propafenone hcl</i> 150mg, 300mg	3	
<i>propafenone hcl</i> (generic of RYTHMOL) 225mg	3	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	GC
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	GC
<i>sorine</i> 240mg	2	GC
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	GC
<i>sotalol hcl</i> 240mg	2	GC
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1	GC
CRESTOR QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lovastatin</i> 10mg, 20mg	2	GC
<i>lovastatin</i> (generic of MEVACOR) 40mg	2	GC
<i>pravastatin sodium</i> 10mg	2	GC
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	2	GC
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	GC QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN)	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl</i> (generic of COLESTID)	4	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	4	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg, 160mg	4	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	2	GC
JUXTAPID	5	NDS NM LA PA
KYNAMRO	5	NDS NM PA
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN)	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	4	
PRALUENT	5	NDS NM PA
<i>prevalite</i> (generic of QUESTRAN LIGHT)	4	
VASCEPA	4	
WELCHOL	3	
ZETIA	4	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
BETA-BLOCKER/DIURETIC COMBINATIONS					
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 50)	3		<i>afeditab cr</i> (generic of ADALAT CC)	3	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	3		<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	GC
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	2	GC	<i>cartia xt</i> (generic of CARDIZEM CD)	3	
<i>metoprolol & hydrochlorothiazide</i>	3		<i>dilt-xr cap</i>	3	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	3		<i>diltiazem cap</i> (generic of TIAZAC)	3	
BETA-BLOCKERS					
<i>acebutolol hcl</i> (generic of SECTRAL) CAPS	2	GC	<i>diltiazem cap 120mg/24hr</i>	3	
<i>atenolol</i> (generic of TENORMIN) TABS	1	GC	<i>diltiazem cap 240mg/24hr</i>	3	
<i>bisoprolol fumarate</i> (generic of ZEBETA) BYSTOLIC	2	GC	<i>diltiazem cap er/12hr</i>	4	
<i>carvedilol</i> (generic of COREG)	2	GC	<i>diltiazem hcl</i> SOLN	4	
<i>labetalol hcl</i> TABS	3		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	GC
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	GC	<i>diltiazem hcl</i> TABS 90mg	2	GC
<i>metoprolol tartrate</i> SOLN	4		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24	3	
<i>metoprolol tartrate</i> TABS 25mg	1	GC	<i>felodipine</i>	3	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	GC	<i>isradipine</i>	4	
<i>pindolol</i>	4		<i>nicardipine hcl</i> CAPS	4	
<i>propranolol cap er</i> 60mg, 80mg	4		<i>nifedical</i> (generic of PROCARDIA XL)	3	
<i>propranolol cap er</i> (generic of INDERAL LA) 120mg, 160mg	4		<i>nifedipine</i> (generic of ADALAT CC) TB24	3	
<i>propranolol hcl</i> SOLN	4		<i>nifedipine er</i> (generic of PROCARDIA XL)	3	
<i>propranolol hcl</i> TABS	3		<i>nimodipine</i> CAPS NYMALIZE	5	NDS
<i>propranolol oral sol</i>	3		<i>taztia</i> (generic of TIAZAC)	3	
<i>timolol maleate</i> TABS	4		<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	4	
CALCIUM CHANNEL BLOCKERS					
			<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	4	
			VERAPAMIL CAP ER 360mg	4	
			<i>verapamil hcl</i> SOLN	4	
			<i>verapamil hcl</i> TABS 40mg	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	2	GC
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	2	GC
<i>verapamil tab er</i> (generic of CALAN SR)	2	GC
DIGITALIS GLYCOSIDES		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 70 years and older; HR	3	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 70 years and older; HR	3	PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 70 years and older; HR	3	PA
<i>digoxin inj</i> (generic of LANOXIN) HR (doses > 0.125 mg/day)	4	
DIGOXIN SOL 50MCG/ML PA if 70 years and older; HR	3	PA
DIURETICS		
<i>acetazolamide</i> (generic of DIAMOX) CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride</i> & <i>hydrochlorothiazide</i>	2	GC
<i>amiloride hcl</i> TABS	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>bumetanide</i> SOLN	4	
<i>bumetanide</i> (generic of BUMEX) TABS	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i> 25mg, 50mg	3	
<i>furosemide</i> SOLN	2	GC
<i>furosemide</i> (generic of LASIX) TABS	1	GC
<i>furosemide inj</i> 10mg/ml	4	
FUROSEMIDE INJ 10mg/ml	4	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	GC
<i>hydrochlorothiazide</i> TABS	1	GC
<i>indapamide</i>	2	GC
<i>methazolamide</i> (generic of NEPTAZANE) TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	3	
<i>torseamide tabs</i> (generic of DEMADEX) 5mg, 10mg, 20mg	2	GC
<i>torseamide tabs</i> 100mg	2	GC
<i>triamterene</i> & <i>hydrochlorothiazide</i> (generic of MAXZIDE) TABS	1	GC
<i>triamterene</i> & <i>hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	1	GC
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZIDE)	2	GC
MISCELLANEOUS		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	2	GC
DEMSER	5	NDS
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	GC
<i>midodrine hcl</i>	4	
<i>minoxidil</i> TABS	2	GC
NORTHERA	5	NDS NM LA PA
RANEXA	4	
NITRATES		
<i>isosorb mononitrate tab</i>	2	GC
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	3	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	GC
<i>minitran</i> (generic of NITRO-DUR)	3	
<i>nitro-bid</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin td patch</i>	3	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	NDS NM PA
ADEMPAS QL (90 tabs / 30 days)	5	NDS QL NM LA PA
LETAIRIS QL (30 tabs / 30 days)	5	NDS QL NM LA PA
OPSUMIT	5	NDS NM LA PA
REMODULIN	5	NDS NM LA PA
REVATIO SUSR QL (224 mL / 30 days)	5	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) (generic of REVATIO) TABS QL (90 tabs / 30 days)	3	QL NM PA
UPTRAVI TABS 200mcg QL (480 tabs / 30 days)	5	NDS QL NM LA PA
UPTRAVI TABS 400mcg QL (240 tabs / 30 days)	5	NDS QL NM LA PA
UPTRAVI TABS 600mcg QL (150 tabs / 30 days)	5	NDS QL NM LA PA
UPTRAVI TABS 800mcg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
UPTRAVI TABS 1000mcg QL (90 tabs / 30 days)	5	NDS QL NM LA PA
UPTRAVI TABS 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
UPTRAVI TBPK	5	NDS NM LA PA
VENTAVIS	5	NDS NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (240 tabs / 30 days)	2	GC QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (480 tabs / 30 days)	2	GC QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (120 tabs / 30 days)	2	GC QL
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	2	GC QL
<i>bupirone hcl</i> TABS	2	GC
<i>fluvoxamine maleate</i> TABS 25mg, 50mg QL (45 tabs / 30 days)	3	QL
<i>fluvoxamine maleate</i> TABS 100mg	3	
<i>lorazepam</i> CONC QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	2	GC QL
ANTICONVULSANTS		
APTIOM 200mg QL (180 tabs / 30 days)	4	QL
APTIOM 400mg QL (90 tabs / 30 days)	4	QL
APTIOM 600mg QL (60 tabs / 30 days)	4	QL
APTIOM 800mg QL (30 tabs / 30 days)	4	QL
BANZEL SUS 40MG/ML	5	NDS PA
BANZEL TAB 200MG	5	NDS PA
BANZEL TAB 400MG	5	NDS PA
BRIVIACT SOLN 10mg/ml	5	NDS PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	NDS PA
<i>carbamazepine</i> CHEW	3	
<i>carbamazepine</i> (generic of CARBATROL) CP12	4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	4	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	4	
CELONTIN	4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (120 tabs / 30 days)	2	GC QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	GC QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (240 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clorazepate dipotassium</i> 3.75mg QL (120 tabs / 30 days)	3	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (120 tabs / 30 days)	3	QL PA
<i>clorazepate dipotassium</i> 15mg QL (180 tabs / 30 days)	3	QL PA
<i>diazepam</i> CONC QL (240 mL / 30 days)	3	QL PA
<i>diazepam</i> SOLN 1mg/ml QL (1200 mL / 30 days)	3	QL PA
<i>diazepam</i> SOLN 5mg/ml	4	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days)	2	GC QL PA
DIAZEPAM GEL (ANTICONVULSANT)	4	
<i>dilantin</i>	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	4	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	3	
<i>epitol</i> (generic of TEGRETOL)	4	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	4	
<i>felbamate</i> (generic of FELBATOL) SUSP	5	NDS
<i>felbamate</i> (generic of FELBATOL) TABS	4	
FYCOMPA SUSP QL (720 mL / 30 days)	4	QL PA
FYCOMPA TABS 2mg QL (180 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg QL (90 tabs / 30 days)	4	QL PA
FYCOMPA TABS 6mg QL (60 tabs / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS; TABS	2	GC
<i>gabapentin</i> (generic of NEURONTIN) SOLN	4	
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	2	GC
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	4	
<i>levetiracetam</i> (generic of KEPPRA) TABS	3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	3	
<i>levetiracetam inj</i> (generic of KEPPRA)	4	
LEVETIRACETAM IV	4	
<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL
LYRICA SOLN QL (946 mL / 30 days)	3	QL
ONFI SOLN	5	NDS PA
ONFI TAB 10mg	4	PA
ONFI TAB 20mg	5	NDS PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	4	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS PA if 70 years and older; HR	4	PA

Drug Name	Drug Requirements/ Tier	Limits
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older; HR	4	PA
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older; HR	4	PA
<i>phenytek</i>	4	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	3	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	3	
<i>phenytoin sodium</i> SOLN	4	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	3	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	3	
POTIGA 50mg	4	
POTIGA 200mg QL (180 tabs / 30 days)	4	QL
POTIGA 300mg, 400mg QL (90 tabs / 30 days)	4	QL
<i>primidone</i> (generic of MYSOLINE) TABS	2	GC
<i>roweepra</i> (generic of KEPPRA)	3	
SABRIL PACK QL (180 packets / 30 days)	5	NDS QL NM LA PA
SABRIL TABS QL (180 tabs / 30 days)	5	NDS QL NM LA PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i> (generic of GABITRIL)	4	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	4	
<i>topiramate</i> (generic of TOPAMAX) TABS	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>valproate sodium</i> (generic of DEPAICON) SOLN	4	
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	2	GC
<i>valproic acid</i> (generic of DEPAKENE)	3	
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg QL (180 tabs / 30 days)	4	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	3	
<i>zonisamide</i> CAPS 50mg	3	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (60 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	2	GC
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg QL (60 tabs / 30 days)	3	QL
<i>donepezil hydrochloride</i> TBDP 10mg	3	
EXELON PATCHES QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS	4	
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER)	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl</i> (generic of NAMENDA) SOLN PA if < 30 yrs	3	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg PA if < 30 yrs	4	PA
MEMANTINE HCL TABS 10mg PA if < 30 yrs	4	PA
NAMENDA XR PA if < 30 yrs	4	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	4	PA
NAMZARIC	4	
<i>rivastigmine tartrate</i> (generic of EXELON)	4	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 50mg, 75mg, 100mg, 150mg HR	4	
<i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg HR	4	
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	2	GC
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	3	
<i>citalopram hydrobromide</i> SOLN	4	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	GC
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS HR	4	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	4	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	4	
<i>doxepin hcl</i> CAPS; CONC HR	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	4	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	4	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	4	QL
EMSAM QL (30 patches / 30 days)	5	NDS QL PA
<i>escitalopram oxalate</i> (generic of LEXAPRO) SOLN	4	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	2	GC
FETZIMA 20mg QL (180 caps / 30 days)	4	QL
FETZIMA 40mg QL (90 caps / 30 days)	4	QL
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	4	QL
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	1	GC
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	1	GC
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	1	GC
<i>fluoxetine hcl</i> SOLN	3	
<i>fluoxetine hcl</i> TABS 10mg QL (45 tabs / 30 days)	4	QL
<i>fluoxetine hcl</i> TABS 20mg	4	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS HR	4	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg QL (45 tabs / 30 days)	2	GC QL
<i>mirtazapine</i> (generic of REMERON) TABS 15mg QL (45 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mirtazapine</i> (generic of REMERON) TABS 30mg, 45mg	2	GC
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg QL (30 tabs / 30 days)	3	QL
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	2	GC
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl</i> (generic of PAXIL) TABS	1	GC
PAXIL SUSP QL (900 mL / 30 days)	4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	3	
PRISTIQ QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	4	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	1	GC
<i>tranylcypromine sulfate</i> (generic of PARNATE)	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	2	GC
<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days) HR	4	QL
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days) HR	4	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days) HR	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
TRINTELLIX 5mg QL (120 tabs / 30 days)	4	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	4	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	4	QL
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg QL (30 caps / 30 days)	2	GC QL
venlafaxine hcl (generic of EFFEXOR XR) CP24 150mg QL (60 caps / 30 days)	2	GC QL
venlafaxine hcl TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB QL (30 tabs / 30 days)	4	QL
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS QL (120 caps / 30 days)	4	QL
amantadine hcl SYRP	2	GC
amantadine hcl TABS	4	
APOKYN	5	NDS NM LA PA
AZILECT	3	
BENZTROPINE MESYLATE SOLN	3	
benztropine mesylate TABS PA if 70 years and older; HR	3	PA
bromocriptine mesylate (generic of PARLODEL) CAPS	4	
bromocriptine mesylate TABS	4	
carbidopa-levodopa (generic of SINEMET) TABS	2	GC
carbidopa-levodopa (generic of SINEMET CR) TBCR	3	
carbidopa-levodopa TBDP	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	

Drug Name	Drug Requirements/ Tier	Limits
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
ENTACAPONE	4	
NEUPRO	4	
pramipexole tab 0.5mg (generic of MIRAPEX)	2	GC
pramipexole tab 0.25mg (generic of MIRAPEX)	2	GC
pramipexole tab 0.75mg (generic of MIRAPEX)	2	GC
pramipexole tab 0.125mg (generic of MIRAPEX)	2	GC
pramipexole tab 1.5mg (generic of MIRAPEX)	2	GC
pramipexole tab 1mg (generic of MIRAPEX)	2	GC
ropinirole tab 0.5mg (generic of REQUIP)	2	GC
ropinirole tab 0.25mg (generic of REQUIP)	2	GC
ropinirole tab 1mg (generic of REQUIP)	2	GC
ropinirole tab 2mg (generic of REQUIP)	2	GC
ropinirole tab 3mg (generic of REQUIP)	2	GC
ropinirole tab 4mg (generic of REQUIP)	2	GC
ropinirole tab 5mg (generic of REQUIP)	2	GC
selegiline hcl (generic of ELDEPRYL) CAPS	4	
selegiline hcl TABS	4	
ANTIPSYCHOTICS		
ABILIFY MAINTENA 300mg, 400mg QL (1 syringe / 28 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
ABILIFY MAINTENA 300mg, 400mg QL (1 vial / 28 days)	4	QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	5	NDS QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	5	NDS QL
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	4	QL
<i>chlorpromazine hcl</i> TABS	4	
<i>chlorpromazine inj</i>	4	
CLOZAPINE ODT 12.5mg	4	PA
CLOZAPINE ODT 25mg, 100mg, 150mg, 200mg	4	PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i> (generic of CLOZARIL)	4	
<i>clozapine tab 200mg</i>	4	
FANAPT QL (60 tabs / 30 days)	4	QL
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i> CONC; ELIX; SOLN	4	
<i>fluphenazine hcl</i> TABS	2	GC
GEODON SOLR QL (6 mL / 3 days)	4	QL
<i>haloperidol</i> TABS	3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	4	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	4	
<i>haloperidol lactate conc</i>	3	
<i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL)	4	

Drug Name	Drug Requirements/ Tier	Limits
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL
INVEGA 6mg QL (60 tabs / 30 days)	4	QL
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	4	QL
INVEGA TRINZA QL (1 syringe / 90 days)	4	QL
LATUDA 20mg QL (240 tabs / 30 days)	4	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	4	QL
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	4	QL
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID QL (60 tabs / 30 days)	5	NDS QL NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg QL (30 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg, 15mg, 20mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS	4	
<i>pimozide</i> (generic of ORAP)	4	
<i>quetiapine fumarate</i> (generic of SEROQUEL) QL (90 tabs / 30 days)	3	QL
REXULTI 1mg QL (90 tabs / 30 days)	4	QL
REXULTI 2mg QL (60 tabs / 30 days)	4	QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI .5mg QL (180 tabs / 30 days)	4	QL
REXULTI .25mg QL (360 tabs / 30 days)	4	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) TABS	3	
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg, 1mg, 2mg, 3mg, 4mg <i>risperidone</i> TBDP .25mg	4	
SAPHRIS 2.5mg QL (240 tabs / 30 days)	4	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	4	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	4	QL
SEROQUEL XR 50mg QL (120 tabs / 30 days)	4	QL
SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	4	QL
SEROQUEL XR 300mg, 400mg QL (60 tabs / 30 days)	4	QL
<i>thioridazine hcl</i> TABS HR	4	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	4	
VERSACLOZ QL (600 mL / 30 days)	5	NDS QL PA
VRAYLAR 1.5mg QL (120 caps / 30 days)	5	NDS QL
VRAYLAR 3mg QL (60 caps / 30 days)	5	NDS QL
VRAYLAR 4.5mg, 6mg QL (30 caps / 30 days)	5	NDS QL
VRAYLAR THERAPY PACK	4	
<i>ziprasidone hcl</i> (generic of GEODON)	4	
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	4	QL PA
ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older; HR	4	PA
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> TBCR QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	4	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
STRATTERA 40mg QL (60 caps / 30 days)	4	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
HYPNOTICS		
HETLIOZ	5	NDS NM LA PA
SILENOR 3mg QL (60 tabs / 30 days) HR (doses > 6mg/day)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
SILENOR 6mg QL (30 tabs / 30 days) HR (doses > 6mg/day)	3	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	GC QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	GC QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year; HR	3	QL PA
MIGRAINE		
<i>cafergot</i>	4	
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	3	
<i>migergot</i>	5	NDS
<i>naratriptan hcl</i> (generic of AMERGE)	3	
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS	3	
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP	3	
SUMATRIPTAN INJ 4MG/0.5ML	4	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ	4	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT	4	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan inj 6mg/0.5ml</i> SOSY	4	
SUMATRIPTAN NASAL SPRAY	4	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS	2	GC
<i>zolmitriptan</i> (generic of ZOMIG) TABS	4	
<i>zolmitriptan odt</i> (generic of ZOMIG ZMT)	4	
MISCELLANEOUS		
GRALISE 300mg QL (180 tabs / 30 days)	3	QL
GRALISE 600mg QL (90 tabs / 30 days)	3	QL
GRALISE STARTER	3	
<i>lithium carbonate</i> CAPS; TABS	2	GC
<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	2	GC
<i>lithium carbonate er</i> 450mg	2	GC
LITHIUM SOLN 8MEQ/5ML	3	
NUDEXTA	4	PA
<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	3	
<i>riluzole</i> (generic of RILUTEK)	3	
TETRABENAZINE 12.5mg QL (240 tabs / 30 days)	5	NDS QL NM PA
TETRABENAZINE 25mg QL (120 tabs / 30 days)	5	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NDS NM LA PA
BETASERON QL (14 syringes / 28 days)	5	NDS QL NM PA
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	5	NDS QL NM PA
COPAXONE KIT 20MG/ML QL (30 syringes per 30 days)	5	NDS QL NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	5	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
TYSABRI	5	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	2	GC
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older; HR	3	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	4	
<i>dantrolene sodium</i> CAPS 100mg	4	
<i>tizanidine hcl</i> TABS 2mg	2	GC
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	2	GC
NARCOLEPSY/CATAPLEXY		
NUVIGIL 50mg QL (150 tabs / 30 days)	3	QL PA
NUVIGIL 150mg QL (60 tabs / 30 days)	3	QL PA
NUVIGIL 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA
XYREM QL (540 mL / 30 days)	5	NDS QL LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (120 tabs / 30 days)	3	QL PA
<i>buproban</i> (generic of ZYBAN)	3	
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	3	
CHANTIX CONTINUING MONTH	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	4	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	

Drug Name	Drug Requirements/ Tier	Limits
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 4-1MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 8-2MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 12-3MG QL (60 SL films / 30 days)	4	QL PA
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	5	NDS PA
ANDRODERM QL (30 patches / 30 days)	4	QL PA
AXIRON QL (440 mL / 30 days)	3	QL PA
<i>oxandrolone tab 2.5mg</i> (generic of OXANDRIN)	3	PA
<i>oxandrolone tab 10mg</i> (generic of OXANDRIN)	3	PA
<i>testosterone cypionate SOLN 100mg/ml</i>	4	PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN 200mg/ml	4	PA
<i>testosterone enanthate SOLN</i>	4	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BYDUREON INJ QL (4 vials / 28 days)	3	QL
BYDUREON PEN QL (4 pens / 28 days)	3	QL
BYETTA QL (1 pen / 30 days)	4	QL
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits
HUMULIN R U-500 KWIKPEN	5	NDS
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30 (brand RELION not covered)	3	
NOVOLIN N (brand RELION not covered)	3	
NOVOLIN R (brand RELION not covered)	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SYMLINPEN 60 QL (8 pens / 30 days)	5	NDS QL PA
SYMLINPEN 120 QL (4 pens / 30 days)	5	NDS QL PA
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
TRULICITY QL (4 pens / 28 days)	4	QL
VICTOZA QL (3 pens / 30 days)	3	QL
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE)	3	
FARXIGA 5mg QL (60 tabs / 30 days)	3	QL
FARXIGA 10mg QL (30 tabs / 30 days)	3	QL
glimepiride (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/ Tier	Limits
glimepiride (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	GC QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	GC QL
glip/metform tab 2.5-250mg QL (240 tabs / 30 days)	2	GC QL
glip/metform tab 2.5-500mg QL (120 tabs / 30 days)	2	GC QL
glip/metform tab 5-500mg QL (120 tabs / 30 days)	2	GC QL
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	1	GC QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	1	GC QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	2	GC QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	2	GC QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	2	GC QL
GLIPIZIDE XL TB24 2.5MG QL (240 tabs / 30 days)	2	GC QL
GLIPIZIDE XL TB24 5MG QL (120 tabs / 30 days)	2	GC QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000MG QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500MG QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000MG QL (60 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
INVOKANA 100mg QL (90 tabs / 30 days)	3	QL
INVOKANA 300mg QL (30 tabs / 30 days)	3	QL
JANUMET QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA QL (30 tabs / 30 days)	3	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) TB24 500mg QL (120 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) TB24 750mg QL (60 tabs / 30 days)	1	GC QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	2	GC QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	2	GC QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Tier	Limits
<i>repaglinide</i> (generic of PRANDIN) .5mg, 1mg QL (120 tabs / 30 days)	2	GC QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	3	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	GC
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	GC
<i>pamidronate disodium</i>	4	B/D
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	4	B/D NM
<i>zoledronic acid</i> SOLR	4	B/D NM
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	4	B/D NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg QL (120 tabs / 30 days)	3	QL NM
SENSIPAR 60mg QL (60 tabs / 30 days)	5	NDS QL NM
SENSIPAR 90mg QL (120 tabs / 30 days)	5	NDS QL NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	NDS
EXJADE	5	NDS NM LA PA
FERRIPROX	5	NDS NM LA PA
<i>kionex powder</i> (generic of KAYEXALATE)	4	
<i>kionex susp 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE) POWD	4	

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<i>sodium polystyrene sulfonate</i> SUSP	3	
<i>sps susp 15gm/60ml</i>	3	
SYPRINE	5	NDS
CONTRACEPTIVES		
<i>altavera tab</i>	3	
<i>apri 28 day</i> (generic of DESOGEN)	3	
<i>aranelle 28</i> (generic of TRI-NORINYL 28)	3	
<i>aubra 28 day</i>	3	
<i>aviane 28</i>	3	
<i>balziva 28 day</i> (generic of OVCON-35)	3	
<i>bekyree 28 day</i> (generic of MIRCETTE)	3	
<i>blisovi 21 fe 1.5/30 28 day</i> <i>pack</i> (generic of LOESTRIN FE 1.5/30)	3	
<i>blisovi 21 fe 1/20 28 day pack</i> (generic of LOESTRIN FE 1/20)	3	
<i>briellyn 28 day</i> (generic of OVCON-35)	3	
<i>camila 28 day</i> (generic of NOR-QD)	3	
<i>cryselle 28</i>	3	
<i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35)	3	
<i>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	3	
<i>cyred tab</i> (generic of DESOGEN)	3	
<i>deblitane 28 day</i> (generic of NOR-QD)	3	
<i>delyla 28 day</i>	3	
<i>desogestrel-ethinyl estradiol</i> (<i>biphasic</i>) (generic of MIRCETTE)	3	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	3	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	3	

Drug Name	Drug Requirements/ Tier	Limits
ELLA	4	
<i>emoquette</i> (generic of DESOGEN)	3	
<i>enpresse 28 day</i>	3	
<i>errin 28 day</i> (generic of ORTHO MICRONOR)	3	
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	3	
<i>falmina 28 day</i>	3	
GIANVI TAB 3-0.02MG	3	
<i>gildagia</i> (generic of OVCON-35)	3	
<i>gildess 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	3	
<i>heather</i> (generic of NOR-QD)	3	
<i>introvale 91 day</i>	3	
JOLESSA TAB 0.15-0.03 MG	3	
JOLIVETTE	3	
<i>juleber 28 day</i> (generic of DESOGEN)	3	
<i>junel 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	3	
<i>junel 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	3	
<i>junel fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	3	
<i>junel fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	3	
<i>kariva 28 day</i> (generic of MIRCETTE)	3	
<i>kelnor 1/35 28 day</i>	3	
<i>kimidess 28 day</i> (generic of MIRCETTE)	3	
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3	
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	3	
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3	
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3	
LEENA TAB	3	
<i>lessina 28 day</i>	3	
<i>levonest 28 day</i>	3	

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<i>levonor/ethi tab</i>	3	<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>levonorgestrel & eth estradiol</i>	3	<i>norlyroc 28 day</i> (generic of NOR-QD)	3
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B ONE-STEP)	3	<i>nortrel 0.5/35 28 day</i> (generic of BREVICON-28)	3
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	<i>nortrel 1/35 21 day</i> (generic of NORINYL 1+35)	3
<i>levora 0.15/30 28 day</i>	3	<i>nortrel 1/35 28 day</i> (generic of NORINYL 1+35)	3
<i>loryna 28 day</i> (generic of YAZ)	3	<i>nortrel 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	3
<i>low-ogestrel</i>	3	NUVARING	4
<i>lutra 28 day</i>	3	OCELLA TAB 3-0.03MG	3
<i>lyza</i> (generic of ORTHO MICRONOR)	3	<i>orsythia 28 day</i>	3
<i>marlissa 28 day</i>	3	<i>philith</i> (generic of OVCON-35)	3
<i>medroxyprogesterone acetate 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	4	<i>pimtrea pack</i> (generic of MIRCETTE)	3
MICROGESTIN 1.5/30	3	<i>pirmella 1/35 28 day</i> (generic of NORINYL 1+35)	3
MICROGESTIN 1/20	3	<i>portia 28 day</i>	3
MICROGESTIN FE 1.5/30	3	<i>previfem 28 day</i> (generic of ORTHO-CYCLEN)	3
MICROGESTIN FE 1/20	3	<i>quasense 91 day</i>	3
<i>mono-linyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	3	<i>reclipsen 28 day</i> (generic of DESOGEN)	3
MONONESSA	3	<i>setlakin tab</i>	3
<i>myzilra</i>	3	<i>sharobel 28 day</i> (generic of ORTHO MICRONOR)	3
<i>necon 0.5/35 28 day</i> (generic of BREVICON-28)	3	<i>sprintec 28 day</i> (generic of ORTHO-CYCLEN)	3
<i>necon 1/35 28 day</i> (generic of NORINYL 1+35)	3	<i>sronyx 28 day</i>	3
NECON 1/50-28	3	<i>syeda</i> (generic of YASMIN 28)	3
NECON 7/7/7	3	<i>tarina fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	3
<i>necon 10/11 28 day</i>	3	<i>tri-legest 28 day</i> (generic of ESTROSTEP FE)	3
<i>nikki 28 day</i> (generic of YAZ)	3	<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	3
NORA-BE TAB 0.35MG	3	<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>norethindrone (contraceptive)</i> (generic of NOR-QD)	3		
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	3		
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN)	3		

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Drug Name	Drug Requirements/ Tier	Limits
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	3	
<i>tri-lo-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN LO)	3	
<i>tri-previfem 28 day</i> (generic of ORTHO TRI-CYCLEN)	3	
<i>tri-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN)	3	
TRINESSA	3	
TRINESSA LO TAB	3	
<i>trivora 28 day</i>	3	
<i>velivet 28 day</i> (generic of CYCLESSA)	3	
<i>vestura</i> (generic of YAZ)	3	
<i>vienva 28 day</i>	3	
<i>viorele</i> (generic of MIRCETTE)	3	
<i>vyfemla 28 day</i> (generic of OVCON-35)	3	
<i>xulane</i>	4	
<i>zarah</i> (generic of YASMIN 28)	3	
<i>zenchent 28 day</i> (generic of OVCON-35)	3	
<i>zovia 1/35e 28 day</i>	3	
<i>zovia 1/50e 28 day</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	4	
SYNAREL	5	NDS
ENZYME REPLACEMENTS		
ADAGEN	5	NDS NM LA PA
ALDURAZYME	5	NDS NM LA PA
BUPHENYL TABS	5	NDS NM LA PA
CARBAGLU	5	NDS NM LA PA
CERDELGA	5	NDS NM PA
CEREZYME	5	NDS NM LA PA
CYSTADANE POW	5	NDS NM LA
CYSTAGON	4	NM LA PA
FABRAZYME	5	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
KUVAN	5	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	4	B/D
LUMIZYME	5	NDS NM LA PA
NAGLAZYME	5	NDS NM LA PA
ORFADIN	5	NDS NM LA PA
RAVICTI	5	NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	5	NDS NM PA
ZAVESCA	5	NDS NM LA PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
<i>estrace</i> CREA	4	
<i>estradiol val inj 20mg/ml</i> (generic of DELESTROGEN)	3	
<i>estradiol val inj 40mg/ml</i> (generic of DELESTROGEN)	3	
<i>estradiol</i> (generic of CLIMARA) PTWK HR	4	
<i>estradiol</i> (generic of ESTRACE) TABS HR	3	
<i>fyavolv tab 1-5mg</i> HR	4	
<i>jinteli</i> HR	4	
<i>norethindrone acetate-ethinyl estradiol</i> HR	4	
VAGIFEM	4	
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	4	
<i>cortisone acetate</i> TABS	4	
<i>dexamethasone</i> CONC; ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>dexamethasone sodium phosphate</i>	4	
<i>fludrocortisone acetate</i> TABS	2	GC
<i>hydrocortisone</i> (generic of CORTEF) TABS	3	
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	4	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	4	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	2	GC
<i>methylpred tab 4mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	3	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	4	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	3	B/D
<i>prednisolone sol 15mg/5ml</i>	3	B/D
<i>prednisolone sol 25mg/5ml</i>	3	B/D
<i>prednisolone syrup 15 mg/5ml</i>	2	GC B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	2	GC
<i>prednisone pak 10mg</i>	2	GC
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	2	GC B/D
<i>prednisone tab 2.5mg</i>	2	GC B/D
<i>prednisone tab 5mg</i>	2	GC B/D
<i>prednisone tab 10mg</i>	2	GC B/D
<i>prednisone tab 20mg</i>	2	GC B/D
<i>prednisone tab 50mg</i>	2	GC B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	

Drug Name	Drug Requirements/ Tier	Limits
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPPO	5	NDS NM PA
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	3	B/D
FORTICAL	3	B/D
INCRELEX	5	NDS NM LA PA
KORLYM	5	NDS NM LA PA
LUPRON DEP-PED INJ 7.5MG	5	NDS NM PA
LUPRON DEP-PED INJ 11.25MG	5	NDS NM PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NDS NM PA
LUPRON DEP-PED INJ 15MG	5	NDS NM PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NDS NM PA
<i>methylergonovine maleate</i> (generic of METHERGINE) TABS	4	
MIACALCIN 200unit/ml	4	B/D
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	5	NDS NM PA
PROLIA QL (1 syringe / 180 days)	4	QL NM
<i>raloxifene tab 60mg</i> (generic of EVISTA)	3	
SANDOSTATIN LAR DEPOT	5	NDS NM PA
SIGNIFOR	5	NDS NM LA PA
SOMATULINE DEPOT	5	NDS NM PA
SOMAVERT	5	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
XGEVA	5	NDS NM PA
PARATHYROID HORMONES		
FORTEO QL (1 pen / 28 days)	5	NDS QL NM PA
NATPARA	5	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA	4	
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS	3	
calcium acetate (phosphate binder) (generic of ELIPHOS) TABS	3	
REVELA PAK 0.8GM	3	
REVELA PAK 2.4GM	3	
REVELA TAB 800MG	3	
PROGESTINS		
medroxyprogesterone acetate tab (generic of PROVERA)	2	GC
norethindrone acetate (generic of AYGESTIN) TABS	3	
THYROID AGENTS		
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	1	GC
liothyronine sodium (generic of CYTOMEL) TABS	3	
methimazole (generic of TAPAZOLE) TABS	2	GC
propylthiouracil TABS	3	
SYNTHROID	4	
VASOPRESSINS		
desmopressin acetate spray (generic of DDAVP)	4	
desmopressin acetate spray refrigerated	4	
desmopressin acetate tabs (generic of DDAVP)	3	

Drug Name	Drug Requirements/ Tier	Limits
desmopressin inj 4mcg/ml (generic of DDAVP)	4	
DESMOPRESSIN SOL 0.01%	4	
STIMATE	4	NM
GASTROINTESTINAL ANTIEMETICS		
compro	4	
dronabinol (generic of MARINOL) QL (60 caps / 30 days)	4	B/D QL
EMEND SUSR	4	B/D
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
granisetron hcl SOLN	4	
granisetron hcl TABS	4	B/D
meclizine hcl TABS	2	GC
metoclopramide hcl SOLN	2	GC
metoclopramide hcl (generic of REGLAN) TABS	2	GC
metoclopramide hcl inj	4	
ondansetron hcl (generic of ZOFTRAN) TABS 4mg, 8mg	3	B/D
ondansetron hcl TABS 24mg	3	B/D
ondansetron hcl inj 4mg/2ml	4	
ondansetron hcl inj (generic of ZOFTRAN) 40mg/20ml	4	
ondansetron hcl oral soln (generic of ZOFTRAN)	3	B/D
ondansetron odt (generic of ZOFTRAN ODT)	2	GC B/D
phenadoz PA if 70 years and older; HR	4	PA
phenergan SUPP PA if 70 years and older; HR	4	PA
prochlorperazine inj	4	
prochlorperazine maleate TABS	2	GC
prochlorperazine supp	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 70 years and older; HR	4	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS PA if 70 years and older; HR	4	PA
<i>promethegan</i> PA if 70 years and older; HR	4	PA
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older; HR	4	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS	2	GC
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> (generic of BENTYL) TABS	2	GC
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN 4mg/20ml	4	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	3	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 40mg/4ml, 200mg/20ml	4	
<i>famotidine inj</i>	4	
<i>famotidine tab</i> (generic of PEPCID)	2	GC
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN	4	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	2	GC
<i>ranitidine hcl inj</i> (generic of ZANTAC)	4	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		

Drug Name	Drug Requirements/ Tier	Limits
APRISO	3	
ASACOL HD	4	
<i>balsalazide disodium</i> (generic of COLAZAL)	4	
<i>budesonide ec</i> (generic of ENTOCORT EC)	5	NDS
CANASA	4	
<i>colocort</i> (generic of CORTENEMA)	4	
DELZICOL	4	
DIPENTUM	5	NDS
HYDROCORTISONE (ENEMA)	4	
<i>mesalamine enema</i>	4	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	3	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	3	
LAXATIVES		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	2	GC
<i>gavilyte-g</i> (generic of GOLYTELY)	2	GC
<i>gavilyte-h</i>	3	
<i>gavilyte-n</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
<i>generlac</i>	2	GC
GOLYTELY	3	
<i>lactulose</i>	2	GC
<i>lactulose (encephalopathy)</i>	2	GC
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	2	GC
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
PEG 3350/ELECTROLYTES	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>polyethylene glycol 3350</i> PACK; POWD	2	GC
SUPREP BOWEL PREP	4	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	5	NDS PA
AMITIZA QL (60 caps / 30 days)	3	QL
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM)	5	NDS
<i>diphenoxylate w/ atropine</i> LIQD	3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	3	
GATTEX	5	NDS NM LA PA
LINZESS 145mcg QL (60 caps / 30 days)	3	QL
LINZESS 290mcg QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS	2	GC
<i>misoprostol</i> (generic of CYTOTEC) TABS	3	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR	5	NDS PA
SUCRAID	5	NDS LA
<i>sucralfate</i> (generic of CARAFATE) TABS	3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	4	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4	
XIFAXAN 550mg	5	NDS PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	

Drug Name	Drug Requirements/ Tier	Limits
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	3	
DEXILANT CAP 60MG DR	3	
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	4	QL
<i>esomeprazole sodium inj</i> 20mg	4	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	4	
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR QL (30 packets / 30 days)	3	QL
NEXIUM GRA 20MG DR QL (30 packets / 30 days)	3	QL
NEXIUM GRA 40MG DR QL (30 packets / 30 days)	3	QL
<i>omeprazole cap 10mg</i> (generic of PRILOSEC) QL (30 caps / 30 days)	1	GC QL
<i>omeprazole cap 20mg</i> (generic of PRILOSEC) QL (60 caps / 30 days)	1	GC QL
<i>omeprazole cap 40mg</i> (generic of PRILOSEC) QL (30 caps / 30 days)	1	GC QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 tabs / 30 days)	2	GC QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	2	GC
<i>dutasteride</i> (generic of AVODART) QL (30 caps / 30 days)	4	QL
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN) QL (30 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	2	GC
<i>tamsulosin hcl</i> (generic of FLOMAX)	2	GC
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	3	
ELMIRON	4	
POTASSIUM CITRATE (ALKALINIZER) 540mg	4	
POTASSIUM CITRATE (ALKALINIZER) 1080mg	4	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)	4	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SYRP	2	GC
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	3	
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	4	QL
<i>tolterodine tartrate tabs</i> (generic of DETROL)	4	
TOVIAZ QL (30 tabs / 30 days)	3	QL
<i>tropium chloride</i> TABS	4	
VESICARE QL (30 tabs / 30 days)	4	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	4	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	4	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	3	
<i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8%	3	
<i>terconazole vaginal</i> SUPP	4	
VANDAZOLE	4	
ZAZOLE CREAM 0.8%	3	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	4	
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
ENOXAPARIN SODIUM 300mg/3ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
<i>heparin sod (porcine) in d5w</i>	4	
HEPARIN SOD (PORCINE) IN D5W	4	
<i>heparin sod inj 1000/ml</i>	4	B/D
HEPARIN SOD INJ 2000/ML	4	B/D
HEPARIN SOD INJ 2500/ML	4	B/D
<i>heparin sod inj 5000/ml</i>	4	B/D
<i>heparin sod inj 10000/ml</i>	4	B/D
<i>heparin sod inj 20000/ml</i>	4	B/D
HEPARIN SODIUM/D5W	4	
HEPARIN SODIUM/NACL 0.45%	4	
<i>jantoven</i> (generic of COUMADIN)	1	GC
PRADAXA	3	
<i>warfarin sodium</i> (generic of COUMADIN)	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	5	NDS NM PA
LEUKINE	5	NDS NM PA
MOZOBIL	5	NDS NM PA
NEUPOGEN	5	NDS NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	4	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	4	
<i>cilostazol</i>	2	GC
CINRYZE	5	NDS NM LA PA
FIRAZYR	5	NDS NM PA
<i>pentoxifylline</i> TBCR	3	
PROMACTA 12.5mg QL (360 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	3	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	4	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
BRILINTA	4	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) 75mg	1	GC
EFFIENT	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA INJ 10MG/0.2ML QL (2 boxes / 28 days)	5	NDS QL NM PA
HUMIRA KIT 20MG/0.4ML QL (2 boxes / 28 days)	5	NDS QL NM PA
HUMIRA KIT 40MG/0.8ML QL (6 boxes / 28 days)	5	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NDS NM PA
HUMIRA PEN QL (6 boxes / 28 days)	5	NDS QL NM PA
HUMIRA PEN-CROHNS DISEASE	5	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN-PSORIASIS STAR	5	NDS NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	4	
<i>leflunomide</i> (generic of ARAVA) TABS	3	
<i>methotrexate sodium tabs</i>	4	
REMICADE INJ 100MG	5	NDS NM PA
XELJANZ QL (60 tabs / 30 days)	5	NDS QL NM PA
XELJANZ XR QL (30 tabs / 30 days)	5	NDS QL NM PA
IMMUNOGLOBULINS		
BIVIGAM	5	NDS NM PA
CARIMUNE NANOFILTERED	5	NDS NM PA
FLEBOGAMMA DIF	5	NDS NM PA
GAMASTAN S/D	3	B/D NM
GAMMAGARD LIQUID	5	NDS NM PA
GAMMAGARD S/D	5	NDS NM PA
GAMMAKED	5	NDS NM PA
GAMMAPLEX 5gm/100ml, 10gm/200ml	5	NDS NM PA
GAMUNEX-C	5	NDS NM PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NDS NM PA
PRIVIGEN	5	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NDS NM LA PA
ARCALYST	5	NDS NM PA
INTRON-A INJ 10MU	5	NDS B/D NM
INTRON-A INJ 18MU	5	NDS B/D NM
INTRON-A INJ 25MU	5	NDS B/D NM
INTRON-A INJ 50MU	5	NDS B/D NM
POMALYST CAP 1MG	5	NDS NM LA PA
POMALYST CAP 2MG	5	NDS NM LA PA
POMALYST CAP 3MG	5	NDS NM LA PA
POMALYST CAP 4MG	5	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
REVLIMID	5	NDS NM LA PA
THALOMID	5	NDS NM PA
IMMUNOSUPPRESSANTS		
azathioprine SOLR	4	B/D
azathioprine (generic of IMURAN) TABS	3	B/D
BENLYSTA	5	NDS NM PA
cyclosporine (generic of SANDIMMUNE) CAPS; SOLN	4	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	4	B/D
cyclosporine modified (for microemulsion) CAPS 50mg	4	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	4	B/D
gengraf (generic of NEORAL)	4	B/D
mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS	4	B/D
mycophenolate mofetil (generic of CELLCEPT) SUSR	5	NDS B/D
mycophenolate sodium (generic of MYFORTIC)	4	B/D
NEORAL	3	B/D
NULOJIX	5	NDS B/D
PROGRAF CAPS 5mg	5	NDS B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
RAPAMUNE SOLN	5	NDS B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus (generic of RAPAMUNE) TABS 2mg	5	NDS B/D
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	4	B/D
tacrolimus (generic of PROGRAF) CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	NDS B/D
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NDS NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	

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Drug Name	Drug Requirements/ Tier	Limits
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL
QL (1 vial per lifetime)		
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON 8	2	GC
KLOR-CON 10	2	GC
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC
<i>klor-con m20</i>	2	GC
<i>klor-con pow 20 meq</i>	4	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	3	
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	3	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml	4	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	4	
<i>magnesium sulfate</i> SOLN 50%	4	
MAGNESIUM SULFATE IN D5W	4	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	3	
POTASSIUM CHLORIDE SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq	2	GC
POTASSIUM CHLORIDE TBCR 10meq, 20meq	2	GC
<i>potassium chloride</i> <i>microencapsulated crystals cr</i>	2	GC
SODIUM CHLORIDE SOLN 2.5meq/ml	4	
<i>sodium fluoride chew; tab; 1.1</i> <i>(0.5 f) mg/ml soln</i>	2	GC

Drug Name	Drug Requirements/ Tier	Limits
TPN ELECTROLYTES	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTE	4	B/D
AMINOSYN II	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF 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
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	4	B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

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Drug Name	Drug Requirements/ Tier Limits
DEXTROSE 2.5%/NACL 0.45%	4
DEXTROSE 5%	4
DEXTROSE 5% /ELECTROLYTE	4
DEXTROSE 5%/LACTATED RING	4
DEXTROSE 5%/NACL 0.2%	4
DEXTROSE 5%/NACL 0.3%	4
DEXTROSE 5%/NACL 0.9%	4
DEXTROSE 5%/NACL 0.33%	4
DEXTROSE 5%/NACL 0.45%	4
DEXTROSE 5%/NACL 0.225%	4
DEXTROSE 5%/POTASSIUM CHL	4
DEXTROSE 10% FLEX CONTAIN	4
DEXTROSE 10%/NACL 0.2%	4
DEXTROSE 10%/NACL 0.45%	4
DEXTROSE 50%	4
DEXTROSE INJ 70%	4
IONOSOL-B/DEXTROSE 5%	4
IONOSOL-MB/DEXTROSE 5%	4
ISOLYTE P	4
ISOLYTE S	4
KCL0.15%/D5W/NACL0.2%	4
KCL0.15%/D5W/NACL0.225 %	4
KCL 0.3%/D5W/NACL 0.9%	4
KCL 0.3%/D5W/NACL 0.45%	4
KCL 0.15%/D5W/NACL 0.9%	4
KCL 0.075%/D5W/NACL 0.45%	4
KCL IN NACL INJ .15-0.45	4
KCL/D5W INJ 0.3%	4
KCL/D5W/NACL INJ 0.22%/0.45%	4
KCL/D5W/NACL INJ .15/.33%	4
KCL/D5W/NACL INJ .15/.45%	4
KCL/NACL INJ 0.3-0.9	4

Drug Name	Drug Requirements/ Tier Limits
KCL/NACL INJ 0.15%-0.9%	4
LACTATED RINGER'S INJ	4
NORMOSOL-M IN D5W	4
NORMOSOL-R	4
NORMOSOL-R IN D5W	4
PLASMA-LYTE A	4
PLASMA-LYTE-56/D5W	4
PLASMA-LYTE-148	4
<i>pot chloride inj 2meq/ml</i>	4
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	4
<i>potassium chloride in nacl</i>	4
RINGER'S	4
SOD CHLORIDE INJ 0.9%	4
SODIUM CHLORIDE SOLN 3%, 5%	4
SODIUM CHLORIDE 0.45% VIA	4
VITAMINS	
<i>calcitriol (generic of ROCALTROL) CAPS</i>	3 B/D
<i>calcitriol inj</i>	4 B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	4 B/D
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	4 B/D
<i>paricalcitol CAPS 4mcg</i>	4 B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2 GC
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-poly-neomycin-hc</i>	3
<i>blephamide OINT</i>	4
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	2 GC
<i>neomycin-polymyxin-hc (ophth)</i>	4
<i>sulfacetamide</i>	2 GC
<i>sod-prednisolone</i>	
TOBRADEX OINT	4

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Drug Name	Drug Requirements/ Tier	Limits
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	4	
ZYLET	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i>	4	
<i>bacitracin-polymyxin b (ophth)</i>	2	GC
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	2	GC
<i>erythromycin (ophth)</i>	2	GC
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	4	
<i>gentak</i>	2	GC
<i>gentamicin sulfate (ophth)</i>	2	GC
<i>ilotycin</i>	2	GC
MOXEZA	4	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	2	GC
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	2	GC
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10)	3	
<i>tobramycin (ophth)</i> (generic of TOBREX)	2	GC
TOBREX OINT	4	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	4	
VIGAMOX	4	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
DUREZOL	4	
FLUOROMETHOLONE	4	
<i>flurbiprofen sodium</i> (generic of OCUFEN)	2	GC
ILEVRO	4	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR LS) .4%	3	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR) .5%	3	
LOTEMAX	3	
MAXIDEX	3	
PREDNISOLONE ACETATE (OPHTH)	3	
<i>prednisolone sodium phosphate (ophth)</i>	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	2	GC
LASTACFT	4	
PATADAY	3	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
ALPHAGAN P SOL 0.15%	3	
AZOPT	4	
<i>betaxolol hcl (ophth)</i>	4	
BETOPTIC-S	4	
<i>brimonidine sol 0.2%</i>	2	GC
<i>carteolol hcl (ophth)</i>	2	GC
COMBIGAN	3	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	3	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	3	
ISTALOL	3	
<i>latanoprost</i> (generic of XALATAN) SOLN	2	GC
<i>levobunolol hcl</i> (generic of BETAGAN)	2	GC
LUMIGAN	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	4	
SIMBRINZA	4	
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	2	GC
TIMOLOL MALEATE GEL	4	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	NDS NM LA PA
<i>naphazoline 0.1%</i>	2	GC
PROLENSA	3	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	2	GC
RESTASIS QL (64 vials / 30 days)	3	QL
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA QL (60 inhalations / 30 days)	3	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu</i>	3	B/D
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA QL (1 inhaler / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN	2	GC B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTIHISTAMINES		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	3	
<i>cetirizine syrup</i>	3	
<i>cyproheptadine hcl</i> SYRP; TABS PA if 70 years and older; HR	4	PA
<i>diphenhydramine hcl inj</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyz hcl inj</i> PA if 70 years and older; HR	4	PA
<i>hydroxyzine hcl</i> SYRP; TABS PA if 70 years and older; HR	4	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older; HR	4	PA
<i>hydroxyzine pamoate</i> CAPS 100mg PA if 70 years and older; HR	4	PA
<i>levocetirizine dihydrochloride</i> (generic of XYZAL) SOLN	4	
<i>levocetirizine dihydrochloride</i> (generic of XYZAL) TABS	2	GC
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	GC B/D
<i>albuterol sulfate</i> SYRP	2	GC
<i>albuterol sulfate</i> TABS	4	
SEREVENT DISKUS QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN	5	NDS
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW	3	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	4	
<i>montelukast sodium</i> (generic of SINGULAIR) TABS	2	GC
<i>zafirlukast</i> (generic of ACCOLATE)	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		

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Drug Name	Drug Requirements/ Tier	Limits
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NDS NM LA PA
DALIRESP	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NDS NM PA
KALYDECO	5	NDS NM PA
OFEV	5	NDS NM PA
ORKAMBI	5	NDS NM PA
PROLASTIN-C	5	NDS NM LA PA
PULMOZYME	5	NDS NM PA
XOLAIR	5	NDS NM LA PA
ZEMAIRA	5	NDS NM LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	3	QL
<i>fluticasone propionate (nasal)</i> QL (1 bottle / 30 days)	2	GC QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	4	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	4	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	4	QL
FLOVENT HFA QL (2 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR DISKUS QL (60 inhalations / 30 days)	4	QL
ADVAIR HFA QL (1 inhaler / 30 days)	4	QL
BREO ELLIPTA QL (60 blisters / 30 days)	3	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
XANTHINES		
<i>aminophylline inj</i>	4	
<i>elixophyllin</i>	4	
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	
TOPICAL DERMATOLOGY, ACNE		
AVITA CREA	4	PA
AVITA GEL	4	PA
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	4	
<i>claravis</i>	4	PA
<i>clindamax</i> (generic of CLEOCIN-T)	4	
<i>clindamycin phosphate</i> (<i>topical</i>) (generic of CLEOCIN-T) GEL; LOTN	4	
<i>clindamycin phosphate</i> (<i>topical</i>) (generic of CLEOCIN-T) SOLN; SWAB	3	
<i>ery pad 2%</i>	4	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	4	
<i>tretinoin</i> (generic of RETIN-A) CREA	4	PA
TRETINOIN GEL .01%	4	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .025%	4	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> (generic of BACTROBAN) OINT	2	GC
SILVER SULFADIAZINE CREA	2	GC
SSD	2	GC
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	NDS
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> (generic of LOPROX) CREA	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox</i> SUSP	3	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	4	
<i>clotrimazole (topical)</i>	3	
<i>ketconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL (ANTIPRURITIC)	4	
<i>procto-med</i> (generic of ANUSOL-HC)	4	
<i>procto-pak</i>	4	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	4	
<i>proctozone hc</i> (generic of ANUSOL-HC)	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE)	5	NDS PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	4	
<i>calcipotriene</i> SOLN	4	
8-MOP	4	
TAZORAC CREA	4	PA
DERMATOLOGY, ANTISEBORRHEICS		

Drug Name	Drug Requirements/ Tier	Limits
<i>ketconazole shampoo</i> (generic of NIZORAL)	2	GC
<i>selenium sulfide</i> LOTN	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	GC
<i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA	4	
<i>alclometasone dipropionate</i> OINT	3	
<i>betamethasone dipropionate (topical)</i> CREA; OINT	4	
<i>betamethasone dipropionate (topical)</i> LOTN	3	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	3	
<i>betamethasone dipropionate augmented</i> GEL	4	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN	4	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>fluocinonide acetamide</i> (generic of SYNALAR) SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	2	GC
<i>fluticasone propionate</i> OINT	2	GC
<i>halobetasol propionate</i> (generic of ULTRAVATE)	4	
<i>hydrocortisone (topical)</i> CREA; OINT	2	GC
<i>hydrocortisone (topical)</i> LOTN	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone butyrate</i> (generic of LOCOID)	4	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	GC
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triderm</i>	2	GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL	3	PA
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	2	GC PA
<i>lidocaine oint</i> 5%	4	PA
<i>lidocaine-prilocaine</i>	4	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> (generic of ALDARA) CREA	4	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	4	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	NDS
<i>podofilox</i> (generic of CONDYLOX) SOLN	3	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	4	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	4	
TARGRETIN GEL	5	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
VALCHLOR	5	NDS NM LA PA
VOLTAREN GEL 1%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i> (generic of OVIDE)	4	
<i>permethrin</i> (generic of ELIMITE)	3	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID .25%	2	GC
REGRANEX	5	NDS PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	2	GC
STERILE WATER IRRIGATION	3	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	2	GC
<i>clotrimazole</i> TROC	4	
<i>lidocaine hcl (mouth-throat)</i>	2	GC
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	2	GC
<i>perio gard</i> (generic of PERIDEX)	2	GC
PILOCARPINE HCL (ORAL) 5mg	4	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) 7.5mg	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
ACETIC ACID (OTIC)	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	4	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	4	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	3	

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

Drug Name	Drug Requirements/ Tier Limits
<i>neomycin-polymyxin-hc (otic)</i> SUSP	3
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	4

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

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<i>leucovorin calcium</i>	18	<i>lidocaine inj 1%</i>	9	LOFIBRA	
<i>leucovorin calcium for inj 500</i>		<i>lidocaine inj 1.5%</i>	10	see <i>fenofibrate</i>	20
<i>mg</i>	18	<i>lidocaine inj 2%</i>	10	see <i>fenofibrate micronized</i>	
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1%	51	11.25MG (3-MONTH)	16	see <i>cefepime hcl</i>	13
<i>lorazepam</i>	23, 24	LUPRON DEP-PED INJ		MAXITROL	
<i>lorcet plus tab 7.5-325</i>	8	11.25MG	39	see	
<i>lorcet tab 5-325mg</i>	8	LUPRON DEP-PED INJ		<i>neomycin-polymy-dexamet</i>	
<i>lortab tab 10-325mg</i>	8	11.25MG (3-MONTH)	39	<i>h</i>	47
<i>lortab tab 5-325mg</i>	8	LUPRON DEP-PED INJ		MAXZIDE	
<i>lortab tab 7.5-325</i>	8	15MG	39	see <i>triamterene &</i>	
<i>loryna 28 day</i>	37	LUPRON DEP-PED INJ		<i>hydrochlorothiazide</i>	22
<i>losartan potassium</i>	19	30MG (3-MONTH)	39	MAXZIDE-25	
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<i>tab 100-12.5 mg</i>	19	7.5MG	39	<i>hydrochlorothiazide</i>	22
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<i>cap 10-20 mg</i>	18	<i>macrocrystal</i>	10	<i>medroxyprogesterone</i>	
see <i>amlodipine</i>		<i>magnesium sulfate</i>	46	<i>acetate tab</i>	40
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<i>besylate-benazepril hcl</i>		D5W	46	40mg/ml	16
<i>cap 5-10 mg</i>	18	MALARONE		<i>megestrol ac sus 40mg/ml</i> 16	
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<i>besylate-benazepril hcl</i>		<i>hcl</i>	11	<i>megestrol ac tab 40mg</i>	16
<i>cap 5-20 mg</i>	18	<i>malathion</i>	52	MEGESTROL SUS	

625MG/5ML	16	<i>oral soln</i>	31	see <i>klor-con spr cap</i>
MEKINIST	17	<i>methylphenidate hcl</i>	31	10meq
<i>meloxicam</i>	7	<i>methylphenidate hcl oral soln</i>		see <i>klor-con spr cap 8meq</i>
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MENOMUNE-A/C/Y/W-135		<i>methylpred tab 16mg</i>	39	MINIPRESS
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MENVEO	45	<i>methylpred tab 4mg</i>	39	<i>minitran</i>
MEPRON		<i>methylpred tab 8mg</i>	39	MINOCIN
see <i>atovaquone</i>	10	<i>methylprednisolone sod succ</i>		see <i>minocycline hcl</i>
<i>mercaptapurine</i>	15	39	<i>minocycline hcl</i>
<i>meropenem</i>	10	<i>metipranolol</i>	49	<i>minoxidil</i>
MERREM		<i>metoclopramide hcl</i>	40	MIRAPEX
see <i>meropenem</i>	10	<i>metoclopramide hcl inj</i>	40	see <i>pramipexole tab</i>
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MESTINON		METROCREAM		see <i>pramipexole tab</i>
see <i>pyridostigmine tab</i>		see <i>metronidazole</i>		0.75mg
60mg	32	(<i>topical</i>)	52	see <i>pramipexole tab</i>
<i>metadate tab 20mg er</i>	31	see <i>rosadan cre 0.75%</i> .52		1.5mg
<i>metformin hcl</i>	35	METROGEL-VAGINAL		see <i>pramipexole tab 1mg</i>
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